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Friday

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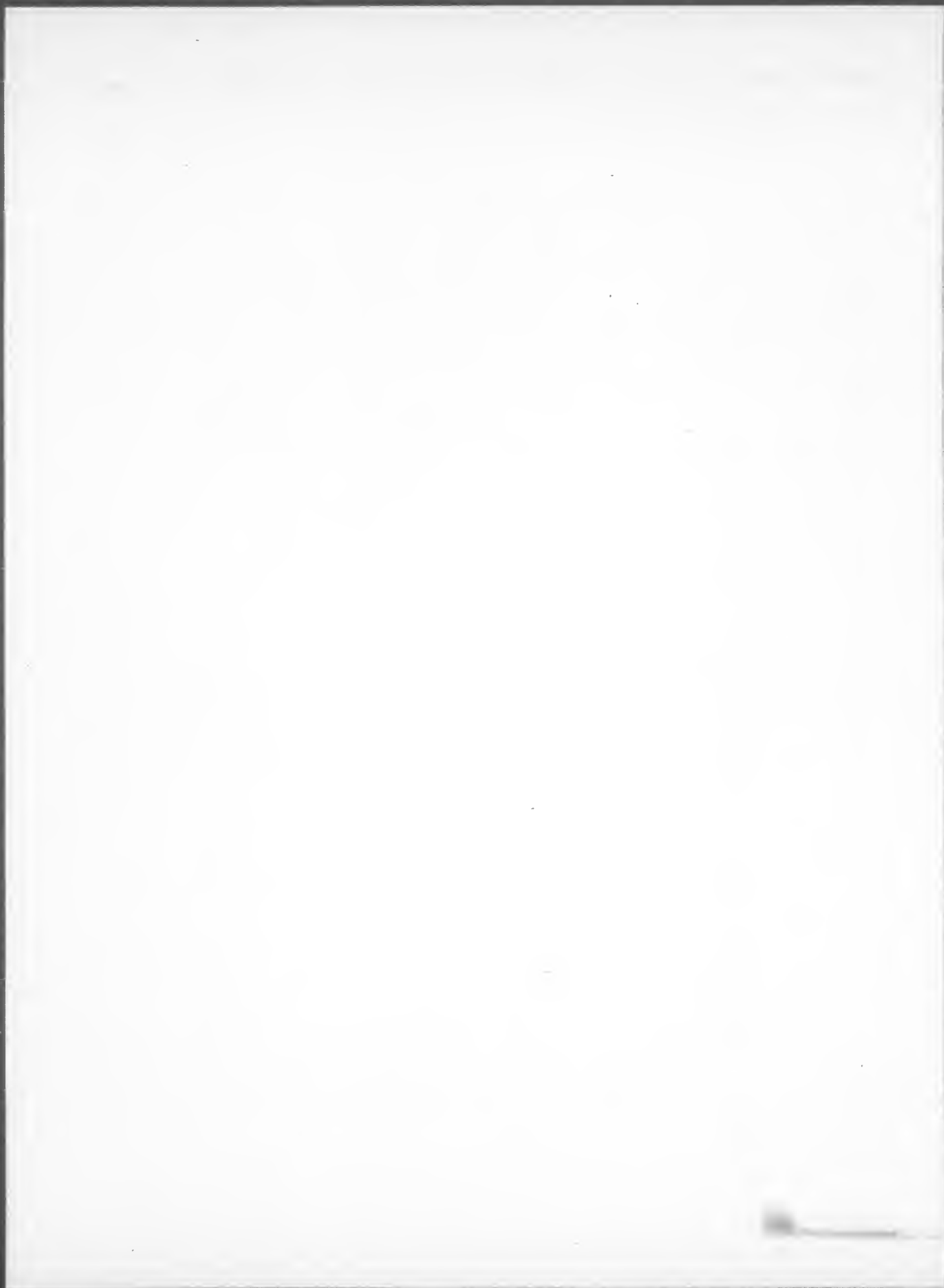
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DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Part 1220

[Docket No. LS-06-01]

Soybean Promotion and Research: Amend the Order To Adjust Representation on the United Soybean Board

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Final rule.

SUMMARY: This final rule adjusts the number of members for certain States on the United Soybean Board (Board) to reflect changes in production levels that have occurred since the Board was reapportioned in 2003, which became effective with 2004 nominations. These adjustments are required by the Soybean Promotion and Research Order (Order) and would result in an increase in Board membership from 64 to 68 effective with the Secretary's 2007 nominations and appointments.

EFFECTIVE DATE: January 2, 2007.

FOR FURTHER INFORMATION CONTACT: Kenneth R. Payne, Chief, Marketing Programs Branch, Agricultural Marketing Service (AMS), USDA, room 2638-S; STOP 0251; 1400 Independence Avenue, SW.; Washington, DC 20250-0251; telephone 202-720-1115 or via e-mail at Kenneth.Payne@usda.gov.

SUPPLEMENTARY INFORMATION:

Executive Order 12866

The Office of Management and Budget (OMB) has waived the review process required by Executive Order 12366 for this action.

Executive Order 12988

This rule was reviewed under Executive Order 12988, Civil Justice Reform. It is not intended to have a retroactive effect. This rule would not

preempt any State or local laws, regulations, or policies unless they present an irreconcilable conflict with this rule.

The Soybean Promotion, Research, and Consumer Information Act (Act) provides that administrative proceedings must be exhausted before parties may file suit in court. Under section 1971 of the Act, a person subject to the Order may file a petition with the Secretary stating that the Order, any provision of the Order, or any obligation imposed in connection with the Order, is not in accordance with law and requesting a modification of the Order or an exemption from the Order. The petitioner is afforded the opportunity for a hearing on the petition. After a hearing, the Secretary would rule on the petition. The Act provides that the district courts of the United States in any district in which such person is an inhabitant, or has his principal place of business, has jurisdiction to review the Secretary's ruling on the petition, if a complaint for this purpose is filed within 20 days after the date of the entry of the ruling.

Regulatory Flexibility Act

The Agricultural Marketing Service has determined that this rule will not have a significant economic impact on a substantial number of small entities as defined by the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*), because it only adjusts representation on the Board to reflect changes in production levels that have occurred since the Board was reapportioned in 2003. The purpose of the RFA is to fit regulatory actions to the scale of businesses subject to such actions in order that small businesses will not be unduly burdened. As such, these changes will not impact on persons subject to the program.

There are an estimated 663,800 soybean producers and an estimated 10,000 first purchasers who collect the assessment, most of whom would be considered small entities under the criteria established by the Small Business Administration (13 CFR 121.601).

Paperwork Reduction Act

In accordance with OMB regulations [5 CFR part 1320] that implement the Paperwork Reduction Act of 1995 [44 U.S.C. Chapter 35], the information collection and recordkeeping requirements contained in the Order

and Rules and Regulations have previously been approved by OMB under OMB control number 0581-0093.

Background and Proposed Changes

The Act (7 U.S.C. 6301-6311) provides for the establishment of a coordinated program of promotion and research designed to strengthen the soybean industry's position in the marketplace, and to maintain and expand domestic and foreign markets and uses for soybeans and soybean products. The program is financed by an assessment of 0.5 percent of the net market price of soybeans sold by producers. Pursuant to the Act, an Order was made effective July 9, 1991. The Order established a Board of 60 members. For purposes of establishing the Board, the United States was originally divided into 31 geographic units. Representation on the Board from each unit was determined by the level of production in each unit. The Secretary appointed the initial Board on July 11, 1991. The Board is composed of soybean producers.

Section 1220.201(c) of the Order provides that at the end of each three (3) year period, the Board shall review soybean production levels in the geographic units throughout the United States. The Board may recommend to the Secretary modification in the levels of production necessary for Board membership for each unit.

Section 1220.201(d) of the Order provides that at the end of each three (3) year period, the Secretary must review the volume of production of each unit and adjust the boundaries of any unit and the number of Board members from each such unit as necessary to conform with the criteria set forth in § 1220.201(e): (1) To the extent practicable, States with annual average soybean production of less than 3,000,000 bushels shall be grouped into geographically contiguous units, each of which has a combined production level equal to or greater than 3,000,000 bushels, and each such group shall be entitled to at least one member on the Board; (2) units with at least 3,000,000 bushels, but fewer than 15,000,000 bushels shall be entitled to one board member; (3) units with 15,000,000 bushels or more but fewer than 70,000,000 bushels shall be entitled to two Board members; (4) units with 70,000,000 bushels or more but fewer

than 200,000,000 bushels shall be entitled to three Board members; and (5) units with 200,000,000 bushels or more shall be entitled to four Board members.

A proposed rule was published in the **Federal Register** (71 FR 41741) on July 24, 2006, with a 30-day comment period. The Department received no comments.

The increase in representation on the Board, from 64 to 68 members, is based on average production levels for the years 2001–2005 (excluding the crops in years in which production was the highest and in which production was the lowest) as reported by the Department of Agriculture's National Agricultural Statistics Service in the "Crop Production 2005 Summary", which was published in January 2006.

The number of geographical units remains at 30. This final rule increases Board membership from 64 members to 68 members effective with 2007 nominations and appointments.

This final rule adjusts representation on the Board as follows:

State	Previous representation	Current representation
Nebraska	3	4
North Dakota	2	3
Pennsylvania	1	2
Virginia	1	2

List of Subjects In 7 CFR Part 1220

Administrative practice and procedure. Advertising. Agricultural research. Marketing agreements. Soybeans and soybean products. Reporting and recordkeeping requirements.

■ For the reasons set forth in the preamble, Title 7, part 1220 is amended as follows:

PART 1220—SOYBEAN PROMOTION, RESEARCH, AND CONSUMER INFORMATION

■ 1. The authority citation for 7 CFR part 1220 continues to read as follows:

Authority: 7 U.S.C. 6301–6311.

■ 2. In § 1220.201, the table immediately following paragraph (a) is revised to read as follows:

§ 1220.201 Membership of board.

(a) * * *

Unit	Number of members
Illinois	4
Iowa	4
Minnesota	4
Indiana	4

Unit	Number of members
Nebraska	4
Missouri	3
Ohio	3
Arkansas	3
South Dakota	3
Kansas	3
Michigan	3
North Dakota	3
Mississippi	2
Louisiana	2
Tennessee	2
North Carolina	2
Kentucky	2
Pennsylvania	2
Virginia	2
Maryland	2
Wisconsin	2
Georgia	1
South Carolina	1
Alabama	1
Delaware	1
Texas	1
Oklahoma	1
New York	1

Unit	Number of members
Eastern Region (Massachusetts, New Jersey Connecticut, Florida, Rhode Island, Vermont, New Hampshire, Maine, West Virginia, District of Columbia, and Puerto Rico)	1
Western Region (Montana, Wyoming, Colorado, New Mexico, Idaho, Utah, Arizona, Washington, Oregon, Nevada, California, Hawaii, and Alaska)	1

* * * * *

Dated: November 27, 2006.

Lloyd C. Day,
Administrator, Agricultural Marketing Service.

[FR Doc. E6–20314 Filed 11–30–06; 8:45 am]

BILLING CODE 3410–02–P

NUCLEAR REGULATORY COMMISSION

10 CFR Part 70

RIN 3150–AH96

Facility Change Process Involving Items Relied on for Safety: Confirmation of Effective Date

AGENCY: Nuclear Regulatory Commission.

ACTION: Direct final rule: Confirmation of effective date.

SUMMARY: The Nuclear Regulatory Commission (NRC) is confirming the effective date of December 11, 2006, for

the direct final rule that was published in the **Federal Register** on September 27, 2006 (71 FR 56344). This direct final rule amended the NRC's regulations to clarify a requirement pertaining to items relied on for safety (IROFS). This rulemaking corrected an inconsistency in the regulations pertaining to IROFS. **DATES:** The direct final rule published at 71 FR 56344, Sept. 27, 2006 is effective December 11, 2006.

ADDRESSES: Documents related to this rulemaking, including comments received, may be examined at the NRC Public Document Room, Room O–1F23, 11555 Rockville Pike, Rockville, MD. These same documents may also be viewed and downloaded electronically via the rulemaking Web site (<http://ruleforum.llnl.gov>). For information about the interactive rulemaking Web site, contact Ms. Carol Gallagher (301) 415–5905; e-mail CAG@nrc.gov.

FOR FURTHER INFORMATION CONTACT: Dr. Anthony N. Tse, Office of Federal and State Materials and Environmental Management Programs, U.S. Nuclear Regulatory Commission, Washington, DC 20555, telephone (301) 415–6233 (e-mail: ant@nrc.gov).

SUPPLEMENTARY INFORMATION: On September 27, 2006 (71 FR 56344), the NRC published in the **Federal Register** a direct final rule amending its regulations in 10 CFR part 70 to clarify a requirement pertaining to items relied on for safety (IROFS). In the direct final rule, NRC stated that if no significant adverse comments were received, the direct final rule would become final on December 11, 2006. The NRC did not receive any comments that warranted withdrawal of the direct final rule. Therefore, this rule will become effective as scheduled.

Dated at Rockville, Maryland, this 27th day of November, 2006.

For the Nuclear Regulatory Commission,
Michael T. Lesar,
Chief, Rulemaking, Directives, and Editing Branch, Division of Administrative Services, Office of Administration.

[FR Doc. E6–20321 Filed 11–30–06; 8:45 am]

BILLING CODE 7590–01–P

FEDERAL RESERVE SYSTEM

12 CFR Part 205

[Regulation E; Docket No. R–1265]

Electronic Fund Transfers

AGENCY: Board of Governors of the Federal Reserve System.

ACTION: Final rule; official staff interpretation.

SUMMARY: The Board is amending Regulation E, which implements the Electronic Fund Transfer Act, and the official staff commentary to the regulation. The final rule clarifies that the requirement to obtain a consumer's authorization to initiate an electronic fund transfer to the consumer's account to collect a fee for an EFT or check that has been returned applies to any person that intends to collect the fee in that manner, and not to the account-holding financial institution. The final rule also provides guidance on the consumer notice requirements when a person initiates an electronic fund transfer to collect a returned item fee or engages in an electronic check conversion transaction. The amendments supersede corresponding provisions addressing these issues in the Board's January 2006 final rule and August 2006 interim final rule.

DATES: The final rule is effective January 1, 2007.

FOR FURTHER INFORMATION CONTACT:

Vivian W. Wong, Attorney, or Ky Tran-Trong or David A. Stein, Counsels, Division of Consumer and Community Affairs, Board of Governors of the Federal Reserve System, Washington, DC 20551, at (202) 452-2412 or (202) 452-3667. For users of Telecommunications Device for the Deaf (TDD) only, contact (202) 263-4869.

SUPPLEMENTARY INFORMATION:

I. Statutory Background

The Electronic Fund Transfer Act (EFTA or Act) (15 U.S.C. 1693 *et seq.*), enacted in 1978, provides a basic framework establishing the rights, liabilities, and responsibilities of participants in electronic fund transfer (EFT) systems. The EFTA is implemented by the Board's Regulation E (12 CFR part 205). Examples of the types of transfers covered by the Act and regulation include transfers initiated through an automated teller machine (ATM), point-of-sale (POS) terminal, automated clearinghouse (ACH), telephone bill-payment plan, or remote banking service. The Act and regulation provide for disclosure of the terms and conditions of an EFT service; documentation of EFTs by means of terminal receipts and periodic account activity statements; limitations on consumer liability for unauthorized transfers; procedures for error resolution; and certain rights related to preauthorized EFTs. Further, the Act and regulation also prescribe restrictions on the unsolicited issuance of ATM cards and other access devices.

The official staff commentary (12 CFR part 205 (Supp. I)) interprets the

requirements of Regulation E to facilitate compliance and provides protection from liability under Sections 915 and 916 of the EFTA for financial institutions and persons subject to the Act. 15 U.S.C. 1693m(d)(1). The commentary is updated periodically to address significant questions that arise.

II. Background and Overview of Comments Received

On January 10, 2006, the Board published a final rule which addressed, among other things, how a payee can obtain a consumer's authorization to electronically collect fees for items returned due to insufficient or uncollected funds in the consumer's account. 71 FR 1,638 (January 10, 2006) (January 2006 final rule). Authorization is obtained when notice is provided to the consumer stating that the fee will be collected by means of an EFT, along with a disclosure of the specific amount of the fee, and the consumer goes forward with the underlying transaction. See 71 FR at 1,645-46, 1,659.

The Board subsequently published an interim final rule in August 2006 (August 2006 interim rule) to clarify certain provisions in the January 2006 final rule. 71 FR 51,451 (August 30, 2006). The August 2006 interim rule corrected an omission in the January 2006 final rule to provide that the requirement to obtain a consumer's authorization to electronically collect fees for items returned due to insufficient or uncollected funds in the consumer's account applies to the person initiating an EFT to collect the fee in this manner, and not to the consumer's account-holding financial institution. The August 2006 interim rule included further guidance regarding the notice requirement, including how to disclose the amount of the fee when the amount may vary based on the amount of the underlying transaction or other factors. With respect to the notice requirements for obtaining authorization at POS for both the electronic collection of insufficient funds fees and for electronic check conversion transactions, the August 2006 interim rule clarified that the notice given to consumers at the time of the transaction may be substantially similar, and need not be identical, to the notice posted at POS. To give interested parties an opportunity to comment on these revisions, the Board solicited comment on the August 2006 interim rule.

The Board received 14 comment letters on the August 2006 interim rule. Commenters included banks, credit unions, a check services provider, a

large retailer, and industry trade associations, and consumer groups. The following is a summary of the comments received; the section-by-section analysis discusses specific comments in more detail.

In general, industry commenters supported the Board's clarification that the notice and authorization requirements apply to the person seeking to collect the insufficient or uncollected funds fee electronically. They also supported the Board's clarification that the authorization requirement does not apply to any fees for returned items due to insufficient or uncollected funds imposed on the consumer's account by the account-holding institution. Some industry commenters, however, urged the Board to reconsider, for operational reasons, the requirements to provide *both* a posted notice as well as a copy of that notice, or substantially similar notice, to consumers at POS. Industry commenters also expressed concerns about the requirement to disclose the amount of the fee, particularly when the fee may vary from state to state. By contrast, consumer groups disagreed with the notion that a consumer can authorize the collection of an insufficient funds fee via an EFT from the consumer's account solely by going forward with an underlying transaction after receiving notice of the payee's intent to collect the fee electronically.

III. Summary of the Final Rule

The Board is adopting final revisions to Regulation E and the staff commentary largely as published in the August 2006 interim rule. The rule has been revised to apply to any fees collected for an EFT or a check that has been returned unpaid, and is not limited to fees collected after an item has been returned due to insufficient or uncollected funds in a consumer's account. Additional clarifications and modifications have been made to respond to commenters' concerns.

In addition to explaining that the requirement to obtain the consumer's authorization applies to the person electronically collecting the returned item fee, the final rule clarifies that if the amount of the fee may vary based on the transaction amount or on other factors, an explanation of how the fee is calculated may generally be provided.

For POS transactions, the person collecting the fee must provide consumers with two separate notices, one that is posted in a prominent and conspicuous location, and a second that the consumer may retain. If the fee may vary depending on the amount of the transaction or for other reasons, an

explanation of how that fee is determined may be stated on the posted notice. However, if the amount of the fee can be calculated at the time of the transaction, the person collecting the fee must state the specific fee amount on the notice given to the consumer. The final rule has been revised to allow persons that may not be able to provide a retainable notice at the time of the transaction (e.g., because they do not have terminals or registers capable of printing the necessary disclosures) to send a notice to the consumer's address as soon as reasonably practicable after the person has initiated an EFT to collect the fee.

The effective date of the final rule is January 1, 2007. As provided in the August 2006 interim rule, to facilitate compliance and minimize the implementation costs, the final rule provides a one-year delayed compliance date, until January 1, 2008, for the requirement to disclose the amount of the returned item fee (or an explanation of how the fee is determined) on the copy of the notice (or substantially similar notice) provided to the consumer in connection with a POS transaction.

IV. Section-by-Section Analysis

Section 205.3 Coverage

3(a) General

Section 205.3(a) is being adopted as set forth in the August 2006 interim rule to incorporate a revision that was inadvertently omitted from the January 2006 final rule. See 71 FR 1,638 (January 10, 2006). Specifically, § 205.3(a) is revised, pursuant to the Board's authority under Sections 904(c) and 904(d)(1) of the EFTA, to clarify that the requirement in § 205.3(b)(3) to obtain a consumer's authorization to collect a fee for a returned EFT or check via an EFT to the consumer's account applies to any person. See 71 FR at 1,645-46. As further discussed under § 205.3(b)(3), this amendment clarifies that the requirement to obtain the consumer's authorization applies to the person seeking to collect the returned item fee electronically and not to the consumer's account-holding institution. No commenters objected to this clarification.

3(b) Electronic Fund Transfer

Electronic Check Conversion

Under the January 2006 final rule, merchants and other payees in electronic check conversion (ECK) transactions are required to obtain the consumer's authorization for the one-

time transfer.¹ Generally, authorization for the ECK transaction is obtained when the payee provides a notice to the consumer that information from the consumer's check received as payment may be used to initiate an EFT, and the consumer goes forward with the transaction. At POS, the notice must be posted in a prominent and conspicuous location, and a copy of the notice must be provided to the consumer at the time of the transaction, such as on a receipt. See § 205.3(b)(2); 71 FR at 1,640-41. Model language was provided in the January 2006 final rule to facilitate compliance. See Model Clause A-6.

The August 2006 interim rule clarified that the notice given to the consumer at the time of the transaction must be substantially similar to the notice posted at POS, but need not be an exact copy of the posted notice. The clarification allows a payee in an ECK transaction to modify the text of the notice given to the consumer to make the notice more meaningful to the consumer. For example, the payee could change the text from "You authorize us to use information from your check * * *" to "I authorize you to use information from my check * * *." Industry commenters supported the revision, and it is adopted in the final rule.

Collection of Returned Item Fees Through an Electronic Fund Transfer Persons Subject to the Requirement

An EFT from a consumer's account to collect a fee for the return of an EFT or a check is covered by Regulation E and must be authorized by the consumer. Under § 205.3(b)(3) of the January 2006 final rule, a consumer authorizes the electronic collection of a fee for a returned EFT or check when the consumer receives notice of the intent to collect the fee from the consumer's account by EFT, along with a disclosure of the amount of the fee, and goes forward with the underlying transaction. See 71 FR at 1,645-46. Although § 205.3(b)(3) was intended to apply to the person electronically collecting a fee for a returned item, the rule did not specifically indicate the party that was required to provide the notice.

Under § 205.3(b)(3)(i) of the August 2006 interim rule, the obligation to provide notice to obtain the consumer's authorization applies to the person that initiates an EFT to collect the fee, which typically would be a merchant or other

payee. However, in some cases this may be a third party, either on behalf of the payee as the payee's service provider or after it has acquired the right to the payment from the payee. Thus, if the person that initiates collection of the fee by an EFT failed to obtain a consumer's authorization, the person collecting the fee, and not the consumer's account-holding financial institution, has violated the regulation.

All commenters addressing this provision agreed with the Board's clarification that the notice and authorization requirement applies to the person initiating an EFT to collect the fee, and the final rule reflects this approach. However, because an EFT or check may be returned for reasons other than insufficient or uncollected funds in a consumer's account, the rule has been revised to apply the consumer authorization requirement more generally to any fees collected electronically when an EFT or check has been returned unpaid. For example, a check may be returned if the check does not bear the consumer's signature. In addition, the reference in § 205.3(b)(3)(i) of the August 2006 interim rule referring to the return of an unpaid item "to that person" has been deleted to acknowledge that in some cases, the person collecting the fee will not necessarily be the merchant or other payee, but may instead be a third party. The commentary to the final rule clarifies that the requirement in § 205.3(b)(3) to obtain a consumer's authorization to collect a fee for a returned item is not intended to apply to the consumer's account-holding financial institution when it assesses a separate fee against the consumer's account for returning a check or EFT unpaid or for paying an overdraft. See comment 3(b)(3)-1.

Notice Requirements—General

Authorization Requirements

Both the January 2006 final rule and the August 2006 interim rule provided that to obtain a consumer's authorization to collect a fee for an item that is returned unpaid due to insufficient or uncollected funds in the consumer's account, notice must first be provided of the intent to electronically collect that fee, and such notice also must state the amount of the fee. See § 205.3(b)(3)(i); 71 FR 1,645-46. Consumers are deemed to authorize the electronic collection of the fee if the consumer goes forward with the underlying transaction after receiving such notice. Payees in accounts receivable conversion (ARC) transactions will typically provide

¹ In an ECK transaction, a merchant or other payee takes information from a consumer's check to initiate a one-time EFT from the consumer's account.

written notice on a billing statement or invoice. See 71 FR at 1,646; 71 FR at 51,453. As further discussed below in § 205.3(b)(3)(ii), for one-time transactions at POS, the notice must be posted in a prominent and conspicuous location and a copy of the notice must be provided to the consumer. The August 2006 interim rule also provided guidance regarding how the amount of the fee can be disclosed if it may vary from transaction to transaction. The final rule substantially adopts these provisions of the interim rule, with some modifications to the regulation and commentary text to cover fees for returned items generally, and to clarify how the requirement applies in practice.

Consumer groups objected to the notion that a consumer authorizes the electronic collection of a fee for a returned item solely by receiving notice of the payee's intent to do so and going through with the underlying transaction. In their view, a consumer may intend to enter into an underlying check conversion transaction, but is not likely to anticipate having the item returned. Consequently, consumer groups argue that the consumer cannot be said to intend to authorize a debit to collect fees associated with the return of the underlying item. Consumer groups were particularly concerned that the Board's rule would facilitate the ability of Internet payday lenders to electronically access consumers' accounts at any time without restriction simply by including a clause in the online loan agreement providing for such debits.

Under the final rule, a consumer may authorize a subsequent electronic collection of a returned item fee when the consumer receives notice (or notice is posted in the case of POS transactions) indicating that possibility at the time of the underlying transaction. See also comment 3(b)(3)-4, discussed below, addressing how notice may be provided when the person collecting the returned item fee is not the merchant or other payee to whom the consumer provides payment. The Board believes that a notice provided to consumers (or posted on signage) before a consumer selects a payment method will adequately apprise consumers of the possibility that a fee may be debited from their accounts in the event an item is returned unpaid. The prior notice allows the consumer to make an informed decision about whether to proceed with a particular payment method (e.g., a check conversion transaction) or to pay by other means.

The final rule does not address whether a person has a substantive right

to collect a returned item fee—that is a matter of state or other law. The Board further notes that other federal or state laws, such as the Fair Debt Collection Practices Act, as well as payment system rules may impose additional substantive requirements. In addition, the Board also understands that in some cases, a payee may seek to collect more than one returned item fee in connection with a single underlying item that has been returned unpaid more than once. Although Regulation E does not prohibit the collection of more than one fee for a single underlying item if appropriate notice is provided to the consumer, such a practice may nevertheless be impermissible under certain state laws, and could potentially raise concerns about unfair or deceptive practices.

A few industry commenters raised concerns about the statement in the supplementary information for the August 2006 interim rule that a separate notice to obtain the consumer's authorization must be provided each time a payee seeks to collect an insufficient funds fee for a returned item. In particular, these commenters expressed concern that this statement could be interpreted to require separate consumer authorizations for each fee collected electronically even when the consumer has agreed to preauthorized transfers for the underlying transactions under § 205.10(b). For example, a consumer authorizing monthly debits under § 205.10(b) may also agree to the electronic collection of returned item fees in connection with those debits under the terms of the same agreement. The Board did not intend to suggest that Regulation E requires separate consumer authorizations for each returned item fee collected electronically when the consumer has agreed to preauthorized transfers for the underlying transactions. The Board notes, however that, as is the case for all disclosures under Regulation E, the notice regarding the person's intent to collect returned item fees electronically must be clear and readily understandable to the consumer. See § 205.4(a). Moreover, if the consumer later revokes his or her authorization under the agreement, the payee must terminate all subsequent debits under that authorization. See § 205.10(c); comment 10(c)-2.

Disclosure of Returned Item Fees

The final rule also adopts the provision in the August 2006 interim rule in § 205.3(b)(3)(i) permitting the person collecting a fee for a returned EFT or check to provide an explanation of how the fee is determined if the amount of the fee may vary based on the

amount of the underlying transaction or other factors. The August 2006 interim rule recognized that state laws governing the maximum fee that may be collected for items returned unpaid are not uniform. For example, in some states, the fee may vary based on the transaction amount or the amount of time the obligation is outstanding. Thus, persons that intend to collect the maximum amount permitted by state law may be unable to disclose a specific dollar amount on a notice that would be given to all consumers. For example, a payee at POS would be unable to post a notice disclosing a specific fee amount if the fee will vary depending on the amount of the underlying transaction.

Industry commenters generally supported the flexibility provided by § 205.3(b)(3)(i), but a few commenters asserted that the rule continues to impose unnecessary burden on businesses operating in multiple states. The commenters noted that even when the amount of the fee is fixed under an applicable state law, payees would have to modify their notice in each state. Moreover, the rule could potentially result in lengthy explanations about how to calculate the fee which would not necessarily enhance consumer understanding. A trade association of finance and treasury professionals asserted that consumers would receive adequate disclosure so long as they are provided a general statement that the fee will not exceed the maximum amount permitted by applicable state law. The Board believes, however, that merely disclosing that a fee will be collected in an amount that is in accordance with state law would not provide consumers with sufficient detail about the fee because consumers are unlikely to be familiar with the limits established under the state law governing the individual transaction. The vagueness of such a disclosure would thus make it difficult for consumers to later reconcile any debits to collect the fee with information on their periodic statements. Accordingly, the Board is adopting § 205.3(b)(3)(i) as set forth in the August 2006 interim rule to require disclosure of the fee (or an explanation of how that fee is determined where the fee amount may vary from transaction to transaction). Thus, the rule would require for example, a merchant or other payee that does business in two different states, one of which allows a maximum returned item fee of \$25, and the other allowing a maximum fee of \$35, to disclose the specific fee that would be collected electronically in each state.

Comment 3(b)(3)-2 is adopted largely as proposed and provides an example of

how the rule would apply when a person seeks to collect a returned item fee electronically in connection with an ARC transaction. The comment has been revised in the final rule to clarify that the term "ARC transaction" may also cover situations where a consumer makes an in-person payment for an invoice at the payee's physical location (e.g., when a consumer goes to a bank branch to make a loan payment at a teller window) or leaves the payment in a dropbox, instead of mailing the payment to the payee. These circumstances would thus not be subject to the notice requirements for POS transactions under § 205.3(b)(3)(ii).

To facilitate compliance, Model Clause A-8 of Appendix A in the final rule includes model language that payees may use to disclose their intent to collect a fee for an EFT or check returned unpaid electronically and the amount of the fee. The model language is modified from the wording used in the August 2006 interim rule to apply to all types of returned item fees and to reflect that in some cases the person collecting the fee may not be the merchant or other payee to whom the consumer has provided payment. One commenter expressed concern that state law may require the person collecting the fee to use specific wording for such notices, which might be inconsistent with the Board's model language. While use of the model language would provide a safe harbor for persons seeking to collect returned item fees electronically, the regulation does not mandate use of the model language. Thus, a person may comply with the rule without using the Board's model language so long as that person apprises the consumer that the fee will be collected electronically and states the amount of the fee (or how the fee is determined).

Notice Requirements—POS Transactions

Forms of Notice

Under the August 2006 interim rule, payees at POS must post notice of their intent to electronically collect a fee for a returned EFT or check (along with the amount of the fee) in a prominent and conspicuous location, and a copy of the notice, or substantially similar notice, must be provided to the consumer at the time of the transaction, such as on the sales receipt. See § 205.3(b)(3)(ii). If the amount of the fee to be collected electronically can be determined at the time of the transaction, the notice provided to the consumer must state the specific amount of the fee. The final rule generally adopts the approach set forth

in the interim rule in § 205.3(b)(3)(ii), but allows a payee to mail a notice to a consumer's address as an alternative to providing a consumer a retainable notice at the time of the transaction.

One large retailer urged the Board to allow payees to choose a single method for notifying consumers about the fee, either posting a notice at POS or providing consumers with such notice via a receipt. This retailer stated that the costs of providing both forms of notice to consumers at POS would be a significant barrier to wider industry adoption of ACH payment methods and, moreover, that the information provided in the notices was irrelevant to the vast majority of consumers who do not have checks returned. A vendor of check processing services commented that some merchants do not convert checks received at POS but may nevertheless collect fees electronically if an item is returned unpaid. According to this commenter, merchants that do not convert checks are unlikely to upgrade their registers to provide consumers with receipts containing the required disclosures. As a result, the commenter stated that the interim rule would prevent these merchants from being able to collect such fees by means of an EFT, a process that is considerably more efficient than other traditional collection methods, such as processing a demand draft (or remotely created check). This commenter suggested that the Board allow merchants to send a notice to the consumer after the transaction occurs but before any debit to the consumer's account to collect the insufficient funds fee. Because a very high percentage of checks are paid when presented, the commenter noted that the notice would thus only have to be mailed to the small number of consumers for whom the notice would be relevant, i.e., those who have their checks or other items returned.

The final rule adopts § 205.3(b)(3)(ii) largely as set forth in the interim rule with a minor change to the rule text to refer to the person "initiating an EFT" to collect the insufficient funds fee for consistency with the general rule in § 205.3(b)(3)(i). In addition, § 205.3(b)(3)(ii) has been revised to allow a person collecting returned item fees electronically to subsequently send a copy of the posted notice (or a substantially similar notice) to consumers instead of providing a notice at the time of the transaction. Persons collecting the fee would still be required to post notice of their intent to collect fees for returned items and a disclosure of the amount of the fee (or a description of how that fee is determined). The revised rule, however,

permits persons that may not be able to provide notices at the time of the transaction (for example, because they do not have registers or terminals capable of printing receipts or of providing the required notices) the flexibility to collect any resulting returned item fees electronically. The flexibility provided in the revised rule would also be available for persons who, for operational or other reasons, choose not to provide notices at the time of the transaction. The Board believes that the purpose served by the notice given to the consumer, that is, to provide a source of information about the fee that the consumer can refer to later (e.g., if necessary to reconcile with entries on a periodic statement), can also be accomplished by permitting the payee to mail the notice at a later time. This alternative has the added benefit of providing notice only to those consumers for whom the notice is particularly relevant. Persons electing to mail notices to a consumer's address must send the notice as soon as reasonably practicable after the person initiates an EFT to collect the fee from the consumer's account. Thus, given the notice's intended purpose of providing the consumer information about the debit, the final rule does not require the notice to be sent prior to the initiation of the EFT to collect the fee. If, however, the person does not provide a consumer with a notice at the time of the transaction and is unable to mail a notice because, for example, the consumer's check does not bear the consumer's address, the person would violate the rule. Similarly, in a debit card transaction where the consumer's address typically would not be collected, the person collecting the returned item fee would violate the rule if it does not provide the consumer a copy of the notice regarding the fee, or a substantially similar notice, either at the time of the transaction or in a subsequent mailing.

Comment 3(b)(3)-4 is added in the final rule to address the situation where the merchant or other payee to whom the underlying payment is made is not the same person that collects a returned item fee electronically if the payment is returned. Because the obligation to obtain the consumer's authorization for the EFT debit falls on the person collecting the fee in this manner, comment 3(b)(3)-4 states that the person initiating the EFT to the consumer's account to collect the fee may provide the requisite notices under § 205.3(b)(3) through a third party, such as a merchant. For example, the person electronically collecting a returned item

fee could have the merchant at POS post the required signage and provide a retainable copy of the notice to the consumer on the person's behalf.

Disclosure of Returned Item Fee for POS Transactions

Under § 205.3(b)(3)(ii) of the August 2006 interim rule, if the dollar amount of the fee can be calculated at the time of the transaction, the copy of the notice (or substantially similar notice) provided to the consumer at the time of the transaction must state that dollar amount, rather than an explanation of how that fee is determined. This provision is adopted generally as set forth in the August 2006 interim rule. Persons that elect to send notices to a consumer's address are required to state the amount of the fee being collected at the time the notice is mailed. Comment 3(b)(3)-3 illustrates, by way of example, how a person would disclose the amount of any fees assessed for a returned item in connection with a POS transaction.

Industry commenters continued to raise concerns about the costs of reprogramming terminals at POS to provide the amount of the fee on the notice provided to the consumer at the time of the transaction and urged the Board to delete the requirement. The Board believes the one-year delayed compliance date, discussed below, should significantly reduce the implementation costs and has retained the requirement to disclose the fee on the retainable notice in the final rule. Moreover, the alternative described above permitting the person collecting the fee to send a notice by mail after the transaction should further reduce the costs of compliance.

Delayed Compliance Date for Fee Disclosures Provided to Consumers at POS Terminals

The Board provided a one-year delayed compliance date for the requirement to disclose the amount of the fee on the notice given to the consumer to minimize the expense associated with reprogramming terminals by the January 1, 2007 compliance date. No commenters objected to the delayed compliance date and it is adopted as proposed. The delayed compliance date applies whether the retainable notice is provided at the time of the transaction or subsequently sent to the consumer.

One industry commenter also suggested extending the delayed compliance date to other requirements of the August 2006 interim rule. Given that payees will already have had approximately one year to implement

the other requirements, and because those requirements do not present the same programming issues as the disclosure of the amount of the fee on the notice given to consumers, the January 1, 2007 compliance date is retained. Accordingly, this delayed compliance provision is limited solely to the disclosure on the retainable notice given to the consumer regarding the amount of the returned item fee that may be collected and does not apply to the requirement to disclose the payee's intent to electronically collect the fee on that notice. The delayed compliance date also does not apply to the requirement to provide the amount of the fee, or an explanation of how the fee is determined, on the posted notice.

V. Final Regulatory Flexibility Analysis

The Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*) (RFA) generally requires an agency to perform an assessment of the impact a rule is expected to have on small entities. However, under section 605(b) of the RFA, 5 U.S.C. 605(b), the regulatory flexibility analysis otherwise required under section 604 of the RFA is not required if an agency certifies that the rule will not have a significant economic impact on a substantial number of small entities, and provides a statement providing the factual basis for such certification. Based on its analysis and for the reasons stated below, the Board certifies that the final rule will not have a significant economic impact on a substantial number of small entities.

1. *Statement of the need for, and objectives of, the final rule.* The EFTA was enacted to provide a basic framework establishing the rights, liabilities, and responsibilities of participants in electronic fund transfer systems. The primary objective of the EFTA is the provision of individual consumer rights. 15 U.S.C. 1693. The EFTA authorizes the Board to prescribe regulations to carry out the purpose and provisions of the statute. 15 U.S.C. 1693b(a). The Act expressly states that the Board's regulations may contain "such classifications, differentiations, or other provisions, * * * as, in the judgment of the Board, are necessary or proper to effectuate the purposes of [the Act], to prevent circumvention or evasion [of the Act], or to facilitate compliance [with the Act]." 15 U.S.C. 1693b(c). The Act also states that "[i]f electronic fund transfer services are made available to consumers by a person other than a financial institution holding a consumer's account, the Board shall by regulation assure that the disclosures, protections,

responsibilities, and remedies created by [the act] are made applicable to such persons and services." 15 U.S.C. 1693b(d). The Board believes that the revisions to Regulation E discussed below are within Congress's broad grant of authority to the Board to adopt provisions that carry out the purposes of the statute.

The Board is revising Regulation E to clarify that a person that intends to collect a fee for a returned EFT or check by means of an EFT from a consumer's account must obtain the consumer's authorization. Authorization is obtained when the person collecting the fee electronically provides a written notice (or posts the notice in the case of a POS transaction) of the intent to collect the fee electronically, along with a disclosure of the dollar amount of the fee, and the consumer goes forward with the underlying transaction after receiving that notice. This requirement would allow consumers to receive prior notice of a person's intent to electronically collect a returned item fee and enable the Board to promote consistency in the notice provided to consumers.

In response to industry requests for flexibility with respect to the requirement to provide consumers with a copy of the notice posted at POS informing them of the person's intent to electronically collect a returned item fee, the final rule states that persons may provide a notice that is substantially similar to the posted notice. A parallel revision is made with respect to the electronic check conversion requirements at POS. Accordingly, payees may provide consumers with a notice that is substantially similar to the notice posted at POS informing consumers that the payee may convert checks received as payment to EFTs.

In addition, to address state laws that, for example, permit a fee for returned items to be imposed based on a percentage of the underlying transaction (rather than a flat fee regardless of the transaction amount), the final rule permits persons collecting the fee to disclose a description of how the fee will be determined in lieu of an actual dollar amount. However, if the dollar amount of the fee can be calculated at the time the notice is given to the consumer, this amount must be stated on the version of the notice provided to the consumer. In response to concerns about the costs of implementing systems to provide a copy of the posted notice or substantially similar notice to the consumer at the time of a POS transaction with the dollar amount of the fee, or an explanation of how such

fee would be calculated if the fee may vary based on the underlying transaction amount or other factors, the final rule permits persons to send such notice to a consumer's address at a later time.

2. *Issues raised by comments in response to the initial regulatory flexibility analysis.* In accordance with section 603(a) of the RFA, the Board conducted an initial regulatory flexibility analysis in connection with the September 2004 proposal (69 FR 55,996 (September 17, 2004)). In accordance with section 604(a) of the RFA, the Board also conducted a final regulatory flexibility analysis in connection with its January 2006 final rule (71 FR 1,638 (January 10, 2006)) and with its August 2006 interim rule (71 FR 51,451 (August 30, 2006)). The Board did not receive any comments on any of these regulatory flexibility analyses specifically with respect to the disclosure of a person's intent to electronically collect a returned item fee. However, one commenter, a major provider of check processing services, in response to the September 2004 proposal, noted that in general any changes to the authorization language provided to consumers in electronic check conversion transactions at POS locations would entail re-programming of the terminals typically used to provide notices and obtain the consumer's authorization. In response to the August 2006 interim rule, three commenters, including the same provider of check processing services, asserted that it will be costly to reprogram POS terminals to state the amount of the returned item fee that would be collected electronically.

3. *Small entities affected by the final rule.* Persons that initiate one-time EFTs from a consumer's account to electronically collect a fee for items returned unpaid will be required under the regulation to obtain the consumer's authorization for the transfer. The person that initiates the EFT to debit the consumer's account for the fee must provide written notice of the intent to collect the fees electronically and disclose the dollar amount of the fee. For ARC transactions, notice will likely be provided on a billing statement or invoice. At POS, notice must be provided by posted signage, and a copy of the notice or a substantially similar notice must be given to the consumer either at the time of the transaction or sent at a later time.

The Board believes many small businesses that electronically collect fees for returned items are currently providing written notices regarding the intent to collect such fees electronically,

either on posted signage or on a transaction receipt at POS, and possibly both. Similarly, the Board believes that payees are providing written notices in ARC transactions because payment system rules currently require written notices. Therefore, small entities affected by this final rule are unlikely to have to craft entirely new notices as a result of this rule. Although they will have to review, and likely revise, their existing notices, including reprogramming the terminals used to generate these notices, the Board does not expect that the burden associated with these tasks will be significant. To further facilitate compliance, the Board provided model language for the notice requirement in this final rule. In addition, the final rule extends for one year, the compliance date for the requirement to disclose the dollar amount of the returned item fee on the retainable notice provided to the consumer to allow additional time for any necessary programming changes. For fees collected in connection with returned items in a POS transaction, the final rule also permits the person collecting the fee to mail a copy of the notice regarding electronic collection of fees for returned items at a later time as an alternative to providing a copy of such notice at the time of the underlying transaction. Therefore, small entities that do not currently have systems in place to provide the notice at the time of the transaction need not invest in new systems at POS to comply with the rule.

4. *Other federal rules.* The Board has not identified any federal rules that duplicate, overlap, or conflict with the final revisions to Regulation E.

VI. Paperwork Reduction Act

In accordance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3506; 5 CFR 1320 Appendix A.1), the Board reviewed the rule under the authority delegated to the Board by the Office of Management and Budget (OMB). The final rule contains requirements subject to the PRA. The collection of information that is required by this rule is found in 12 CFR 205.3(b)(3). The Federal Reserve may not conduct or sponsor, and an organization is not required to respond to, this information collection unless the information collection displays a currently valid OMB control number. The OMB control number is 7100-0200. This information is required to provide benefits for consumers and is mandatory (15 U.S.C. 1693 et seq.). The respondents/recordkeepers are for-profit financial institutions, including small

businesses. Institutions are required to retain records for 24 months.

All persons, such as merchants and other payees, that may collect a returned item fee via an EFT from the consumer's account potentially are affected by this collection of information, because these persons will be required to obtain a consumer's authorization for the electronic transfer under § 205.3(b)(3).

Burden with respect to the requirement to provide notice to the consumer for the purpose of obtaining the consumer's authorization for the electronic collection of fees for returned items was previously estimated in the January 2006 final rule (Docket No. R-1210 and R-1234), and reported in accordance with those estimates in documents filed with OMB. Under the Board's prior analysis, the total burden under Regulation E, including but not limited to the burden of obtaining a consumer's authorization to collect a returned item fee electronically as a result of the January 2006 final rule as further amended by this final rule, is 1,252,684 hours. The burden estimate comprises the total paperwork burden for all persons subject to the regulation and is not limited to the burden for the 1,289 respondents regulated by the Federal Reserve that are required to comply with Regulation E.

Because the records would be maintained by the institutions and the notices are not provided to the Federal Reserve, no issue of confidentiality arises under the Freedom of Information Act.

Text of Final Revisions

Comments are numbered to comply with **Federal Register** publication rules.

List of Subjects in 12 CFR Part 205

Consumer protection, Electronic fund transfers, Federal Reserve System, Reporting and recordkeeping requirements.

■ For the reasons set forth in the preamble, the interim final rule amending 12 CFR part 205 and the Official Staff Commentary which was published at 71 FR 51451 on August 30, 2006, is adopted as a final rule with the following changes:

PART 205—ELECTRONIC FUND TRANSFERS (REGULATION E)

■ 1. The authority citation for part 205 continues to read as follows:

Authority: 15 U.S.C. 1693b.

■ 2. In § 205.3, paragraphs (a) and (b)(2)(ii) are republished, and (b)(3) is revised as follows:

§ 205.3 Coverage.

(a) *General.* This part applies to any electronic fund transfer that authorizes a financial institution to debit or credit a consumer's account. Generally, this part applies to financial institutions. For purposes of §§ 205.3(b)(2) and (b)(3), 205.10(b), (d), and (e) and 205.13, this part applies to any person.

(b) *Electronic fund transfer.* * * *

(2) *Electronic fund transfer using information from a check.* * * *

(ii) The person initiating an electronic fund transfer using the consumer's check as a source of information for the transfer must provide a notice that the transaction will or may be processed as an electronic fund transfer, and obtain a consumer's authorization for each transfer. A consumer authorizes a one-time electronic fund transfer (in providing a check to a merchant or other payee for the MICR encoding, that is, the routing number of the financial institution, the consumer's account number and the serial number) when the consumer receives notice and goes forward with the underlying transaction. For point-of-sale transfers, the notice must be posted in a prominent and conspicuous location, and a copy thereof, or a substantially similar notice, must be provided to the consumer at the time of the transaction.

* * * * *

(3) *Collection of returned item fees via electronic fund transfer.* (i) *General.* The person initiating an electronic fund transfer to collect a fee for the return of an electronic fund transfer or a check that is unpaid, including due to insufficient or uncollected funds in the consumer's account, must obtain the consumer's authorization for each transfer. A consumer authorizes a one-time electronic fund transfer from his or her account to pay the fee for the returned item or transfer if the person collecting the fee provides notice to the consumer stating that the person may electronically collect the fee, and the consumer goes forward with the underlying transaction. The notice must state that the fee will be collected by means of an electronic fund transfer from the consumer's account if the payment is returned unpaid and must disclose the dollar amount of the fee. If the fee may vary due to the amount of the transaction or due to other factors, then, except as otherwise provided in paragraph (b)(3)(ii) of this section, the person collecting the fee may disclose, in place of the dollar amount of the fee, an explanation of how the fee will be determined.

(ii) *Point-of-sale transactions.* If a fee for an electronic fund transfer or check

returned unpaid may be collected electronically in connection with a point-of-sale transaction, the person initiating an electronic fund transfer to collect the fee must post the notice described in paragraph (b)(3)(i) of this section in a prominent and conspicuous location. The person also must either provide the consumer with a copy of the posted notice (or a substantially similar notice) at the time of the transaction, or mail the copy (or a substantially similar notice) to the consumer's address as soon as reasonably practicable after the person initiates the electronic fund transfer to collect the fee. If the amount of the fee may vary due to the amount of the transaction or due to other factors, the posted notice may explain how the fee will be determined, but the notice provided to the consumer must state the dollar amount of the fee if the amount can be calculated at the time the notice is provided or mailed to the consumer.

(iii) *Delayed compliance date for fee disclosure.* Through December 31, 2007, the notice required to be provided to consumers under paragraph (b)(3)(ii) of this section in connection with a point-of-sale transaction, whether given to the consumer at the time of the transaction or subsequently mailed to the consumer, need not include either the dollar amount of any fee collected electronically for a check or electronic fund transfer returned unpaid or an explanation of how the amount of the fee will be determined.

* * * * *

■ 3. In Appendix A to Part 205, in Section A-8, the heading "Model Clause for Electronic Collection of Insufficient Funds Fees" is revised as "Model Clause for Electronic Collection of Returned Item Fees", and the text of the paragraph is revised.

Appendix A to Part 205—Model Disclosure Clauses and Forms

* * * * *

A-8 MODEL CLAUSE FOR ELECTRONIC COLLECTION OF RETURNED ITEM FEES (§ 205.3(b)(3))

If your payment is returned unpaid, you authorize [us/ name of person collecting the fee electronically] to make a one-time electronic fund transfer from your account to collect a fee of [\$ ____]. [If your payment is returned unpaid, you authorize [us/ name of person collecting the fee electronically] to make a one-time electronic fund transfer from your account to collect a fee. The fee will be determined [by]/ [as follows]: [____].]

■ 4. In Supplement I to Part 205, under Section 205.3—Coverage, the heading

"Paragraph 3(b)(3)—Collection of Insufficient Funds Fees via Electronic Fund Transfer" is revised as "Paragraph 3(b)(3)—Collection of Returned Item Fees via Electronic Fund Transfer", paragraphs 1. through 3. are revised, and paragraph 4. is added.

SUPPLEMENT I TO PART 205—OFFICIAL STAFF INTERPRETATIONS

* * * * *
Section 205.3—Coverage

* * * * *
3(b) *Electronic Fund Transfer*
* * * * *

Paragraph 3(b)(3)—Collection of Returned Item Fees via Electronic Fund Transfer

1. *Fees imposed by account-holding institution.* The requirement to obtain a consumer's authorization to collect a fee via EFT for the return of an EFT or check unpaid applies only to the person that intends to initiate an EFT to collect the returned item fee from the consumer's account. The authorization requirement does not apply to any fees assessed by the consumer's account-holding financial institution when it returns the unpaid underlying EFT or check or pays the amount of an overdraft.

2. *Accounts receivable transactions.* In an accounts receivable (ARC) transaction where a consumer sends in a payment for amounts owed (or makes an in-person payment at a biller's physical location, such as when a consumer makes a loan payment at a bank branch or places a payment in a dropbox), a person seeking to electronically collect a fee for items returned unpaid must obtain the consumer's authorization to collect the fee in this manner. A consumer authorizes a person to electronically collect a returned item fee when the consumer receives notice, typically on an invoice or statement, that the person may collect the fee through an EFT to the consumer's account, and the consumer goes forward with the underlying transaction by providing payment. The notice must also state the dollar amount of the fee. However, an explanation of how that fee will be determined may be provided in place of the dollar amount of the fee if the fee may vary due to the amount of the transaction or due to other factors, such as the number of days the underlying transaction is left outstanding. For example, if a state law permits a maximum fee of \$30 or 10% of the underlying transaction, whichever is greater, the person collecting the fee may explain how the fee is determined,

rather than state a specific dollar amount for the fee.

3. *Disclosure of dollar amount of fee for POS transactions.* The notice provided to the consumer in connection with a POS transaction under § 205.3(b)(3)(ii) must state the amount of the fee for a returned item if the dollar amount of the fee can be calculated at the time the notice is provided or mailed. For example, if notice is provided to the consumer at the time of the transaction, if the applicable state law sets a maximum fee that may be collected for a returned item based on the amount of the underlying transaction (such as where the amount of the fee is expressed as a percentage of the underlying transaction), the person collecting the fee must state the actual dollar amount of the fee on the notice provided to the consumer. Alternatively, if the amount of the fee to be collected cannot be calculated at the time of the transaction (for example, where the amount of the fee will depend on the number of days a debt continues to be owed), the person collecting the fee may provide a description of how the fee will be determined on both the posted notice as well as on the notice provided at the time of the transaction. However, if the person collecting the fee elects to send the consumer notice after the person has initiated an EFT to collect the fee, that notice must state the amount of the fee to be collected.

4. *Third party providing notice.* The person initiating an EFT to a consumer's account to electronically collect a fee for an item returned unpaid may obtain the authorization and provide the notices required under § 205.3(b)(3) through third parties, such as merchants.

* * * * *

By order of the Board of Governors of the Federal Reserve System, November 27, 2006.

Jennifer J. Johnson,
Secretary of the Board.

[FR Doc. E6-20300 Filed 11-30-06; 8:45 am]

BILLING CODE 6210-01-P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Docket No. FAA-2006-25186; Airspace
Docket No. 06-AAL-18]

RIN 2120-AA66

Re-Designation of VOR Federal Airway V-431; Alaska

AGENCY: Federal Aviation
Administration (FAA), DOT.

ACTION: Final rule; technical amendment.

SUMMARY: This technical amendment corrects a final rule published in the **Federal Register** on July 7, 2006 (71 FR 38516), Docket No. FAA-2005-20551, Airspace Docket No. 06-AAL-18. In that rule, the reference to Docket No. FAA-2005-20551 as published was in error. The correct Docket No. is FAA-2006-25186. Also, the reference to FAA Order 7400.9 was published as FAA Order 7400.90. The correct reference is FAA Order 7400.9P. Additionally, the corresponding date that refers to the date the Order was effective should state "September 15, 2006" instead of "September 16, 2006".

DATES: *Effective Date:* 0901 UTC, December 1, 2006. The Director of the Federal Register approves this incorporation by reference action under 1 CFR part 51, subject to the annual revision of FAA Order 7400.9 and publication of conforming amendments.

FOR FURTHER INFORMATION CONTACT: Tracy Rosgen, Airspace and Rules, Office of System Operations Airspace and AIM, Federal Aviation Administration, 800 Independence Avenue, SW., Washington, DC 20591; telephone: (202) 267-8783.

SUPPLEMENTARY INFORMATION:

History

On July 7, 2006, a final rule was published in the **Federal Register**, Docket No. FAA-2005-20551, Airspace Docket No. 06-AAL-18, that amended Title 14 Code of Federal Regulations part 71 by re-designating VOR Federal Airway V-431, AK (71 FR 38516). In that rule, the reference to Docket No. FAA-2005-20551 is incorrect. The correct Docket No. is FAA-2006-25186. Also, the reference to FAA Order 7400.9 was published as FAA Order 7400.90. The correct reference is FAA Order 7400.9P. Additionally, the corresponding date that refers to the date the Order was effective should state "September 15, 2006" instead of "September 16, 2006".

Amendment to Final Rule

Accordingly, pursuant to the authority delegated to me, the reference to FAA Order 7400.9 for Airspace Docket No. FAA-2005-20551, Airspace Docket No. 06-AAL-18, as published in the **Federal Register** on July 7, 2006 (71 FR 38516), is corrected as follows:

1. On page 38516, in column 3, in the heading of the document, following 14 CFR Part 71, "Docket No. FAA-2005-20551" is corrected to read "Docket No. FAA-2006-25186".

2. On page 38517, in column 1, in the second paragraph following the rule section, in line 3, "FAA Order 7400.90" is corrected to read "FAA Order 7400.9P", and in line 4, "September 16, 2006" is corrected to read "September 15, 2006".

§ 71.1 [Corrected]

3. On page 38517, in column 2, in amendatory instruction 2, in line 2, "FAA Order 7400.90" is corrected to read "FAA Order 7400.9P", and in line 5, "September 16, 2006" is corrected to read "September 15, 2006".

Issued in Washington, DC, on November 22, 2006.

Edith V. Parish,

Manager, Airspace and Rules.

[FR Doc. E6-20279 Filed 11-30-06; 8:45 am]

BILLING CODE 4910-13-P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 97

[Docket No. 30524; Amdt. No. 3195]

Standard Instrument Approach Procedures; Miscellaneous Amendments

AGENCY: Federal Aviation
Administration (FAA), DOT.

ACTION: Final rule.

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

DATES: This rule is effective December 1, 2006. The compliance date for each SIAP is specified in the amendatory provisions.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of December 1, 2006.

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

For Examination—

1. FAA Rules Docket, FAA Headquarters Building, 800

Independence Ave, SW., Washington, DC 20591;

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

3. The National Flight Procedures Office, 6500 South MacArthur Blvd., Oklahoma City, OK 73169 or,

4. The National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

For Purchase—Individual SIAP copies may be obtained from:

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

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

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

FOR FURTHER INFORMATION CONTACT:

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

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

The large number of SIAPs, their complex nature, and the need for a

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

The Rule

This amendment to 14 CFR part 97 is effective upon publication of each separate SIAP as amended in the transmittal. For safety and timeliness of change considerations, this amendment incorporates only specific changes contained for each SIAP as modified by FDC/P-NOTAMs.

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

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

Conclusion

The FAA has determined that this regulation only involves an established

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

List of Subjects in 14 CFR Part 97

Air Traffic Control, Airports, Incorporation by reference, and Navigation (Air).

Issued in Washington, DC on November 17, 2006.

James J. Ballough,

Director, Flight Standards Service.

Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me, Title 14, Code of Federal Regulations, Part 97, 14 CFR part 97, is amended by amending Standard Instrument Approach Procedures, effective at 0901 UTC on the dates specified, as follows:

PART 97—STANDARD INSTRUMENT APPROACH PROCEDURES

■ 1. The authority citation for part 97 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40103, 40106, 40113, 40114, 40120, 44502, 44514, 44701, 44719, 44721-44722.

■ 2. Part 97 is amended to read as follows:

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

* * * *Effective Upon Publication*

FDC Date	State	City	Airport	FDC No.	Subject
11/03/06	VA	RICHMOND	RICHMOND INTL	6/5376	ILS RWY 34, ILS RWY 34 (CAT II), ILS RWY 34 (CAT III), AMDT 13A.
11/06/06	PA	PHILADELPHIA	PHILADELPHIA INTL	6/5484	ILS RWY 9R, ILS RWY 9R (CAT II), ILS RWY 9R (CAT III), AMDT 9.

FDC Date	State	City	Airport	FDC No.	Subject
11/06/06	PA	PHILADELPHIA	PHILADELPHIA INTL	6/5487	ILS RWY 27R, AMDT 10.
11/06/06	PA	PHILADELPHIA	PHILADELPHIA INTL	6/5488	ILS OR LOC RWY 17, AMDT 6A.
11/06/06	PA	PHILADELPHIA	PHILADELPHIA INTL	6/5489	ILS OR LOC RWY 9L, AMDT 4A.
11/06/06	PA	PHILADELPHIA	PHILADELPHIA INTL	6/5491	RNAV (GPS) RWY 35, AMDT 1.
11/07/06	TX	AUSTIN	AUSTIN-BERGSTROM INTL	6/5492	ILS RWY 17R, AMDT 2A.
11/07/06	MO	ST LOUIS	LAMBERT-ST LOUIS INTL	6/5680	ILS RWY 12R, AMDT 21B.
11/13/06	MA	HYANNIS	BARNSTABLE MUNI-BOARDMAN/ POLANDO FIELD.	6/6061	ILS OR LOC RWY 24, AMDT 17A.
11/13/06	MI	LANSING	CAPITAL CITY	6/6064	NDB OR GPS RWY 28L, AMDT 24.
11/13/06	WA	OAK HARBOR	WES LUPIEN	6/6088	RADAR-1, ORIG.
11/14/06	ME	PORTLAND	PORTLAND INTL JETPORT	6/6193	ILS OR LOC RWY 11.
11/14/06	NH	PORTSMOUTH	PORTSMOUTH INTL AT PEASE	6/6196	VOR OR TACAN OR GPS RWY 34, ORIG-A.
11/14/06	NH	PORTSMOUTH	PORTSMOUTH INTL AT PEASE	6/6200	VOR OR TACAN RWY 16, AMDT 5.

[FR Doc. E6-20156 Filed 11-30-06; 8:45 am]
BILLING CODE 4910-13-P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

18 CFR Parts 50 and 380

[Docket No. RM06-12-000; Order No. 689]

Regulations for Filing Applications for Permits to Site Interstate Electric Transmission Facilities

Issued November 16, 2006.

AGENCY: Federal Energy Regulatory
Commission, DOE.

ACTION: Final rule

SUMMARY: The Federal Energy Regulatory Commission (Commission) is implementing new regulations in accordance with section 1221 of the Energy Policy Act of 2005 to establish filing requirements and procedures for entities seeking to construct electric transmission facilities. The regulations will coordinate the processing of Federal authorizations and environmental review of electric transmission facilities in national interest transmission corridors.

DATES: *Effective Date:* This rule will become effective February 2, 2007.

FOR FURTHER INFORMATION CONTACT:

John Schnagl, Office of Energy Projects,
Federal Energy Regulatory
Commission, 888 First Street, NE.,
Washington, DC 20426. (202) 502-
8756. john.schnagl@ferc.gov.

Carolyn Van Der Jagt, Office of the
General Counsel, Federal Energy
Regulatory Commission, 888 First
Street, NE., Washington, DC 20426.
(202) 502-8620.
carolyn.VanDerJagt@ferc.gov.

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Before Commissioners: Joseph T. Kelliher, Chairman; Suedeem G. Kelly, Marc Spitzer, Philip D. Moeller, and Jon Wellinghoff.

1. On June 16, 2006, the Federal Energy Regulatory Commission (Commission) issued a Notice of Proposed Rulemaking (NOPR) in this proceeding.¹ In the NOPR, the Commission proposed regulations in accordance with section 1221 of the Energy Policy Act of 2005 (EPA Act 2005)² to implement filing requirements and procedures for entities seeking permits to construct or modify electric transmission facilities under the circumstances set forth in that section. This Final Rule considers comments submitted in response to the NOPR, and as a result, makes various modifications to the regulatory text described in the NOPR. Following the issuance of this rule, we will convene regional conferences to assist stakeholders in its implementation.

I. Background

2. On August 8, 2005, EPA Act 2005 became law. Section 1221 of EPA Act 2005 adds a new section 216 to the Federal

Power Act (FPA), providing for Federal siting of electric transmission facilities under certain circumstances.

3. New FPA section 216 requires that the Secretary of the Department of Energy (DOE or Secretary) identify transmission constraints. It mandates that the Secretary conduct a study of electric transmission congestion within one year of enactment and every three years thereafter, and that the Secretary then issue a report. The Secretary is further empowered to designate certain constrained areas as national interest electric transmission corridors (National Corridors).

4. FPA section 216(b) provides that the Commission may issue permits to construct or modify electric transmission facilities in a National Corridor under certain circumstances. The Commission has the authority to issue permits to construct or modify electric transmission facilities if it finds that: (1) A State in which such facilities are located does not have the authority to approve the siting of the facilities or to consider the interstate benefits expected to be achieved by the construction or modification of the facilities; (2) the applicant is a transmitting utility but does not qualify to apply for siting approval in the State

because the applicant does not serve end-use customers in the State; or (3) the State commission or entity with siting authority withholds approval of the facilities for more than one year after an application is filed or one year after the designation of the relevant national interest electric transmission corridor, whichever is later, or the State conditions the construction or modification of the facilities in such a manner that the proposal will not significantly reduce transmission congestion in interstate commerce or is not economically feasible.³

5. Additionally, under FPA sections 216 (b)(2) through (6), before issuing a permit the Commission must find that the proposed facility: (1) Will be used for the transmission of electric energy in interstate commerce; (2) is consistent with the public interest; (3) will significantly reduce transmission congestion in interstate commerce and protect or benefit consumers; (4) is consistent with sound national energy policy and will enhance energy

³ Under FPA section 216(j)(4), the Commission may not issue a permit for facilities within a State that is a party to an interstate compact establishing a regional transmission siting agency unless the members of the compact are in disagreement and the Secretary of the Department of Energy makes certain findings.

¹ 71 FR 36258 (June 26, 2006); FERC Stats. & Regs. ¶ 32,605 (2006).

² Pub. L. 109-58, 119 Stat. 594 (2005).

independence; and (5) will maximize, to the extent reasonable and economical, the transmission capabilities of existing towers or structures.

6. New FPA section 216(h)(2) designates DOE as lead agency to coordinate all Federal authorizations needed to construct proposed electric transmission facilities in National Corridors. Under FPA section 216(h)(4)(A), to ensure timely efficient reviews and permit decisions, DOE is required to establish prompt and binding intermediate milestones and ultimate deadlines for all Federal reviews and authorizations required for a proposed electric transmission facility.⁴ Section 216(h)(5)(A) of the FPA requires that DOE as lead agency, in consultation with the other affected agencies, prepare a single environmental review document that would be used as the basis for all decisions for the proposed projects under Federal law.

7. On May 16, 2006, the Secretary delegated paragraphs (2), (3), (4)(A)-(B), and (5) of FPA section 216(h) to the Commission as they apply to proposed facilities in designated National Corridors for which an application for authority to construct has been submitted to the Commission.⁵ Specifically, the Secretary delegated to the Commission DOE's lead agency responsibilities for the purpose of coordinating all applicable Federal authorizations and related environmental review and preparing a single environmental review document for facilities falling within the Commission's siting jurisdiction. With respect to such projects, the Commission will establish prompt and binding intermediate milestones and ultimate deadlines for the review, and ensure that all Federal permits are issued, and reviews are completed, within a year or as soon as practicable thereafter.

8. On August 8, 2006, DOE issued its National Electric Transmission Congestion Study that examined transmission congestion and constraints and identified affected transmission paths in many areas of the nation.⁶ DOE

states that it expects the study to open a dialogue with stakeholders in areas of the Nation where congestion is a matter of concern, focusing on ways in which these problems might be alleviated. DOE states that where appropriate in relation to the congestion areas, it may designate National Corridors.

9. Also on August 8, 2006, several Federal agencies including DOE and the Commission entered into a Memorandum of Understanding on Early Coordination of Federal Authorization and Related Environmental Reviews Required in Order to Site Electric Transmission Facilities (MOU).⁷ The purpose of the MOU is to establish a framework for early cooperation and participation that will enhance coordination of all applicable land use authorizations, related environmental, cultural, and historic preservation reviews, and any other approvals that may be required under Federal law in order to site an electric transmission facility.

10. FPA section 216(c)(2) requires that the Commission issue rules specifying the form of, and the information to be contained in, an application for proposed construction or modification of electric transmission facilities in National Corridors, and the manner of service of notice of the permit application on interested persons. The Commission is implementing those regulations in a new part 50 of existing subchapter B of its regulations.

II. Discussion

A. National Interest Transmission Corridors

11. As stated, on August 8, 2006, DOE issued its National Electric Transmission Congestion Study and stated that where appropriate in relation to the congestion areas, it may designate National Corridors. Once DOE designates a National Corridor, the Commission has the authority under FPA section 216(b) to issue permits to construct or modify electric transmission facilities in such a corridor under certain circumstances.

12. The Western Interstate Energy Board and Committee on Regional Electric Power Cooperation (Western Energy Board) and Western Governor's Association (Western Governors) request that the Commission delay issuing the Final Rule until DOE acts on establishing National Corridors. Section

216(c)(2) of the FPA requires that the Commission issue rules specifying the form of the application, the information to be contained in the application, and the manner of service and notice of the permit application on interested persons. While the Commission has no authority to issue a permit unless a facility is in a National Corridor, this does not affect the Commission's ability to put in place the filing requirements that will apply once National Corridors are designated. The Commission, therefore, declines to delay issuance of the Final Rule. The Commission believes that prompt issuance of the Final Rule, coupled with regional conferences to discuss its implementation, is in the public interest and provides timely notice to stakeholders of the procedures that will apply to applications submitted under FPA section 216.

13. American Electric Power Service Corporation (AEP) requests that the Commission define what constitutes a National Corridor and whether the designation is a permanent one. Massachusetts Energy and Facilities Siting Board (Massachusetts Energy Board) requests that the Commission define the ends, geographic dimensions, and specified boundaries for a National Corridor. U.S. Department of the Interior (DOI) also requests clarification on what constitutes a National Corridor. The Commission declines to make such rulings. DOE, not the Commission, is responsible for designating and defining the National Corridors under EPAct 2005. Thus, it would be inappropriate for the Commission to establish an independent definition in the Final Rule or opine on whether a corridor designation is a permanent one.

B. Permit Findings

1. Commission Jurisdiction Under 216(b)(1)

14. Under FPA section 216(b)(1), the Commission has the authority to issue permits to construct or modify electric transmission facilities if: (A) A State in which the transmission facilities are to be constructed or modified does not have the authority to—(i) approve the siting of the facilities; or (ii) consider the interstate benefits expected to be achieved by the proposed construction or modification of transmission facilities in the State; (B) the applicant for a permit is a transmitting utility under this Act but does not qualify to apply for a permit or siting approval for the proposed project in a State because the applicant does not serve end-use customers in the State; or (C) a State commission or other entity that has

⁴ Under FPA section 216(h)(6)(A), if any agency has denied a Federal authorization required for a transmission facility, or has failed to act by the deadline established by the Secretary, the applicant or any State in which the facility would be located may file an appeal with the President.

⁵ Department of Energy Delegation Order No. 00-004.00A.

⁶ Department of Energy, National Electric Transmission Congestion Study, Executive Summary (2006), http://www.oe.energy.gov/energy_policy/epa_sec1221.htm#Timeline (follow "Congestion Study Executive Summary" hyperlink).

⁷ The other agencies include the Department of Defense, the Department of Agriculture, the Department of the Interior, the Department of Commerce, the Environmental Protection Agency, the Council on Environmental Quality, and the Advisory Council on Historic Preservation.

authority to approve the siting of the facilities has—(i) withheld approval for more than 1 year after the filing of an application or 1 year after the designation of the relevant national interest electric transmission corridor, whichever is later; or (ii) conditioned its approval in such a manner that the proposed construction or modification will not significantly reduce transmission congestion in interstate commerce or is not economically feasible.

15. Numerous commenters request that the Commission specifically address what it will require of applicants to establish the basis and supporting rationale for the Commission's claiming jurisdiction over proposed electric transmission facilities.⁸ Specifically, they request that the Commission clarify how it intends to determine when the clock starts and stops for the one-year time period for State action on siting requests under FPA section 216(b)(1)(C). They also request that the Commission clarify under what circumstances it will determine that a State has withheld approval and what conditions in a State authorization the Commission will consider sufficient to trigger Commission jurisdiction. The commenters also request that the Commission generally explain how, and when, it will make the determination that it indeed has jurisdiction over a proposed project.

a. One Year Clock/Pre-Filing

16. Many commenters request that the Commission specifically address when the one-year period for State processing of an application will commence. They state that the Commission should specify that the one-year clock will not start running until the State determines that the application submitted to it is final and in compliance with the State's filing requirements.⁹ Several

commenters contend that the States should have the ability to re-start the one-year review period if the applicant significantly modifies or makes substantive changes to its application.¹⁰ The Wilderness Society (Wilderness) states that the Commission should require that the applicant prove that it made a good faith effort to comply with State siting and permitting requirements. The Western Energy Board requests that the Commission clarify that an applicant who has not obtained the required Federal permit findings in support of a State application has not filed a complete State application. Iowa Board states that one-year time period should not include periods of appellate review.

17. Several commenters also request that the Commission require an applicant demonstrate how its proposed application has met the statutory requirements for Commission jurisdiction prior to initiating the pre-filing process.¹¹ Others request that the Commission begin the pre-filing process while the State process is ongoing.¹²

18. Communities Against Regional Interconnect (Communities) contend that permitting the pre-filing process to be initiated simultaneous with the ongoing State process represents nothing more than the Commission's desire to "pounce" at the moment its jurisdiction is triggered. Communities, CA Resources, and New York DPS are concerned that simultaneous filings could result in an unwarranted and massive expenditure of time and resources, if it turns out the Commission lacks jurisdiction to consider the application. Iowa Board contends that simultaneous filing deprives States of their authority and conflicts with the purpose of the law. Senator Wright and NARUC note that allowing the pre-filing process to begin at such an early stage prevents the Commission from fully considering the information brought forth during the State siting process.

19. The Commission appreciates the concerns of the States regarding the potential for overlap in State and Commission siting processes. However, the language of FPA section 216 provides for this potential overlap by

(SDG&E), Western Energy Board, Public Service Commission of Wisconsin (Wisconsin PSC), and Washington Council.

¹⁰ Iowa Board, NARUC, and Wisconsin PSC.
¹¹ CA Resources, Communities, Iowa Board, NARUC, New York PSC, Senator Wright, SoCal Edison, Washington Council, and Western Energy Board.

¹² APPA, AEP, Allegheny, Southern Companies, National Grid USA (National Grid), SDG&E, National Rural Electric Cooperative Association (NRECA), and Virginia Electric and Power Co. (Virginia Electric).

allowing the Commission to issue a construction permit one year after the State siting process has begun and requiring an expeditious pre-application mechanism for all permit decisions under Federal law. Thus, the Commission pre-filing process can occur at the same time as parallel State proceedings.¹³ To ensure that needed infrastructure is built, Congress therefore adopted a statutory scheme that permits parallel proceedings.

20. While we believe the statute clearly permits parallel Commission-State processes, after taking into account the comments of State agencies and other stakeholders, we do not adopt the approach proposed in the NOPR. Rather, we adopt an approach that is more fully respectful of State jurisdiction.

21. Although some overlap in State and Federal proceedings is inevitable, as was contemplated by FPA section 216, we believe that States which have authority to approve the siting of facilities should have one full year to consider a siting application without there being any overlapping Commission process. Therefore, we find that, in cases where our jurisdiction rests on FPA section 216(b)(1)(C),¹⁴ the pre-filing process should not commence until one year after the relevant State applications have been filed. This will give the States one full year to process an application without any intervening Federal proceedings, including both the pre-filing and application processes. Once that year is complete, an applicant may seek to commence our pre-filing process. Thereafter, once the pre-filing process is complete, the applicant may submit its application for a construction permit. We believe this approach most adequately addresses State concerns. If we determine in the future, however, that the lack of a Commission pre-filing process prior to the end of the one year is delaying projects or otherwise not in the public interest, we will reconsider this issue.

22. The States also express concern that the one-year time period can be abused. For example, an applicant might not provide complete information to the States in the hopes of frustrating their ability to act within one year and, hence, invoking the Commission's jurisdiction. The Commission believes such instances should be rare. We also

¹³ The Commission's pre-filing process is discussed in section II.D. of this Final Rule.

¹⁴ In all other instances (*i.e.*, where the state does not have jurisdiction to act or otherwise to consider interstate benefits, or the applicant does not qualify to apply for a permit with the State because it does not serve end use customers in the State), the pre-filing process may be commenced at any time.

⁸ American Public Power Association (APPA), American Transmission Co. (American Transmission), California Resources Agency (CA Resources), Edison Electric Institute (EEI), Kentucky Public Service Commission (Kentucky PSC), New York Department of Public Service (DPS), New York State Senator Wright (Senator Wright), Southern Company Services (Southern Company), Southern California Edison Co. (SoCal Edison), Washington Energy Facility Site Evaluation Council (Washington Council), Western Energy Board, Western Governors, and the Wilderness Society (Wilderness).

⁹ Allegheny Power (Allegheny), California Public Utilities Commission (California PUC), Iowa Utilities Board (Iowa Board), Massachusetts Energy Board, National Association of Regulatory Utility Commissioners (NARUC), Pennsylvania Public Utilities Commission (Pennsylvania PUC), Pepco Holdings, Potomac Electric Power Co., Delmarva Power & Light Co., and Atlantic City Electric Co. (PILC Companies), San Diego Gas & Electric

wish to make clear that we will not countenance such behavior. The Commission expects all potential applicants under FPA section 216 to act in good faith as it relates to State jurisdiction. Although the Commission may exercise jurisdiction in all instances where a State has withheld approval for more than one year, the Commission, in determining whether to do so, will weigh heavily clear evidence that an applicant has abused the State process.

23. Under the approach adopted herein, once the one-year time period has elapsed the applicant may commence pre-filing. At the pre-filing consultation required under § 50.5(b) of the Commission's regulations, the applicant will need to tell Commission staff the date that it filed its application and the status of that application. As part of the pre-filing consultation, the Director of the Office of Energy Projects (OEP) will review the applicant's progress at the State proceeding. After the initial consultation process, if the Director of OEP determines that there is sufficient reason to commence pre-filing, a notice will be issued under § 50.5(d) of the regulations. To the extent the State proceeding is still ongoing, the Commission will host a scoping meeting or technical conference to work with the applicant and the State agencies to discuss the need to coordinate, among other things, simultaneous environmental reviews. We believe that such coordination is appropriate because, in some instances, the State may be able to complete its action while our pre-filing process is ongoing, possibly allowing us to terminate any proceedings under FPA section 216.

b. Withholding/Conditioning Approval

24. Numerous commenters request that the Commission define the criteria it would use to determine that a State has withheld approval or conditioned its approval so as to render a project not economically feasible, triggering Commission jurisdiction.¹⁵ The Western Energy Board and California PUC maintain that a State should not be deemed to have withheld or unreasonably conditioned approval if it fails to act within one year because a project has not received Federal agency approvals or because of delays related to "another provision of Federal law." California PUC points out that FPA § 216(h)(4)(B) allows the Commission to

extend its process beyond a year for those reasons.

25. The Iowa Board and Senator Wright state that the Commission should clarify that a State's timely and lawful denial of a transmission project should not give rise to Commission jurisdiction. The Iowa Board also contends that any other conclusion would allow an applicant to sidestep an adverse State ruling by subsequently requesting Federal jurisdiction. The Wisconsin PSC asks that the Commission clarify that State denial for failure to meet proper State requirements does not trigger the withheld approval provision. It claims that this would be a situation where a State agency acted properly and is not guilty of regulatory failure. Communities state that the Commission should not have jurisdiction where the State denies siting approval for valid reasons under State law, such as the protection of environmental resources, the health and safety of its citizens, or if better alternatives are identified through the process.

26. FPA section 216(b)(1)(C) provides jurisdiction to the Commission whenever a State has "withheld approval" for more than one year. The statute does not explicitly define the full range of State actions that are deemed to be withholding approval. Nonetheless, to promote regulatory certainty, we believe it is our responsibility to interpret the statutory language in this proceeding and to give all parties notice of such interpretation. To this end, we believe that a reasonable interpretation of the language in the context of the legislation supports a finding that withholding approval includes denial of an application.

27. Support for this interpretation is found in comparing the language added by EAct 2005 as new FPA section 216(b)(1)(C)(i) to that of new FPA section 203(a)(5), also added by EAct 2005. There, in requiring that the Commission grant or deny applications for approval of certain merger transactions within 180 days after the application is filed, the statute specifies the consequences "[i]f the Commission does not act." The Commission has an obligation to construe a statute in such a manner as to give every word some operative effect.¹⁶ Interpreting the phrase "withhold approval" to mean "does not act" fails to recognize Congress' use of different words to express its intent.

28. Further support for this interpretation can be found in the fact

that in addition to giving the Commission jurisdiction to site transmission facilities whenever a State has "withheld approval" for more than a year, FPA section 216(b)(1)(C) also gives the Commission jurisdiction to act in instances where a State has approved construction, but "conditioned its approval" in such a manner that the proposed construction or modification is not economically feasible. Since Congress has provided the Commission with the authority to intervene in circumstances where a State has issued an authorization which will essentially prevent a project from going forward, it would not be reasonable to interpret the statute in such a manner that would leave the Commission without authority to intervene in instances where a State has expressly denied an application.

29. Moreover, legislative history lends support to this interpretation of the statute. Congress devoted substantial time to consideration of energy legislation in the years immediately prior to the enactment of EAct 2005. It is noteworthy that transmission siting language first appeared in legislation considered in the House of Representatives in 2003. That measure (H.R. 6) allowed the Commission to exercise jurisdiction where a State entity with transmission siting authority "has withheld approval, conditioned its approval in such a manner that the proposed construction or modification will not significantly reduce transmission congestion in interstate commerce and is otherwise not economically feasible, or delayed final approval for more than one year after the filing of an application seeking approval * * *."¹⁷ In addition, the report language accompanying the above legislative text states, "The section provides that for such lines, persons may obtain a permit from FERC and exercise eminent domain if, after one year, a State is unable or refuses to site the line."¹⁸ The fact that this precursor to the transmission siting provision of EAct 2005 distinguished "withholding approval" from "delaying final approval for more than one year" and was interpreted to include a State "refusing to site a line" supports the conclusion that "withholding approval" was intended to mean something beyond a failure to act.

30. Finally, Section 216(b)(1)(C)(i) allows the Commission to exercise jurisdiction where a State entity with siting authority has "withheld approval" for more than 1 year after the filing of

¹⁵ Department of Interior, Iowa Utility Board, Massachusetts Energy Board, National Parks, National Regulatory Commissioners, Pennsylvania PUC, PJM, Washington Council, Wisconsin PSC, Western Energy Board.

¹⁶ *Cooper Industries, Inc. v. Aviall Services, Inc.*, 543 U.S. 157, 167 (2004).

¹⁷ H.R. 6, 108th Cong. § 16012 (2003).

¹⁸ H.R. Rep. No. 108-65 (April 6, 2003) (emphasis added).

an application seeking approval pursuant to applicable law * * *." If an applicant seeks State siting approval pursuant to applicable law, and the State does not grant the application within one year, the approval is withheld, regardless of whether the State takes a specific action denying it. Indeed, the term "withhold" in this context means to refrain from granting approval, and, conversely, the term "deny" is synonymous with "withhold." Webster's Third New International dictionary defines "withhold" as " * * * to desist or refrain from granting, giving, or allowing * * *." The same dictionary defines "deny" as " * * * to refuse to grant: WITHHOLD" [caps in original]. "Denial," similarly, is defined as "refusal to grant * * *; rejection of something requested." Furthermore, Roget's International Thesaurus 4th Ed., Section 776 ("Refusal") at paragraph 776.4 lists "deny, withhold, hold back * * *" as synonyms. Thus, there is no textual or lexical basis for saying that a formal denial does not entail refraining to grant or allow (*i.e.* to withhold). To say that an official denial does not count as a withholding is to say that "to deny" means something other than "to refrain from granting," which would not be a reasonable interpretation.

31. Therefore, the Commission finds that when a State fails to act or rejects an application, it has withheld approval and the proposed facility would be subject to the Commission's jurisdiction. However, the fact that we possess jurisdiction does not mean that it will be exercised in all cases. Rather, we retain the discretion, in appropriate circumstances, to allow State processes to be completed beyond the one-year period provided in the statute. Indeed, under the approach described above, the States will, in many cases, have more than two years to complete their action, and thereby avoid issuance of a construction permit by this Commission, because our pre-filing and construction permit processes typically take more than one year to complete (which is in addition to the one year provided to State authorities).

32. We also clarify that mere consideration of an application by the Commission does not equate to a jurisdictional determination or Commission approval of the proposed project. Once an application is filed for consideration by the Commission, anyone who questions the Commission's jurisdiction over the proposed project, the timing of the exercise of that jurisdiction, or the merits of the proposal can raise those matters in its intervention or protest.

The Commission will make a jurisdictional determination and address comments and protests in a subsequent order issued on the merits of the proposed project.

33. Allegheny requests that the Commission address whether the following would constitute withholding approval: (1) A State cannot make a decision in one year due to State statutes or rules; (2) the State has declined to establish a procedural schedule for reaching a decision within a year; (3) a State commission, after an elapse of one year, has not acted on an application; and (4) approval is conditioned in an unacceptable manner, but does not meet the significantly reduce transmission congestion or not economically feasible test. Wilderness states that the Commission should adopt detailed standards defining what constitutes an economically infeasible project or restrictions that prevent a proposed project from significantly reducing congestion. Communities argue that Commission jurisdiction should not be triggered simply because mitigation measures might increase the costs of the project. DOI also encourages the Commission to look closely at the reason that certain conditions were imposed on a project.

34. The Commission believes that these issues cannot be resolved adequately on a generic basis in this rule. Rather, it is important to consider all relevant factors presented on a case-by-case basis. The Commission will, therefore, not limit its ability to review an application on a case-by-case basis by establishing specific criteria that it will consider in determining if its jurisdiction had properly been invoked under FPA section 216(b)(1).

c. Other Jurisdictional Issues

35. PJM Interconnection (PJM) requests that the Commission address the Commission's jurisdiction over facilities that span multiple States where one State may have approved the facilities and another does not. While the Commission's jurisdiction may, in these circumstances, only attach to the portion of the facility that would qualify under FPA section 216(b)(1), under the National Environmental Policy Act of 1969 (NEPA), the Commission would have to analyze the impact of the entire project. The Commission may, however, adopt State analyses where possible. Additionally, to make its determination under FPA sections 216(b)(2) through (6) the Commission would have to review the operation of the facility as a whole.

36. PHI Companies request that the Commission clarify that where a State

does not have the authority to grant eminent domain rights for transmission facilities, that constitutes the State not having authority to approve the siting of facilities, thus giving a project sponsor immediate access to the Commission's jurisdiction. While State law may not authorize the taking of property by eminent domain, if it still has laws that address the siting of electric transmission facilities, it appears that the Commission's jurisdiction will not attach unless the State fails to act or denies an application as required by FPA section 216(b)(1)(C). We will, however, consider such issues if, and when, they arise.

2. Other Findings Under 216(b)(2) Through (6)

37. Under FPA sections 216(b)(2) through (6), the Commission must find that the proposed facility: (1) Will be used for the transmission of electric energy in interstate commerce; (2) is consistent with the public interest; (3) will significantly reduce transmission congestion in interstate commerce and protect or benefit consumers; (4) is consistent with sound national energy policy and will enhance energy independence; and (5) will maximize, to the extent reasonable and economical, the transmission capabilities of existing towers or structures.

38. NARUC asserts that the final rule needs to state more clearly how the Commission will implement all five of the above criteria. Pacific Gas and Electric Company (PG&E) requests that the Commission clarify how it intends to measure and analyze sufficient showings related to consistency with the public interest and national policy. DOI and Laura and John Reinhardt (Reinhardts) request that the Commission define the criteria necessary to establish a basis for the public interest determination. Massachusetts Energy Board states the Commission should define "consistent with the public interest" to include that there is no superior approach to the identified transmission project; there is no superior alternative to the proposed route; and all feasible mitigation of environmental impacts and any adverse reliability impacts will be undertaken.

39. Wisconsin PSC states the Commission should examine a variety of factors, including cost-effectiveness, safety, engineering, project alternatives, individual hardships, reliability, competitive impacts, and environmental impact to judge whether a project is in the public interest. PJM believes the Commission should specifically look at adding a reliability requirement and a market efficiency analysis. NARUC

requests that the Commission consider the impact of the project on host States and any possible mitigation, and also require that harmful financial impacts of the project are mitigated through an applicable cost allocation methodology within the Commission's jurisdiction.

40. PSEG Companies contend that the Commission should define the term public interest to consider the energy and environmental policies of the States where the transmitted energy will provide power. It states that "significant" should be defined as it applies to the reduction of congestion and that "sound national energy policy" should be clarified to consider that national security concerns will be taken into consideration. Finally, PSEG Companies state that the criteria for approval should be on a cost-benefit basis and an applicant should specify whether the project is being built for reliability or for economic reasons because that could lead to a different evaluation. Wilderness asserts that the Commission's public interest determination should consider the benefits of electric transmission, the project's environmental impacts, and alternatives with less environmental impacts. Progress Energy (Progress) cautions the Commission to be mindful that a policy of maximum use of existing towers and structures should be conditioned upon maintaining or improving the reliability of the transmission system.

41. While commenters have raised a number of valid public interest considerations, the Commission cannot adopt an exclusive list of factors or construct a bright-line test to determine whether a project meets all the statutory criteria. It is difficult to construct helpful bright line standards or tests for this area. Bright line tests are unlikely to be flexible enough to resolve specific cases and to allow the Commission to take into account the different interests that must be considered. In reviewing a proposed project, the Commission will consider all relevant factors presented on a case-by-case basis and balance the public benefits against the potential adverse consequences. The Commission will conduct an independent environmental analysis of the project and determine if there is no significant impact as required by NEPA. It will look at alternatives, including, as appropriate, alternatives other than transmission lines, and consider whether the proposed facilities would maximize the use of existing transmission facilities. It will review the alternatives for their respective impacts on the environment and will determine mitigation measures to lessen the

adverse impacts. The Commission will review the proposed project and determine if it reduces the transmission congestion identified in DOE's study and if it will protect or benefit consumers. It will investigate and determine the impact the proposed facility will have on the existing transmission grid and the reliability of the system.

42. The Commission will also consider the adverse effects the proposed facilities will have on landowners and local communities. The Commission will evaluate the entire record of the proceeding, and after due consideration of the issues raised, determine if the proposed project is consistent with Congress' goals and objectives in enacting FPA section 216, while avoiding unnecessary disruptions to the environment and the unneeded exercise of eminent domain. The Commission's review of a proposed project will be a flexible balancing process during which it will weigh the factors presented in a particular application. It will impose appropriate conditions necessary to avoid adverse economic, competitive, environmental or other effects on the relevant interests from the construction of a new project, and will approve the project only where the public benefits to be achieved from the project outweigh the adverse effects.

43. PG&E states the Commission should rebuttably presume a need for a project subject to the independent oversight of an approved independent system operator (ISO) or regional transmission organization (RTO) without a direct economic interest in the application process. It contends that this will maximize efficiency as participants must already make showings of local or regional need to gain approval from an ISO or RTO. PSEG Companies encourages the Commission to incorporate the results of the RTO process into its proceeding. APPA asserts that if a project results from an open and collaborative regional planning process designed to meet the transmission needs of load-serving entities (LSE) within the national interest electric transmission corridors, or a consortium with broad LSE ownership/participation then there should be a presumption of public interest. Similarly, NRECA contends that the Commission cannot reasonably make the FPA section 216(b)(2) through (6) findings unless the proposed expansion or modification arose from a truly open and inclusive joint transmission planning process. It requests that the Commission require an applicant to complete a joint planning

process before beginning the pre-filing process.

44. The Commission agrees that the determinations of an independent entity, such as an RTO, should be given due weight in our assessment of whether a particular facility is needed to protect or benefit customers. We will, therefore, consider any such independent determinations as a factor, along with all other relevant factors, in determining whether the statutory criteria have been met.

C. Project Participation

45. Section 216(d) of the FPA requires that the Commission afford each State in which the transmission facility covered by the permit application is or will be located, each affected Federal agency and Indian tribe, private property owners, and other interested persons, a reasonable opportunity to present their views and recommendations with respect to the need for and impact of a facility covered by the permit application. Additionally, under FPA section 216(h)(3) and its delegated authority, the Commission needs to coordinate the Federal authorization and review process with any Federal agencies, Indian tribes, multistate entities, and State agencies that are responsible for conducting separate permitting and environmental reviews of the facilities.

46. Under the Commission's review process, any interested entity or individual will have multiple opportunities to participate and express its views on the proposed project.¹⁹ Under § 50.4 of the Commission's regulations, the applicant is required to develop a Project Participation Plan (Participation Plan) to facilitate participation from all stakeholders during the Commission's proceedings. The Participation Plan will be used to provide accurate and timely information, including the environmental impacts, as well as the national and local benefits, of the proposed project, to all stakeholders. The Commission expects that the applicant will conduct various outreach activities to solicit comments on its proposal before commencing the Commission's review process.

47. In addition to the applicant's outreach activities, Commission staff will conduct its pre-filing process. As part of this process, Commission staff will start its scoping and environmental review of the proposed project as

¹⁹ The Commission considers any interested entity or individual to be included in its definition of stakeholder in § 50.1 of the Commission's regulations.

required by NEPA. As part of this review, it will seek comments and recommendations from interested stakeholders. Commission staff will use those comments during its preliminary review of the proposed project to formulate the issues raised by the project and to assist the applicant in compiling the information necessary for the Commission staff to draft the environmental document and for the Commission to address those issues during the application process.

48. Once the application is filed, it will be noticed and interested stakeholders will be able to file to intervene and/or file protests and/or comments concerning the applicant's proposal. Additionally, during the application proceeding, the Commission will issue a draft environmental document.²⁰ The environmental document will also be subject to a comment period where any stakeholder may file comments concerning the findings made in that document. Finally, the Commission will issue a final environmental document and an order addressing the issues raised in the proceeding.

49. The Commission received numerous comments on its proposal for public participation in its siting process. Many commenters requested clarification on how the Commission envisioned its notification requirements would be implemented, who would be notified about the project, and how an interested stakeholder would be able to access information and participate in the Commission's proceedings. Some commenters were concerned that the Commission's definition of affected landowners was too limited. Others thought it was too broad. Some commenters were afraid that their group may be excluded from the definition of stakeholder. Others thought a stakeholder's right to participate should be restricted.

1. Landowners

50. Under § 50.1, an affected landowner is an owner of property interests, as noted in the most recent tax notice, whose property is: (1) Directly affected, crossed or used, by the proposed project; or (2) abuts either side of an existing right-of-way or proposed facility site or right-of-way, or contains a residence within 50 feet of a proposed construction work area. In addition, § 50.4(c) requires that the applicant

notify any landowner with a residence within a quarter mile from the edge of the construction right-of-way.

51. Communities contend that the definition of affected landowner is too limited and must be broadened to provide a fair opportunity for intervention and a comprehensive environmental review. It states that it should include all landowners directly affected by the proposed facility so that all such individuals are allowed to participate fully in the proceeding. DOI requests that the definition of affected landowners include land management agencies. Similarly, National Parks Conservation Association (Parks Association) requests that the definition of affected landowner be reworded so that land managing agencies with fee simple lands and those lands in which agencies own scenic easements, are notified during the appropriate times.²¹ They contend that if the Commission does not include Federal agencies as "affected landowners," it needs to develop a notification criterion for Federal agencies that manage public lands. DOI also encourages the Commission to add a procedure for notifying stakeholders who would be within the viewshed, but not necessarily abutting, the proposed project to help notify other Federal governments and agencies involved in the project.

52. Parks Association requests that the reference to "directly affected" landowners in § 50.1(a)(1) needs to be defined since an electricity corridor might not cross or use parklands, but could still "directly" affect the scenic and historic resources of a park. It also states that a specific definition of "used" in § 50.1 should be added and include landowners whose property is exposed to noise and visual impacts. Moreover, Park Associations believes the quarter mile distance requirement is inadequate to address the possible adverse impacts on lands discussed in the land use, recreation, and aesthetics resource report. Massachusetts Energy Board requests that the Commission define affected landowner using a distance greater than 50 feet from overhead transmission lines or use a definition based on a distance from the edge of the cleared or permanent right-of-way.²²

53. The definition of affected landowner is meant to encompass

owners of property either directly within or adjacent to the proposed right-of-way and construction area. If a land management agency manages land on or adjacent to the proposed right-of-way and construction area, it will be considered an affected landowner. While the definition only encompasses land on or abutting a proposed right-of-way, the applicant must also notify all landowners with a residence within a quarter mile of the edge of the construction right-of-way under the notification requirements of § 50.4(c)(1). The Commission believes that between the definition of affected landowner and the expanded quarter mile notification requirement, a sufficient group of individuals will be notified of the proposed project.

54. Stakeholders do not need to be an affected landowner or live in a residence within a quarter mile of the proposed site to participate in the Commission's proceedings. Under the definition of stakeholder in § 50.1, any interested entity or person may file comments as a stakeholder and participate in the Commission's process. Even if a specific land management agency is not included in the definition of affected landowner, it can still participate as a stakeholder. Resource Report 8, in § 380.16(j), requires that the applicant identify the existing land use in the vicinity of the proposed facility, including areas designated for studies under Federal law under § 380.16(j)(7). If, for some reason, a specific land management agency is not identified in the early planning stages of a project, as discussed below, during the pre-filing process Commission staff will work with the applicant to determine if any potential stakeholder has been missed and if they have, to make sure that they have had notice of the proposed project and an opportunity to participate.

55. Southern states that owners with property interests that abut an existing right-of-way should not be included in the definition of affected landowners unless it becomes necessary to secure easements or other rights from such owners. It argues that the definition should be limited to owners of property interests directly affected by the project and not to property interests that abut existing rights-of-way. Allegheny states that the Commission should only require notification of landowners with residence within 50 feet of a construction work site, as required under the affected landowner definition under the Commission's natural gas pipeline regulations in § 157.6(d)(2)(ii) and not expand the landowner group to residences within a quarter mile of the right-of-way as required under § 50.4(c).

²⁰ The Commission will issue an environmental assessment under § 380.5 or an environmental impact statement under § 380.6 of the Commission's regulations depending upon the level of NEPA review that will be required for the proposed project.

²¹ Lackawaxen River Conservancy adopts the comment of the Parks Association.

²² Additionally, Massachusetts Siting Board also states that the word "and" should be replaced with "or" after the phrase "temporary workspace". We agree that the word "and" between the two requirements should be replaced with "or" and have changed the regulation accordingly.

56. While property owners with land that abuts the proposed right-of-way or with a residence within 50 feet of the proposed construction work area may not be required to negotiate easements once the ultimate route is determined, one of the purposes of the pre-filing process is to review the applicant's proposed route and explore route alternatives and variations based on the input the Commission receives from property owners and other interested entities and individuals. It is important that potentially affected property owners are notified early on in this review process to provide the Commission with their views and recommendations as required under FPA section 216(d). Additionally, once construction commences, abutting property owners may be impacted by the construction activities conducted in such close proximity to their property and should be made aware of these activities.

57. The Commission also believes it is appropriate to notify all landowners within a quarter mile of the proposed right-of-way. Unlike gas pipelines which are generally buried underground, electric transmission lines can be seen from greater distances. Therefore, more surrounding landowners should be directly notified by the applicant. The fact that these landowners are not designated as affected landowners does not diminish their right to be notified and participate in the Commission's proceedings. Additionally, the Commission will also notify these individuals of its intent to conduct its environmental review and will seek comments from them during that review.

58. PG&E states that the Commission should defer to States' distance requirements for notification of affected landowners. It requests that where there is no corresponding State requirement, the Commission should designate the appropriate minimum distance between the proposed project and a landowner's property that would trigger the direct notification requirement. National Grid recommends that the Commission only require notification within 300 feet of the construction right-of-way.

59. The Commission does not believe it is appropriate to defer to States' distance requirements for notification of affected landowners or that notification within 300 feet is sufficient to reach the broad group of participants that the Commission seeks to include in these proceedings. Moreover, having different requirements in different States may result in inconsistent requirements along the route of a multistate project.

2. Stakeholders and Notification

60. Section § 50.1 defines a stakeholder as a Federal, State, or multistate, Tribal or local agency, any affected non-governmental organization, or other interested person. In other words, a stakeholder includes agencies and individuals contemplated under FPA section 216(d) and the permitting agencies contemplated under FPA section 216(h)(3).²³ Under § 50.4(c) the applicant is required to notify all known stakeholders, including affected landowners, of the proposed new facilities or modification of existing facilities within 14 days after the Director of OEP or his designee notifies the applicant of the commencement of the pre-filing process. Additionally, under proposed § 50.4(c)(1)(ii), the applicant must publish the notice of the pre-filing request and application filing twice in a daily or weekly newspaper of general circulation in each county in which the facilities will be located.

61. Communities states that while counties are technically included in the definition of a person under § 385.102(d) of the Commission's regulations they should, nevertheless, be prominently listed as stakeholders for the purposes of these regulations. Imperial states that as a political subdivision, it should be accorded stakeholder status. The Commission considers any interested entity or individual to be included in its definition of stakeholder in § 50.1 of the regulations. Thus, if a particular entity, such as a non-public utility or a county, is not specifically listed in the definition of stakeholder, it still may comment and participate in the Commission's proceedings.

62. SoCal Edison, PG&E, and NRECA request that the applicant provide electric utilities and affected transmission owners and operators with notice and opportunities to participate in the process if they would be connected to an applicant's proposed transmission facility, provide service in the service area, or would be impacted, either by environmental, reliability or structural impact, as a result of the project. Western Energy Board requests that the applicant should also notify individuals who have expressed an interest in the State proceeding. It also requests that the Commission include a requirement for the applicant to

periodically update the notification list as properties change hands.

63. The Commission agrees that electric utilities and transmission owners and operators that are connected to the applicant's proposed transmission facilities should be notified of the proposed project. We also believe it is appropriate for the applicant to notify individuals that have expressed an interest in the State proceeding, if a list of those individuals is available to the applicant. Accordingly, we will expand the notification requirement in § 50.4(c)(1) to include electric utilities and transmission owners and operators that are or may be connected to the applicant's proposed transmission facilities and any known individuals that have expressed an interest in the State proceeding.

64. Section 50.4(c)(3) requires that the applicant supply a stakeholder notice of the proposed project if a stakeholder is identified subsequent to the initial notice of the project. If a property changes hands during the pre-filing and application proceeding, the applicant is required to notify the new owners once they are identified. We will not, however, require that the applicant actively monitor land sales along the project route to determine if a piece of property happens to be sold during the Commission's proceedings.

65. White Mountain Apache Tribe (White Mountain) recommends that the Commission require applicants to publish the notice of a pre-filing request in tribal newspapers when any part of the project will affect tribal lands. We agree and will add tribal newspapers to the notification requirement of § 50.4(c)(1)(ii).

66. DOI recommends that the notices published in the newspapers include a map of sufficient detail to allow the reader an immediate understanding of the general location or the proposed construction right-of-way. Section 50.4(c)(2)(i)(C) requires the filing of a general location map. The notice also provides information concerning how an individual can seek additional information if the information in the newspaper is not sufficient.

67. Affiliated Tribes of Northwest Indians (Affiliated) and White Mountain state that the Commission should assure that all Tribal entities whose traditional lands or cultural places are crossed by a potential project should be notified. National Grid states that the Commission should clarify what Tribal governments involved in the project means so the proper ones can be notified. Section 50.4(c)(1) requires that the applicant notify tribal governments. We believe this is sufficient to address

²³ Section § 50.1 defines a permitting entity as any entity, including Federal, State, Tribal, or multistate, or local agency that is responsible for conducting reviews for any Federal authorization that will be required to construct an electric transmission facility in a national interest electric transmission corridor.

Affiliated's and White Mountain's concerns. We also do not believe any clarification of Tribal government is necessary. That information is readily available from the Bureau of Indian Affairs or the State or Tribal Historic Preservation Office. Moreover, as discussed below, part of the pre-filing process is for the Commission staff to work with the applicant to determine if any potential stakeholder has been missed and if they have, to make sure that they have had notice of the proposed project and an opportunity to participate.

68. EEI requests that the Commission limit the term stakeholder to an affected agency or person.²⁴ It contends that interested person could include a broad range of parties that are not impacted by the proposed project. Southern states that interested person should be reasonably and precisely drawn to clearly specify the scope of their participation, including actions these participants may take with respect to any project or application. National Grid states that the Commission should require stakeholders to provide notice to Commission staff and the applicant of the stakeholder's interest and intended involvement in the pre-filing process.

69. The Commission intends to seek comments from a broad group of participants during the pre-filing process. Once the application is filed the Commission will still entertain comments from interested entities and individuals. If anyone wishes to intervene in the application proceeding and become a party, however, they will need to file a motion to intervene in accordance with § 385.214 of the Commission's regulations. Under § 385.214(b)(2) the motion to intervene must show that the movant has an interest that is directly affected by the outcome of the proceeding.

70. Old Dominion Electric Cooperative (Old Dominion) is concerned that stakeholders will not receive sufficient notice of the commencement of the pre-filing proceeding because the Director of OEP will only notify the applicant under § 50.5(d). Old Dominion suggests, among other things, that the Director's notice be published in the **Federal Register** and be made available on the Commission's website. As discussed above, the Commission has modified the group of stakeholders listed in § 50.5(e)(3) that are required to receive notification of the Director of OEP's notice commencing the pre-application process from the applicant. Additionally, the notice will be

available on the Commission's Web site. We find that is sufficient notification of the commencement of the pre-filing process.

71. Reinhardt's request that the Commission require that the applicant file a formal affidavit with: A copy of the notice sent to landowners; a copy of the newspaper notices and list of publications where they appeared; and the names and addresses of all notified entities so that third parties are able to verify that the applicant has complied with the notice requirements. Western Energy Board states that the applicant should be held to a higher standard than "good faith effort" for the notification of property owners. Affiliated contends that the notice requirements are insufficient because there are no penalties to assure that all stakeholders are identified at the beginning of the project. American Transmission asserts that the notification should be made on a good faith effort basis and stakeholders will have a reasonable opportunity to receive notice. NRECA states that the notification requirement should be deemed deficient if the applicant learns of additional stakeholders after the 14-day period.

72. Pre-filing is an information-gathering process. During this process, Commission staff will work with the applicant to make sure that all interested stakeholders have been made aware of the proposed project and have had an opportunity for their views and recommendations to be considered. Thus, part of the pre-filing process is for the Commission staff to review who the applicant has notified and to work with the applicant to determine if a potential stakeholder has been missed and if they have, to make sure that they received notice of the proposed project and an opportunity to participate. The Commission has successfully relied on this process in its review of hydroelectric and natural gas projects.

3. Document Availability

73. Under § 50.4(b), an applicant is required to make copies of all of its filings readily available for all stakeholders to review at accessible central locations, either in paper or electronic format, and on the applicant's project Web site. Allegheny requests that the Commission add a provision comparable to those in the natural gas pipeline certificate regulations that reduce the applicant's service requirements if its materials include voluminous or difficult to reproduce material. The Commission agrees that if these materials are readily available at central locations and on the applicant's project Web site, it should not be

required to serve these materials on all parties as required under § 385.2010 of the Commission's regulations. Thus, we will add § 50.4(b)(3) to the regulations to state:

An applicant is not required to serve voluminous or difficult to reproduce material, such as copies of certain environmental information, to all parties, as long as such material is publicly available in an accessible central location in each county throughout the project area and on the applicant's project Web site.

4. Participation Process

74. As stated, under the Commission's review process all interested stakeholders will have numerous opportunities to present their views and recommendations with respect to the need for and impact of a proposed facility. Those opportunities include participating during the applicant's outreach activities, during the Commission's NEPA process during both the pre-filing and application processes, and through the Commission's intervention and protest procedures during the application process. Numerous commenters raise concerns about their ability to participate in the pre-filing and application processes.

75. Reinhardt's state that the Participation Plan should include information of how interested persons may be notified of dates and times for public meetings or hearings on the proposed project. Star Group (Star) states that the Participation Plan should identify the means by which stakeholders will be given the opportunity to meet with the applicant to attempt to understand and resolve key issues. American Transmission believes the Commission should give more guidance concerning what constitutes a complete Participation Plan. Old Dominion requests that the Commission require the applicants provide a summary of stakeholder participation to date in the Participation Plan, including concerns expressed by stakeholders, and efforts by the applicant to address those concerns.

76. The Commission expects that the applicant will have conducted outreach activities at the planning and/or State level prior to commencing the Commission's pre-filing process. The Participation Plan must detail all of the outreach activities the applicant has done to date and summarize the input it received during that outreach. It also must include a list and schedule of all pre-filing and application activities the applicant is planning, including, among other things, consultations, information gathering, and proposed location(s) and

²⁴ PHI Companies supports EEI's comments.

date(s) for the meetings. The applicant must also describe how it intends to keep the stakeholders apprised of any updates to its Participation Plan, including, but not limited to, postings to its project Web site and how the stakeholder can reach the company's contact to seek additional information.

77. Parks Association and DOI request that the Commission require applicants to release a pre-route proposal before the pre-filing process begins for a permit. One of the purposes of the pre-filing process is for Commission staff to work with the applicant and interested stakeholders to determine the ultimate route of the proposed project. Moreover, for siting proceedings that are initiated in a State proceeding, stakeholders will already have some idea of the approximate route from that proceeding. The Commission does not believe it is necessary to add yet another level of notification to an already potentially lengthy process.

78. PSE&G and Allegheny request that the Commission establish a docketed, publicly-noticed proceeding for pre-filing or use a technical conference to assure that stakeholders will be afforded a formal opportunity to present their views. New Jersey Board of Public Utilities (New Jersey BPU) requests that the Commission provide for videoconferencing of the meetings. Old Dominion states that the Commission should not only fix the time by which interventions are due, but also provide a fixed time for interested parties to file comments or protests to applications. Communities, Old Dominion, and Star are concerned that the pre-filing process does not provide an opportunity to give any meaningful input to the Commission. Communities argue that without notice and comment during the pre-filing process or transparency in the Commission's decision-making process, intervenors and the public will be significantly handicapped in their efforts to meaningfully participate once the formal application process begins. They are also concerned that interested parties and the public will not have any intervention rights or any comment rights during the pre-filing process.

79. The Commission's pre-filing procedures offer numerous occasions for stakeholders to express their interests and make meaningful contributions. Once the Commission commences the pre-filing proceeding, it will assign a docket number to the project. All the applicant's pre-filing materials will be posted under that docket number in the Commission's eLibrary and will be available through the Commission's Web site. All subsequent filings made in that docket by the applicant, any

comments filed by stakeholders in that docket, and any issuances made by the Commission in that docket, including notices and requests for additional information will be posted on eLibrary under that docket number.²⁵

80. Once the Commission staff establishes that the applicant has filed sufficient preliminary information to proceed with pre-filing, the Commission will issue a notice of intent (NOI) to prepare an environmental document. The NOI will describe the project, list potential issues identified by the Commission staff,²⁶ and explain the Commission's scoping and environmental review process. It will explain how to participate in the Commission's process by submitting written comments. The notice will set a date by which time the comments will be due. It will also list the scoping meetings the Commission staff will hold at various locations throughout the proposed project route to access the maximum amount of participation possible. The Commission will have a transcriber at its scoping meeting to create a record of the comments received at that meeting.

81. Depending on the issues that arise during the course of pre-filing, Commission staff may determine that it is necessary to hold various technical conferences or other meetings to acquire additional input and information concerning the proposed project. The Commission will issue notices of these meetings in the docket number assigned to the project. Additionally, the applicant will need to update its Participation Plan to reflect any additional outreach that may be conducted as part of the Commission's review process. If the Commission determines it is appropriate, it could arrange to provide for videoconferencing of certain meetings. However, because the Commission conducts various meetings along the route of the proposed project, videoconferencing should not be necessary. Additionally, transcripts of the meeting will be available under the assigned docket in eLibrary and the Commission's Web site.

82. AEP is concerned that there is no limit on stakeholder input in the pre-filing process. It states that stakeholders can push for revisions and continue to

ask questions, which continue to postpone a project. AEP recommends that the process should be modeled more like a rulemaking with time-limited input. EEI asserts that the applicant should not necessarily be obligated to communicate with parties that have not demonstrated that they will be impacted by the proposed project. Southern states that the obligation to entertain requests for information should be limited in scope and in terms of the participants that may request additional information or else it would lead to significant delays.

83. During pre-filing, the Commission will solicit comments from stakeholders. Any notice issued by the Commission soliciting comments will include a deadline date for those comments. The Commission expects that the applicant will address stakeholder concerns in various ways. Under § 50.4(a)(1), the applicant is required to have a point of contact within the company to answer general inquiries that may arise. The applicant can also establish a link on the project Web site that addresses frequently asked questions and refer the inquiry to that link or other areas on the Web site to address inquiries, as appropriate.

84. Based on the comments received in response to the NOI and information gathered on visits to the site of the proposed project, Commission staff will work with the applicant to compile the information and conduct the studies necessary for the Commission staff to prepare a draft environmental document. Once the Director of OEP has determined that sufficient information has been gathered for the Commission to proceed with the final review of the applicant's proposed project, pre-filing will end and the applicant will file an application.

85. Once the application is filed, it will be noticed and interested entities and individuals will be able to file to intervene and become a party to the proceeding under Subpart B of Part 385 of the Commission's regulations. Instructions on how to do this will be explained in the notice of the application and are available on the Commission's Web site.

86. American Transmission requests that the Commission allow State, local, and regional planning and siting entities to participate in the proceeding as a matter of right. Communities state that local counties that will be impacted by the proposed facilities should have automatic rights to intervene and receive notices and information. NRECA contends that the Commission should coordinate closely with the Rural Utilities Service to avoid duplication

²⁵ Information concerning how to use the Commission's services can be found on the Commission's Web site at <http://www.ferc.gov> and will also be included in the notices the Commission issues concerning the proposed project.

²⁶ The list of issues may be modified during the environmental review process based on the comments received during the Commission staff's analysis.

and the imposition of additional burdens on applicants.²⁷

87. Under § 385.214 of the Commission's regulations, any State commission, Advisory Council on Historical Preservation, the U.S. Departments of Agriculture, Commerce, and the Interior, any State fish and wildlife, water quality certification, or water rights agency, or Indian tribe with authorization to issue a water quality certification is a party to any proceeding upon filing a notice of intervention in that proceeding. The Commission sees no reason to expand this regulation. All other interested persons may seek intervention by filing a motion to intervene.

88. DOI raises several issues pertaining to the timing of the draft environmental document under the NEPA. Specifically, it is concerned as to when other Federal agencies will get an opportunity to review the draft document. It encourages the Commission to include a timeframe for public review of the NEPA document along with clarification as to when the Commission will issue the NEPA document. After the application is filed, the Commission will issue a draft environmental document, on which interested stakeholders will be able to comment. All comments received will be addressed in the final environmental document which will be completed before the Commission issues an order on the merits of the application.

89. When the Commission completes its review of the application, it will issue an order addressing the issues raised in the proceeding and issuing, or denying, a permit to construct the proposed facilities. Under FPA section 313(a) and § 385.713 of the Commission's regulations, any party may file a request for rehearing. Requests for rehearing must include the information required under § 385.719(c) of the Commission's regulations. The Commission will issue an order addressing the issues raised in the rehearing requests. If the Commission denies the rehearing requests, any party who intervened in the proceeding and is aggrieved by the Commission's order may file, under FPA section 313(b), an appeal in the United States Court of Appeals.

²⁷ The Rural Utilities Service provides capital to upgrade, expand, maintain, and replace America's vast rural electric infrastructure. NRECA states that financing obtained through the Rural Utilities Service is subject to rigorous long-term planning obligations that are substantially more demanding than the resource adequacy requirements that apply to other LSEs.

D. Pre-Filing

90. The purpose of the pre-filing process is to facilitate maximum participation from all stakeholders to provide them with an opportunity to present their views and recommendations with respect to the need for and impact of the facilities early on in the planning stages of the proposed facilities as required under FPA section 216(d). In addition to gathering stakeholder input, during this time Commission staff will work with the applicant to compile the information required for a complete application under §§ 50.6 and 50.7.

91. The filing requirements in §§ 50.6 and 50.7 set forth the basic information that the Commission will need for a generic project. However, each project will have its own unique issues that will need to be considered on a case-by-case basis. For example, an electric transmission facility constructed through farmland will have a different impact than one that will go through a heavily populated area. During the pre-filing process, Commission staff will initiate its independent environmental analysis of the project as required by NEPA. It will conduct scoping meetings and site visits. Staff will use the information gathered through this process and from information acquired from stakeholder input to define the issues particular to a specific project. Based on these activities, Commission staff assists the applicant in compiling the information necessary for the Commission to address the specific concerns raised by the proposed project during the application process.

1. Initial Consultation Issues

92. Section 50.5(b) requires that an applicant meet with the Director of OEP before filing its pre-filing materials. During the consultation process, Commission staff will review the applicant's proposed project description, including the status of the applicant's progress towards collecting the data needed to commence the pre-filing process, and any preliminary contacts the applicant has had with stakeholders, including its progress in DOE's pre-application process and in the State proceeding, if applicable.

93. Commission staff will review the applicant's eligibility for Commission jurisdiction for a permit for the proposed facility, outline the pre-filing process, and provide guidance as to what further work is necessary to prepare the pre-filing request. Commission staff will also review the proposed project to determine if the applicant will be required to hire a

third-party contractor to assist in preparing a NEPA document under the direction of the Commission staff.

94. Virginia Electric requests that the Commission explain what will be reviewed by staff in the initial consultation and when such reviews will take place. American Transmission requests that the Commission define what constitutes a complete set of pre-filing information to assist in expediting the process.

95. While any applicant may seek guidance on a potential project from Commission staff at any time, the Commission expects that the applicant will commence the initial consultation process for pre-filing when it believes that there is sufficient evidence that a proposed project will be subject to the Commission's jurisdiction and it has prepared the required pre-filing information. At the pre-filing consultation, Commission staff will review the applicant's specific project and the information the applicant has compiled to date and discuss how that information complies with the initial pre-filing filing requirements in § 50.5(e) and the application filing requirements in §§ 50.6 and 50.7. Commission staff will also review what work the applicant has done at the State level, the amount of community outreach the applicant has conducted, and the results of that outreach.

96. While the potential differences between projects make it difficult for the Commission to specifically define what would constitute complete pre-filing information, § 50.5(e) lists the minimum filing requirements that are needed for an applicant to commence the pre-filing process. If the Commission staff find that the applicant has sufficient information to comply with the pre-filing filing requirements in § 50.5(e), the applicant will be allowed to commence pre-filing. If the applicant does not have sufficient information to meet the pre-filing filing requirements, Commission staff will work with the applicant to determine what additional information will be needed to proceed. If the applicant does not have the necessary information, it may take more than one pre-filing consultation before the applicant is prepared to commence pre-filing.

97. EEI argues that rather than requiring applicants to develop and implement an extensive new pre-filing public Participation Plan, the Commission should simply require the applicant to provide appropriate notification to stakeholders that the venue for the siting approval process has moved from the State to the Federal level along with an explanation of how

they can become involved in the Commission's process as an intervenor or under NEPA. SDG&E recommends that an applicant should be able to bypass the pre-filing stage, if at the initial consultation with the Director of OEP it is determined that it has submitted sufficient information with OEP to support beginning to process the application, has submitted a Participation Plan, and has complied with the pre-filing requirements of § 50.5(e). PHI Companies similarly suggest the pre-filing process should be optional.

98. Because pre-filing is a fact-finding process used by the Commission staff to commence and initiate its independent environmental analysis and to define specific issues raised by specific projects, it is not possible for an applicant to by-pass the process. However, the time it takes for an applicant to complete the pre-filing process could be significantly reduced depending on the amount of work the applicant had completed in compiling the necessary information prior to the pre-filing process.

99. PJM requests that the Commission staff commence its system analysis review of the proposed facilities during the pre-filing process. Commission staff primarily focuses on compiling the information for the subsequent environmental review during pre-filing. In cases where a project would be located in the geographic area covered by an RTO, we expect much of the information for the system analysis to be developed in consultation with the RTO during the pre-filing phase. If necessary, however, Commission staff will work with the applicant during pre-filing to identify specific information that will be required for the Commission to conduct a system analysis during the application process.

2. Third-Party Contractors

100. Under § 50.5(c)(6) the applicant is required to propose at least three third-party NEPA contractors for the Commission to consider for the proposed project. Under § 50.5(d)(1), the Director of OEP's pre-filing notice will designate the chosen third-party contractor at the beginning of the pre-filing process.

101. Southern states that the applicant should be entitled to select any third-party NEPA contractor to use in its pre-filing and application process, insofar as the Director of OEP determines that a third-party contractor will be necessary. Similarly, National Grid states that an applicant should be permitted to express a preference for a particular contractor and the Commission's staff

should generally defer to the applicant's choice because the applicant is financially responsible for the contractor's work. Los Angeles DWP is concerned that the requirement to finalize the contract with the third-party contractor may take 90 days or longer unless one of the four NEPA contractors selected who is currently under contract with the Los Angeles DWP. American Transmission requests that the Commission clarify why it requires that third party contracts be finalized in two weeks in all cases; instead it recommends that it should be 45 days. DOI requests clarification or a reference to the criteria that the Commission will use to determine if a third-party contractor must be hired.

102. The Commission is required under NEPA to do an independent analysis of the environmental impacts of a proposed project. Depending on the amount of work involved, it often requires that the applicant hire a third-party contractor to assist the Commission in analyzing the proposed project. The third-party contractor, while paid for by the applicant, reports directly to Commission staff. Thus, the Director of OEP will designate the appropriate third-party contractor.²⁸ While § 50.5(e)(2) requires that the applicant finalize the contract with the selected third-party contractor within 14 days the Commission may waive that requirement rule for good cause. If the applicant cannot finalize the contract with the third-party contractor within two weeks, it can request a waiver of the requirement of § 50.5(e)(2). We note, however, that preparation of an environmental document is a time and labor intensive process. The Commission has implemented the 14-day requirement as a way to expedite the process.

3. Subsequent Filing Requirements

103. Section 50.5(e) lists the initial filing requirements and filing deadlines that are required for the Commission staff to commence the pre-filing process. Parks Associations is concerned that this language does not impose strict deadlines to protect the public interest. On the other hand, National Grid requests that the Commission permit reasonable extensions of time beyond the 60-day timeframe for submitting resource reports.

104. The deadline requirements in the regulations are intended by the Commission to expedite the pre-filing

²⁸ See 40 CFR 1506.5(c), requiring that a contractor used to prepare an environmental impact statement is to be chosen solely by the lead agency (or where appropriate, by a cooperating agency).

process. Since part of the pre-filing process is to assist the applicant in compiling the information needed to file a complete application, the Commission does not expect that the preliminary resource reports filed at the beginning of the pre-filing process will contain every detail required for the ultimate report that will need to be filed with the application. The resource reports required in § 50.5(e)(7) should be preliminary reports that contain sufficient information for Commission staff to commence the pre-filing process and specifically the NEPA process. Commission staff will work with the applicant throughout the pre-filing process to develop all the necessary information for each resource report. It should be noted, however, that delays in filing these materials may delay the decision to allow an application to be filed.

4. Lead Agency Issues/Coordinating Federal Permits

105. Effective May 16, 2006, DOE delegated paragraphs (2), (3), (4)(A)-(B), and (5) of FPA section 216(h) to the Commission as they apply to proposed facilities in designated national interest electric transmission corridors.²⁹ Specifically, it delegated lead agency responsibilities for the purpose of coordinating all applicable Federal authorizations and related environmental review and preparing a single environmental review document for facilities in a National Corridor.

106. PJM states that the Final Rule should promote coordination among Federal agencies and the resolution of disputes among Federal agencies. AEP states that while the Commission developed well-defined procedures for interacting with State agencies, it should also coordinate siting for the various Federal agencies. DOI requests clarification on whether there are two separate pre-filing processes (one led by DOE and one led by the Commission). Western Energy Board raises similar concerns regarding the duplication of the two processes.

107. As stated, several Federal agencies including DOE and the Commission entered into a MOU to establish a framework for early cooperation and participation that will enhance coordination of all applicable land use authorizations, related environmental, cultural, and historic preservation reviews, and any other approvals that may be required under Federal law in order to site electric transmission facilities. The MOU requires participating agencies, to the

²⁹ *Supra* note 5.

extent practicable, to commit to early involvement and cooperation to ensure that timely decisions are made and that the responsibilities of each agency are met. The Commission intends to work with DOE and the participating agencies to ensure that all Federal permit decisions are rendered in a timely manner.

108. National Grid states that the Commission should request that DOE delegate lead agency status to the Commission at the time the Commission's pre-filing process begins rather than at the filing of an application. Virginia Electric states that the Commission should try to amend its delegated authority to transfer DOE's pre-application coordination to the Commission or coordinate and use DOE's pre-application process to the maximum extent practicable as its own pre-filing process. It contends that anything else may require the applicant to duplicate its agency review activities with the Commission and DOE. EEI requests that the Commission explain the timing and coordination of its lead agency authority with DOE and clarify that filing requirements from permitting agencies be relevant, and preferably significant.

109. We anticipate working closely with DOE and other Federal agencies under the terms of the DOE MOU to coordinate all Federal actions and to ensure that DOE's and Commission's processes interact seamlessly and with as little duplication of effort as possible. We expect that we will coordinate with DOE on an ongoing basis on general issues regarding these matters, as well as on specific cases. In light of this, we see no need to seek amendment of DOE's delegation order.

110. Progress contends that the Commission should exercise lead agency authority in circumstances where Federal agencies are impeding the construction of new transmission facilities regardless of whether the State still has jurisdiction or if it is outside a National Corridor. California PUC similarly urges the Commission to use its lead agency authority to get Federal agencies to expeditiously review applications during the time an application is filed at the State level. PSE&G encourages the Commission not to overstep its statutory authority in this regard.

111. Under DOE's May 17, 2006 delegation order, the Commission is responsible for acting as lead agency when an applicant has submitted an application to the Commission to construct or modify electric transmission facilities. Thus, the Commission's lead agency delegated

authority only pertains to facilities subject to the Commission's jurisdiction in National Corridors. DOE retains lead agency authority for coordinating Federal action on facilities not subject to the Commission's delegated authority.

5. Timeframe for Pre-Filing

112. Because of the potential for differences between projects, the Commission does not propose to set exact timeframes for the pre-filing process. The timeframe will depend upon, among other things, the size of the project, stakeholder participation, the applicant's preparedness, and the applicant's progress at the State level. The Commission expects that the pre-filing process for large, multistate "greenfield" projects, will take longer than the pre-filing process for minor modifications to existing facilities.³⁰ The Commission anticipates that the pre-filing process for extensive projects may take a year to complete. Additionally, the environmental resource reports required under § 380.16, discussed below, will require comprehensive field work to compile the information necessary to comply with the Commission's obligations under NEPA.

113. Southern states that the Commission should acknowledge that the time required for processing applications will vary and that the Commission may also lack authority to require any deadline is met. American Transmission states that the Commission should create a definitive timeline for the submission of information and for the receipt of responsive action by Commission staff. DOI also urges the Commission to establish a chronological timeline to assist applicants and permitting entities to better understand the timing of steps within the permitting process. EEI opposes a uniform pre-filing process schedule. Allegheny states that minor modifications should not require a full-blown pre-filing process.

114. Northern Wasco County Peoples Utility District and Seattle City Light state that since major transmission projects entail long lead-times for land acquisition, procurement, design/engineering and construction, they are concerned that the rule may unnecessarily prolong the amount of time required to take action on project applications. SDG&E states that the rules should embody the urgency reflected in the statute that energy security may be at stake due to delays in transmission siting. EEI requests that

³⁰ Greenfield facilities are facilities that primarily will be located in new rights-of-way.

the Commission explain the variables in determining how long the pre-filing and NEPA processes will take. Allegheny states that a two-year process for authorization is too long for extensive, reliability-driven transmission projects.

115. As stated in the NOPR and above, because of the potential differences between projects, the Commission cannot establish or predict timeframes for electric transmission projects proceedings. NEPA requires the Commission to conduct an independent environmental analysis of a proposed project. The Commission's NEPA analysis may require a more stringent review of the environmental impacts than is required at the State level. The pre-filing timeframe is dependent upon how far along the applicant is on compiling the information needed by the Commission, the complexity of the project, and what additional information will be required based on the specific issues raised for the individual project. The Commission agrees that time is of the essence in the siting of these facilities. Thus, it believes that it is incumbent on a project sponsor and States to work together in an attempt to site the facilities at the State level. This would be the most expeditious way to site the facilities.

6. Review of Director's Decisions in Pre-Filing

116. Under § 50.5(f), the Director of OEP will determine when there is sufficient information for the applicant to file its application. Old Dominion requests that the Commission provide an opportunity for stakeholder comment before the OEP Director determines that the pre-filing process is complete. Allegheny states that since the Commission had delegated broad authority to OEP, it should provide potential applicants with an opportunity to seek Commission review of OEP's decisions. Southern states that the Commission should add a review process to allow applicants to review and challenge a determination by the Director of OEP. It claims that an absence of due process could lead to court challenges. DOI requests that Federal agencies be consulted prior to the conclusion of the pre-filing process.

117. Stakeholders have various opportunities to comment during the pre-filing process. Therefore, we do not believe it is necessary to add any additional round of comments. Moreover, once the pre-filing process is complete, the applicant will be filing an application for Commission review of the proposed facility which will be noticed and subject to the Commission's intervention and protest procedures. As

a general matter, the Commission relies on its staff to develop the record necessary for the Commission to act on energy project applications, and it does not anticipate entertaining interlocutory appeals regarding the Director of OEP's pre-filing decisions.

E. Application Requirements

118. Pennsylvania PUC states that for a more informed process the Commission should include procedures whereby the application would publicly disclose what information or data the application has omitted. Section 50.2(c) requires that the applicant provide all information required in Part 50 unless it shows that the information is not necessary. We find that this is sufficient to address the concern raised by Pennsylvania PUC.

119. NRECA states that entities seeking permits should be required to show that all requirements are met, including Federal, State, and Tribal permitting requirements which would be consistent with the natural gas regulations. Section 50.2(d) is identical to the requirement in § 157.5(c) and no further modification is necessary.

F. Filing Requirements

120. Section 50.6 lists the general requirements that need to be met when filing an application for a permit. Section 50.6(e) requires that the applicant demonstrate how its proposed project would satisfy the requirements of FPA section 216(b)(2) through (6). The Commission will review this information in addition to the technical information provided in the Exhibits submitted under § 50.7 in making its findings concerning the proposed project. As stated, the filing requirements in §§ 50.6 and 50.7 are the basic information that the Commission will need for a generic project. However, each project will have its own unique issues that will need to be considered on a case-by-case basis. An applicant may request a waiver of a specific requirement if it believes it may not be applicable to its particular project. Similarly, the Commission may request additional information if it deems it is necessary to address issues raised by a proposed project.

121. Various commenters raised issues concerning the Commission's need for specific requirements in each of the exhibits. Some requested that the Commission require additional information. Others question the Commission's need for some of the required information. Several commenters request that the Commission accept the record from the

State proceeding to satisfy some of the Commission's filing requirements.

1. State Record

122. The Commission received numerous comments requesting that it maximize the use of information, notices, and materials produced during the State siting process to avoid the costly duplication of materials.³¹ Specifically, Allegheny states that the Commission should not require an applicant to notify stakeholders, conduct public meetings, and submit studies of information that are duplicative of State commission requirements. PHI Companies contend that, at a minimum, the Commission should allow for a waiver of various pre-filing and application steps that the applicant can demonstrate have been satisfied in the State proceeding. Committees request that the Commission require that the record already developed for any State permitting authority be filed and included in the Commission's record.

123. California PUC states that the Commission should incorporate the findings from the State siting process into its proceeding. SDG&E asserts that the Commission should accept the State's environmental review to the extent it satisfies the requirements of NEPA and to rely on prior NEPA analysis performed as well. Pennsylvania PSC states that the Commission should incorporate the work of already existing planning processes conducted either by regional State organizations or RTOs. SoCal Edison recommends that the Commission adopt generally applicable standards for the submission of previously collected materials to expedite the process. PPL Electric urges the Commission to rely on the aid of State officials to navigate the State siting procedures.

124. It is our expectation that by working with States, applicants, Federal agencies and other stakeholders on an ongoing basis, we will be able to ensure, to the maximum extent possible, that information developed in State proceedings can be used, where appropriate, at the Commission, thereby increasing efficiency and lessening burdens on all parties.

125. While the Commission will accept any pertinent information developed in the State proceeding or elsewhere into its record, the

Commission is required under NEPA to do an independent review of environmental impacts. The Commission will take all filed information into consideration as it conducts its review. Similarly, it will consider the State findings while it considers its own findings under FPA section 216(b). Its ultimate determination on whether to issue a permit, however, will be based on the entire record developed in the Commission proceeding after due consideration of all the issues raised.

2. Exhibits

126. Section § 50.7 contains the requirements for the exhibits that must be filed with the application. The exhibits will contain the technical data needed for the Commission's analysis of the application. All the environmental data required under Part 380, specifically the Resource Reports required under § 380.16, will be filed as proposed Exhibit F. Engineering data and system analysis data must be filed in Exhibits G and H.

127. The Massachusetts Energy Board recommends that the Commission add another exhibit that would require that the applicant submit construction information including: construction procedures; construction schedules; plans to coordinate with local authorities; construction noise impacts and noise mitigation; mitigation of wetland impacts of construction; plans for mitigation of the traffic impacts of project construction; and plans to inhibit unauthorized travel on the right-of-way. These are all required to be filed under the environmental requirements in Exhibit F or will be addressed in the Commission environmental analysis. Therefore, additional exhibits are not necessary.

128. Affiliated contends that either § 50.6 or § 50.7 should require an exhibit which describes all tribal interests in the project and outcomes from all Tribal stakeholder participation in the project pre-filing activities and any issues discussed and whether they were either resolved or unresolved and details of the resolution or breakdown in discussions. Tribal governments or agencies are required to be notified at the beginning of the pre-filing process. In addition, information concerning tribal interests are required under § 360.16(f) and § 360.16(j). The Commission believes this is sufficient basic information for the Commission to commence its review of a proposed project. As stated, each project will raise its own unique issues for which the Commission may request additional information if it deems it is necessary to

³¹ Communities, American Public Power, EEI, PHI Companies, PSE&G, NARUC, Allegheny, SDG&E, National Grid, American Transmission, SoCal Edison, Pennsylvania PUC, Western Governor's, Virginia Electric, PPL Electric, and California PUC.

address particular issues raised by a proposed project. Any information developed during the pre-filing process will be made part of the record and will be considered by the Commission as it conducts its substantive review when an application is subsequently filed.

a. Exhibit E—Maps

129. Section 50.7(e) states that the format for maps will be determined during the initial pre-filing consultation. American Transmission contends that the Commission should use a uniform format that satisfies other government agencies and avoids redundancy. Because technology changes over time, the Commission will not specify a specific format in its regulations. Particular formats will be addressed during the initial pre-filing consultation. Additionally, a potential applicant may contact Commission staff at any time for guidance on the Commission's required formats.

b. Exhibit F—Environmental Requirements

130. The Commission is required to conduct an environmental analysis of a proposed electric transmission project under NEPA. Exhibit F requires that the applicant file the environmental information required under Part 380 of the Commission's regulations. As stated, the filing requirements are the basic information that the Commission will need for a generic project. However, each project will have its own unique issues that will need to be considered on a case-by-case basis. At the pre-filing consultation and throughout the pre-filing process, Commission staff will work with the applicants and stakeholders to determine the issues that arise for each project. Depending on those issues, the Commission staff may require additional information. Conversely, if certain of the filing requirements are not needed for certain projects, Commission staff will consider whether waivers are appropriate for those requirements.

131. Massachusetts Energy Board states that the Commission should include regulatory procedures for evaluating alternatives to a project, minimizing environmental impacts, and denying a permit to construct a project that has significant avoidable adverse impacts. The principal purposes of the Commission's environmental review are to: (1) Identify and assess the potential impact on the natural and human environment that would result from the implementation of a proposed project; (2) identify and recommend reasonable alternatives, including, as appropriate, alternatives other than transmission

lines, and specific mitigation measures to avoid or minimize environmental impact; and (3) encourage and facilitate public involvement in the environmental review process. During the application process, the Commission will review the analysis created in the environmental document in concert with the other information analyzed during its review process to determine if it is in the public interest to issue a permit to construct the facilities. If it determines that it is not, it will deny the application.

132. Reinhardt's state that the Commission should broaden its rules and its area of inquiry to reasonably justify whether one State or region should suffer the significant environmental and aesthetic burdens associated with large transmission infrastructure to bring economic benefit and pollution reduction to another. The Commission's mandate under the FPA is to determine if the proposed facility is consistent with the public interest on a national level. It may be that a transmission facility will cross several States in order to benefit consumers in other States. The fact that the facility may not benefit the State's crossed by the facility is not determinative on the Commission's decision if the facility benefits a broader region.

133. Communities state that the applicant should be required to demonstrate a good faith attempt to negotiate access, and if access is denied, provide thorough research of all available documentation regarding the property. The Commission expects that the applicant will attempt to negotiate access to as much of the proposed right-of-way as possible for survey purposes. It is in landowners' best interests to allow the applicant access and to get involved in the pre-filing process to have input in the ultimate alignment of the proposed facility. During the pre-filing and application processes, there is more flexibility to achieving shifts in alignment of the proposed facility to accommodate individual landowner needs on their property.

i. Section 380.5—Actions That Require EAs

134. Section 380.5 (b)(14) provides that under certain circumstances the Commission may prepare an environmental assessment (EA) instead of an environmental impact statement (EIS) for a proposed project. American Transmission seeks clarification on whether the Commission will allow applicants the option of preparing a preliminary applicant-prepared environmental assessment. The Commission will decide if an EA or EIS

is applicable for a proposed project. If the Commission determines that an EA is appropriate, the Commission will accept an applicant-prepared preliminary draft. After reviewing the draft, the Commission may still require a third-party contractor to assist with finalizing the draft NEPA document.

ii. Section 380.6—Actions That Require EISs

135. Section 380.6 requires that an EIS be prepared for major electric transmission facilities using a right-of-way in which there is no existing facility.³² Affiliated proposes that the Commission also add "for which there are likely to be endangered species impacted, substantial issues under the National Preservation Act, or a significant impact to the natural or human environment." The Commission will require an EIS for these and several other reasons. The decision on what needs to be addressed in the EIS generally is determined on a case-by-case basis based on the information compiled during the pre-filing process. We do not believe it is appropriate to add language that could be interpreted to limit the Commission's discretion to prepare an EIS.

136. Virginia Electric contends that the Commission should delete the "major" before "transmission facilities" in § 380.6 because FPA section 216 confers jurisdiction to the Commission over all electric transmission facilities. The word major in § 380.6 denotes when the Commission will prepare an EIS under § 380.6 as opposed to an EA under § 380.5. The Commission will still review all proposals for electric transmission facilities under its FPA jurisdiction.

iii. Section 380.10—Participation in Commission Proceeding

137. In § 380.10(a)(2)(iii), the Commission clarified that interventions should not be filed in natural gas pre-filing proceedings and in the proposed electric transmission pre-filing proceedings. Old Dominion points out that while interested parties cannot intervene in the pre-filing phase, they can submit comments. New Jersey BPU states that this section should reference the stakeholder participation provided in §§ 50.4 and 50.5 to clarify that

³² Section 380.6 also lists when EISs are required for natural gas pipelines and hydroelectric projects. AEP requests that the Commission eliminate the references to pipeline projects. Those sections were added to assure the proper placement of the semicolons and the word "and". They have no other purpose relative to electric transmission siting.

stakeholders have the right to be involved in the process.

Section 380.10(a)(2)(iii) already refers back to the pre-filing activities under § 50.5. We do not believe any further reference to that section is necessary.

iv. Resource Report 1—General Requirements

138. Resource Report 1 requires that the applicant describe, among other things, the facilities associated with the project, special construction and operation procedures, and construction timetables. National Grid contends that whether a project is going to be built in an existing right-of-way should dictate the amount and type of data needed on construction methods, workspace, and related matters. As stated, specific projects will be considered on a case-by-case basis. Projects constructed in an existing right-of-way will raise different issues than a greenfield facility.

139. Section 380.16(c)(2)(i), requires maps and photos covering at least a one-half mile wide corridor centered on the electric transmission facility centerline. Communities contend that a fair definition of the area of impact should begin with a minimum of one-half mile and require an evaluation of the extent beyond that point for each type of impact. National Grid states that the map and photos should be consistent with the State's corridor requirements. The Commission uses the one-half mile distance as a generally acceptable distance for its map requirements. On a case-by-case basis, it will determine the extent of the area of impact based on the specific information gathered during the review process.

140. Section 380.16(c)(2)(i) requires United States Geological Survey (USGS) 7.5-minute series topographic maps or maps of equivalent detail. The Massachusetts Energy Board contends that these maps are not adequate for a detailed evaluation of impacts in densely populated areas and requests a better resolution of detail than USGS-based maps. We agree that the impact of a proposed facility in a densely populated area will raise different issues than a facility located in a rural area. The Commission will address the issues, as necessary, in each individual proceeding before the Commission.

141. The Center for Biological Diversity requests that the general content requirement include a full lifecycle assessment and air quality and greenhouse gas emissions. It contends that the Commission's NEPA analyses must address the full lifecycle of electric generation and include analysis, mitigation measures, and alternatives that address air quality impacts, energy

losses, criteria pollutants, and greenhouse gas emissions. The Commission will review these impacts of the proposed facilities, as required by NEPA and all other relevant environmental laws.

v. Resource Report 2—Water Use and Quality

142. Section 380.16(d) requires that the applicant describe water quality and provide data sufficient to determine the expected impact of the project and effectiveness of mitigation, enhancement, or protective measures. DOI urges the Commission to review the regional impact from local water use. EEI states that the requirement that the applicant identify known public and private groundwater supply wells or springs is inappropriate for above-ground facilities. AEP contends that the Commission should eliminate this requirement because it only pertains to pipeline projects. National Grid states that the Commission should grant requests for waiver for this report for overhead electric transmission projects where no water use or quality effects would occur.

143. The construction of electric transmission facilities will create ground disturbance that may disrupt groundwater in the area of the construction. Thus, the Commission will require that the applicant comply with the requirements of this section.

vi. Resource Report 3—Fish, Wildlife, and Vegetation

144. Section 360.16(e) requires that the applicant file information describing aquatic life, wildlife, and vegetation in the vicinity of the proposed project. Massachusetts Energy Board requests that the Commission require applicants to provide habitat information obtained from State natural heritage officials. Section 360.16 (e)(8) requires that applicants include correspondence from, among others, State fish and wildlife agencies. We believe this is sufficient to address Massachusetts Energy Board's concern.

145. DOI requests that the applicant identify Federal- and State-listed threatened or endangered species in the project area and the impacts to such species in this report. It also requests the section be expanded to require mitigation for invasive species. Sections 360.16(e)(4) and (5) require that the applicant address specific areas of significant habitats or communities of species of special concern to the Federal- and State-listed or proposed threatened or endangered species or critical habitat, respectively.

vii. Resource Report 4—Cultural Resources

146. Section 360.16(f) requires that the applicant file the information needed for the Commission to determine that it has complied with the requirements of the National Historic Preservation Act (NHPA). Wilderness states that Resource Report 4 should explicitly state that the project must comply with section 106 of the NHPA. DOI requests that the report should be expanded to cover nationally and regionally significant historical and cultural resources. It also believes the report should cover the potential construction impacts on archeological sites which may be present in the identified project site.

147. Resource Report 4 is specifically designed to gather all the information necessary for the Commission to comply with NHPA section 106. We do not believe it is necessary to specifically state this in the list of information that the Commission requires the applicant to file. Resource Report 4 requires that the applicant provide the information requested by DOI. Moreover, the Commission's environmental review document will cover the potential impacts on the identified sites.

148. Communities state that there is no valid reason for allowing the delay in the filing of certain reports until immediately before the permit is issued. They contend that all such reports should be filed with the application or the application may be deemed incomplete until such filings are made. The Commission does not believe it is necessary that the applicant have all the cultural resources reports and plans completed before it issues a permit. Under some circumstance where access to private property is denied, the applicant will not have access to the property to complete the report until after the permit is issued and the applicant gains access by eminent domain. The Commission will not authorize construction, however, until permittee has complied with all the requirements of NHPA and all other relevant environmental laws.

149. National Grid contends that the Commission should grant requests for waiver of Resource Report 4 if overhead electric lines are on existing rights-of-way. Regardless of the location of the facilities, the Commission will still need to comply with NHPA section 106.

viii. Resource Report 5—Socioeconomics

150. Section 360.16(g) requires that the applicant provide information concerning the impact of the proposed

project on the towns and counties in the vicinity of the project. Section 360.16(g)(2) requires that the applicant evaluate the impact of any substantial immigration of people on governmental facilities and services, and plans to reduce the impact on local infrastructure.

151. EEI states that electric transmission line construction typically does not involve a large influx of workers into an area, so a requirement for an evaluation of the impact of the immigration of people and a fiscal impact analysis evaluating incremental local government expenditures is unnecessary. The construction of any major energy infrastructure facility has the potential to require some influx of workers into the areas. Depending on the facilities available, number of employees, and duration of their stay they may have a major impact on communities. This may especially be the case with the expedited construction we expect for permitted projects.

152. Under § 360.16(g)(7), the applicant is required to conduct a property value impact analysis of the proposed transmission line for residential properties located adjacent to or abutting the right-of-way. Numerous commenters recommended expansion or deletion of the proposed property value impact analysis.

153. EEI requests that the Commission delete the requirement for a property value impact analysis for residential properties located adjacent or abutting to the proposed right-of-way. National Grid asserts that requiring property value impact for these facilities is unwarranted and it would serve only to promote and fuel not-in-my-backyard sentiment. It also contends that assessing property values for virgin right-of-ways would be very time consuming with no tangible benefits.

154. Virginia Electric states that there is no consensus to support a conclusion that transmission lines have any impact on real property values and that the type of property value impact studies in this regulation would overstate, by double-counting, the normal right-of-way cost for the project. SoCal Edison believes such a requirement would be highly subjective and could significantly delay approval of a transmission facility. EEI is concerned that a property value impact study would be highly subjective and could further complicate negotiations and communication between the transmission project sponsor and homeowners in the vicinity of the project. AEP states that the Commission should reconsider requiring this information because it will be time-consuming and the

conclusions would be highly speculative.

155. EEI and SoCal Edison assert that there is no similar requirement in the Commission's regulation regarding the siting of other energy infrastructure. SoCal Edison states that such an analysis is not required by NEPA. EEI, National Grid, and SoCal Edison also note that this type of information is not generally required at the state level.

156. Communities request that the analysis include all landowners, residential and commercial, within the entire area of impact and should require a fiscal impact analysis on both local and regional economies. Wilderness recommends that the Commission's analysis use the methods described in "Socio-Economic Framework for Public Land Management Planning: Indicators for the West's Economy". In addition, it requests that the assessment consider the potential impacts on the values of public lands.

157. After considering the comments raised in this proceeding, the Commission agrees that the property value impact analysis should be eliminated from the Final Rule. The Commission believes that requiring such information could significantly delay the development of transmission projects, which is contrary to the national interest. The Commission also is concerned with the accuracy of such studies and the fact that no uniform methodology is available to calculate the impact of transmission lines on property values. In many cases, such studies could be highly speculative and inaccurate while providing limited beneficial information to the public. Finally, the Commission agrees that there is no particular rationale why such a study should be required when it is not required for other infrastructure projects before the Commission or generally required at the State level.

158. Given the speculative nature of these reports and the time and resources the application would need to dedicate towards completion of this study, the Commission does not believe such a requirement is consistent with the purpose of EPAct 2005. The Commission will consider such information when provided in making a determination on the project, but such information will not be required.

ix. Resource Report 6—Geological Resources

159. Section 350.16(h) requires that the applicant describe geological resources and hazards in the project area that might be directly or indirectly affected by the proposed action or that could place the proposed facilities at

risk, the potential effects of those hazards on the facilities, and methods proposed to reduce the effects or risks. National Grid states that this requirement should be eliminated for overhead electric transmission line projects and required only for underground projects, where the nature of the facility makes such analysis relevant and appropriate.³³ Construction of electric transmission facilities will require the placement of towers subject to substantial loads in areas with potential geological hazards that the Commission would want to take into account in its analysis. Therefore, we will not eliminate this requirement.

x. Resource Report 7—Soils

160. Section 360.16(i) requires that the applicant provide information on the soils that will be affected by the proposed project, the effect on those soils, and measures to minimize or avoid impact. EEI, AEP, and National Grid contend that the Commission should eliminate this requirement because electric transmission projects will have no significant impacts on soil. We disagree. Whenever there is ground disturbance and the possibility of erosion, the Commission needs to determine the potential impact of that activity.

161. DOI recommends that this report include a requirement to identify highly erodible soils. Section 360.16(i)(1) requires that the applicant list the soil associations that would be crossed and describe, among other things, the erosion potential. We think this adequately addresses DOI's concern.

xi. Resource Report 8—Land Use, Recreation, and Aesthetics

162. Section 360.16(j) requires that the applicant describe the existing uses of land within a quarter mile of the edge of the proposed right-of-way and changes to the land use if the project is approved. It also requires that the applicant list all buildings within a half-mile of the center of the proposed right-of-way. Communities state that the Commission should clarify in the regulation that not only must existing land use be evaluated but also all permitted land use. Under § 360.16(j)(3), the applicant is required to provide information on "planned development" in the project area, which is defined as development included in a master plan or on file with local planning authorities and would include permitted land use.

³³ DOI requests that Resource Report 6 address impacts to local aquifers or water sources which may supply water to local communities. These impacts are specifically addressed in Resource Report—2—Water use and quality.

163. DOI requests that this report include identification of the loss of agricultural/grazing property within the project area. Section 360.16(j) requires that the applicant address changes to those land uses that will occur if the project is approved.

164. EEI states that the requirement that the applicant submit information regarding a corridor that is one-half mile wide is unnecessarily broad, and could pose an undue burden on the applicant, and would exceed the study corridor width used in many States. It contends that the appropriate corridor width will vary from State to State depending on topography, the nature of development in the vicinity, and other factors. Therefore, it requests that the Final Rule be modified to permit the applicant to propose a corridor width that takes these factors into account. In the alternative, EEI states that the Final Rule should be modified to require information be provided for a corridor that is 200 feet wide, an approach that it states is consistent with current practice in certain States. Southern raises similar concerns. AEP states that the Commission's land use requirement of a quarter mile would be excessively costly. DOI also requests that the Commission explain the justification for the quarter-mile distance requirement.

165. The Commission believes that it is reasonable to require preliminary information on land uses and inhabited buildings within a half-mile corridor along a proposed transmission line. Having information about such areas from the outset will enable the Commission to more efficiently examine minor routing alternatives or modifications. In some instances, based on a review of the preliminary materials and information gained during the scoping process, the Commission may request additional information.

166. Section 350.16(j)(4) requires that the applicant identify various areas including, among others, sugar maple stands, orchards and nurseries, game management areas, national or State forest, parks, golf courses, or recreational or scenic areas. Massachusetts Energy Board requests that the Commission add cranberry bogs after orchards and nurseries. The Commission will consider additional areas that need to be identified on a case-by-case basis depending on the proposed project.

167. Wilderness requests that the Commission lands managed by the Bureau of Land Management, the National Park Service, and the U.S. Forest Service be specifically listed as requiring information in Resource Report 8. It contends that the

regulations should emphasize the protection of the special values of public lands. Section 360.16(j)(4) requires that the applicant identify all lands owned and controlled by Federal or State agencies, as well as land owned by private preservation groups in addition to parks and recreation areas. We believe this sufficiently covers the areas of concern raised by Wilderness in its comment. If Wilderness believes that something was overlooked when an applicant makes a specific filing, it can file comments during the Commission's scoping period.

168. EEI states that the Commission's requirement that the applicant identify Indian Tribes that may attach significance to the project's right-of-way is broad and vague and should be removed. It contends that there are transmission lines that are hundreds of miles long and that it would be difficult to determine the "project vicinity". EEI asserts that the cultural resources consultations with Native Americans required in § 380.16(f) and the requirement that the applicant identify Native American religious sites and cultural properties in § 380.16(j)(4) should be sufficient to assure that appropriate consideration is given to the impacts on tribal resources of a proposed transmission facility.

169. Affiliated states that the applicant should provide names of all Indian tribes who may have permit authority or the ability to consent to, or withhold consent over, any aspect of the project. Affiliated also asserts that the rule should describe the different interests tribes have in projects, either as permitting and consenting entities inside the external boundaries of reservations, or outside of reservations on tribal traditional lands or cultural places. It should also explicitly cite, describe, and inform other stakeholders of the Commission's tribal obligations, identify treaty rights, and any other tribal interests that may be impacted by the proposed project. Confederated Tribes of the Warm Springs Reservation of Oregon (Confederated Tribes) requests that the Commission require an applicant to identify treaty rights and any other tribal interests that may be impacted by the proposed project in § 380.16(j)(5).

170. As discussed above, the Commission believes that the filing requirements concerning tribal interests under § 360.16(f) and § 360.16(j) and the notification requirements under § 50.4(c) are sufficient to provide the basic information for the Commission to commence its review of a proposed project.

171. Pre-filing is an information gathering process. During this process, Commission staff will work with the applicant to make sure that all interested stakeholders, including any tribes, have been made aware of the proposed project and have had an opportunity for their views and recommendations to be considered. Any issues particular to a proposed project will be raised and evaluated during the pre-filing process. Information developed during the pre-filing process will be made part of the record and will be considered by the Commission as it conducts its review when an application is subsequently filed.

172. Southern contends that the requirement in § 350.16(j)(6) to list all schools, homes, and other structures within one-half mile of a proposed facility and AM radio transmitters within 10,000 feet imposes an enormous burden with no discernible benefit. We disagree. It is more efficient for Commission staff to consider the land use and aesthetic issues within a wider area than to prematurely narrow the focus of the evaluation and scoping process. Any lesser requirement might require the applicant to do a more expansive review later in the process in response to stakeholder comments which could potentially extend the processing time for the proposed project.

173. Section 380.16(j)(11) requires that the applicant describe the visual characteristics of the lands and waters affected by the project. EEI states that significant visual impacts are inherent in virtually all transmission line construction and cannot be avoided or minimized in most cases. Therefore, it argues that the Commission's requirement that the applicant describe how the facilities will impact the visual character of the project right-of-way and list measures to lessen these impacts should be modified to clarify that an applicant must only propose measures to lessen such impacts "to the extent practicable." The Commission understands that it is difficult to lessen the impact of an electric transmission facility and will consider visual impacts on a case-by-case basis, but nevertheless needs visual impact information to complete its NEPA and public interest analysis.

174. National Grid states that the Commission should change this report to require the applicant to identify and give a general description of the surrounding areas and describe the effect of the proposed project on those areas. A general description of the surrounding areas is not sufficient for the Commission's land use review. As

stated, it is more efficient for the Commission to consider land use issues within a wider area.

xii. Resource Report 9—Alternatives

175. Section 380.16(k) requires that the applicant describe alternatives to the project and compare the environmental impacts of the alternatives. Center for Biological Diversity wants to ensure the full environmental impacts of the alternatives are considered. National Grid states that the Commission should clarify that the applicant is only required to prepare resource reports for proposed projects, not alternatives. American Transmission requests that the Commission specify what is meant by all alternatives, including the identity of the number of alternative routes that must be considered. AEP states that Resource Report 9 would require excessive research, including costly environmental analyses, to be completed on an undefined and seemingly limitless number of alternative routes. Southern states that it is not clear how much information an applicant needs to collect to review and report on alternatives and that it could lead to an enormous burden.

176. For the preliminary reports required at the early stages of pre-filing, the applicant need only submit information that would allow Commission staff to discern reasonable alternatives. As the Commission conducts its site visits and reviews the comments submitted during the scoping period, alternatives will be considered. Once the applicant reaches a decision regarding its final proposed route, it will need to comply with the resource report requirements for that route before the application is filed.

177. Wilderness states that alternatives should be identified to avoid the locations identified in Resource Report 8 or to explain why they could not be avoided altogether. It also requests that a transparent comparison of costs and environmental impacts should be included in this section. The purpose of the Commission's NEPA analysis is to analyze the potential environmental impacts of a proposed project and reasonable alternatives to that project. Section 380.16(k) requires that applicants describe and evaluate alternatives including a discussion of costs and benefits. While the avoidance of impacts to special land use areas is not specifically addressed in the resource report, it will be explored through the course of the NEPA review.

178. APPA states that non-wires alternatives should be thoroughly evaluated "up front" during the

interregional planning process and should not be among the alternatives evaluated by the Commission in the construction permit application process. Massachusetts Energy Board, New Jersey BPU, and Pennsylvania PUC all request that the Commission consider alternatives beyond new transmission lines, including configuration and design alternatives, upgrades to existing transmission facilities, and demand side alternatives. Reinhardt suggests the Commission consider "system alternatives" to a proposed project as opposed to just route alternatives. California PUC contends that the Commission should consider alternatives inside and outside the National Corridors and use all the information on alternatives developed in the State siting process. Communities requests that the Commission require the applicant to evaluate all technologically achievable alternatives.

179. NEPA requires the Commission to consider and discuss reasonable alternatives; it does not require consideration of patently unsuitable alternatives.³⁴ The Commission's experience in the hydropower and gas pipeline programs is that the range of reasonable alternatives can best be determined based upon the facts of a specific siting proposal. In light of the specific facts raised by individual projects, the applicant will be required to address a variety of alternatives in the resource reports, including, where appropriate, alternatives other than new transmission lines. Moreover, reasonable alternatives can be identified by Commission staff or other stakeholders at various points during the proceeding for consideration in the NEPA process.

xiii. Resource Report 10—Reliability and Safety

180. Section 380.16(l) requires that the applicant address potential hazards to the public and how these will affect reliability. Communities request that the report include an evaluation of homeland security issues and whether the project will result in energy independence. Homeland security related issues will be addressed on a case-by-case basis.

181. Southern states that the Commission should not require an applicant to include a discussion on potential acoustic or electric noise from electric and magnetic fields (EMF). National Grid contends that since these requirements are duplicative of local requirements, the Commission should

waive the requirements where the applicant can demonstrate that comparable requirements are being complied with at a local level. As discussed above, an applicant may use any information developed during its planning stage and for the State proceeding to satisfy the Commission's filing requirements. However, it must clearly explain and demonstrate how that information complies with the Commission's specific requirements.

xiv. Resource Report 11—Design and Engineering

182. EEI states that the requirement that the applicant submit detailed design and engineering drawings showing all major project structures is inconsistent with typical industry and State permitting practice which is to only submit pole spotting or spacing information and general consideration of structure type when siting authorization is sought. It states that detailed engineering is then completed after a proposed transmission project is authorized. EEI contends that electric transmission lines are subject to specific field designs along their entire length to accommodate particular circumstances. Therefore, it states it would be more appropriate for the Commission to require the submission of detailed engineering information after a permit is issued rather than beforehand. National Grid states that this requirement should be modified to require only maps of the proposed siting route and drawings depicting the predominate type of structures to be used.

183. The Commission expects the applicant to be able to commence construction when the Commission issues the permit. The applicant can develop its design during the pre-filing phase, but the Commission expects that all design plans should be well-defined when it files its application.

184. Massachusetts Energy Board requests that the Commission require applicants to provide an explanation for any selection of a structure design that is different from structures already present and an explanation of any structure placement that is longitudinally offset from existing structures. Resource Report 1 requires that the applicant describe the facilities associated with the proposed construction. If the Massachusetts Energy Board believes additional information is required for a specific project, it should file comments during the NEPA scoping process and those comments will be addressed in that proceeding.

³⁴ See *American Rivers v. FERC*, 201 F.3d 1186, 1200 (9th Cir. 2000).

c. Exhibit G—Engineering Data

185. The Commission requires specific engineering data to support its review of a proposed transmission line in Exhibit G. National Manufacture's contend that flexibility should be allowed in the permit application facilities description because the design will probably not be finalized at the time of permit application. It also notes that filings have historically been made 5 to 10 years before the final design is completed. The Commission expects that the applicant will be prepared to commence construction when the permit is issued. Thus, it will need to have all its final designs completed prior to when the Commission issues an order on the merit of a proposed project.

186. Massachusetts Energy Board states that the Commission should require applicants to provide: (1) Existing and expected EMF cross-sectional profiles for points along a proposed project and identify any low-cost mitigation of EMF; (2) information on interference with existing cathodic protection systems; (3) an analysis of noise levels; (4) engineering data on substations and switching station that would be constructed or altered in connection with the transmission line project; and (5) any other information that has been identified as a requirement component of siting review or of an application to construct in the State in which the facility will be located. DOI also requests the Commission review the potential environmental impact of noise.

187. The information Massachusetts Energy Board and DOI recommend the Commission should require applicants to provide is already required by Resource Report 10. Should other pertinent information be identified during the State siting process, this information may be filed for consideration by the Commission.

d. Exhibit H—System Analysis Data

188. Exhibit H requires information to evaluate the impact the proposed facilities will have on the existing electric transmission system performance, including an analysis of existing and expected congestion, power flow cases which include contingency data files, a list of assumptions and guidelines used in the cases, a stability analysis, a short circuit analysis and a concise analysis that explains how system reliability will be improved, how long-term regional planning is impacted and how congestion will be impacted on the applicant's entire system.

189. Communities state that system analyses should include all relevant

reliability assessments completed by State commissions, ISO, RTO, energy service companies and the like. New Jersey BPU states that the Commission analysis should include input from a RTO/ISO (if applicable) because they are in the best position to analyze the impact new facilities will have on overall system performance. In determining whether to issue a permit to construct the proposed facilities, the Commission will review all processes that were conducted by the applicant with the relevant stakeholders in determining whether to approve the proposed facilities, including input from RTOs and ISOs.

190. Reinhardt's contend that the Commission must consider how interstate transmission will impact electricity available to individual States and regions. They state that the Commission's rules must include data requirements that would shed light on potential reliability issues. They also assert that the rules should: (1) Require full disclosure of all electric generation (new or existing) for which the new transmission facilities have been proposed; (2) require that alternatives to the proposed transmission include alternative electric generation scenarios; and (3) require a detailed analysis of all impacts that would be imposed by construction of the desired interstate transmission resources that are expected to feed into the new transmission facilities to meet identifiable power needs. APPA and PJM suggest more details concerning the reliability criteria the Commission will use to approve projects. PSEG Companies and APPA contend that there is a need for a broad congestion analysis.

191. The Commission anticipates that DOE will designate corridors to help connect existing generation to load. In most cases, the proposed project will be limited to transmission facilities designed to achieve this purpose. The Commission's decision on the proposed project will take into account the applicant's submitted reliability and systems analysis, an analysis of alternatives, and an analysis of project impacts as required by NEPA. Additionally, based on the specific issues that arise in individual projects, the Commission may request additional information to assure that the proposed project is in compliance with any Commission-approved reliability standard.

e. Exhibit I—Project Cost and Financing

192. Exhibit I requires general information concerning the cost of the proposed project. Communities state that the applicant should provide a

detailed analysis of the projected cost impact on customers both inside and outside the National Corridors. California PUC states that the description of project financing should identify the specific mechanisms by which the applicant will seek cost recovery, what categories of ratepayer costs would be recovered from, and what rate or other incentives the applicant proposes to seek. It contends that this will provide adequate transparency regarding the financial impact of the project on the State or region.

193. Cost recovery and the effect on customer rates are not part of the proceeding to issue a construction permit. The Commission will address issues related to the costs associated with the proposed facilities in separate rate proceedings filed under FPA section 205.³⁵ Any concerns about cost recovery should be raised in those proceedings.

G. Critical Energy Infrastructure Information

194. Information filed during the pre-filing and application proceedings will likely contain critical energy infrastructure information (CEII). Under § 50.4(c)(5), access to this information is subject to the CEII requirement in § 388.113 of the Commission's regulations.

195. Western Energy Board,³⁶ NARUC, and CA Resources contend that the Commission should recognize that State agencies with permitting or other regulatory authority with respect to a project are distinguishable from individuals or businesses seeking CEII information for their own private interests. They state that such agencies are invested by statute with safeguarding the public interest and as such, have a need to know with respect to CEII, and should not be required to demonstrate a need for the CEII when requesting this material. In their filings, they make various recommendations for changes to the Commission's CEII regulations.

196. On September 21, 2006, in Docket No. RM06-23-000, the Commission issued a notice of proposed rulemaking regarding its regulations for access to CEII.³⁷ Copies of the comments

³⁵ See, e.g., *Allegheny Energy, Inc.*, 116 FERC ¶ 61,058 (2006), *American Electric Power Service Corp.*, 116 FERC ¶ 61,059 (2006). See also *Promoting Transmission Investment through Pricing Reform*, 71 FR 43294 (July 31, 2006); FERC Stats. & Regs. ¶ 31,222 (2006).

³⁶ Washington Council adopts the comments of the Western Energy Board.

³⁷ *Critical Energy Infrastructure Information*, 71 FR 58321 (Oct. 3, 2006); FERC Stats. & Regs. ¶ 32,607 (2006).

submitted by Western Energy Board, NARUC, Washington Council, and CA Resources have been placed in the official record in Docket No. RM06-23-000, and will be addressed in that proceeding.

197. DOI requests the Commission include a definition of CEII along with an identified procedure for obtaining CEII. The Commission finds that the reference in § 50.4(c)(5) to the CEII regulations § 388.113 is sufficient to direct the reader to the Commission's procedures concerning CEII.

H. Accepting/Rejecting Applications

198. Under § 50.8(b), the Director of OEP may reject an application that does not comply with any applicable statute, rule, or order as provided for under § 385.2001(b) of the Commission's regulations. Allegheny requests that the Commission impose a 10-day deadline for the rejection of applications as required under § 157.8(a) of the Commission's natural gas regulations. The Director of OEP will either notice the application or reject it, in a timely manner. Assigning an arbitrary deadline for these actions is not in the interest of an applicant who is earnestly trying to perfect an application.

I. Hearings

199. Section 50.3(e) states that the Commission will conduct a paper hearing on applications for permits for electric transmission facilities. NARUC contends that the regulations do not provide for notice and an opportunity for a hearing as required under FPA section 216(b). They argue that the major portion of the Commission's examination of the application and the participation of the States occurs in the pre-filing process and that the applicant, not the Commission, is tasked with deciding what kind of participation process will provide interested persons an opportunity to be heard. They state that because the majority of the evaluative work performed with respect to the application will occur before the hearing process ever begins, the Commission will deprive interested persons of the ability to participate in a fair and open process. NARUC also states that during the pre-filing process the applicant can make its case to the Commission before interested persons can intervene, test the information provided by the applicant, and provide their own analysis without being subject to the Commission's *ex parte* restrictions.

200. Pre-filing is an information-gathering process. The Commission will assign a docket number at the beginning of the process. All filings made in that

docket from both the applicant and stakeholders will be available for anyone to comment on. During this process, Commission staff will work with the applicant to make sure that all interested stakeholders have been made aware of the proposed project and have had an opportunity for their views and recommendations to be considered. The Commission staff also will start its environmental scoping and review process. During this process, Commission staff will conduct public meetings and/or technical conferences and work with the applicant and all stakeholders to formulate the issues raised by a particular project and to compile the information that will be needed by the Commission to address those issues when it conducts the substantive review of the proposed project during the application process. During pre-filing, Commission staff will be available to provide guidance on the process to both the applicant and any interested stakeholder.

201. Once the Commission staff determines that there is sufficient information for the Commission to evaluate the proposed project, the applicant will file its application. At that point, the hearing envisioned under FPA section 216(b) will commence. The application will be subject to the Commission's notice, intervention, and protest requirements. Based on the information in the application and the information compiled during the application proceeding, the Commission will evaluate the proposed project and issue an order on the merits. Thus, any interested stakeholder will have numerous opportunities to participate not only informally during the pre-filing process, but also formally during the application process.

202. Southern contends that a paper hearing should not preclude an evidentiary hearing in the event that circumstances dictate one. Iowa Board similarly argues that paper hearings should not foreclose the possibility of a live hearing if it is more appropriate. New Jersey BPU states that the Commission should determine the nature of the hearing depending on the circumstances, including whether material issues of fact are in dispute that cannot be adequately resolved on the written record. Pennsylvania PUC urges the Commission to adopt provisions that provide for a hearing that affords entities an opportunity to present their case in full using all due process protections afforded by a contested on-the-record proceeding. SoCal Edison states that when material disputes are raised, the Commission should have a full hearing before an ALJ with the

appropriate protections. Western Governors raise similar concerns.

203. The Commission believes that in most instances, the Commission will make its ultimate determination on the basis of the paper record compiled in the proceeding. The Commission may order a trial-type hearing, however, either on its own motion or the motion of any interested party of record in accordance with subpart E of Part 385 of the regulations if the Commission deems it appropriate.

J. Permit Conditions

204. Section 50.11(b) requires that the permittee accept the permit in writing within 30 days from the date of the order issuing the permit. EEI contends that the deadline should be extended to allow the permittee to seek rehearing. It states that this is necessary because certain aspects of the permit order may render the proposed project uneconomic or otherwise infeasible. Therefore, it states that the applicant's rehearing request must be addressed before it can determine whether or not to accept the permit. Allegheny makes similar arguments. The Commission agrees that an applicant should be able to appeal the Commission's decision before it is required to accept its permit and has modified § 50.11(b) accordingly.

205. Los Angeles Department of Water and Power (Los Angeles DWP) contends that acceptance of a permit would require approval of its Board of Commissioners and that the approval may take more than 30 days. Los Angeles DWP proposes that the 30 day period be extended in response to a reasonable request by the applicant. The Commission may waive a rule for good cause shown. If a permittee needs an extension of time to accept its permit it may request a waiver of § 50.11(b).

206. Section 50.11(c) requires, among other things, that the facilities be constructed in a manner to prevent interference with service furnished by other public utilities. Imperial states that the construction, installation, operation, and maintenance of new transmission facilities should be conducted in a manner that prevents interference with service not only furnished by public utilities, but also services furnished by non-public utilities. We will add non-public utilities to § 50.11(c).

207. Section 50.11(d) requires written authorization from the Director of OEP prior to commencing construction or initiating operations of the approved facilities. American Transmission states that the Commission's issuance of a permit should be sufficiently final so that applicants can begin the

construction process, including making financial commitments. It contends that any further delay would be unnecessary. The Commission generally imposes a substantial number of conditions in its orders authorizing project construction, such as requests that the permittee receive all final comments from various resource agencies before commencing construction. Additionally, the permittee may not be able to conduct all of the required surveys until it is able to condemn the property with the eminent domain authority received with the issuance of the Commission's permit. Thus, the Commission requires that the permittee complete all conditions precedent before it will authorize the construction of the facilities.

208. Virginia Electric states that written authorization obtained from the Director of OEP should permit both commencing construction of the facilities and initiating operations. A single permit will allow for the timely construction and operations of new transmission facilities. Generally, the Commission will not authorize the commencement of service on the new facilities until it determines that the rehabilitation and restoration of the right-of-way and other areas affected by the project are proceeding satisfactorily. Accordingly, the permittee needs authorization from the Director of OEP to make the facilities available for service.

209. Communities contend that in instances of delayed construction, there should be a provision for reopening the order granting the permit to allow for public scrutiny of the change of circumstances to ensure that the delay is in the public interest. Section 50.11(e) requires that the facilities be completed within the timeframe specified in the Commission order. If the facilities are constructed as required by the Commission, there will be no reason to revisit the Commission's decision. Section 50.11(e) also states that if the permittee does not complete the facilities within the specified timeframe it must file a request for an extension of time.

210. Under § 50.11(g) a permittee must notify affected landowners that have executed easement agreements to convey property rights for the proposed facilities if the permit is transferred. EEI states that the requirement that the permit holder notify all affected landowners if a permit is transferred could be unduly burdensome in many instances when the permittee no longer knows the identity of landowners along the right-of-way because the transmission line was authorized and

landowners consulted many years previously. The Commission is issuing a permit to construct the facilities. If a permit is transferred at any time before the facilities are constructed, the new permittee will be required to contact all landowners subject to easement agreements that a different company will be constructing the facilities and who they will need to contact while the facilities are being constructed.

211. Affiliated states that compliance with applicable tribal law should be included as condition to a permit. Section 50.11 details general conditions that will apply to all permits issued by the Commission. The Commission also will impose other conditions to address specific issues that will arise in a proceeding on a case-by-case basis.

212. American Transmission states that the Commission should include reporting requirements which could capture any changes since a permit is issued. National Grid states that there should be no ongoing reporting requirements regarding operations and maintenance. The Commission's jurisdiction under FPA section 216 is to issue permits to construct electric transmission facilities. Once the facilities are constructed and operational and all the Commission's right-of-way restoration conditions have been met, the Commission's jurisdiction over the facilities under FPA section 216 ends. Thus, there will be no changes to the permits or any ongoing reporting and maintenance requirements.

K. State and Local Permits

213. Under §§ 50.5(c)(2) and (3) the applicant is required to include a description of the zoning requirements for the facilities and a list of local entities with local authorization requirements, respectively. EEI states that the requirements that the applicant describe the zoning and site availability for any permanent facilities and to account for each of the local permitting requirements could potentially be misconstrued by localities to imply that a transmission project sponsor must obtain local permits. It contends that this is counter to the plain language of FPA section 216 that preempts State and local law, including zoning requirements. It requests that the Commission clarify that the Final Rule preempts State and local permitting requirements. American Transmission requests that the Commission clarify the need for zoning requirement information.

214. While the Commission may, where appropriate, require applicants comply with State and local permitting,

we note, any State or local permits issued with respect to jurisdictional facilities must be consistent with the conditions of the Commission's permit. The Commission encourages cooperation between the applicants and local authorities. However, this does not mean that State and local agencies, through application of State or local laws, may prohibit or unreasonably delay the construction of facilities approved by the Commission.³⁸

215. Communities state that while the Commission may assert jurisdiction over the siting of transmission facilities, it cannot ignore the role the States must still play in the siting process. They argue that the Commission is attempting to limit State authority to only State agencies that provide authorization under Federal law. They contend that this is inconsistent with the requirements of FPA section 216(h)(3) which requires that the NEPA review process be coordinated with State agencies conducting separate permitting and environmental reviews.

216. FPA section 216(h), which is entitled "Coordination of Federal Authorizations for Transmission Facilities", directs the Commission, under its delegated authority, to "coordinate the Federal authorization and review process under this subsection with * * * State agencies". Section 216(h)(3) specifically involves only Federal authorizations. Under FPA section 216(h)(4), however, the Commission can coordinate with "State agencies that are willing to coordinate their own separate permitting and environmental reviews with the Federal authorizations and environmental reviews."

217. As stated, under § 50.5(c)(3), in the initial pre-filing filing requirements the applicant is required to list all local entities with local authorization requirements. Section 50.5(c)(3) also requires that the applicant explain how it intends to account for the local permits in the environmental review process and when it intends to file for such permits. Once the pre-filing process commences, under § 50.5(e)(6), the applicant is required to submit a schedule detailing when it intends to submit the applications with the local agency. Further, under § 50.5(e)(8), the applicant is required to submit status reports updating its progress in obtaining those permits.

218. Commission staff will work with the applicant and the local agencies throughout the pre-filing and

³⁸ See, e.g., *Schneidewind v. ANR Pipeline Co.*, 485 U.S. 293 (1988); *National Fuel Gas Supply v. Public Service Comm'n*, 894 F.2d 571 (2d Cir. 1990).

application process to get the information required for all applicable Federal and State permit processes needed to site the proposed facilities. However, as discussed above, a State or local agency cannot prevent the construction of the facility through its permitting process, which is preempted by Federal law in instances where our jurisdiction is triggered under FPA section 216. For example, it would be inconsistent with the text, purpose and intent of FPA section 216 to allow a State permitting agency to halt the construction of a facility that has been permitted by the Commission for the very reason that the State agency withheld approval of the project for more than one year. To hold otherwise would essentially render FPA section 216 a nullity.

L. Subsequent Modifications to Facilities

219. Several commenters request clarification on how a permittee may make minor improvements to the facilities authorized by the Commission after they are constructed. EEL requests that the permit include provisions that allow a permittee to make minor improvements after facilities are constructed. Allegheny states that the Commission should clarify the process for making modifications to existing facilities to specify that an applicant is not required to first seek State approval. Allegheny further requests that when such a modification is proposed, the Commission's review be limited to the proposed modifications, whether the existing facility was sited by the Commission or State siting authority. National Grid contends that a transmission siting permit is valid in perpetuity. It argues that otherwise, an applicant would have no incentive for investment. It also requests that the Commission develop criteria to determine whether project modification requires notice to the Commission or a revision to the permit.

220. As stated, once the facilities are constructed, the Commission's jurisdiction under FPA section 216 ends. All modifications to existing transmission facilities will be subject to the provisions of FPA section 216 at the time the facilities are proposed. Specifically, the facilities will have to be located in a then-designated National Corridor and will have to qualify for the Commission's jurisdiction under FPA section 216(b)(1).

M. Definitions

221. Section 50.1 lists the terms the Commission determined needed to be specifically defined in the regulations. Allegheny requests that the Commission

define the terms "project" and "transmission facility" to clarify that they only pertain to the portions of transmission facilities that a transmission owner is unable to successfully site through a State process. Southern contends that the Commission should consider defining "project" to embody the triggering requirements in FPA section 216(b). The only projects that the Commission will be issuing permits to are those that will fall under FPA section 216(b). Thus, no further explanation of those terms is necessary.

222. National Grid requests that the Commission define "Electric transmission facilities" to include those facilities, including various listed equipment and materials, used for the transmission of electric energy in interstate commerce for the sale of electric energy at wholesale. Transmission facilities that will be subject to a Commission permit will include all the facilities necessary to provide service on the facilities approved by the Commission. Further definition of facilities in the regulations is unnecessary.

223. Section 50.1 defines transmitting utility as an entity that owns, operates, or controls facilities used for the transmission of electric energy in interstate commerce for the sale of electric energy at wholesale. Massachusetts Energy Board states that the Commission should consider defining the terms "transmission" and "wholesale" in the definition of transmitting utility or reference the existing CFR definitions. Section 50.1 defines a transmitting utility consistent with the definition in FPA section 3(23). The Commission does not believe any further definition is necessary.

224. Southern requests that the Commission define the term "applicant" and clarify that the permitting process will only be available to transmission utilities, unless exceptional circumstances are shown. The Commission does not believe that it was Congress' intent in enacting EPA Act 2005 to limit the construction of electric transmission facilities in national interest transmission corridors to any specific entity. The Commission will accept any viable project proposed by any prospective transmission company.

N. Eminent Domain Issues

225. Under § 50.4(c)(2)(i)(E), the applicant must include a brief summary of what rights the affected landowner has at the Commission and in proceedings under the eminent domain rules of the relevant State. Reinhardt

request that the pre-filing notifications include a statement that the applicant will have the ability to use the power of eminent domain to get the land for the facility and the basis for that authority. Southern states that the Commission should not require an applicant to summarize the State eminent domain rules because the applicant would be legally liable for the accuracy of this information.

226. The Commission believes that the applicant should provide landowners with some basic information concerning what is involved in the eminent domain process. The general public is probably not greatly informed on these matters and may need to invest significant time and money just to get a basic understanding. We do not believe that providing this information would put the applicant at risk for unnecessary litigation, especially if the applicant prefaces its explanation with a disclaimer statement. It can also refer the landowner to a State agency or the State Attorney General for further information concerning the laws of their State, if appropriate. Additionally, we will require that the applicant explain that it has the right to acquire the property by eminent domain under FPA section 216(e).

227. Communities suggest that if State law limits eminent domain authority, the Federal court likewise is constrained. Southern states that the Commission should make clear how, and to what extent, the United States District Courts are to employ State practices and procedures as part of an eminent domain proceeding commenced in a Federal forum. Section 216(e)(3) of the FPA states:

The practice and procedures of any action or proceeding conducted under this subsection in the district court of the United States shall conform as nearly as practicable to the practice and procedures in a similar action or proceeding in the courts of the State in which the property is located.

Thus, it is for the court to decide what procedures are appropriate for their individual proceedings.

O. Filing Fees/Funding

228. Affiliated states that if Tribes are impacted by any project, a filing fee should be required by the Commission to fund reasonable tribal responses and requirements under these regulations. Washington Council contends that the Commission should require the applicants fund reasonable State participation in FERC siting proceedings. Parks Association request that the applicant fund third-party contractors for the research that other

agencies will need to do for the resource reports. The Commission does not require that applicants fund any participation in Commission proceedings and will not do so here.

P. Technical Conferences

229. APPA, NARUC, and CA Resources request that the Commission hold a technical conference prior to issuing the Final Rule to discuss various issues raised in the NOPR. Specifically, APPA requests that the Commission hold a technical conference to help define diverse State and Federal processes and the regulator's legal authorities. NARUC contends that the Commission should hold a technical conference to give the State commissions an opportunity to address key matters related to the implementation of this rule. CA Resources Agency requests that the Commission hold a technical conference or establish an informal workshop to develop solutions to the issue of the concurrent jurisdiction and with regard to potential changes to the Commission's CEII regulations.

230. The Commission believes that the comments filed in response to the NOPR are sufficient for the Commission to issue a Final Rule without further proceedings. By acting promptly, the Commission is assured that it will have its procedures required under FPA section 216(c) in place when DOE designates National Corridors.

III. Information Collection Statement

231. The Commission is submitting the following collection of information contained in this proposed rulemaking to the Office of Management and Budget (OMB) for review under section 3507(d) of the Paperwork Reduction Act of 1995.³⁹ The Commission will identify the information provided for under the proposed Part 50 as FERC-729.

232. The number of applicants for electric transmission permits in national interest electric transmission corridors is unknown. Proposed transmission projects would have to, among other things, significantly reduce electric transmission congestion in a national interest electric transmission corridor. These corridors are yet to be defined by

the Secretary. Also, Federal permitting of electric transmission facilities used in interstate commerce will occur only if, or when, States do not or cannot act on an application, or have conditioned a project in such a manner that the proposed construction or modification will not significantly reduce congestion in interstate commerce or is not economically feasible. Any estimates of the number of anticipated electric transmission construction permit applications are extremely variable, ranging from two to 20 per year.

233. The Commission solicited comments on the Commission's need for the information required by the proposed regulations, whether the information will have practical utility, the accuracy of the provided burden estimates, ways to enhance the quality and clarity of the information that the Commission will collect, and any suggested methods for minimizing the respondent's burden, including the use of information techniques. The burden estimates for complying with this proposed rule are as follows:

Data collection	Number of respondents	Number of responses	Hours per response	Total annual hours
FERC-729	10	1	9,600	96,000

The Commission did not receive any specific comments concerning its burden estimates. Where commenters raised concerning specific information collection requirement would be burdensome to implement, the Commission has addressed elsewhere in the rule.

Information Collection Costs: Because of the regional differences and the various staffing levels that will be involved in preparing the documentation (legal, technical and support) the Commission is using an hourly rate of \$150 to estimate the costs for filing and other administrative processes (reviewing instructions, searching data sources, completing and transmitting the collection of information). The estimated annual cost is anticipated to be \$14.4 million. The Commission sought comments on these estimates and did not receive any. Therefore, it will use these estimates in the Final Rule.

Title: FERC-729 Electric Transmission Facilities.

Action: Proposed Data Collections.

OMB Control No.: To be determined.

Upon approval of a collection of information, OMB will assign an OMB control number and an expiration date. Respondents subject to the filing requirements of this rule will not be penalized for failing to respond to these collections of information unless the collections of information display a valid OMB control number or the Commission has provided justification as to why the control number should not be displayed.

Respondents: Businesses or other for profit, State, local, or Tribal government.

Necessity of the Information: The information collected from applicants will be used by the Commission to review the suitability of the proposal for a permit to construct the proposed electric transmission facilities.

234. Interested persons may obtain information on the reporting requirements by contacting the following: Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426 [Attention: Michael Miller, Office of the Executive Director, Phone: (202) 502-8415, fax:

(202) 273-0873, e-mail: michael.miller@ferc.gov]

235. For submitting comments concerning the collection(s) of information and the associated burden estimate(s), please send your comments to the contact listed above and to the Office of Management and Budget, Office of Information and Regulatory Affairs, Washington, DC 20503, [Attention: Desk Officer for the Federal Energy Regulatory Commission, phone: (202) 395-4650, fax: (202) 395-7285, e-mail: oira_submission@omb.eop.gov. As the OMB control number has not been assigned to this information collection, please use the docket number for reference in your comments.

IV. Environmental Analysis

236. The Commission is required to prepare an EA or an EIS for any action that may have a significant adverse effect on the human environment.⁴⁰ No environmental consideration is raised by the promulgation of a rule that is procedural in nature or does not substantially change the effect of legislation or regulations being amended. The proposed regulations

³⁹ 44 U.S.C. 3507(d).

⁴⁰ Order No. 486, Regulations Implementing the National Environmental Policy Act, 52 FR 47897

(Dec. 17, 1987), FERC Stats. Regs. Preambles 1986-1990 ¶30,783 (1987).

implement the procedural filing requirements for applications to construct electric transmission facilities. Accordingly, neither an EIS nor EA is required.

V. Regulatory Flexibility Act

237. The Regulatory Flexibility Act of 1980 (RFA) ⁴¹ generally requires a description and analysis of final rules that will have significant economic impact on a substantial number of small entities. The Commission expects entities seeking approval for interstate transmission siting will be major transmission utilities capable of financing complex and costly transmission projects. The Commission anticipates that the high cost of construction of transmission facilities will bar the entry into this field by small entities as defined by the RFA. Therefore, the Commission concludes that this proposed rule would not have a significant economic impact on a substantial number of small entities.

VI. Document Availability

238. In addition to publishing the full text of this document in the **Federal Register**, the Commission provides all interested persons an opportunity to view and/or print the contents of this document via the Internet through FERC's Home Page (<http://www.ferc.gov>) and in FERC's Public Reference Room during normal business hours (8:30 a.m. to 5 p.m. Eastern time) at 888 First Street, NE., Room 2A, Washington DC 20426.

239. From FERC's Home Page on the Internet, this information is available on eLibrary. The full text of this document is available on eLibrary in PDF and Microsoft Word format for viewing, printing, and/or downloading. To access this document in eLibrary, type the docket number excluding the last three digits of this document in the docket number field.

240. User assistance is available for eLibrary and the FERC's website during normal business hours from our Help line at (202) 502-8222 or the Public Reference Room at (202) 502-8371 Press 0, TTY (202) 502-8659. E-mail the Public Reference Room at public.reference.room@ferc.gov.

VII. Effective Date and Congressional Notification

241. These regulations are effective January 30, 2007. The Commission has determined, with the concurrence of the Administrator of the Office of Information and Regulatory Affairs of OMB, that this rule is not a "major rule"

as defined in section 351 of the Small Business Regulatory Enforcement Fairness Act of 1996. The Commission will submit the Final Rule to both houses of Congress and to General Accounting Office

List of Subjects

18 CFR Part 50

Administrative practice and procedure, Electric power, Reporting and recordkeeping requirements.

18 CFR Part 380

Environmental impact statements, Reporting and recordkeeping requirements.

By the Commission. Commissioner Kelly dissenting in part with a separate statement attached.

Magalie R. Salas,
Secretary.

■ In consideration of the foregoing, the Commission adds Part 50 and amends Part 380, Chapter I, Title 18, *Code of Federal Regulations*, as follows:

■ 1. Part 50 is added to Subchapter B to read as follows:

PART 50—APPLICATIONS FOR PERMITS TO SITE INTERSTATE ELECTRIC TRANSMISSION FACILITIES

- | | |
|-------|--|
| Sec. | |
| 50.1 | Definitions. |
| 50.2 | Purpose and intent of rules. |
| 50.3 | Applications/pre-filing; rules and format. |
| 50.4 | Stakeholder participation. |
| 50.5 | Pre-filing procedures. |
| 50.6 | Applications: general content. |
| 50.7 | Applications: exhibits. |
| 50.8 | Acceptance/rejection of applications. |
| 50.9 | Notice of application. |
| 50.10 | Interventions. |
| 50.11 | General conditions applicable to permits. |

Authority: 16 U.S.C. 824p, DOE Delegation Order No. 00-004.00A.

§ 50.1 Definitions.

As used in this part:
Affected landowners include owners of property interests, as noted in the most recent county/city tax records as receiving the tax notice, whose property:

- (1) Is directly affected (*i.e.*, crossed or used) by the proposed activity, including all facility sites, rights-of-way, access roads, staging areas, and temporary workspace; or
- (2) Abuts either side of an existing right-of-way or facility site owned in fee by any utility company, or abuts the edge of a proposed facility site or right-of-way which runs along a property line in the area in which the facilities would be constructed, or contains a residence

within 50 feet of a proposed construction work area.

Director means the Director of the Office of Energy Projects or his designees.

Federal authorization means permits, special use authorization, certifications, opinions, or other approvals that may be required under Federal law in order to site a transmission facility.

National interest electric transmission corridor means any geographic area experiencing electric energy transmission capacity constraints or congestion that adversely affects consumers, as designated by the Secretary of Energy.

Permitting entity means any Federal or State agency, Indian tribe, multistate, or local agency that is responsible for issuing separate authorizations pursuant to Federal law that are required to construct electric transmission facilities in a national interest electric transmission corridor.

Stakeholder means any Federal, State, interstate, Tribal, or local agency, any affected non-governmental organization, affected landowner, or interested person.

Transmitting utility means an entity that owns, operates, or controls facilities used for the transmission of electric energy in interstate commerce for the sale of electric energy at wholesale.

§ 50.2 Purpose and intent of rules.

(a) The purpose of the regulations in this part is to provide for efficient and timely review of requests for permits for the siting of electric transmission facilities under section 216 of the Federal Power Act. The regulations ensure that each stakeholder is afforded an opportunity to present views and recommendations with respect to the need for and impact of a facility covered by the permit. They also coordinate, to the maximum extent practicable, the Federal authorization and review processes of other Federal and State agencies, Indian tribes, multistate, and local entities that are responsible for conducting any separate permitting and environmental reviews of the proposed facilities.

(b) Every applicant shall file all pertinent data and information necessary for a full and complete understanding of the proposed project.

(c) Every requirement of this part will be considered as an obligation of the applicant which can only be avoided by a definite and positive showing that the information or data called for by the applicable rules is not necessary for the consideration and ultimate determination of the application.

⁴¹ 5 U.S.C. 601-612.

(d) The burden of assuring that all applications and information submitted under this part is in an intelligible form and any omission of data is justified rests with the applicant.

§ 50.3 Applications/pre-filing; rules and format.

(a) Filings are subject to the formal paper and electronic filing requirements for proceedings before the Commission as provided in part 385 of this chapter.

(b) Applications, amendments, and all exhibits and other submissions required to be furnished by an applicant to the Commission under this part must be submitted in an original and 7 conformed copies.

(c) When an application considered alone is incomplete and depends vitally upon information in another application, it will not be accepted for filing until the supporting application has been filed. When applications are interdependent, they must be filed concurrently.

(d) All filings must be signed in compliance with § 385.2005 of this chapter.

(e) The Commission will conduct a paper hearing on applications for permits for electric transmission facilities.

(f) Permitting entities will be subject to the filing requirements of this section and the prompt and binding intermediate milestones and ultimate deadlines established in the notice issued under § 50.9.

(g) Any person submitting documents containing critical energy infrastructure information must follow the procedures specified in § 388.113 of this chapter.

§ 50.4 Stakeholder participation.

A Project Participation Plan is required to ensure stakeholders have access to accurate and timely information on the proposed project and permit application process.

(a) *Project Participation Plan.* An applicant must develop a Project Participation Plan and file it with the pre-filing materials under § 50.5(c)(7) that:

(1) Identifies specific tools and actions to facilitate stakeholder communications and public information, including an up-to-date project Web site and a readily accessible, single point of contact within the company;

(2) Lists all central locations in each county throughout the project area where the applicant will provide copies of all their filings related to the proposed project; and

(3) Includes a description and schedule explaining how the applicant

intends to respond to requests for information from the public as well as Federal, State, and Tribal permitting agencies, and other legal entities with local authorization requirements.

(b) *Document Availability.* (1) Within three business days of the date the pre-filing materials are filed or application is issued a docket number, an applicant must ensure that:

(i) Complete copies of the pre-filing or application materials are available in accessible central locations in each county throughout the project area, either in paper or electronic format; and

(ii) Complete copies of all filed materials are available on the project Web site.

(2) An applicant is not required to serve voluminous or difficult to reproduce material, such as copies of certain environmental information, on all parties, as long as such material is publicly available in an accessible central location in each county throughout the project area and on the applicant's project website.

(c) *Project notification.* (1) The applicant must make a good faith effort to notify: all affected landowners; landowners with a residence within a quarter mile from the edge of the construction right-of-way of the proposed project; towns and communities; permitting agencies; other local, State, Tribal, and Federal governments and agencies involved in the project; electric utilities and transmission owners and operators that are or may be connected to the application's proposed transmission facilities; and any known individuals that have expressed an interest in the State permitting proceeding. Notification must be made:

(i) By certified or first class mail, sent:

(A) Within 14 days after the Director notifies the applicant of the commencement of the pre-filing process under § 50.5(d);

(B) Within 3 business days after the Commission notices the application under § 50.9; and

(ii) By twice publishing a notice of the pre-filing request and application filings, in a daily, weekly, and/or tribal newspaper of general circulation in each county in which the project is located, no later than 14 days after the date that a docket number is assigned for the pre-filing process or to the application.

(2) *Contents of participation notice*

(i) The pre-filing request notification must, at a minimum, include:

(A) The docket number assigned to the proceeding;

(B) The most recent edition of the Commission's pamphlet *Electric Transmission Facilities Permit Process.*

The newspaper notice need only refer to the pamphlet and indicate that it is available on the Commission's website;

(C) A description of the applicant and a description of the proposed project, its location (including a general location map), its purpose, and the timing of the project;

(D) A general description of the property the applicant will need from an affected landowner if the project is approved, how to contact the applicant, including a local or toll-free phone number, the name of a specific person to contact who is knowledgeable about the project, and a reference to the project website. The newspaper notice need not include a description of the property, but should indicate that a separate notice is being mailed to affected landowners and governmental entities;

(E) A brief summary of what rights the affected landowner has at the Commission and in proceedings under the eminent domain rules of the relevant State. The newspaper notice does not need to include this summary;

(F) Information on how to get a copy of the pre-filing information from the company and the location(s) where copies of the pre-filing information may be found as specified in paragraph (b) of this section;

(G) A copy of the Director's notification of commencement of the pre-filing process, the Commission's Internet address, and the telephone number for the Commission's Office of External Affairs; and

(H) Information explaining the pre-filing and application process and when and how to intervene in the application proceedings.

(ii) The application notification must include the Commission's notice issued under § 50.9.

(3) If, for any reason, a stakeholder has not yet been identified when the notices under this paragraph are sent or published, the applicant must supply the information required under paragraphs (c)(2)(i) and (ii) of this section when the stakeholder is identified.

(4) If the notification is returned as undeliverable, the applicant must make a reasonable attempt to find the correct address and notify the stakeholder.

(5) Access to critical energy infrastructure information is subject to the requirements of § 388.113 of this chapter.

§ 50.5 Pre-filing procedures.

(a) *Introduction.* Any applicant seeking a permit to site new electric transmission facilities or modify existing facilities must comply with the

following pre-filing procedures prior to filing an application for Commission review.

(b) *Initial consultation.* An applicant must meet and consult with the Director concerning the proposed project.

(1) At the initial consultation meeting, the applicant must be prepared to discuss the nature of the project, the contents of the pre-filing request, and the status of the applicant's progress toward obtaining the information required for the pre-filing request described in paragraph (c) of this section.

(2) The initial consultation meeting will also include a discussion of whether a third-party contractor is likely to be needed to prepare the environmental documentation for the project and the specifications for the applicant's solicitation for prospective third-party contractors.

(3) The applicant also must discuss how its proposed project will be subject to the Commission's jurisdiction under section 216(b)(1) of the Federal Power Act. If the application is seeking Commission jurisdiction under section 216(b)(1)(C) of the Federal Power Act, the applicant must be prepared to discuss when it filed its application with the State and the status of that application.

(c) *Contents of the initial filing.* An applicant's pre-filing request will be filed after the initial consultation and must include the following information:

(1) A description of the schedule desired for the project, including the expected application filing date, desired date for Commission approval, and proposed project operation date, as well as the status of any State siting proceedings.

(2) A detailed description of the project, including location maps and plot plans to scale showing all major components, including a description of zoning and site availability for any permanent facilities.

(3) A list of the permitting entities responsible for conducting separate Federal permitting and environmental reviews and authorizations for the project, including contact names and telephone numbers, and a list of local entities with local authorization requirements. The filing must include information concerning:

(i) How the applicant intends to account for each of the relevant entity's permitting and environmental review schedules, including its progress in DOE's pre-application process; and

(ii) When the applicant proposes to file with these permitting and local entities for the respective permits or other authorizations.

(4) A list of all affected landowners and other stakeholders (include contact names and telephone numbers) that have been contacted, or have contacted the applicant, about the project.

(5) A description of what other work already has been done, including, contacting stakeholders, agency and Indian tribe consultations, project engineering, route planning, environmental and engineering contractor engagement, environmental surveys/studies, open houses, and any work done or actions taken in conjunction with a State proceeding. This description also must include the identification of the environmental and engineering firms and sub-contractors under contract to develop the project.

(6) Proposals for at least three prospective third-party contractors from which Commission staff may make a selection to assist in the preparation of the requisite NEPA document, if the Director determined a third-party contractor would be necessary in the Initial Consultation meeting.

(7) A proposed Project Participation Plan, as set forth in § 50.4(a).

(d) *Director's notice.* (1) When the Director finds that an applicant seeking authority to site and construct an electric transmission facility has adequately addressed the requirements of paragraphs (a), (b), and (c) of this section, and any other requirements determined at the Initial Consultation meeting, the Director will so notify the applicant.

(i) The notification will designate the third-party contractor, and

(ii) The pre-filing process will be deemed to have commenced on the date of the Director's notification.

(2) If the Director determines that the contents of the initial pre-filing request are insufficient, the applicant will be notified and given a reasonable time to correct the deficiencies.

(e) *Subsequent filing requirements.* Upon the Director's issuance of a notice commencing an applicant's pre-filing process, the applicant must:

(1) Within 7 days, finalize and file the Project Participation Plan, as defined in § 50.4(a), and establish the dates and locations at which the applicant will conduct meetings with stakeholders and Commission staff.

(2) Within 14 days, finalize the contract with the selected third-party contractor, if applicable.

(3) Within 14 days:

(i) Provide all identified stakeholders with a copy of the Director's notification commencing the pre-filing process;

(ii) Notify affected landowners in compliance with the requirements of § 50.4(c); and

(iii) Notify permitting entities and request information detailing any specific information not required by the Commission in the resource reports required under § 380.16 of this chapter that the permitting entities may require to reach a decision concerning the proposed project. The responses of the permitting entities must be filed with the Commission, as well as being provided to the applicant.

(4) Within 30 days, submit a mailing list of all stakeholders contacted under paragraph (e)(3) of this section, including the names of the Federal, State, Tribal, and local jurisdictions' representatives. The list must include information concerning affected landowner notifications that were returned as undeliverable.

(5) Within 30 days, file a summary of the project alternatives considered or under consideration.

(6) Within 30 days, file an updated list of all Federal, State, Tribal, and local agencies permits and authorizations that are necessary to construct the proposed facilities. The list must include:

(i) A schedule detailing when the applications for the permits and authorizations will be submitted (or were submitted);

(ii) Copies of all filed applications; and

(iii) The status of all pending permit or authorization requests and of the Secretary of Energy's pre-application process being conducted under section 216(h)(4)(C) of the Federal Power Act.

(7) Within 60 days, file the draft resource reports required in § 380.16 of this chapter.

(8) On a monthly basis, file status reports detailing the applicant's project activities including surveys, stakeholder communications, and agency and tribe meetings, including updates on the status of other required permits or authorizations. If the applicant fails to respond to any request for additional information, fails to provide sufficient information, or is not making sufficient progress towards completing the pre-filing process, the Director may issue a notice terminating the process.

(f) *Concluding the pre-filing process.*

The Director will determine when the information gathered during the pre-filing process is complete, after which the applicant may file an application. An application must contain all the information specified by the Commission staff during the pre-filing process, including the environmental material required in part 380 of this chapter and the exhibits required in § 50.7.

§ 50.6 Applications: general content.

Each application filed under this part must provide the following information:

(a) The exact legal name of applicant; its principal place of business; whether the applicant is an individual, partnership, corporation, or otherwise; the State laws under which the applicant is organized or authorized; and the name, title, and mailing address of the person or persons to whom communications concerning the application are to be addressed.

(b) A concise description of applicant's existing operations.

(c) A concise general description of the proposed project sufficient to explain its scope and purpose. The description must, at a minimum: Describe the proposed geographic location of the principal project features and the planned routing of the transmission line; contain the general characteristics of the transmission line including voltage, types of towers, origin and termination points of the transmission line, and the geographic character of area traversed by the line; and be accompanied by an overview map of sufficient scale to show the entire transmission route on one or a few 8.5 by 11-inch sheets.

(d) Verification that the proposed route lies within a national interest electric transmission corridor designated by the Secretary of the Department of Energy under section 216 of the Federal Power Act.

(e) Evidence that:

(1) A State in which the transmission facilities are to be constructed or modified does not have the authority to approve the siting of the facilities or consider the interstate benefits expected to be achieved by the proposed construction or modification of transmission facilities in the State;

(2) The applicant is a transmitting utility but does not qualify to apply for a permit or siting approval of the proposed project in a State because the applicant does not serve end-use customers in the State; or

(3) A State commission or other entity that has the authority to approve the siting of the facilities has:

(i) Withheld approval for more than one year after the filing of an application seeking approval under applicable law or one year after the designation of the relevant national interest electric transmission corridor, whichever is later; or

(ii) Conditioned its approval in such a manner that the proposed construction or modification will not significantly reduce transmission congestion in interstate commerce or is not economically feasible.

(f) A demonstration that the facilities to be authorized by the permit will be used for the transmission of electric energy in interstate commerce, and that the proposed construction or modification:

(1) Is consistent with the public interest;

(2) Will significantly reduce transmission congestion in interstate commerce and protects or benefits consumers;

(3) Is consistent with sound national energy policy and will enhance energy interdependence; and

(4) Will maximize, to the extent reasonable and economical, the transmission capabilities of existing towers or structures.

(g) A description of the proposed construction and operation of the facilities, including the proposed dates for the beginning and completion of construction and the commencement of service.

(h) A general description of project financing.

(i) A full statement as to whether any other application to supplement or effectuate the applicant's proposals must be or is to be filed by the applicant, any of the applicant's customers, or any other person, with any other Federal, State, Tribal, or other regulatory body; and if so, the nature and status of each such application.

(j) A table of contents that must list all exhibits and documents filed in compliance with this part, as well as all other documents and exhibits otherwise filed, identifying them by their appropriate titles and alphabetical letter designations. The alphabetical letter designations specified in § 50.7 must be strictly adhered to and extra exhibits submitted at the volition of applicant must be designated in sequence under the letter Z (Z1, Z2, Z3, etc.).

(k) A form of notice suitable for publication in the **Federal Register**, as provided by § 50.9(a), which will briefly summarize the facts contained in the application in such a way as to acquaint the public with its scope and purpose. The form of notice also must include the name, address, and telephone number of an authorized contact person.

§ 50.7 Applications: exhibits.

Each exhibit must contain a title page showing the applicant's name, title of the exhibit, the proper letter designation of the exhibit, and, if 10 or more pages, a table of contents, citing by page, section number or subdivision, the component elements or matters contained in the exhibit.

(a) *Exhibit A—Articles of incorporation and bylaws.* If the

applicant is not an individual, a conformed copy of its articles of incorporation and bylaws, or other similar documents.

(b) *Exhibit B—State authorization.* For each State where the applicant is authorized to do business, a statement showing the date of authorization, the scope of the business the applicant is authorized to carry on and all limitations, if any, including expiration dates and renewal obligations. A conformed copy of applicant's authorization to do business in each State affected must be supplied upon request.

(c) *Exhibit C—Company officials.* A list of the names and business addresses of the applicant's officers and directors, or similar officials if the applicant is not a corporation.

(d) *Exhibit D—Other pending applications and filings.* A list of other applications and filings submitted by the applicant that are pending before the Commission at the time of the filing of an application and that directly and significantly affect the proposed project, including an explanation of any material effect the grant or denial of those other applications and filings will have on the application and of any material effect the grant or denial of the application will have on those other applications and filings.

(e) *Exhibit E—Maps of general location of facilities.* The general location map required under § 50.5(c) must be provided as Exhibit E. Detailed maps required by other exhibits must be filed in those exhibits, in a format determined during the pre-filing process in § 50.5.

(f) *Exhibit F—Environmental report.* An environmental report as specified in §§ 380.3 and 380.16 of this chapter. The applicant must submit all appropriate revisions to Exhibit F whenever route or site changes are filed. These revisions must identify the locations by mile post and describe all other specific differences resulting from the route or site changes, and should not simply provide revised totals for the resources affected. The format of the environmental report filing will be determined during the pre-filing process required under § 50.5.

(g) *Exhibit G—Engineering data.*

(1) A detailed project description including:

(i) Name and destination of the project;

(ii) Design voltage rating (kV);

(iii) Operating voltage rating (kV);

(iv) Normal peak operating current rating;

(v) Line design features for minimizing television and/or radio

interference cause by operation of the proposed facilities; and

(vi) Line design features that minimize audible noise during fog/rain caused by operation of the proposed facilities, including comparing expected audible noise levels to the applicable Federal, State, and local requirements.

(2) A conductor, structures, and substations description including:

- (i) Conductor size and type;
- (ii) Type of structures;
- (iii) Height of typical structures;
- (iv) An explanation why these structures were selected;
- (v) Dimensional drawings of the typical structures to be used in the project; and
- (vi) A list of the names of all new (and existing if applicable) substations or switching stations that will be associated with the proposed new transmission line.

(3) The location of the site and right-of-way including:

- (i) Miles of right-of-way;
- (ii) Miles of circuit;
- (iii) Width of the right-of-way;
- (iv) A brief description of the area traversed by the proposed transmission line, including a description of the general land uses in the area and the type of terrain crossed by the proposed line;

(4) Assumptions, bases, formulae, and methods used in the development and preparation of the diagrams and accompanying data, and a technical description providing the following information:

- (i) Number of circuits, with identification as to whether the circuit is overhead or underground;
- (ii) The operating voltage and frequency; and
- (iii) Conductor size, type and number of conductors per phase.

(5) If the proposed interconnection is an overhead line, the following additional information also must be provided:

- (i) The wind and ice loading design parameters;
- (ii) A full description and drawing of a typical supporting structure including strength specifications;
- (iii) Structure spacing with typical ruling and maximum spans;
- (iv) Conductor (phase) spacing; and
- (v) The designed line-to-ground and conductor-side clearances.

(6) If an underground or underwater interconnection is proposed, the following additional information also must be provided:

- (i) Burial depth;
- (ii) Type of cable and a description of any required supporting equipment, such as insulation medium pressurizing or forced cooling;

(iii) Cathodic protection scheme; and

(iv) Type of dielectric fluid and safeguards used to limit potential spills in waterways.

(7) Technical diagrams that provide clarification of any of the above items should be included.

(8) Any other data or information not previously identified that has been identified as a minimum requirement for the siting of a transmission line in the State in which the facility will be located.

(h) *Exhibit H—System analysis data.* An analysis evaluating the impact the proposed facilities will have on the existing electric transmission system performance, including:

- (1) An analysis of the existing and expected congestion on the electric transmission system.
- (2) Power flow cases used to analyze the proposed and future transmission system under anticipated load growth, operating conditions, variations in power import and export levels, and additional transmission facilities required for system reliability. The cases must:

- (i) Provide all files to model normal, single contingency, multiple contingency, and special protective systems, including the special protective systems' automatic switching or load shedding system; and
- (ii) State the assumptions, criteria, and guidelines upon which they are based and take into consideration transmission facility loading; first contingency incremental transfer capability (FCITC); normal incremental transfer capability (NITC); system protection; and system stability.

(3) A stability analysis including study assumptions, criteria, and guidelines used in the analysis, including load shedding allowables.

(4) A short circuit analysis for all power flow cases.

- (5) A concise analysis to include:
 - (i) An explanation of how the proposed project will improve system reliability over the long and short term;
 - (ii) An analysis of how the proposed project will impact long term regional transmission expansion plans;

(iii) An analysis of how the proposed project will impact congestion on the applicant's entire system; and

(iv) A description of proposed high technology design features.

(6) Detailed single-line diagrams, including existing system facilities identified by name and circuit number, that show system transmission elements, in relation to the project and other principal interconnected system elements, as well as power flow and loss data that represent system operating conditions.

(i) *Exhibit I—Project Cost and Financing.* (1) A statement of estimated costs of any new construction or modification.

(2) The estimated capital cost and estimated annual operations and maintenance expense of each proposed environmental measure.

(3) A statement and evaluation of the consequences of denial of the transmission line permit application.

(j) *Exhibit J—Construction, operation, and management.* A concise statement providing arrangements for supervision, management, engineering, accounting, legal, or other similar service to be rendered in connection with the construction or operation of the project, if not to be performed by employees of the applicant, including reference to any existing or contemplated agreements, together with a statement showing any affiliation between the applicant and any parties to the agreements or arrangements.

§ 50.8 Acceptance/rejection of applications.

(a) Applications will be docketed when received and the applicant so advised.

(b) If an application patently fails to comply with applicable statutory requirements or with applicable Commission rules, regulations, and orders for which a waiver has not been granted, the Director may reject the application as provided by § 385.2001(b) of this chapter. This rejection is without prejudice to an applicant's refile a complete application. However, an application will not be rejected solely on the basis that the environmental reports are incomplete because the company has not been granted access by affected landowners to perform required surveys.

(c) An application that relates to a proposed project or modification for which a prior application has been filed and rejected, will be docketed as a new application.

§ 50.9 Notice of application.

(a) Notice of each application filed, except when rejected in accordance with § 50.8, will be issued and subsequently published in the *Federal Register*.

(b) The notice will establish prompt and binding intermediate milestones and ultimate deadlines for the coordination, and review of, and action on Federal authorization decisions relating to, the proposed facilities.

§ 50.10 Interventions.

Notices of applications, as provided by § 50.9, will fix the time within which

any person desiring to participate in the proceeding may file a petition to intervene, and within which any interested regulatory agency, as provided by § 385.214 of this chapter, desiring to intervene may file its notice of intervention.

§ 50.11 General conditions applicable to permits.

(a) The following terms and conditions, among others as the Commission will find are required by the public interest, will attach to the issuance of each permit and to the exercise of the rights granted under the permit.

(b) The permit will be void and without force or effect unless accepted in writing by the permittee within 30 days from the date of the order issuing the permit. *Provided that*, when an applicant files for rehearing of the order in accordance with FPA section 313(a), the acceptance must be filed within 30 days from the issue date of the order of the Commission upon the application for rehearing or within 30 days from the date on which the application may be deemed to have been denied when the Commission has not acted on such application within 30 days after it has been filed. *Provided further*, that when a petition for review is filed in accordance with the provisions of FPA section 313(b), the acceptance shall be filed within 30 days after final disposition of the judicial review proceedings thus initiated.

(c) *Standards of construction and operation.* In determining standard practice, the Commission will be guided by the provisions of the American National Standards Institute, Incorporated, the National Electrical Safety Code, and any other codes and standards that are generally accepted by the industry, except as modified by this Commission or by municipal regulators within their jurisdiction. Each electric utility will construct, install, operate, and maintain its plant, structures, equipment, and lines in accordance with these standards, and in a manner to best accommodate the public, and to prevent interference with service furnished by other public or non-public utilities insofar as practical.

(d) Written authorization must be obtained from the Director prior to commencing construction of the facilities or initiating operations. Requests for these authorizations must demonstrate compliance with all terms and conditions of the construction permit.

(e) Any authorized construction or modification must be completed and made available for service by the

permittee within a period of time to be specified by the Commission in each order issuing the transmission line construction permit. If facilities are not completed within the specified timeframe, the permittee must file for an extension of time under § 385.2008 of this chapter.

(f) A permittee must file with the Commission, in writing and under oath, an original and four conformed copies, as provided in § 385.2011 of this chapter, of the following:

(1) Within ten days after the bona fide beginning of construction, notice of the date of the beginning; and

(2) Within ten days after authorized facilities have been constructed and placed in service, notice of the date of the completion of construction and commencement of service.

(g) The permit issued to the applicant may be transferred, subject to the approval of the Commission, to a person who agrees to comply with the terms, limitations or conditions contained in the filing and in every subsequent Order issued thereunder. A permit holder seeking to transfer a permit must file with the Secretary a petition for approval of the transfer. The petition must:

(1) State the reasons supporting the transfer;

(2) Show that the transferee is qualified to carry out the provisions of the permit and any Orders issued under the permit;

(3) Be verified by all parties to the proposed transfer;

(4) Be accompanied by a copy of the proposed transfer agreement;

(5) Be accompanied by an affidavit of service of a copy on the parties to the permit proceeding; and

(6) Be accompanied by an affidavit of publication of a notice concerning the petition and service of such notice on all affected landowners that have executed agreements to convey property rights to the transferee and all other persons, municipalities or agencies entitled by law to be given notice of, or be served with a copy of, any application to construct a major electric generation facility.

PART 380—REGULATIONS IMPLEMENTING THE NATIONAL ENVIRONMENTAL POLICY ACT

■ 2. The authority citation for part 380 continues to read as follows:

Authority: 42 U.S.C. 4321–4370a, 7101–7352; E.O. 12009, 3 CFR 1978. Comp., p. 142.

■ 3. Section 380.3 is amended by republishing paragraphs (a) introductory text and (b) introductory text, and by

adding a new paragraph (c)(3) to read as follows:

§ 380.3 Environmental information to be supplied by an applicant.

(a) An applicant must submit information as follows:

* * * * *

(b) An applicant must also:

* * * * *

(c) * * *

(3) *Electric transmission project.* For pre-filing requests and applications filed under section 216 of the Federal Power Act identified in §§ 380.5(b)(14) and 380.6(a)(5).

■ 4. Section 380.5 is amended by revising paragraphs (b)(11), (b)(12), and (b)(13), and by adding a new paragraph (b)(14) to read as follows:

§ 380.5 Actions that require an environmental assessment.

(b) * * *

(11) Approval of electric interconnections and wheeling under section 202(b), 210, 211, and 212 of the Federal Power Act, unless excluded under § 380.4(a)(17);

(12) Regulations or proposals for legislation not included under § 380.4(a)(2);

(13) Surrender of water power licenses and exemptions where project works exist or ground disturbing activity has occurred and amendments to water power licenses and exemptions that require ground disturbing activity or changes to project works or operations; and

(14) Except as identified in § 380.6, authorization to site new electric transmission facilities under section 216 of the Federal Power Act and DOE Delegation Order No. 00–004.00A.

■ 5. Section 380.6 is amended by revising paragraphs (a)(3) and (a)(4) and by adding a new paragraph (a)(5) to read as follows:

§ 380.6 Actions that require an environmental impact statement.

(a) * * *

(3) Major pipeline construction projects under section 7 of the Natural Gas Act using right-of-way in which there is no existing natural gas pipeline;

(4) Licenses under Part I of the Federal Power Act and part 4 of this chapter for construction of any unconstructed water power projects; and

(5) Major electric transmission facilities under section 216 of the Federal Power Act and DOE Delegation Order No. 00–004.00A using right-of-way in which there is no existing facility.

* * * * *

■ 6. Section 380.8 is revised to read as follows:

§ 380.8 Preparation of environmental documents.

The preparation of environmental documents, as defined in § 1508.10 of the regulations of the Council on Environmental Quality (40 CFR 1508.10), on hydroelectric projects, natural gas facilities, and electric transmission facilities in national interest electric transmission corridors is the responsibility of the Commission's Office of Energy Projects, 888 First Street NE., Washington, DC 20426, (202) 219-8700. Persons interested in status reports or information on environmental impact statements or other elements of the NEPA process, including the studies or other information the Commission may require on these projects, can contact this office.

■ 7. Section 380.10 is amended by adding paragraph (a)(2)(iii) to read as follows:

§ 380.10 Participation in Commission proceeding.

(a) * * *

(2) * * *

(iii) Commission pre-filing activities commenced under §§ 157.21 and 50.5 of this chapter, respectively, are not considered proceedings under part 385 of this chapter and are not open to motions to intervene. Once an application is filed under part 157 subpart A or part 50 of this chapter, any person may file a motion to intervene in accordance with §§ 157.10 or 50.10 of this chapter or in accordance with this section.

* * * * *

■ 8. Section 380.15 is amended by revising paragraph (c), the heading in paragraph (d), and paragraph (f)(5) to read as follows:

§ 380.15 Siting and maintenance requirements.

* * * * *

(c) *Safety regulations.* The requirements of this paragraph do not affect a project sponsor's obligations to comply with safety regulations of the U.S. Department of Transportation and recognized safe engineering practices for Natural Gas Act projects and the National Electric Safety Code for section 216 Federal Power Act projects.

(d) *Pipeline and electric transmission facilities construction.* * * *

* * * * *

(f) * * *

(5) For Natural Gas Act projects, the site of above-ground facilities which are visible from nearby residences or public

areas, should be planted in trees and shrubs, or other appropriate landscaping and should be installed to enhance the appearance of the facilities, consistent with operating needs.

■ 9. A new § 380.16 is added to read as follows:

§ 380.16 Environmental reports for section 216 Federal Power Act Permits.

(a) *Introduction.* (1) The applicant must submit an environmental report with any application that proposes the construction or modification of any facility identified in § 380.3(c)(3). The environmental report must include the 11 resource reports and related material described in this section.

(2) The detail of each resource report must be commensurate with the complexity of the proposal and its potential for environmental impact. Each topic in each resource report must be addressed or its omission justified, unless the data is not required for that type of proposal. If material required for one resource report is provided in another resource report or in another exhibit, it may be cross referenced. If any resource report topic is required for a particular project but is not provided at the time the application is filed, the environmental report must explain why it is missing and when the applicant anticipates it will be filed.

(b) *General requirements.* As appropriate, each resource report must:

(1) Address conditions or resources that are likely to be directly or indirectly affected by the project;

(2) Identify significant environmental effects expected to occur as a result of the project;

(3) Identify the effects of construction, operation (including maintenance and malfunctions), as well as cumulative effects resulting from existing or reasonably foreseeable projects;

(4) Identify measures proposed to enhance the environment or to avoid, mitigate, or compensate for adverse effects of the project; and

(5) Provide a list of publications, reports, and other literature or communications, including agency contacts, that were cited or relied upon to prepare each report. This list must include the names and titles of the persons contacted, their affiliations, and telephone numbers.

(6) Whenever this section refers to "mileposts" the applicant may substitute "survey centerline stationing" if so preferred. However, whatever method is chosen must be used consistently throughout the resource reports.

(c) *Resource Report 1—General project description.* This report must

describe facilities associated with the project, special construction and operation procedures, construction timetables, future plans for related construction, compliance with regulations and codes, and permits that must be obtained. Resource Report 1 must:

(1) Describe and provide location maps of all project facilities, include all facilities associated with the project (such as transmission line towers, substations, and any appurtenant facilities), to be constructed, modified, replaced, or removed, including related construction and operational support activities and areas such as maintenance bases, staging areas, communications towers, power lines, and new access roads (roads to be built or modified). As relevant, the report must describe the length and size of the proposed transmission line conductor cables, the types of appurtenant facilities that would be constructed, and associated land requirements.

(2) Provide the following maps and photos:

(i) Current, original United States Geological Survey (USGS) 7.5-minute series topographic maps or maps of equivalent detail, covering at least a 0.5-mile-wide corridor centered on the electric transmission facility centerline, with integer mileposts identified, showing the location of rights-of-way, new access roads, other linear construction areas, substations, and construction materials storage areas. Nonlinear construction areas must be shown on maps at a scale of 1:3,600 or larger keyed graphically and by milepost to the right-of-way maps. In areas where the facilities described in paragraph (j)(6) of this section are located, topographic map coverage must be expanded to depict those facilities.

(ii) Original aerial images or photographs or photo-based alignment sheets based on these sources, not more than one year old (unless older ones accurately depict current land use and development) and with a scale of 1:6,000, or larger, showing the proposed transmission line route and location of transmission line towers, substations and appurtenant facilities, covering at least a 0.5 mile-wide corridor, and including mileposts. The aerial images or photographs or photo-based alignment sheets must show all existing transmission facilities located in the area of the proposed facilities and the location of habitable structures, radio transmitters and other electronic installations, and airstrips. Older images/photographs/alignment sheets must be modified to show any residences not depicted in the original.

In areas where the facilities described in paragraph (j)(6) of this section are located, aerial photographic coverage must be expanded to depict those facilities. Alternative formats (e.g., blue-line prints of acceptable resolution) need prior approval by the environmental staff of the Office of Energy Projects.

(iii) In addition to the copies required under § 50.3(b) of this chapter, the applicant must send three additional copies of topographic maps and aerial images/photographs directly to the environmental staff of the Commission's Office of Energy Projects.

(3) Describe and identify by milepost, proposed construction and restoration methods to be used in areas of rugged topography, residential areas, active croplands and sites where explosives are likely to be used.

(4) Identify the number of construction spreads, average workforce requirements for each construction spread and estimated duration of construction from initial clearing to final restoration, and any identified constraints to the timing of construction.

(5) Describe reasonably foreseeable plans for future expansion of facilities, including additional land requirements and the compatibility of those plans with the current proposal.

(6) Describe all authorizations required to complete the proposed action and the status of applications for such authorizations. Identify environmental mitigation requirements specified in any permit or proposed in any permit application to the extent not specified elsewhere in this section.

(7) Provide the names and mailing addresses of all affected landowners identified in § 50.5(c)(4) of this chapter and certify that all affected landowners will be notified as required in § 50.4(c) of this chapter.

(d) *Resource Report 2—Water use and quality.* This report must describe water quality and provide data sufficient to determine the expected impact of the project and the effectiveness of mitigative, enhancement, or protective measures. Resource Report 2 must:

(1) Identify and describe by milepost waterbodies and municipal water supply or watershed areas, specially designated surface water protection areas and sensitive waterbodies, and wetlands that would be crossed. For each waterbody crossing, identify the approximate width, State water quality classifications, any known potential pollutants present in the water or sediments, and any potable water intake sources within three miles downstream.

(2) Provide a description of site-specific construction techniques that will be used at each major waterbody crossing.

(3) Describe typical staging area requirements at waterbody and wetland crossings. Also, identify and describe waterbodies and wetlands where staging areas are likely to be more extensive.

(4) Include National Wetland Inventory (NWI) maps. If NWI maps are not available, provide the appropriate State wetland maps. Identify for each crossing, the milepost, the wetland classification specified by the U.S. Fish and Wildlife Service, and the length of the crossing. Include two copies of the NWI maps (or the substitutes, if NWI maps are not available) clearly showing the proposed route and mileposts. Describe by milepost, wetland crossings as determined by field delineations using the current Federal methodology.

(5) Identify aquifers within excavation depth in the project area, including the depth of the aquifer, current and projected use, water quality, and known or suspected contamination problems.

(6) Discuss proposed mitigation measures to reduce the potential for adverse impacts to surface water, wetlands, or groundwater quality. Discuss the potential for blasting to affect water wells, springs, and wetlands, and measures to be taken to detect and remedy such effects.

(7) Identify the location of known public and private groundwater supply wells or springs within 150 feet of proposed construction areas. Identify locations of EPA or State-designated, sole-source aquifers and wellhead protection areas crossed by the proposed transmission line facilities.

(e) *Resource Report 3—Fish, wildlife, and vegetation.* This report must describe aquatic life, wildlife, and vegetation in the vicinity of the proposed project; expected impacts on these resources including potential effects on biodiversity; and proposed mitigation, enhancement, or protection measures. Resource Report 3 must:

(1) Describe commercial and recreational warmwater, coldwater, and saltwater fisheries in the affected area and associated significant habitats such as spawning or rearing areas and estuaries.

(2) Describe terrestrial habitats, including wetlands, typical wildlife habitats, and rare, unique, or otherwise significant habitats that might be affected by the proposed action. Describe typical species that have commercial, recreational, or aesthetic value.

(3) Describe and provide the affected acreage of vegetation cover types that

would be affected, including unique ecosystems or communities such as remnant prairie or old-growth forest, or significant individual plants, such as old-growth specimen trees.

(4) Describe the impact of construction and operation on aquatic and terrestrial species and their habitats, including the possibility of a major alteration to ecosystems or biodiversity, and any potential impact on State-listed endangered or threatened species. Describe the impact of maintenance, clearing and treatment of the project area on fish, wildlife, and vegetation. Surveys may be required to determine specific areas of significant habitats or communities of species of special concern to State, Tribal, or local agencies.

(5) Identify all Federally-listed or proposed threatened or endangered species and critical habitat that potentially occur in the vicinity of the project. Discuss the results of the consultation requirements listed in § 380.13(b) through § 380.13(b)(5)(i) and include any written correspondence that resulted from the consultation. The initial application must include the results of any required surveys unless seasonal considerations make this impractical. If species surveys are impractical, there must be field surveys to determine the presence of suitable habitat unless the entire project area is suitable habitat.

(6) Identify all Federally-listed essential fish habitat (EFH) that potentially occurs in the vicinity of the project. Provide information on all EFH, as identified by the pertinent Federal fishery management plans, that may be adversely affected by the project and the results of abbreviated consultations with NMFS, and any resulting EFH assessments.

(7) Describe site-specific mitigation measures to minimize impacts on fisheries, wildlife, and vegetation.

(8) Include copies of correspondence not provided under paragraph (e)(5) of this section, containing recommendations from appropriate Federal and State fish and wildlife agencies to avoid or limit impact on wildlife, fisheries, and vegetation, and the applicant's response to the recommendations.

(f) *Resource Report 4—Cultural resources.* In order to prepare this report, the applicant must follow the principles in § 380.14.

(1) Resource Report 4 must contain:
(i) Documentation of the applicant's initial cultural resources consultations, including consultations with Native Americans and other interested persons (if appropriate);

(ii) Overview and Survey Reports, as appropriate;

(iii) Evaluation Report, as appropriate;

(iv) Treatment Plan, as appropriate; and

(v) Written comments from State Historic Preservation Officer(s) (SHPO), Tribal Historic Preservation Officers (THPO), as appropriate, and applicable land-managing agencies on the reports in paragraphs (f)(1)(i) through (iv) of this section.

(2) The initial application or pre-filing documents, as applicable, must include the documentation of initial cultural resource consultation(s), the Overview and Survey Reports, if required, and written comments from SHPOs, THPOs, and land-managing agencies, if available. The initial cultural resources consultations should establish the need for surveys. If surveys are deemed necessary by the consultation with the SHPO/THPO, the survey reports must be filed with the initial application or pre-filing documents.

(i) If the comments of the SHPOs, THPOs, or land-management agencies are not available at the time the application is filed, they may be filed separately, but they must be filed before a permit is issued.

(ii) If landowners deny access to private property and certain areas are not surveyed, the unsurveyed area must be identified by mileposts, and supplemental surveys or evaluations must be conducted after access is granted. In those circumstances, reports, and treatment plans, if necessary, for those inaccessible lands may be filed after a permit is issued.

(3) The Evaluation Report and Treatment Plan, if required, for the entire project must be filed before a permit is issued.

(i) In preparing the Treatment Plan, the applicant must consult with the Commission staff, the SHPO, and any applicable THPO and land-management agencies.

(ii) Authorization to implement the Treatment Plan will occur only after the permit is issued.

(4) Applicant must request privileged treatment for all material filed with the Commission containing location, character, and ownership information about cultural resources in accordance with § 388.112 of this chapter. The cover and relevant pages or portions of the report should be clearly labeled in bold lettering: "CONTAINS PRIVILEGED INFORMATION—DO NOT RELEASE."

(5) Except as specified in a final Commission order, or by the Director of the Office of Energy Projects, construction may not begin until all

cultural resource reports and plans have been approved.

(g) *Resource Report 5—Socioeconomics.* This report must identify and quantify the impacts of constructing and operating the proposed project on factors affecting towns and counties in the vicinity of the project. Resource Report 5 must:

(1) Describe the socioeconomic impact area.

(2) Evaluate the impact of any substantial immigration of people on governmental facilities and services and plans to reduce the impact on the local infrastructure.

(3) Describe on-site manpower requirements and payroll during construction and operation, including the number of construction personnel who currently reside within the impact area, will commute daily to the site from outside the impact area, or will relocate temporarily within the impact area.

(4) Determine whether existing housing within the impact area is sufficient to meet the needs of the additional population.

(5) Describe the number and types of residences and businesses that will be displaced by the project, procedures to be used to acquire these properties, and types and amounts of relocation assistance payments.

(6) Conduct a fiscal impact analysis evaluating incremental local government expenditures in relation to incremental local government revenues that will result from construction of the project. Incremental expenditures include, but are not limited to, school operating costs, road maintenance and repair, public safety, and public utility costs.

(h) *Resource Report 6—Geological resources.* This report must describe geological resources and hazards in the project area that might be directly or indirectly affected by the proposed action or that could place the proposed facilities at risk, the potential effects of those hazards on the facility, and methods proposed to reduce the effects or risks. Resource Report 6 must:

(1) Describe, by milepost, mineral resources that are currently or potentially exploitable.

(2) Describe, by milepost, existing and potential geological hazards and areas of nonroutine geotechnical concern, such as high seismicity areas, active faults, and areas susceptible to soil liquefaction; planned, active, and abandoned mines; karst terrain; and areas of potential ground failure, such as subsidence, slumping, and landsliding. Discuss the hazards posed to the facility from each one.

(3) Describe how the project will be located or designed to avoid or minimize adverse effects to the resources or risk to itself, including geotechnical investigations and monitoring that would be conducted before, during, and after construction. Discuss also the potential for blasting to affect structures, and the measures to be taken to remedy such effects.

(4) Specify methods to be used to prevent project-induced contamination from surface mines or from mine tailings along the right-of-way and whether the project would hinder mine reclamation or expansion efforts.

(i) *Resource Report 7—Soils.* This report must describe the soils that will be affected by the proposed project, the effect on those soils, and measures proposed to minimize or avoid impact. Resource Report 7 must:

(1) List, by milepost, the soil associations that would be crossed and describe the erosion potential, fertility, and drainage characteristics of each association.

(2) Identify, by milepost, potential impact from: Soil erosion due to water, wind, or loss of vegetation; soil compaction and damage to soil structure resulting from movement of construction vehicles; wet soils and soils with poor drainage that are especially prone to structural damage; damage to drainage tile systems due to movement of construction vehicles and trenching activities; and interference with the operation of agricultural equipment due to the possibility of large stones or blasted rock occurring on or near the surface as a result of construction.

(3) Identify, by milepost, cropland, and residential areas where loss of soil fertility due to construction activity can occur. Indicate which are classified as prime or unique farmland by the U.S. Department of Agriculture, Natural Resources Conservation Service.

(j) *Resource Report 8—Land use, recreation, and aesthetics.* This report must describe the existing uses of land on, and (where specified) within 0.25 mile of, the edge of the proposed transmission line right-of-way and changes to those land uses that will occur if the project is approved. The report must discuss proposed mitigation measures, including protection and enhancement of existing land use. Resource Report 8 must:

(1) Describe the width and acreage requirements of all construction and permanent rights-of-way required for project construction, operation and maintenance.

(i) List, by milepost, locations where the proposed right-of-way would be

adjacent to existing rights-of-way of any kind.

(ii) Identify, preferably by diagrams, existing rights-of-way that will be used for a portion of the construction or operational right-of-way, the overlap and how much additional width will be required.

(iii) Identify the total amount of land to be purchased or leased for each project facility, the amount of land that would be disturbed for construction, operation, and maintenance of the facility, and the use of the remaining land not required for project operation and maintenance, if any.

(iv) Identify the size of typical staging areas and expanded work areas, such as those at railroad, road, and waterbody crossings, and the size and location of all construction materials storage yards and access roads.

(2) Identify, by milepost, the existing use of lands crossed by the proposed transmission facility, or on or adjacent to each proposed project facility.

(3) Describe planned development on land crossed or within 0.25 mile of proposed facilities, the time frame (if available) for such development, and proposed coordination to minimize impacts on land use. Planned development means development which is included in a master plan or is on file with the local planning board or the county.

(4) Identify, by milepost and length of crossing, the area of direct effect of each proposed facility and operational site on sugar maple stands, orchards and nurseries, landfills, operating mines, hazardous waste sites, wild and scenic rivers, designated trails, nature preserves, game management areas, remnant prairie, old-growth forest, national or State forests, parks, golf courses, designated natural, recreational or scenic areas, or registered natural landmarks, Native American religious sites and traditional cultural properties to the extent they are known to the public at large, and reservations, lands identified under the Special Area Management Plan of the Office of Coastal Zone Management, National Oceanic and Atmospheric Administration, and lands owned or controlled by Federal or State agencies or private preservation groups. Also identify if any of those areas are located within 0.25 mile of any proposed facility.

(5) *Tribal resources.* Describe Indian tribes, tribal lands, and interests that may be affected by the project.

(i) Identify Indian tribes that may attach religious and cultural significance to historic properties within the project right-of-way or in the

project vicinity, as well as available information on Indian traditional cultural and religious properties, whether on or off of any Federally-recognized Indian reservation.

(ii) Information made available under this section must delete specific site or property locations, the disclosure of which will create a risk of harm, theft, or destruction of archaeological or Native American cultural resources or to the site at which the resources are located, or which would violate any Federal law, including the Archaeological Resources Protection Act of 1979, 16 U.S.C. 470w-3, and the National Historic Preservation Act of 1966, 16 U.S.C. 470hh.

(6) Identify, by milepost, all residences and buildings within 200 feet of the edge of the proposed transmission line construction right-of-way and the distance of the residence or building from the edge of the right-of-way. Provide survey drawings or alignment sheets to illustrate the location of the transmission facilities in relation to the buildings.

(i) *Buildings:* List all single-family and multi-family dwellings and related structures, mobile homes, apartment buildings, commercial structures, industrial structures, business structures, churches, hospitals, nursing homes, schools, or other structures normally inhabited by humans or intended to be inhabited by humans on a daily or regular basis within a 0.5-mile-wide corridor centered on the proposed transmission line alignment. Provide a general description of each habitable structure and its distance from the centerline of the proposed project. In cities, towns, or rural subdivisions, houses can be identified in groups. Provide the number of habitable structures in each group and list the distance from the centerline to the closest habitable structure in the group.

(ii) *Electronic installations:* List all commercial AM radio Transmitters located within 10,000 feet of the centerline of the proposed project and all FM radio transmitters, microwave relay stations, or other similar electronic installations located within 2,000 feet of the centerline of the proposed project. Provide a general description of each installation and its distance from the centerline of the projects. Locate all installations on a routing map.

(iii) *Airstrips:* List all known private airstrips within 10,000 feet of the centerline of the project. List all airports registered with the Federal Aviation Administration (FAA) with at least one runway more than 3,200 feet in length that are located within 20,000 feet of the centerline of the proposed project.

Indicate whether any transmission structures will exceed a 100:1 horizontal slope (one foot in height for each 100 feet in distance) from the closest point of the closest runway. List all airports registered with the FAA having no runway more than 3,200 feet in length that are located within 10,000 feet of the centerline of the proposed project. Indicate whether any transmission structures will exceed a 50:1 horizontal slope from the closest point of the closest runway. List all heliports located within 5,000 feet of the centerline of the proposed project. Indicate whether any transmission structures will exceed a 25:1 horizontal slope from the closest point of the closest landing and takeoff area of the heliport. Provide a general description of each private airstrip, registered airport, and registered heliport, and state the distance of each from the centerline of the proposed transmission line. Locate all airstrips, airports, and heliports on a routing map.

(7) Describe any areas crossed by or within 0.25 mile of the proposed transmission project facilities which are included in, or are designated for study for inclusion in: The National Wild and Scenic Rivers System (16 U.S.C. 1271); The National Trails System (16 U.S.C. 1241); or a wilderness area designated under the Wilderness Act (16 U.S.C. 1132).

(8) For facilities within a designated coastal zone management area, provide a consistency determination or evidence that the applicant has requested a consistency determination from the State's coastal zone management program.

(9) Describe the impact the project will have on present uses of the affected areas as identified above, including commercial uses, mineral resources, recreational areas, public health and safety, and the aesthetic value of the land and its features. Describe any temporary or permanent restrictions on land use resulting from the project.

(10) Describe mitigation measures intended for all special use areas identified under this section.

(11) Describe the visual characteristics of the lands and waters affected by the project. Components of this description include a description of how the transmission line project facilities will impact the visual character of project right-of-way and surrounding vicinity, and measures proposed to lessen these impacts. Applicants are encouraged to supplement the text description with visual aids.

(12) Demonstrate that applications for rights-of-way or other proposed land use have been or soon will be filed with Federal land-management agencies with

jurisdiction over land that would be affected by the project.

(k) *Resource Report 9—Alternatives.* This report must describe alternatives to the project and compare the environmental impacts of such alternatives to those of the proposal. It must discuss technological and procedural constraints, costs, and benefits of each alternative. The potential for each alternative to meet project purposes and the environmental consequences of each alternative must be discussed. Resource Report 9 must:

(1) Discuss the "no action" alternative and other alternatives given serious consideration to achieve the proposed objectives.

(2) Provide an analysis of the relative environmental benefits and impacts of each such alternative, including but not limited to:

(i) For alternatives considered in the initial screening for the project but eliminated, describe the environmental characteristics of each alternative, and the reasons for rejecting it. Where applicable, identify the location of such alternatives on maps of sufficient scale to depict their location and relationship to the proposed action, and the relationship of the transmission facilities to existing rights-of-way; and

(ii) For alternatives that were given more in-depth consideration, describe the environmental characteristics of each alternative and the reasons for rejecting it. Provide comparative tables showing the differences in environmental characteristics for the alternative and proposed action. The location, where applicable, of any alternatives in this paragraph shall be provided on maps equivalent to those required in paragraph (c)(2) of this section.

(l) *Resource Report 10—Reliability and Safety.* This report must address the potential hazard to the public from facility components resulting from accidents or natural catastrophes, how these events will affect reliability, and what procedures and design features have been used to reduce potential hazards. Resource Report 10 must:

(1) Describe measures proposed to protect the public from failure of the proposed facilities (including coordination with local agencies).

(2) Discuss hazards, the environmental impact, and service interruptions which could reasonably ensue from failure of the proposed facilities.

(3) Discuss design and operational measures to avoid or reduce risk.

(4) Discuss contingency plans for maintaining service or reducing downtime.

(5) Describe measures used to exclude the public from hazardous areas. Discuss measures used to minimize problems arising from malfunctions and accidents (with estimates of probability of occurrence) and identify standard procedures for protecting services and public safety during maintenance and breakdowns.

(6) Provide a description of the electromagnetic fields to be generated by the proposed transmission lines, including their strength and extent. Provide a depiction of the expected field compared to distance horizontally along the right-of-way under the conductors, and perpendicular to the centerline of the right-of-way laterally.

(7) Discuss the potential for acoustic and electrical noise from electric and magnetic fields, including shadowing and reradiation, as they may affect health or communication systems along the transmission right-of-way. Indicate the noise level generated by the line in both dB and dBA scales and compare this to any known noise ordinances for the zoning districts through which the transmission line will pass.

(8) Discuss the potential for induced or conducted currents along the transmission right-of-way from electric and magnetic fields.

(m) *Resource Report 11—Design and Engineering.* This report consists of general design and engineering drawings of the principal project facilities described under Resource Report 1—General project description. If the version of this report submitted with the application is preliminary in nature, applicant must state that in the application. The drawings must conform to the specifications determined in the initial consultation meeting required by § 50.5(b) of this chapter.

(1) The drawings must show all major project structures in sufficient detail to provide a full understanding of the project including:

- (i) Plans (overhead view);
- (ii) Elevations (front view);
- (iii) Profiles (side view); and
- (iv) Sections.

(2) The applicant may submit preliminary design drawings with the pre-filing documents or application. The final design drawings may be submitted during the construction permit process or after the Commission issues a permit and must show the precise plans and specifications for proposed structures. If a permit is granted on the basis of preliminary designs, the applicant must submit final design drawings for written approval by the Director of the Office of Energy Project's prior to commencement of any construction of the project.

(3) *Supporting design report.* The applicant must submit, at a minimum, the following supporting information to demonstrate that existing and proposed structures are safe and adequate to fulfill their stated functions and must submit such information in a separate report at the time the application is filed:

(i) An assessment of the suitability of the transmission line towers and appurtenant structures locations based on geological and subsurface investigations, including investigations of soils and rock borings and tests for the evaluation of all foundations and construction materials sufficient to determine the location and type of transmission line tower or appurtenant structures suitable for the site;

(ii) Copies of boring logs, geology reports, and laboratory test reports;

(iii) An identification of all borrow areas and quarry sites and an estimate of required quantities of suitable construction material;

(iv) Stability and stress analyses for all major transmission structures and conductors under all probable loading conditions, including seismic, wind, and ice loading, as appropriate, in sufficient detail to permit independent staff evaluation.

(4) The applicant must submit two copies of the supporting design report described in paragraph (m)(3) of this section at the time preliminary and final design drawings are filed. If the report contains preliminary drawings, it must be designated a "Preliminary Supporting Design Report."

Note: The following Appendix will not be published in the Code of Federal Regulations.

Appendix—List of Commenters

Affiliated Tribes of Northwest Indians
 Allegheny Power
 American Electric Power Service Corp.
 American Public Power Association
 American Transmission Co.
 California Public Utilities Commission
 California Resources Agency
 Center for Biological Diversity
 Communities Against Regional Interconnect
 Confederate Tribes of the Warm Springs
 Reservation of Oregon
 Edison Electric Institute
 Imperial Irrigation District
 Iowa Utilities Board
 Kentucky Public Service Commission
 Lackawaxen River Conservancy
 Los Angeles Department of Water and Power
 Massachusetts Energy and Facilities Siting
 Board
 National Association of Regulatory Utility
 Commissioners
 National Electric Manufacturers Association
 National Grid USA
 National Parks Conservation Association
 National Rural Electric Cooperative
 Association

New Jersey Board of Public Utilities
 New York Department of Public Service
 New York Independent System Operator
 New York State Senator Wright
 Northern Wasco Peoples Utility District
 Old Dominion Electric Cooperative
 Pacific Gas and Electric Co.
 Pennsylvania Public Utilities Commission
 PEPCO Holdings, Potomac Electric Power
 Co., Delmarva Power & Light Co., and
 Atlantic City Electric Co.
 PPL Electric Utilities Corp.
 Progress Energy
 PSEG Companies
 Public Service Commission of Wisconsin
 Reinhardt, Laura and John
 San Diego Gas & Electric
 Sayward, Mazur
 Seattle City Light
 Southern California Edison Co.
 Southern Company Services
 Star Group
 The Wilderness Society
 U.S. Department of the Interior
 Virginia Electric and Power Co.
 Virginia Farm Bureau Federation
 Washington Energy Facility Site Evaluation
 Council
 Western Governor's Association
 Western Interstate Energy Board and
 Committee on Regional Electric Power
 Cooperation
 White Mountain Apache Tribe
 Wyoming Infrastructure Authority
 KELLY, Commissioner, *dissenting in part*:

Section 216(b)(1)(c)(i) of the Federal Power Act provides that the Commission may issue a permit for the construction of an electric transmission line if the State having the authority to site the line has

(i) withheld approval for more than 1 year after the filing of an application seeking approval pursuant to applicable law or 1 year after the designation of the relevant national interest electric corridor, whichever is later.

The majority finds that this language also means that the Commission can issue a permit for the construction of an electric transmission line if the State has *denied* the permit application. I believe the majority's interpretation flies in the face of the plain language of the statute, the purposes of the statute, well-established principles of statutory interpretation and supporting case law, and inappropriately preempts the States in the process.

When interpreting a statute, there is an understanding that Congress says what it means and means what it says therefore, the court will first determine whether the language at issue has a plain and unambiguous meaning.⁴² To that end, words will be interpreted as taking their ordinary, contemporary, common meaning.⁴³

The word "withhold" is variously defined as "to refrain from giving, granting, or permitting" (American Heritage Dictionary), "to hold back . . . keep from action—to desist or refrain from granting, giving, or allowing" (Webster's Dictionary), and "to omit to disclose upon request; as, to withhold information" (Black's Law Dictionary). In my

view, it defies common sense to insert the concept of "reject" or "deny" into this universally acknowledged definition.

Moreover statutory provisions must be read in context.⁴⁴ The language at issue here is not, as the majority asserts, "withheld approval." Rather, it is "withheld approval for more than 1 year after the filing of an application." When "withheld approval" is read in its appropriate context, it simply cannot mean "deny," because otherwise the provision must be read to mean that the Commission would have jurisdiction when a state has "denied approval for more than 1 year after the filing of an application." This reading is nonsensical; yet to read it as the majority does would render the phrase "for more than one year" superfluous. As noted in *Cooper Industries, Inc. Aviall Services*—the very opinion the majority cites for the notion that it must give every word in a statute some operative effect—any reading that would render part of a statute entirely superfluous is something a court should be "loath to do."⁴⁵

States have always had exclusive, plenary jurisdiction over transmission siting.⁴⁶ In 2005, Congress passed EPAct, which, for the first time, carefully carves out a limited role for the federal government in the area of transmission siting. EPAct amended the FPA to give the Commission the authority to site electric transmission facilities in five specific situations.⁴⁷ The majority's interpretation of Section 216(b)(1)(C)(i) would add a sixth situation: The Commission would have jurisdiction to approve the siting of a transmission line pursuant to federal law where the State has lawfully denied an application pursuant to state law.

The authority to lawfully deny a permit is critically important to the States for ensuring that the interests of local communities and their citizens are protected. What the Commission does today is a significant inroad into traditional state transmission siting authority. It gives states two options: Either issue a permit, or we'll do it for them. Obviously this is no choice. This is preemption.

Courts "have long presumed that Congress does not cavalierly pre-empt" state law.⁴⁸ Indeed, courts should not find federal preemption "in the absence of persuasive reasons—either that the nature of the

regulated subject matter permits no other conclusion, or that the Congress has unmistakably so ordained."⁴⁹ In short, courts must start with the "basic assumption that Congress did not intend to displace state law."⁵⁰

There is no evidence to counter this "presumption against pre-emption." To the contrary, I find it inconceivable that Congress would have specifically listed in section 216(b)(1) a number of circumstances that will trigger Commission jurisdiction, yet fail to include on that list denial of a permit. If Congress had intended to take away the States' authority to lawfully deny a permit, surely it would have said so in unmistakable terms.

Like me, I suspect that many will be surprised by the majority's interpretation. The Commission received 51 letters commenting on the proposed rule, including many that delved into minute details of the rule. Yet, no one opined, let alone argued, that the Commission has jurisdiction if a State denies a permit.

Indeed, there is evidence beyond the plain meaning of the statute that Congress did not intend to give the Commission the authority to override a State's denial of a permit application. In Section 216(b)(1)(A)(ii), Congress told the States that they cannot retain jurisdiction to site transmission facilities unless they have the authority to "consider the interstate benefits expected to be achieved by the proposed construction or modification of transmission facilities in the State." It makes little sense that Congress would have said, on the one hand, the State has the authority to review a permit application if it takes these factors into account, but on the other hand, it doesn't really matter if the State takes these factors into account because if the State doesn't approve the permit, it loses jurisdiction to the Commission.

I realize that the majority is concerned that the goal of Section 216 to encourage the construction of transmission facilities may be frustrated if our backstop authority does not extend to denials of permits. However, I believe that States, as well as applicants, will act in good faith in processing requests for permits. Moreover, as noted above, Congress included the requirement that States must have the authority to consider the interstate benefits of applicants' proposals. Accordingly, States will be required to look beyond their borders in considering whether to approve or deny permit applications. If a State does not adequately take these benefits into account and denies the permit application, then applicants will have a remedy in court.

For these reasons, I respectfully dissent.

Suedeem G. Kelly

[FR Doc. E6-20001 Filed 11-30-06; 8:45 am]
 BILLING CODE 6717-01-P

⁴² *Fla. Lime & Avocado Growers, Inc. v. Paul*, 373 U.S. 132, 142 (1963); See also *Gregory v. Ashcraft*, 501 U.S. 452 (1991) (for a court to find federal preemption, it must be "unmistakably clear" that Congress intended to do so).

⁵⁰ *Building & Construction Trades Council v. Associated Builders*, 507 U.S. 218 (1993).

⁴⁴ *Bailey v. United States*, 516 U.S. 137, 145 (1995).

⁴⁵ *Cooper Industries, Inc. v. Aviall Services, Inc.*, 543 U.S. 157 (2004).

⁴⁶ FPA section 201(a) confers to the Commission jurisdiction over the transmission of electric energy in interstate commerce and the sale of such energy at wholesale in interstate commerce, and notes that such regulation extends "only to those matters which are not subject to regulation by the States." See also *New York v. FERC*, 535 U.S. 1, 24 (2002) ("FERC has recognized that the States retain significant control over local matters"), citing Order No. 888 at 31,782 & n. 543, FERC Stats. & Regs., Regs. Preamble, Jan. 1991-June 1996, ¶ 31,036, 31,632. 61 Fed. Reg. 21540 (1996) ("Among other things, Congress left to the States authority to regulate generation and transmission siting").

⁴⁷ See Section 216(b)(1) subsections (A)(i), (A)(ii), B, (C)(i), (C)(ii).

⁴⁸ *Meditronic, Inc. v. Lohr*, 518 U.S. 470, 485 (1996).

⁴² *Hartford Underwriters Ins. Co. v. Union Planters Bank, N.A.*, 120 S.Ct. 1942, 1947 (2000).

⁴³ *Perrin v. United States*, 444 U.S. 37, 42 (1979).

DEPARTMENT OF HOMELAND SECURITY**Bureau of Customs and Border Protection****DEPARTMENT OF THE TREASURY****19 CFR PART 12**

[CBP Dec. 06-26]

RIN 1505-AB74

Extension of Import Restrictions Imposed on Archaeological and Ethnological Material From Bolivia

AGENCIES: Customs and Border Protection; Department of Homeland Security; Department of the Treasury.

ACTION: Final rule.

SUMMARY: This document amends Title 19 of the Code of Federal Regulations (19 CFR) to reflect the extension of the import restrictions on certain archaeological and ethnological material from Bolivia that were imposed by Treasury Decision (T.D.) 01-86. The Assistant Secretary for Educational and Cultural Affairs, United States Department of State, has determined that conditions continue to warrant the imposition of import restrictions. Accordingly, the restrictions will remain in effect for an additional 5 years, and Title 19 of the CFR is being amended to reflect this extension until December 4, 2011. These restrictions are being extended pursuant to determinations of the United States Department of State made under the terms of the Convention on Cultural Property Implementation Act in accordance with the United Nations Educational, Scientific and Cultural Organization (UNESCO) Convention on the Means of Prohibiting and Preventing the Illicit Import, Export and Transfer of Ownership of Cultural Property. T.D. 01-86 contains the Designated List of archaeological and ethnological material from Bolivia.

DATES: *Effective Date:* December 4, 2006.

FOR FURTHER INFORMATION CONTACT: For legal aspects, George F. McCray, Esq., Chief, Intellectual Property Rights and Restricted Merchandise Branch, (202) 572-8710. For operational aspects, Michael Craig, Chief, Other Government Agencies Branch, (202) 344-1684.

SUPPLEMENTARY INFORMATION:**Background**

Pursuant to the provisions of the 1970 United Nations Educational, Scientific and Cultural Organization (UNESCO) Convention, codified into U.S. law as the Convention on Cultural Property

Implementation Act (Pub. L. 97-446, 19 U.S.C. 2601 *et seq.*), the United States entered into a bilateral agreement with Bolivia on December 4, 2001, concerning the imposition of import restrictions on certain archaeological and ethnological material from Bolivia. The archaeological material subject to the bilateral agreement represent the pre-Columbian cultures of Bolivia and range in date from approximately 10,000 B.C. to A.D. 1532. The ethnological materials subject to the bilateral agreement are from the Colonial and Republican periods and range in date from A.D. 1533 to 1900. On December 7, 2001, the United States Customs Service published T.D. 01-86 in the **Federal Register** (66 FR 63490), which amended 19 CFR 12.104g(a) to reflect the imposition of these restrictions and included a list designating the types of articles covered by the restrictions.

Import restrictions listed in 19 CFR 12.104g(a) are "effective for no more than five years beginning on the date on which the agreement enters into force with respect to the United States. This period can be extended for additional periods not to exceed five years if it is determined that the factors which justified the initial agreement still pertain and no cause for suspension of the agreement exists" (19 CFR 12.104g(a)).

After reviewing the findings and recommendations of the Cultural Property Advisory Committee, the Assistant Secretary for Educational and Cultural Affairs, United States Department of State, concluding that the cultural heritage of Bolivia continues to be in jeopardy from pillage of certain archaeological and ethnological materials, made the necessary determination to extend the import restrictions for an additional five years on October 17, 2006. Accordingly, CBP is amending 19 CFR 12.104g(a) to reflect the extension of the import restrictions. The Designated List of Archaeological and Ethnological Material from Bolivia covered by these import restrictions is set forth in T.D. 01-86. The Designated List and accompanying image database may also be found at the following Internet Web site address: <http://exchanges.state.gov/culprop/blfact.html>. The restrictions on the importation of these archaeological and ethnological materials from Bolivia are to continue in effect for an additional 5 years. Importation of such material continues to be restricted unless the conditions set forth in 19 U.S.C. 2606 and 19 CFR 12.104c are met.

Inapplicability of Notice and Delayed Effective Date

This amendment involves a foreign affairs function of the United States and is, therefore, being made without notice or public procedure (5 U.S.C. 553(a)(1)). In addition, CBP has determined that such notice or public procedure would be impracticable and contrary to the public interest because the action being taken is essential to avoid interruption of the application of the existing import restrictions (5 U.S.C. 553(b)(B)). For the same reasons, pursuant to 5 U.S.C. 553(d)(3), a delayed effective date is not required.

Regulatory Flexibility Act

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

Executive Order 12866

Because this rule involves a foreign affairs function of the United States, it is not subject to Executive Order 12866.

Signing Authority

This regulation is being issued in accordance with 19 CFR 0.1(a)(1).

List of Subjects in 19 CFR Part 12

Cultural property, Customs duties and inspection, Imports, Prohibited merchandise.

Amendment to CBP Regulations

■ For the reasons set forth above, part 12 of Title 19 of the Code of Federal Regulations (19 CFR part 12), is amended as set forth below:

PART 12—SPECIAL CLASSES OF MERCHANDISE

■ 1. The general authority citation for part 12 and the specific authority citation for § 12.104g continue to read as follows:

Authority: 5 U.S.C. 301; 19 U.S.C. 66, 1202 (General Note 3(i), Harmonized Tariff Schedule of the United States (HTSUS)), 1624;

* * * * *

Sections 12.104 through 12.104i also issued under 19 U.S.C. 2612;

* * * * *

■ 2. In § 12.104g(a), the table of the list of agreements imposing import restrictions on described articles of cultural property of State Parties is amended in the entry for Bolivia by removing the reference to "T.D. 01-86" in the column headed "Decision No." and adding in its place the language

"T.D. 01-86 extended by CBP Dec. 06-26".

Deborah J. Spero,

Acting Commissioner, Bureau of Customs and Border Protection.

Approved: November 27, 2006.

Timothy E. Skud,

Deputy Assistant Secretary of the Treasury.

[FR Doc. E6-20306 Filed 11-30-06; 8:45 am]

BILLING CODE 9111-14-P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

21 CFR Part 1301

[Docket No. DEA-244F]

RIN 1117-AA89

Clarification of Registration Requirements for Individual Practitioners

AGENCY: Drug Enforcement Administration (DEA), Department of Justice.

ACTION: Final rule.

SUMMARY: The Drug Enforcement Administration (DEA) is amending its registration regulations to make it clear that when an individual practitioner practices in more than one State, he or she must obtain a separate DEA registration for each State. This amendment will make it easier for practitioners to understand the requirements of the Controlled Substances Act and its implementing regulations.

DATES: The rule is effective January 2, 2007.

FOR FURTHER INFORMATION CONTACT: Mark W. Caverly, Chief, Liaison and Policy Section, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, Telephone (202) 307-7297.

SUPPLEMENTARY INFORMATION:

DEA's Legal Authority

DEA enforces the Controlled Substances Act (21 U.S.C. 801-971) (CSA), as amended. DEA publishes the implementing regulations for this statute in Title 21 of the Code of Federal Regulations (CFR), Parts 1300 to end. These regulations are designed to ensure that there is a sufficient supply of controlled substances for legitimate medical and scientific purposes and deter the diversion of controlled substances to illegal purposes. Controlled substances are drugs that have a potential for abuse and

psychological and physical dependence; these include substances classified as opiates, stimulants, depressants, hallucinogens, anabolic steroids, and drugs that are immediate precursors of these classes of substances. DEA lists controlled substances in 21 CFR Part 1308. The substances are divided into five schedules: Schedule I substances have a high potential for abuse and have no accepted medical use in treatment in the United States. These substances may only be used for research, chemical analysis, or manufacture of other drugs. Schedule II-V substances have an accepted medical use and also have a potential for abuse and psychological and physical dependence.

The CSA mandates that DEA establish a closed system of control for manufacturing, distribution, and dispensing of controlled substances. Any person who manufactures, distributes, dispenses, imports, exports, or conducts research or chemical analysis with controlled substances must register with DEA (unless exempt), keep track of all stocks of controlled substances, and maintain records to account for all controlled substances received, distributed, or otherwise disposed of.

Background

The CSA requires that a separate registration be obtained for each principal place of business or professional practice where controlled substances are manufactured, distributed, or dispensed (21 U.S.C. 822(e)). DEA has provided a limited exception to this requirement (21 CFR 1301.12(b)(3)): practitioners who register at one location, but practice at others within the same State, are not required to register for any other location in that State at which they only prescribe controlled substances. If they maintain supplies of controlled substances, administer, or directly dispense controlled substances at a location, they must register for that location (21 U.S.C. 823(f)).

The exception applies only to secondary locations within the same State in which the practitioner maintains his/her DEA registration. However, because the language in § 1301.12(b)(3) does not specify that it pertains to *intrastate* locations *only*, individual practitioners have been applying the regulation to *interstate* situations, which is contrary to the intent of the regulation, the CSA, and the underlying principles that apply to individual practitioner registration. DEA individual practitioner registrations are based on a State license to practice medicine and prescribe controlled

substances. DEA relies on State licensing boards to determine that practitioners are qualified to dispense, prescribe or administer controlled substances and to determine what level of authority practitioners have, that is, what schedules they may dispense, prescribe, or administer. State authority to conduct the above-referenced activities only confers rights and privileges within the issuing State; consequently, the DEA registration based on a State license cannot authorize controlled substance dispensing outside the State.

To clarify the regulation, DEA issued a Notice of Proposed Rulemaking (NPRM) on December 7, 2004 (69 FR 70576), proposing to revise § 1301.12(b)(3) to make explicit that the exception from registration requirements is limited to other locations in the same State or jurisdiction of the United States, and seeking comments on the proposed revision.

Discussion of Comments

Nine commenters submitted comments on the proposed rule; all of the commenters were practitioners or represented practitioners.

General Objections. One physician stated that he had licenses in three States and asserted that because the licensed entity was the physician, it was contradictory to impose different Federal licenses on the same individual. Another commenter noted that practitioners are required to comply with State laws whether DEA issues a State-specific or a national registration.

Other commenters stated that requiring multiple registrations would result in physicians writing the wrong DEA number on prescriptions and in patients receiving unwarranted law enforcement scrutiny because they receive a prescription in one State and fill it in another. One pharmacist stated that multiple DEA registration numbers for practitioners would increase the burden on pharmacies. Two commenters stated that separate DEA registrations would make it difficult to mine data on pharmacy claims for Medicare, whose regions include more than one State; there would be no way to determine whether practitioners with the same name prescribing in multiple States are the same person. The commenters stated that holding multiple DEA registrations would hinder attempts to identify excessive prescribing of controlled substances. One commenter suggested registering each practice site, collecting fees for each State, but using a single DEA number. Another commenter stated the

system is contrary to efforts to move toward a uniform and centralized health care information system. The commenter stated that the proposed Department of Health and Human Services National Health Information Network would include prescription information, including the registration number under which the prescription was issued; requiring the system to recognize multiple registrations for a practitioner would introduce unnecessary complexity into the system.

Two commenters believed that requiring registrations for separate States would increase their costs. One commenter stated that he could not recoup the cost of registering more than one location through reimbursement fees or other charges passed on to patients.

DEA Response: As mandated in the CSA, DEA issues registrations based on the State license to practice medicine and dispense controlled substances. Section 823(f) of Title 21, U.S. Code, states that DEA shall register a practitioner to dispense controlled substances if the applicant is authorized to dispense controlled substances under the laws of the State in which the applicant practices. Just as a license to practice medicine in one State does not authorize a practitioner to practice in any other State, a DEA registration based on a particular State license cannot authorize dispensing controlled substances in another State. As DEA pointed out in the NPRM, different States may provide a practitioner with different prescribing authority; State medical licenses may be suspended or revoked in one State, but not another. A single DEA registration would, in effect, divorce the DEA registration from State authorizations. Although, as one commenter noted, practitioners have separate legal obligations under State laws, separate DEA registrations provide a means of taking action against those practitioners who ignore their State authorizations and whose licenses are suspended or revoked in a single State. In addition, linking the DEA registration to State authority allows pharmacies to rely on the DEA registration to determine whether the prescriber is authorized to issue a controlled substance prescription in the State. If the DEA registration was not based on authority from a specific State, the burden on pharmacies to verify the eligibility of practitioners to authorize prescriptions would increase significantly.

DEA recognizes that the requirement to have separate DEA registrations for each State imposes a burden on practitioners who practice in multiple

States. However, DEA notes that it received only nine comments from practitioners or their representatives; currently, DEA has almost 1.1 million practitioner registrants. This may indicate that most practitioners operating in multiple States already hold appropriate DEA registrations.

DEA also recognizes that multiple registrations make it difficult to use prescription records to identify practitioners who may be overprescribing. That problem, however, is not unique to those operating in multiple States. Under the CSA, practitioners who administer or directly dispense controlled substances must maintain a separate DEA registration at each location where they handle controlled substances. Consequently, many practitioners already hold multiple DEA registrations even when they practice within a single State. DEA currently has almost 1.1 million practitioner registrants; based on the number of practitioners in the United States, it is likely that at least 200,000 registrants have multiple DEA registrations. Although this may create problems for databases and other healthcare information systems, the CSA requires this approach to maintain control over the dispensing of controlled substances.

The CSA requires persons handling controlled substances in more than one State to be registered with the DEA in each State in which they practice. The CSA also requires DEA to recover the full costs of the Diversion Control Program through registration and reregistration application fees. Thus, DEA must abide by its statutory mandates by collecting registration fees for each registered location.

Locum Tenens: Three commenters raised the issue of multiple registrations for practitioners who serve as locum tenens practitioners in multiple States. They stated that adding separate DEA registrations for each of the States would be confusing and costly.

DEA Response: The revision of the regulation will not affect DEA's approach on locum tenens practitioners. DEA will be addressing policies regarding locum tenens practitioners in other documents to be published in the **Federal Register**.

Other Issues: Several commenters noted that they practice close to State borders and see patients who live in other States. One commenter asked if a practitioner would need a separate registration if the patients were from another State. Two commenters asked if a practitioner's prescription could legally be filled in another State. One commenter asked if he needed multiple

registrations in a single State if he administers controlled substances in two locations.

DEA Response: A practitioner must have a DEA registration for any State in which he or she is dispensing (including prescribing) controlled substances. A practitioner must have a separate registration for each location at which he or she stores, administers, or directly dispenses controlled substances.

Summary

The CSA requires that a separate registration be obtained for each principal place of business or professional practice where controlled substances are manufactured, distributed, or dispensed (21 U.S.C. 822(e)). DEA has historically provided an exception that a practitioner who is registered at one location, but also practices at other locations, is not required to register separately for any other location at which controlled substances are only prescribed (21 CFR 1301.12(b)(3)). If the practitioner maintains supplies of controlled substances, administers, or directly dispenses controlled substances at the separate location the practitioner must register for that location. The exception applies only to a secondary location within the same State in which the practitioner maintains his/her registration. DEA individual practitioner registrations are based on State authority to practice medicine and prescribe controlled substances. Since a DEA registration is based on a State license, it cannot authorize controlled substance dispensing outside that State. Hence, the separate registration exception applies only to locations within the same State in which practitioners have their DEA registrations.

Regulatory Certifications

Regulatory Flexibility Act

The Deputy Assistant Administrator hereby certifies that this rulemaking has been drafted in accordance with the Regulatory Flexibility Act (5 U.S.C. 605(b)), has reviewed this regulation, and by approving it certifies that this regulation will not have a significant economic impact on a substantial number of small entities. This rule merely clarifies existing regulations regarding the registration by individual practitioners conducting business in more than one State.

Executive Order 12866

The Deputy Assistant Administrator further certifies that this rulemaking has

been drafted in accordance with the principles in Executive Order 12866, Section 1(b). This rule has been determined to be a significant regulatory action. Therefore, this action has been reviewed by the Office of Management and Budget. This rule merely clarifies existing regulations regarding the registration by individual practitioners conducting business in more than one State.

Executive Order 12988

This regulation meets the applicable standards set forth in Sections 3(a) and 3(b)(2) of Executive Order 12988 Civil Justice Reform.

Executive Order 13132

This rulemaking does not preempt or modify any provision of State law; nor does it impose enforcement responsibilities on any State; nor does it diminish the power of any State to enforce its own laws. Accordingly, this rulemaking does not have federalism implications warranting the application of Executive Order 13132.

Paperwork Reduction Act

This rulemaking merely clarifies that DEA registration must be obtained by practitioners for each State in which a practitioner conducts business, except under certain specific circumstances. While it is possible that the amendment of the regulations could cause certain persons who were not previously registered in a State to register with DEA, it is not possible for DEA to determine how many persons might be affected by this circumstance. It is important to note that this rule serves merely as a clarification. The Controlled Substances Act, which establishes the requirement of registration, has not been changed, and the requirement of registration addressed by this rulemaking remains consistent. Therefore, persons who register as a result of publication of this clarification should have been previously registered with DEA, but were not registered due to confusion regarding registration requirements. Thus, at this time, as DEA is not able to determine the impact of this rulemaking on the registrant population, DEA will make any necessary revisions to the affected information collection at the time of renewal of the collection.

Unfunded Mandates Reform Act of 1995

This rule will not result in the expenditure by State, local, and tribal governments, in the aggregate, or by the private sector, of \$118,000,000 or more in any one year, and will not significantly or uniquely affect small

governments. Therefore, no actions are deemed necessary under the provisions of the Unfunded Mandates Reform Act of 1995.

Congressional Review Act

This rule is not a major rule as defined by Section 804 of the Small Business Regulatory Enforcement Fairness Act of 1996 (Congressional Review Act). This rule will not result in an annual effect on the economy of \$100,000,000 or more; a major increase in costs or prices; or significant adverse effects on competition, employment, investment, productivity, innovation, or on the ability of United States-based companies to compete with foreign-based companies in domestic and export markets.

List of Subjects in 21 CFR Part 1301

Administrative practice and procedure, Drug traffic control, Security measures.

■ For the reasons set forth above, 21 CFR part 1301 is amended as follows:

PART 1301—REGISTRATION OF MANUFACTURERS, DISTRIBUTORS, AND DISPENSERS OF CONTROLLED SUBSTANCES

■ 1. The authority citation for part 1301 continues to read as follows:

Authority: 21 U.S.C. 821, 822, 823, 824, 871(b), 875, 877, 951, 952, 953, 956, 957.

■ 2. Section 1301.12 is amended by revising paragraph (b)(3) to read as follows:

§ 1301.12 Separate registrations for separate locations.

* * * * *

(b) * * *

(3) An office used by a practitioner (who is registered at another location in the same State or jurisdiction of the United States) where controlled substances are prescribed but neither administered nor otherwise dispensed as a regular part of the professional practice of the practitioner at such office, and where no supplies of controlled substances are maintained.

* * * * *

Dated: October 21, 2006.

Joseph T. Rannazzisi,
Deputy Assistant Administrator, Office of
Diversion Control.

[FR Doc. E6-20334 Filed 11-30-06; 8:45 am]

BILLING CODE 4410-09-P

PENSION BENEFIT GUARANTY CORPORATION

29 CFR Part 4022

Benefits Payable in Terminated Single-Employer Plans

AGENCY: Pension Benefit Guaranty Corporation.

ACTION: Final rule.

SUMMARY: This rule amends Appendix D to the Pension Benefit Guaranty Corporation's regulation on Benefits Payable in Terminated Single-Employer Plans by adding the maximum guaranteeable pension benefit that may be paid by the PBGC with respect to a plan participant in a single-employer pension plan that terminates in 2007. The amendment is necessary because the maximum guarantee amount changes each year, based on changes in the contribution and benefit base under section 230 of the Social Security Act. The effect of the amendment is to advise plan administrators, participants and beneficiaries of the increased maximum guarantee amount for 2007.

DATES: *Effective Date:* January 1, 2007.

FOR FURTHER INFORMATION CONTACT: Catherine B. Klion, Manager, Regulatory and Policy Division, Legislative and Regulatory Department, Pension Benefit Guaranty Corporation, 1200 K Street, NW., Washington, DC 20005, 202-326-4024. (TTY)/TDD users may call the Federal relay service toll-free at 1-800-877-8339 and ask to be connected to 202-326-4024.)

SUPPLEMENTARY INFORMATION: Section 4022(b) of the Employee Retirement Income Security Act of 1974 provides for certain limitations on benefits guaranteed by the PBGC in terminating single-employer pension plans covered under Title IV of ERISA. One of the limitations, set forth in section 4022(b)(3)(B), is a dollar ceiling on the amount of the monthly benefit that may be paid to a plan participant (in the form of a life annuity beginning at age 65) by the PBGC. The ceiling is equal to "\$750 multiplied by a fraction, the numerator of which is the contribution and benefit base (determined under section 230 of the Social Security Act) in effect at the time the plan terminates and the denominator of which is such contribution and benefit base in effect in calendar year 1974 [\$13,200]." This formula is also set forth in § 4022.22(b) of the PBGC's regulation on Benefits Payable in Terminated Single-Employer Plans (29 CFR part 4022). Appendix D to Part 4022 lists, for each year beginning with 1974, the maximum guaranteeable benefit payable by the

PBGC to participants in single-employer plans that have terminated in that year.

Section 230(d) of the Social Security Act (42 U.S.C. 430(d)) provides special rules for determining the contribution and benefit base for purposes of ERISA section 4022(b)(3)(B). Each year the Social Security Administration determines, and notifies the PBGC of, the contribution and benefit base to be used by the PBGC under these provisions, and the PBGC publishes an amendment to Appendix D to Part 4022 to add the guarantee limit for the coming year.

The PBGC has been notified by the Social Security Administration that, under section 230 of the Social Security Act, \$72,600 is the contribution and benefit base that is to be used to calculate the PBGC maximum guaranteeable benefit for 2007. Accordingly, the formula under section 4022(b)(3)(B) of ERISA and 29 CFR 4022.22(b) is: \$750 multiplied by \$72,600/\$13,200. Thus, the maximum monthly benefit guaranteeable by the PBGC in 2007 is \$4,125.00 per month in the form of a life annuity beginning at age 65. This amendment updates Appendix D to Part 4022 to add this maximum guaranteeable amount for plans that terminate in 2007. (If a benefit is payable in a different form or begins at a different age, the maximum guaranteeable amount is the actuarial equivalent of \$4,125.00 per month.)

General notice of proposed rulemaking is unnecessary. The maximum guaranteeable benefit is determined according to the formula in section 4022(b)(3)(B) of ERISA, and these amendments make no change in its method of calculation but simply list 2007 maximum guaranteeable benefit amounts for the information of the public.

The PBGC has determined that this action is not a "significant regulatory action" under the criteria set forth in Executive Order 12866.

Because no general notice of proposed rulemaking is required for this regulation, the Regulatory Flexibility Act of 1980 does not apply (5 U.S.C. 601(2)).

List of Subjects in 29 CFR Part 4022

Pension insurance, Pensions, Reporting and recordkeeping requirements.

■ In consideration of the foregoing, 29 CFR part 4022 is amended as follows:

PART 4022—BENEFITS PAYABLE IN TERMINATED SINGLE-EMPLOYER PLANS

■ 1. The authority citation for part 4022 continues to read as follows:

Authority: 29 U.S.C. 1302, 1322, 1322b, 1341(c)(3)(D), and 1344.

■ 2. Appendix D to part 4022 is amended by adding a new entry to the end of the table to read as follows. The introductory text is reproduced for the convenience of the reader and remains unchanged.

Appendix D to Part 4022—Maximum Guaranteeable Monthly Benefit

The following table lists by year the maximum guaranteeable monthly benefit payable in the form of a life annuity commencing at age 65 as described by § 4022.22(b) to a participant in a plan that terminated in that year:

Year	Maximum guaranteeable monthly benefit
2007	\$4,125.00

Issued in Washington, DC, this 17th day of November, 2006.

Vincent K. Snowbarger,
Interim Director, Pension Benefit Guaranty Corporation.

[FR Doc. E6-20389 Filed 11-30-06; 8:45 am]

BILLING CODE 7709-01-P

PENSION BENEFIT GUARANTY CORPORATION

29 CFR Part 4044

Allocation of Assets in Single-Employer Plans; Valuation of Benefits and Assets; Expected Retirement Age

AGENCY: Pension Benefit Guaranty Corporation.

ACTION: Final rule.

SUMMARY: This rule amends the Pension Benefit Guaranty Corporation's regulation on Allocation of Assets in Single-Employer Plans by substituting a new table that applies to any plan being terminated either in a distress termination or involuntarily by the PBGC with a valuation date falling in 2007, and is used to determine expected retirement ages for plan participants. This table is needed in order to compute the value of early retirement benefits and, thus, the total value of benefits under the plan.

DATES: *Effective Date:* January 1, 2007.

FOR FURTHER INFORMATION CONTACT:

Catherine B. Klion, Manager, Regulatory and Policy Division, Legislative and Regulatory Department, Pension Benefit Guaranty Corporation, 1200 K Street, NW., Washington, DC 20005, 202-326-4024. (TTY/TDD users may call the Federal relay service toll-free at 1-800-877-8339 and ask to be connected to 202-326-4024.)

SUPPLEMENTARY INFORMATION: The PBGC's regulation on Allocation of Assets in Single-Employer Plans (29 CFR part 4044) sets forth (in subpart B) the methods for valuing plan benefits of terminating single-employer plans covered under Title IV of the Employee Retirement Income Security Act of 1974. Under ERISA section 4041(c), guaranteed benefits and benefit liabilities under a plan that is undergoing a distress termination must be valued in accordance with part 4044, subpart B. In addition, when the PBGC terminates an underfunded plan involuntarily pursuant to ERISA Section 4042(a), it uses the subpart B valuation rules to determine the amount of the plan's underfunding.

Under § 4044.51(b) of the asset allocation regulation, early retirement benefits are valued based on the annuity starting date, if a retirement date has been selected, or the expected retirement age, if the annuity starting date is not known on the valuation date. Sections 4044.55 through 4044.57 set forth rules for determining the expected retirement ages for plan participants entitled to early retirement benefits. Appendix D of part 4044 contains tables to be used in determining the expected early retirement ages.

Table I in appendix D (Selection of Retirement Rate Category) is used to determine whether a participant has a low, medium, or high probability of retiring early. The determination is based on the year a participant would reach "unreduced retirement age" (i.e., the earlier of the normal retirement age or the age at which an unreduced benefit is first payable) and the participant's monthly benefit at unreduced retirement age. The table applies only to plans with valuation dates in the current year and is updated annually by the PBGC to reflect changes in the cost of living, etc.

Tables II-A, II-B, and II-C (Expected Retirement Ages for Individuals in the Low, Medium, and High Categories respectively) are used to determine the expected retirement age after the probability of early retirement has been determined using Table I. These tables establish, by probability category, the expected retirement age based on both

the earliest age a participant could retire under the plan and the unreduced retirement age. This expected retirement age is used to compute the value of the early retirement benefit and, thus, the total value of benefits under the plan.

This document amends appendix D to replace Table I-06 with Table I-07 in order to provide an updated correlation, appropriate for calendar year 2007, between the amount of a participant's benefit and the probability that the participant will elect early retirement. Table I-07 will be used to value benefits in plans with valuation dates during calendar year 2007.

The PBGC has determined that notice of and public comment on this rule are impracticable and contrary to the public interest. Plan administrators need to be able to estimate accurately the value of

plan benefits as early as possible before initiating the termination process. For that purpose, if a plan has a valuation date in 2007, the plan administrator needs the updated table being promulgated in this rule. Accordingly, the public interest is best served by issuing this table expeditiously, without an opportunity for notice and comment, to allow as much time as possible to estimate the value of plan benefits with the proper table for plans with valuation dates in early 2007.

The PBGC has determined that this action is not a "significant regulatory action" under the criteria set forth in Executive Order 12866.

Because no general notice of proposed rulemaking is required for this regulation, the Regulatory Flexibility

Act of 1980 does not apply (5 U.S.C. 601(2)).

List of Subjects in 29 CFR Part 4044

Pension insurance, Pensions.

■ In consideration of the foregoing, 29 CFR part 4044 is amended as follows:

PART 4044—[AMENDED]

■ 1. The authority citation for part 4044 continues to read as follows:

Authority: 29 U.S.C. 1301(a), 1302(b)(3), 1341, 1344, 1362.

■ 2. Appendix D to part 4044 is amended by removing Table I-06 and adding in its place Table I-07 to read as follows:

Appendix D to Part 4044—Tables Used To Determine Expected Retirement Age

TABLE I-07.—SELECTION OF RETIREMENT RATE CATEGORY

[For plans with valuation dates after December 31, 2006, and before January 1, 2008]

Participant reaches URA in year—	Participant's Retirement Rate Category is—			
	Low ¹ if monthly benefit at URA is less than—	Medium ² if monthly benefit at URA is		High ³ if monthly benefit at URA is greater than—
		From	To	
2008	522	522	2,204	2,204
2009	534	534	2,257	2,257
2010	547	547	2,311	2,311
2011	560	560	2,367	2,367
2012	574	574	2,426	2,426
2013	588	588	2,486	2,486
2014	603	603	2,549	2,549
2015	618	618	2,612	2,612
2016	634	634	2,678	2,678
2017 or later	649	649	2,745	2,745

¹ Table II-A.

² Table II-B.

³ Table II-C.

* * * * *

Issued in Washington, DC, this 17th day of November, 2006.

Vincent K. Snowbarger,

Interim Director, Pension Benefit Guaranty Corporation.

[FR Doc. E6-20387 Filed 11-30-06; 8:45 am]

BILLING CODE 7709-01-P

DEPARTMENT OF THE TREASURY

31 CFR Part 1

Privacy Act; Implementation

AGENCY: Internal Revenue Service, Treasury.

ACTION: Interim final rule.

SUMMARY: In accordance with the requirements of the Privacy Act of 1974,

as Amended, the Department of the Treasury gives notice of an amendment to this part by revising the titles of two Privacy Act systems of records and removing five other Privacy Act systems of records. The systems of records are related to the functions of the Internal Revenue Service (IRS), Office of Professional Responsibility (OPR).

DATES: *Effective Date:* January 2, 2007. Comments must be received no later than January 2, 2007. You may also submit comments through the Federal rulemaking portal at <http://www.regulations.gov> (follow the instructions for submitting comments).

ADDRESSES: Comments should be sent to the Office of Governmental Liaison and Disclosure, IRS, 1111 Constitution Avenue, NW., Washington, DC 20224. To arrange to see the comments, see **FOR FURTHER INFORMATION CONTACT** below.

FOR FURTHER INFORMATION CONTACT: Earl Prater, Senior Counsel, OPR, at (202) 874-5936, or for voice mail, (202) 622-8018 (not toll free numbers).

SUPPLEMENTARY INFORMATION: The IRS is proposing to simplify the administration of OPR's Privacy Act systems of records by consolidating the current 11 OPR systems. A proposed notice to revise and consolidate the Privacy Act systems of records maintained by the OPR will be published separately in the **Federal Register**. The proposed notice to alter OPR's current 11 systems of records will consolidate all records into the three revised systems of records: Treasury/IRS 37.006—Correspondence, Miscellaneous Records, and Information Management Records; Treasury/IRS 37.007—Practitioner Disciplinary Records; and Treasury/IRS 37.009—Enrolled Agent Records.

This realignment of the records being maintained by OPR will permit more precise expression of the data elements and will permit the published notices to serve more effectively as guides for the public in understanding how OPR collects, maintains, discloses, and uses these individually identifiable records.

Currently, seven of those Privacy Act systems of records are exempt from

provisions of the Privacy Act pursuant to 5 U.S.C. 552a(k)(2). Under 5 U.S.C. 552a(k)(2), the head of an agency may promulgate rules to exempt a system of records from certain provisions of 5 U.S.C. 552a if the system contains investigatory material compiled for law enforcement purposes. The purpose of the interim final rule is to revise the inventory of OPR systems of records for

which an exemption is claimed pursuant to 5 U.S.C. 552a(k)(2) as found in paragraph (g)(viii) of this part to reflect the proposed revision and consolidation of those systems. No new exemptions are being proposed.

This action removes the following five systems of records from the paragraph (g)(1)(viii) of Section 1.36:

Number	Name of system
IRS 37.002	Files containing derogatory information about individuals whose applications for enrollment to practice before the IRS have been denied and applicant appeal files. [formerly known as "Applicant Appeal Files"]
IRS 37.003	Closed files containing derogatory information about individuals' practice before the Internal Revenue Service and files of attorneys and certified public accountants formerly enrolled to practice.
IRS 37.004	Derogatory information (No Action).
IRS 37.005	Present suspensions and disbarments resulting from administrative proceeding.
IRS 37.011	Present suspensions from practice before the Internal Revenue Service.

The action also amends Section 1.36 by revising the title of two systems of records listed in Paragraph (g)(1)(viii) from "IRS 37.007—Inventory" to "IRS 37.007—Practitioner Disciplinary Records," and from "IRS 37.009—Enrolled Agents and Resigned Enrolled Agents (Action pursuant to 31 CFR 10.55(b))" to "IRS 37.009—Enrolled Agent Records."

These regulations are being published as an interim final rule because the amendments do not impose any requirements on any member of the public. These amendments are the most efficient means for the Treasury Department to implement its internal requirements for complying with the Privacy Act.

Accordingly, pursuant to 5 U.S.C. 553(b)(B) and (d)(3), the Department of the Treasury finds good cause that prior notice and other public procedures with

respect to this rule are unnecessary, and good cause for making this interim final rule effective 30 days after publication in the **Federal Register**.

Pursuant to Executive Order 12866, it has been determined that this interim final rule is not a significant regulatory action, and therefore, does not require a regulatory impact analysis.

Because no notice of proposed rulemaking is required, the provisions of the Regulatory Flexibility Act, 5 U.S.C. 601–612, do not apply.

List of Subjects in 31 CFR Part 1

Privacy.
 ■ Part 1, subpart C of title 31 of the Code of Federal Regulations is amended as follows:

PART 1—[AMENDED]

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

Authority: 5 U.S.C. 301 and 31 U.S.C. 321. Subpart A also issued under 5 U.S.C. 552 as amended. Subpart C also issued under 5 U.S.C. 552a.

■ 2. Section 1.36, paragraph (g)(1)(viii) is amended by removing from the table entries IRS 37.002, 37.003, 37.004, 37.005 and 37.011. Paragraph (g)(1)(viii) is further amended by removing from IRS 37.007, "Inventory" and adding in its place, "Practitioner Disciplinary Records" and by removing from IRS 37.009, "Resigned Enrolled Agents (action pursuant to 31 CFR 10.55(b))" and adding in its place, "Enrolled Agents Records" to read as follows:

§ 1.36 Systems exempt in whole or in part from provisions of 5 U.S.C. 552a and this part.

- * * * * *
- (g) * * *
- (1) * * *
- (viii) * * *

Number	Name of system
IRS 37.007	Practitioner Disciplinary Records
IRS 37.009	Enrolled Agent Records

* * * * *

Dated: October 24, 2006.

Sandra L. Pack,*Assistant Secretary for Management and Chief Financial Officer.*

[FR Doc. E6-20384 Filed 11-30-06; 8:45 am]

BILLING CODE 4830-01-P

DEPARTMENT OF HOMELAND SECURITY**Coast Guard****33 CFR Part 165**

[COTP Honolulu 06-008]

RIN 1625-AA87

Security Zone; Waters Surrounding U.S. Forces Vessel SBX-1, HI**AGENCY:** Coast Guard, DHS.**ACTION:** Temporary final rule.

SUMMARY: The Coast Guard is establishing a temporary 500-yard moving security zone around the U.S. Forces vessel SBX-1 during transit within the Honolulu Captain of the Port Zone. This security zone is necessary to protect the SBX-1 from hazards associated with vessels and persons approaching too close during transit. Entry of persons or vessels into this temporary security zone is prohibited unless authorized by the Captain of the Port (COTP).

DATES: This rule is effective from 12 a.m. (noon) (HST) on November 13, 2006, until 11:59 p.m. (HST) on December 3, 2006.

ADDRESSES: Documents indicated in this preamble as being available in the docket are part of docket COTP Honolulu 06-008 and are available for inspection or copying at Coast Guard Sector Honolulu between 7 a.m. and 3:30 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: Lieutenant (Junior Grade) Quincey Adams, U.S. Coast Guard Sector Honolulu at (808) 842-2600.

SUPPLEMENTARY INFORMATION:**Regulatory Information**

We did not publish a notice of proposed rulemaking (NPRM) for this regulation. Under 5 U.S.C. 553(b)(B), the Coast Guard finds that good cause exists for not publishing an NPRM. The Coast Guard was not given the final voyage plan in time to complete full notice-and-comment rulemaking procedures, rulemaking, and the need for this temporary security zone was not determined until less than 30 days

before the SBX-1 will require the protection provided by this rule. Publishing an NPRM and delaying the effective date would be contrary to the public interest since the transit would occur before completion of the notice-and-comment rulemaking process, thereby jeopardizing the security of the people and property associated with the operation. Under 5 U.S.C. 553(d)(3), the Coast Guard finds that good cause exists for making this rule effective less than 30 days after publication in the **Federal Register**. The COTP finds this good cause to be the immediate need for a security zone to allay the waterborne security threats surrounding the SBX-1's transit.

Background and Purpose

On October 6, 2006, the SBX-1 entered the Honolulu Captain of the Port Zone and transited to Pearl Harbor, HI for repairs. On October 5, 2006, the Coast Guard issued a temporary final rule (COTP Honolulu 06-006; § 165.T14-148 Security zone; waters surrounding U.S. Forces vessel SBX-1, HI) to protect the vessel during transit. That rule expired at 6 p.m. on October 11, 2006, and is scheduled to be published with other temporary rules that expired before they could be published full-text in the **Federal Register**. Due to the unknown duration of repairs, the SBX-1's actual departure date and time will not be known in advance. The Coast Guard is establishing this security zone to ensure that the vessel is protected during its upcoming departure from Pearl Harbor with as much public notice as possible.

Discussion of Rule

This temporary security zone is effective from 12 a.m. (noon) (HST) on November 13, 2006, until 11:59 p.m. (HST) on December 3, 2006. It is located within the Honolulu Captain of the Port Zone (See 33 CFR 3.70-10) and covers all U.S. navigable waters extending 500 yards in all directions from the U.S. Forces vessel SBX-1, from the surface of the water to the ocean floor. The security zone moves with the SBX-1 while in transit. The security zone becomes fixed when the SBX-1 is anchored, position-keeping, or moored. The security zone will be activated and enforced for just a few days during its three-week effective period. A broadcast notice to mariners will be issued to notify the public of this activation and enforcement period as soon as possible. If the Coast Guard has at least 48 hours notice of the movement of the SBX-1, the broadcast notice to mariners will be published giving the public 48 hours notice of the enforcement period

commencement. From the 1 and 2 buoy for Pearl Harbor until it departs the COTP zone, SBX-1 is expected to have a Coast Guard escort.

The general regulations governing security zones contained in 33 CFR 165.33 apply. Entering into, transiting through, or anchoring within this zone is prohibited unless authorized by the Captain of the Port or a designated representative thereof. The Captain of the Port will cause notice of the enforcement of the security zone described in this section to be made by broadcast notice to mariners. Any Coast Guard commissioned, warrant, or petty officer, and any other Captain of the Port representative permitted by law, may enforce the zone. The Captain of the Port may waive any of the requirements of this rule for any person, vessel, or class of vessel upon finding that application of the security zone is unnecessary or impractical for the purpose of maritime security. Vessels or persons violating this rule are subject to the penalties set forth in 33 U.S.C. 1232 and 50 U.S.C. 192.

Regulatory Evaluation

This rule is not a "significant regulatory action" under § 3(f) of Executive Order 12866, Regulatory Planning and Review, and does not require an assessment of potential costs and benefits under § 6(a)(3) of that Order. The Office of Management and Budget has not reviewed it under that Order. It is not "significant" under the regulatory policies and procedures of the Department of Homeland Security (DHS).

The Coast Guard expects the economic impact of this rule to be so minimal that a full Regulatory Evaluation under the regulatory policies and procedures of DHS is unnecessary. This expectation is based on the limited duration of the zone, the limited geographic area affected by it, and its ability to move with the protected vessel.

Small Entities

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

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

expect that there will be little or no impact to small entities due to the narrowly tailored scope of this security zone.

Assistance for Small Entities

Under section 213(a) of the Small Business Regulatory Enforcement Fairness Act of 1996 (Pub. L. 104-121), we offer to assist small entities in understanding this rule so that they could better evaluate its effects on them and participate in the rulemaking process.

Small businesses may send comments on the actions of Federal employees who enforce, or otherwise determine compliance with, Federal regulations to the Small Business and Agriculture Regulatory Enforcement Ombudsman and the Regional Small Business Regulatory Fairness Boards. The Ombudsman evaluates these actions annually and rates each agency's responsiveness to small business. If you wish to comment on actions by employees of the Coast Guard, call 1-888-REG-FAIR (1-888-734-3247).

Collection of Information

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

Federalism

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

Unfunded Mandates Reform Act

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

Taking of Private Property

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

Civil Justice Reform

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

Protection of Children

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

Indian Tribal Governments

This rule does not have tribal implications under Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, because it does not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes.

Energy Effects

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

Technical Standards

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

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

Environment

We have analyzed this rule under Commandant Instruction M16475.1D, which guides the Coast Guard in complying with the National Environmental Policy Act of 1969 (NEPA) (42 U.S.C. 4321-4370f), and have concluded that there are no factors in this case that limit the use of a categorical exclusion under section 2.B.2 of the Instruction. Therefore, under figure 2-1, paragraph (34)(g) of the Commandant Instruction M16475.1D, this rule is categorically excluded from further environmental documentation.

List of Subjects 33 CFR Part 165

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

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

PART 165—REGULATED NAVIGATION AREAS AND LIMITED ACCESS AREAS

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

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

■ 2. Add temporary § 165.T14-150 to read as follows:

§ 165.T14-150 Security zone; waters surrounding U.S. Forces vessel SBX-1, HI.

(a) *Location.* The following area, in U.S. navigable waters within the Honolulu Captain of the Port Zone (see 33 CFR 3.70-10), from the surface of the water to the ocean floor, is a security zone: All waters extending 500 yards in all directions from U.S. Forces vessel SBX-1. The security zone moves with the SBX-1 while it is in transit and becomes fixed when the SBX-1 is anchored, position-keeping, or moored.

(b) *Effective period.* This security zone is effective from 12 a.m. (noon) (HST) on November 13, 2006, until 11:59 p.m. (HST) on December 3, 2006.

(c) *Regulations.* The general regulations governing security zones contained in 33 CFR 165.33 apply. Entering into, transiting through, or anchoring within this zone is prohibited unless authorized by the Captain of the Port or a designated representative thereof.

(d) *Enforcement.* The Coast Guard will begin enforcement of the security zone described in this section upon the SBX-1's departure from Pearl Harbor, HI.

(e) *Informational notice.* The Captain of the Port of Honolulu will cause notice of the enforcement of the security zone described in this section to be made by broadcast notice to mariners.

(f) *Authority to enforce.* Any Coast Guard commissioned, warrant, or petty officer, and any other Captain of the Port representative permitted by law, may enforce this temporary security zone.

(g) *Waiver.* The Captain of the Port may waive any of the requirements of this rule for any person, vessel, or class of vessel upon finding that application of the security zone is unnecessary or impractical for the purpose of maritime security.

(h) *Penalties.* Vessels or persons violating this rule are subject to the penalties set forth in 33 U.S.C. 1232 and 50 U.S.C. 192.

Dated: November 3, 2006.

V. B. Atkins,

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

[FR Doc. E6-20355 Filed 11-30-06; 8:45 am]

BILLING CODE 4910-15-P

LIBRARY OF CONGRESS

Copyright Royalty Board

37 CFR Part 253

[Docket No. 2006-2 CRB NCBRA]

Cost of Living Adjustment for Performance of Musical Compositions by Colleges and Universities

AGENCY: Copyright Royalty Board, Library of Congress.

ACTION: Final rule.

SUMMARY: The Copyright Royalty Judges, on behalf of the Copyright Royalty Board of the Library of Congress, announce a cost of living adjustment of 1.3% in the royalty rates paid by colleges, universities, or other nonprofit educational institutions that are not affiliated with National Public Radio for the use of copyrighted published nondramatic musical compositions in the ASCAP, BMI and SESAC repertoires. The cost of living adjustment is based on the change in the Consumer Price Index from October 2005 to October 2006.

EFFECTIVE DATE: January 1, 2007.

FOR FURTHER INFORMATION CONTACT: Gina Giuffreda, Attorney Advisor, or Abioye

E. Oyewole, CRB Program Specialist. Telephone: (202) 707-7658. Telefax: (202) 252-3423.

SUPPLEMENTARY INFORMATION: Section 118 of the Copyright Act, 17 U.S.C., creates a compulsory license for the use of published nondramatic musical works and published pictorial, graphic, and sculptural works in connection with noncommercial broadcasting. Terms and rates for this compulsory license, applicable to parties who are not subject to privately negotiated licenses, are published in 37 CFR part 253 and are subject to adjustment at five-year intervals. 17 U.S.C. 118(c).

The most recent proceeding to consider the terms and rates for the section 118 license occurred in 2002. 67 FR 15414 (April 1, 2002). Final regulations governing the terms and rates of copyright royalty payments with respect to certain uses by public broadcasting entities of published nondramatic musical works, and published pictorial, graphic, and sculptural works for the license period beginning January 1, 2003, and ending December 31, 2007; were published in the *Federal Register* on December 17, 2002. 67 FR 77170 (December 17, 2002). Pursuant to these regulations, on December 1 of each year, the Librarian shall publish a notice of the change in the cost of living as determined by the Consumer Price Index (all consumers, all items) during the period from the most recent Index published prior to the previous notice, to the most recent Index published prior to December 1 of that year. 37 CFR 253.10(a). The regulations also require that the Librarian publish a revised schedule of rates for the public performance of musical compositions in the ASCAP, BMI, and SESAC repertoires by public broadcasting entities licensed to colleges and universities, reflecting the change in the Consumer Price Index. 37 CFR 253.10(b). Accordingly, the Copyright Royalty Judges, on behalf of the Copyright Royalty Board of the Library of Congress, are hereby announcing the change in the Consumer Price Index and performing the annual cost of living adjustment to the rates set out in § 253.5(c).

The change in the cost of living as determined by the Consumer Price Index (all consumers, all items) during the period from the most recent Index published before December 1, 2005, to the most recent Index published before December 1, 2006, is 1.3% (2005's figure was 199.2; the figure for 2006 is 201.8, based on 1982-1984 = 100 as a reference base). Rounding off to the nearest dollar, the royalty rates for the use of musical

compositions in the repertoires of ASCAP, BMI, and SESAC are \$277, \$277, and \$90, respectively.

List of Subjects in 37 CFR Part 253

Copyright, Radio, Television.

Final Regulations

■ For the reasons set forth in the preamble, part 253 of title 37 of the Code of Federal Regulations is amended as follows:

PART 253—USE OF CERTAIN COPYRIGHTED WORKS IN CONNECTION WITH NONCOMMERCIAL EDUCATIONAL BROADCASTING

■ 1. The authority citation for part 253 continues to read as follows:

Authority: 17 U.S.C. 118, 801(b)(1) and 803.

■ 2. Section 253.5 is amended by revising paragraphs (c)(1) through (c)(3) as follows:

§ 253.5 Performance of musical compositions by public broadcasting entities licensed to colleges and universities.

* * * * *

(c) * * *

(1) For all such compositions in the repertory of ASCAP, \$277 annually.

(2) For all such compositions in the repertory of BMI, \$277 annually.

(3) For all such compositions in the repertory of SESAC, \$90 annually.

* * * * *

Dated: November 22, 2006.

James Scott Sledge,

Chief Copyright Royalty Judge, Copyright Royalty Board.

[FR Doc. E6-20110 Filed 11-30-06; 8:45 am]

BILLING CODE 1410-72-P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[EPA-R03-OAR-2006-0728; FRL-8249-7]

Approval and Promulgation of Air Quality Implementation Plans; West Virginia; Emission Reductions to Meet Phase II of the Nitrogen Oxides (NO_x) SIP Call; Correction

AGENCY: Environmental Protection Agency (EPA).

ACTION: Direct final rule; correcting amendment.

SUMMARY: This document corrects an error in the rule language of a final rule pertaining to EPA's direct final action to

convert a conditional approval in the West Virginia State Implementation Plan (SIP) to a full approval. The SIP revision pertains to nitrogen oxides (NO_x) emission reductions required in West Virginia to meet Phase II of the NO_x SIP Call.

EFFECTIVE DATE: December 1, 2006.

FOR FURTHER INFORMATION CONTACT: Marilyn Powers, (215) 814-2308 or by e-mail at powers.marilyn@epa.gov.

SUPPLEMENTARY INFORMATION:

Throughout this document wherever "we," "us," or "our" are used we mean EPA. On September 28, 2006 (71 FR 56881), we published a final rulemaking action announcing our action to approve nitrogen oxides (NO_x) emission reductions required in West Virginia to meet Phase II of the NO_x SIP Call. In that document, we inadvertently omitted information describing the **Federal Register** publication date and page citation of the approval date for West Virginia Regulation 45 CSR 1. This action adds the omitted language.

In rule document E6-15981 published in the **Federal Register** on September 28, 2006 (71 FR 56881), on pages 56883 (bottom) and 56884 (top), the revised rule language described in Amendment Instruction Number 2 is corrected to add a **Federal Register** publication date and page citation for each revised entry in 40 CFR 52.2520(c) for West Virginia Regulation 45 CSR 1.

Section 553 of the Administrative Procedure Act, 5 U.S.C. 553(b)(B), provides that, when an agency for good cause finds that notice and public procedure are impracticable, unnecessary or contrary to the public interest, the agency may issue a rule without providing notice and an opportunity for public comment. We have determined that there is good cause for making today's rule final without prior proposal and opportunity for comment because we are merely correcting an incorrect citation in a previous action. Thus, notice and public procedure are unnecessary. We find that this constitutes good cause under 5 U.S.C. 553(b)(B).

Statutory and Executive Order Reviews

Under Executive Order (E.O.) 12866 (58 FR 51735, October 4, 1993), this action is not a "significant regulatory action" and is therefore not subject to review by the Office of Management and Budget. For this reason, this action is

also not subject to Executive Order 13211, "Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use" (66 FR 28355 (May 22, 2001)). Because the agency has made a "good cause" finding that this action is not subject to notice-and-comment requirements under the Administrative Procedures Act or any other statute as indicated in the **SUPPLEMENTARY INFORMATION** section above, it is not subject to the regulatory flexibility provisions of the Regulatory Flexibility Act (5 U.S.C 601 *et seq.*), or to sections 202 and 205 of the Unfunded Mandates Reform Act of 1995 (UMRA) (Pub. L. 104-4). In addition, this action does not significantly or uniquely affect small governments or impose a significant intergovernmental mandate, as described in sections 203 and 204 of UMRA. This rule also does not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes, as specified by Executive Order 13175 (65 FR 67249, November 9, 2000), nor will it 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 governments, as specified by Executive Order 13132 (64 FR 43255, August 10, 1999). This rule also is not subject to Executive Order 13045 (62 FR 19885, April 23, 1997), because it is not economically significant.

This technical correction action does not involve technical standards; thus the requirements of section 12(d) of the National Technology Transfer and Advancement Act of 1995 (15 U.S.C. 272 note) do not apply. The rule also does not involve special consideration of environmental justice related issues as required by Executive Order 12898 (59 FR 7629, February 16, 1994). In issuing this rule, EPA has taken the necessary steps to eliminate drafting errors and ambiguity, minimize potential litigation, and provide a clear legal standard for affected conduct, as required by section 3 of Executive Order 12988 (61 FR 4729, February 7, 1996). EPA has complied with Executive Order 12630 (53 FR 8859, March 15, 1998) by examining the takings implications of the rule in accordance with the "Attorney General's Supplemental

Guidelines for the Evaluation of Risk and Avoidance of Unanticipated Takings" issued under the executive order. This rule does not impose an information collection burden under the Paperwork Reduction Act of 1995. (44 U.S.C. 3501 *et seq.*)

The Congressional Review Act (5 U.S.C. 801 *et seq.*), as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and to the Comptroller General of the United States. Section 808 allows the issuing agency to make a rule effective sooner than otherwise provided by the CRA if the agency makes a good cause finding that notice and public procedure is impracticable, unnecessary or contrary to the public interest. This determination must be supported by a brief statement. 5 U.S.C. 808(2). As stated previously, EPA had made such a good cause finding, including the reasons therefore, and established an effective date of December 1, 2006. EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of the rule in the **Federal Register**. This correction to 40 CFR § 52.2520(c) for West Virginia is not a "major rule" as defined by 5 U.S.C. 804(2).

Dated: November 21, 2006

William T. Wisniewski,
Acting Regional Administrator, Regional Administrator, Region III.

■ 40 CFR Part 52 is amended as follows:

PART 52—[AMENDED]

■ 1. The authority citation for 40 CFR part 52 continues to read as follows:

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

Subpart XX—West Virginia

■ 2. In § 52.2520, the table in paragraph (c) is amended by revising entries for [45CSR] Series 1, Sections 1-5, 22, 70-72, 74, 89, 90, and 100 to read as follows:

§ 52.2520 Identification of plan.

* * * * *

(c) *EPA-Approved Regulations.*

EPA-APPROVED REGULATIONS IN THE WEST VIRGINIA SIP

State citation [Chapter 16-20 or 45 CSR]	Title/subject	State effective date	EPA approval date	Additional explanation/citation at 40 CFR § 52.2565
[45 CSR] Series 1	Control and Reduction of Nitrogen Oxides From Non-Electric Generating Units As a means to Mitigate Transport of Ozone Precursors			
Section 45-1-1	General	5/1/06	9/28/06, 71 FR 58661	
Section 45-1-2	Definitions	5/1/06	9/28/06, 71 FR 58661	
Section 45-1-3	Acronyms	5/1/06	9/28/06, 71 FR 58661	
Section 45-1-4	NO _x Budget Trading Program Applicability	5/1/06	9/28/06, 71 FR 58661	
Section 45-1-5	Retired Unit Exemption	5/1/06	9/28/06, 71 FR 58661	
.....
Section 45-1-22	Information Requirements for NO _x Budget Permit Applications.	5/1/06	9/28/06, 71 FR 58661	
.....
Section 45-1-70	General Monitoring Requirements	5/1/06	9/28/06, 71 FR 58661	
Section 45-1-71	Initial Certification and Recertification Procedures	5/1/06	9/28/06, 71 FR 58661	
Section 45-1-72	Out of Control Periods	5/1/06	9/28/06, 71 FR 58661	
.....
Section 45-1-74	Recordkeeping and Reporting	5/1/06	9/28/06, 71 FR 58661	
.....
Section 45-1-89	Appeal Procedures	5/1/06	9/28/06, 71 FR 58661	New Section
Section 45-1-90	Requirements for Stationary Internal Combustion Engines.	5/1/06	9/28/06, 71 FR 58661	New Section.
Section 45-1-100	Requirements for Emissions of NO _x from Cement Manufacturing Kilns.	5/1/06	9/28/06, 71 FR 58661	
.....

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[FR Doc. E6-20291 Filed 11-30-06; 8:45 am]

BILLING CODE 6560-50-P

DEPARTMENT OF DEFENSE

Defense Acquisition Regulations System

48 CFR Part 201

RIN 0750-AF30

Defense Federal Acquisition Regulation Supplement; Contracting Officers' Representatives (DFARS Case 2005-D022)

AGENCY: Defense Acquisition Regulations System, Department of Defense (DoD).

ACTION: Final rule.

SUMMARY: DoD has issued a final rule amending the Defense Federal Acquisition Regulation Supplement (DFARS) to update text pertaining to the designation of a contracting officer's representative. The rule clarifies the authority of a contracting officer's representative and relocates text to the DFARS companion resource, Procedures, Guidance, and Information.

DATES: Effective Date: December 1, 2006.

FOR FURTHER INFORMATION CONTACT: Ms. Robin Schulze, Defense Acquisition Regulations System, OUSD(AT&L)DPAP(DARS), IMD 3C132, 3062 Defense Pentagon, Washington, DC 20301-3062. Telephone (703) 602-0326; facsimile (703) 602-0350. Please cite DFARS Case 2005-D022.

SUPPLEMENTARY INFORMATION:**A. Background**

This final rule revises DFARS text addressing contracting officers' representatives. The DFARS changes—

- Clarify the authority of a contracting officer's representative; and
- Remove internal DoD procedures relating to the designation of a contracting officer's representative. Text on this subject has been relocated to the DFARS companion resource, Procedures, Guidance, and Information (PGI), available at <http://www.acq.osd.mil/dpap/dars/pgi>.

DoD published a proposed rule at 71 FR 27659 on May 12, 2006. One source submitted comments on the proposed rule. That source recommended revising the rule at 201.602-2(2)(v) to require that the contracting officer include a copy of the written designation of the contracting officer's representative in the official contract file. DoD agrees with the recommended requirement for file documentation, but, since this is an

administrative matter internal to the Government, DoD has added the requirement to the corresponding text at PGI 201.602-2. DoD has adopted the proposed DFARS rule as a final rule without change.

This rule was not subject to Office of Management and Budget review under Executive Order 12866, dated September 30, 1993.

B. Regulatory Flexibility Act

DoD certifies that this final rule will not have a significant economic impact on a substantial number of small entities within the meaning of the Regulatory Flexibility Act, 5 U.S.C. 601, *et seq.*, because the rule addresses internal DoD procedural matters and makes no significant change to DoD contracting policy.

C. Paperwork Reduction Act

The Paperwork Reduction Act does not apply, because the rule does not impose any information collection requirements that require the approval of the Office of Management and Budget under 44 U.S.C. 3501, *et seq.*

List of Subjects in 48 CFR Part 201

Government procurement.

Michele P. Peterson,

Editor, Defense Acquisition Regulations System.

■ Therefore, 48 CFR part 201 is amended as follows:

PART 201—FEDERAL ACQUISITION REGULATIONS SYSTEM

■ 1. The authority citation for 48 CFR part 201 continues to read as follows:

Authority: 41 U.S.C. 421 and 48 CFR Chapter 1.

■ 2. Section 201.602-2 is revised to read as follows:

201.602-2 Responsibilities.

(1) Follow the procedures at PGI 201.602-2 regarding designation of a contracting officer's representative (COR).

(2) A COR—

(i) Must be a Government employee, unless otherwise authorized in agency regulations;

(ii) Must be qualified by training and experience commensurate with the responsibilities to be delegated in accordance with department/agency guidelines;

(iii) May not be delegated responsibility to perform functions at a contractor's location that have been delegated under FAR 42.202(a) to a contract administration office;

(iv) Has no authority to make any commitments or changes that affect price, quality, quantity, delivery, or other terms and conditions of the contract; and

(v) Must be designated in writing, and a copy furnished the contractor and the contract administration office—

(A) Specifying the extent of the COR's authority to act on behalf of the contracting officer;

(B) Identifying the limitations on the COR's authority;

(C) Specifying the period covered by the designation;

(D) Stating the authority is not redelegable; and

(E) Stating that the COR may be personally liable for unauthorized acts. [FR Doc. E6-20393 Filed 11-30-06; 8:45 am]

BILLING CODE 5001-08-P

DEPARTMENT OF DEFENSE**Defense Acquisition Regulations System****48 CFR Part 208****Defense Federal Acquisition Regulation Supplement; Technical Amendment**

AGENCY: Defense Acquisition Regulations System, Department of Defense (DoD).

ACTION: Final rule.

SUMMARY: DoD is making a technical amendment to the Defense Federal Acquisition Regulation Supplement (DFARS) to update a reference number within the DFARS text.

DATES: *Effective Date:* December 1, 2006.

FOR FURTHER INFORMATION CONTACT: Ms. Michele Peterson, Defense Acquisition Regulations System, OUSD(AT&L)DPAP(DARS), IMD 3C132, 3062 Defense Pentagon, Washington, DC 20301-3062. Telephone (703) 602-0311; facsimile (703) 602-0350.

SUPPLEMENTARY INFORMATION: This final rule amends DFARS 208.7003-2(a) by updating a reference to a section of the Federal Acquisition Regulation.

List of Subjects in 48 CFR Part 208

Government procurement.

Michele P. Peterson,

Editor, Defense Acquisition Regulations System.

■ Therefore, 48 CFR part 208 is amended as follows:

PART 208—REQUIRED SOURCES OF SUPPLIES AND SERVICES

■ 1. The authority citation for 48 CFR part 208 continues to read as follows:

Authority: 41 U.S.C. 421 and 48 CFR Chapter 1.

208.7003-2 [Amended]

■ 2. Section 208.7003-2 is amended in paragraph (a) by removing "8.001" and adding in its place "8.002".

[FR Doc. E6-20397 Filed 11-30-06; 8:45 am]

BILLING CODE 5001-08-P

DEPARTMENT OF DEFENSE**Defense Acquisition Regulations System****48 CFR Parts 212, 232, and 252**

[DFARS Case 2004-D033]

Defense Federal Acquisition Regulation Supplement; Levy on Payments to Contractors

AGENCY: Defense Acquisition Regulations System, Department of Defense (DoD).

ACTION: Final rule.

SUMMARY: DoD has adopted as final, with changes, an interim rule amending the Defense Federal Acquisition Regulation Supplement (DFARS) to address the effect of Internal Revenue Service (IRS) levies on contract payments. The rule requires DoD contractors to promptly notify the contracting officer if a levy may result in an inability to perform a contract.

DATES: *Effective Date:* December 1, 2006.

FOR FURTHER INFORMATION CONTACT: Mr. Bill Sain, Defense Acquisition Regulations System, OUSD(AT&L)DPAP(DARS), IMD 3C132, 3062 Defense Pentagon, Washington, DC 20301-3062. Telephone (703) 602-0293; facsimile (703) 602-0350. Please cite DFARS Case 2004-D033.

SUPPLEMENTARY INFORMATION:**A. Background**

DoD published an interim rule at 70 FR 52031 on September 1, 2005, addressing policy and procedures that apply when an IRS levy may result in a contractor's inability to perform a DoD contract. DoD received comments from 6 sources in response to the interim rule. DoD considered all comments and has incorporated the following changes in the final rule:

DFARS 212.301(f)—Addition of a prescription for use of the clause at 252.232-7010, Levies on Contract Payments, in contracts for the acquisition of commercial items.

DFARS 232.7101 and 252.232-7010—Clarification that the requirement for the contractor to notify the contracting officer applies in situations where the levy may result in an "inability to perform the contract." This change eliminates the term "jeopardize contract performance," since that term may be understood as establishing a different standard than causing an inability to perform.

DFARS 232.7102—Exclusion of micro-purchases from the requirement to use the clause at 252.232-7010.

The following is a discussion of the public comments and the issues relating to the development of the final rule:

1. *Comment:* One respondent recommended amendment of the rule at 232.7101 and 252.232-7010 to provide that the contractor must notify the procuring contracting officer (PCO) in all instances when a levy is imposed. This would ensure that the PCO is aware of potential performance problems before they occur. Once notified of the levy, the PCO could monitor the contractor's performance and perform surveillance of the contractor's financial condition.

DoD Response: DoD believes that notification should be limited to situations where the levy will be likely to cause an inability to perform the contract. To require reporting each time a levy is imposed, even when the contractor believes there will be no impact on the contract, would not provide useful data to the PCO, and could lead to unnecessary administrative effort on the part of the Government, as well as the contractor. The Paperwork Reduction Act (44 U.S.C. 3501, *et seq.*) requires that the Government minimize the reporting requirements incorporated into regulations.

2. *Comment:* Two respondents recommended amendment of the rule to require that contractors notify both the PCO and the administrative contracting officer (ACO).

DoD Response: DoD believes that the PCO is the best point of contact for this process, but has revised the rule to require that the contractor notify the PCO, in writing, with a copy to the ACO.

3. *Comment:* One respondent commented that the rule unnecessarily requires a mandatory report to the PCO by the contractor (including a report of "no effect") regarding the assessment on national security, even if the contractor concludes that the levy will not create an "inability to perform" and that the withholding will have no effect on national security. The respondent explained that it did not interpret the rule as requiring an automatic report under the first requirement unless the contractor concludes that the levy will actually jeopardize contract performance; however, the respondent believed that there is an ambiguity in the rule concerning the extent of the reporting requirement, particularly when the contract clause (at 252.232-7010(b)) requires a mandatory report only when "a levy is imposed . . . and the levy will jeopardize contract performance" because the contractor is required to report on both the jeopardy

to contract performance and whether there will be any effect on national security.

DoD Response: The contractor is required to report to the contracting officer if, and only if, the contractor believes that the levy may cause an inability to perform the contract. This reporting requirement is necessary in order to apprise the PCO of circumstances that create barriers to successful contract performance. The contractor is also required (at DFARS 252.232-7010(b)(3)) to provide advice as to whether the inability to perform may adversely affect national security, with rationale and adequate supporting documentation.

4. *Comment:* One respondent commented that the tests under the rule that apply to the two requirements are different. "Jeopardize contract performance" may have a limited impact, while "inability to perform" is more difficult for the contractor to assess.

DoD Response: The interim rule did establish two different standards, "jeopardize contract performance" and causing an "inability to perform." The Government's interest is in knowing when the levy may cause an inability to perform, not necessarily in knowing of each impediment that may jeopardize operations and that can be overcome in the normal course of business. To clarify this requirement, the final rule now consistently refers to situations where the levy may result in an "inability to perform."

5. *Comment:* One respondent commented that, while DFARS 232.7101(b) requires the contracting officer to notify the Director, Defense Procurement and Acquisition Policy, when the contractor's inability to perform may adversely affect national security or may result in significant increased costs to the Government, neither the policy description nor the clause requests information from the contractor as to whether the levy will have any impact on Government costs.

DoD Response: The assessment as to whether an inability to perform on a contract will lead to significantly increased costs is an internal one for the buying activity. The PCO and the PCO's customer would be able to assess, based on such factors as cost/price analysis of the affected contract, alternative sources of supply, or existing inventories, whether a probability exists for significantly increased costs to the Government. Therefore, the final rule does not include a requirement for contractor information on this factor.

6. *Comment:* One respondent recommended that the contract clause

be revised to specify, consistent with DFARS 232.7101(c), that the contracting officer will provide the notification described in DFARS 252.232-7010(c). The clause currently provides only that DoD will provide a notification to the contractor.

DoD Response: DFARS 252.232-7010(c) has been revised to require that the PCO notify the contractor, in writing, of the DoD decision.

7. *Comment:* One respondent recommended that DFARS Procedures, Guidance, and Information (PGI) be expanded to require notification by the PCO to the procuring agency's senior procurement executive, concurrent with the notification to the Director, Defense Procurement and Acquisition Policy, that is prescribed in the rule.

DoD Response: DoD agrees that senior agency procurement leadership, possibly including the senior procurement executive, should be included in the notification process. Corresponding PGI coverage provides that the contracting officer will notify the Director, Defense Procurement and Acquisition Policy, in accordance with agency procedures. DoD believes that the individual DoD components should determine the specific routing of such notifications in their internal guidance.

8. *Comment:* One respondent stated that DFARS 232.7100, Scope of subpart, should cite Internal Revenue Code 6331 and 6332, since those sections established the Federal Payment Levy Program.

DoD Response: The coverage in DFARS Subpart 232.71, Levies on Contract Payments, addresses a narrow part of levies against payments, specifically, the process for dealing with collections against contract payments that may cause an inability to perform. Therefore, DoD believes that the current citation is appropriately precise.

9. *Comment:* One respondent stated that the rule should indicate when the clause needs to be included in contracts, e.g., greater than \$100,000. Similarly, another respondent recommended that contracts below the simplified acquisition threshold be excluded.

DoD Response: While DoD understands that contracts below the simplified acquisition threshold have a reduced likelihood of impacting national security, the possibility exists that, in a critical situation, a levy could lead to such a circumstance. Therefore, DoD believes that the clause prescription should apply to contracts below the simplified acquisition threshold, with the exception of micro-purchases. DFARS 232.7102 has been revised to exclude micro-purchases from the clause prescription.

10. *Comment:* Two respondents requested clarification as to whether the clause applies to contracts for the acquisition of commercial items.

DoD Response: While DoD understands that contracts for the acquisition of commercial items have a reduced likelihood of impacting national security, the scope of commercial items is very broad, and such contracts can be very large, even including critical items. Therefore, the possibility exists that, in a given situation, a levy could impact contract performance that, in a certain circumstance, could impact national security. DoD believes that the clause should be used in contracts for commercial items above the micro-purchase threshold. DFARS 212.301(f) has been amended to incorporate a prescription for inclusion of the clause at 252.232-7010 in contracts for the acquisition of commercial items.

11. *Comment:* One respondent recommended that the clause prescription permit the contracting officer to waive (without significant procedural requirements) the inclusion of the clause in solicitations and contracts when the contracting officer believes the risk of a levy having an adverse impact on performance is low.

DoD Response: While there may be contracts that have a reduced likelihood of impacting national security or leading to significantly higher costs to the Government in the event of an inability to perform, the possibility exists that, in a critical situation, a levy could lead to such a circumstance. Therefore, DoD did not make the suggested change.

12. *Comment:* One respondent commented that the vast majority of DoD contracts contain the clause at FAR 52.232-23, Assignment of Claims, with Alternate I, which provides for a no-setoff commitment, and asked how DFARS 252.232-7010, Levies on Contract Payments, would interact with FAR 52.232-23, with Alternate I.

DoD Response: Levies cannot be applied against payments for contracts that have been assigned in accordance with the clause at FAR 52.232-23, Assignment of Claims, with Alternate I, unless the agency or the contracting officer has excluded the no-setoff commitment in accordance with DFARS 232.803(d).

13. *Comment:* Two respondents had comments regarding the requirement for assessing the impact of an inability to perform on national security. One indicated that this should be a judgment for the Government, since contractors cannot possibly know such things. The other respondent indicated that this

may be beyond the contractor's knowledge and capability.

DoD Response: The contractor generally is not in a position to determine the impact on national security, and the rule assigns that responsibility to DoD. However, the policy at 232.7101, and the clause at 252.232-7010, call for advice from the contractor as to whether national security might be impacted. The advice may be helpful to the buying activity in developing a decision as to the impact on national security. No change in the rule is necessary.

14. *Comment:* One respondent commented that the Background section of the **Federal Register** notice should be changed to make it consistent with DFARS 232.7101, Policy and Procedures. Specifically, that section should be revised to indicate that the contractor will notify the contracting officer when the contractor believes a levy imposed on a DoD contract payment will "jeopardize contract performance." The respondent also recommended that the Paperwork Reduction Act section of the **Federal Register** notice be revised for consistency with DFARS 232.7101, to indicate that the rule requires contractors to provide certain information to the Government when levies "jeopardizing contract performance and adversely affecting national security" are imposed on DoD contract payments.

DoD Response: As discussed in the response to Comment 4 above, to avoid confusion, the final rule eliminates use of the term "jeopardize contract performance" and now consistently refers to requirements for the contractor to notify the contracting officer when a levy may result in an "inability to perform."

15. *Comment:* One respondent recommended that DoD initiate actions to draft proposed legislation that will require all Federal agencies to provide notice by e-mail for all potential offsets at least 30 days in advance of the target offset date to certain contractor points of contact established in the Central Contractor Registration system. The respondent maintains that Federal agencies, and the Internal Revenue Service in particular, have not been compliant with the intent and spirit of the Debt Collection Improvement Act of 1996, in making the offsets to recover levies related to contract overpayment and tax underpayments.

DoD Response: The comment is beyond the scope of this DFARS case. However, DoD notes that the Internal Revenue Service issues a Collection Due Process notice 30 days before collection

action, such as a levy. Therefore, the contractor is already aware of the debt, and DoD believes that further notice should not be necessary.

16. *Comment:* One respondent strongly encouraged DoD to review the interaction between DoD and the Federal Payment Levy Program and the Treasury Offset Program, with a particular focus on the procedural requirements to notify the contractor, to the maximum extent practicable, before DoD notifies the Treasury Department of a contract debt.

DoD Response: FAR 32.610, Demand for Payment of Contract Debt, already provides for issuance of a demand for payment, and specifies that the contractor has 30 days to make payment without interest. DoD considers that the existing FAR requirements provide adequate notice to a contractor of a contract debt.

This rule was not subject to Office of Management and Budget review under Executive Order 12866, dated September 30, 1993.

B. Regulatory Flexibility Act

DoD certifies that this final rule will not have a significant economic impact on a substantial number of small entities within the meaning of the Regulatory Flexibility Act, 5 U.S.C. 601, *et seq.*, because the rule applies to only those contractors that have a delinquent tax debt. The number of contractors that fall into this category is expected to be less than 10 per year.

C. Paperwork Reduction Act

The Paperwork Reduction Act does not apply, because the rule does not impose any information collection requirements that require the approval of the Office of Management and Budget under 44 U.S.C. 3501, *et seq.* Although the rule requires contractors to provide certain information to the Government when an IRS levy may result in an inability to perform a contract, the number of contractors subject to this requirement is expected to be less than 10 per year.

List of Subjects in 48 CFR Parts 212, 232, and 252

Government procurement.

Michele P. Peterson,
Editor, Defense Acquisition Regulations System.

■ Accordingly, the interim rule amending 48 CFR parts 232 and 252, which was published at 70 FR 52031 on September 1, 2005, is adopted as a final rule with the following changes:

■ 1. The authority citation for 48 CFR Parts 212, 232, and 252 continues to read as follows:

Authority: 41 U.S.C. 421 and 48 CFR Chapter 1.

PART 212—ACQUISITION OF COMMERCIAL ITEMS

■ 2. Section 212.301 is amended by adding paragraph (f)(xi) to read as follows:

212.301 Solicitation provisions and contract clauses for the acquisition of commercial items.

(f) * * *

(xi) Use the clause at 252.232-7010, Levies on Contract Payments, as prescribed in 232.7102.

PART 232—CONTRACT FINANCING

■ 3. Sections 232.7101 and 232.7102 are revised to read as follows:

232.7101 Policy and procedures.

(a) The contracting officer shall require the contractor to—

(1) Promptly notify the contracting officer when a levy may result in an inability to perform the contract; and

(2) Advise the contracting officer whether the inability to perform may adversely affect national security.

(b) The contracting officer shall promptly notify the Director, Defense Procurement and Acquisition Policy (DPAP), when the contractor's inability to perform will adversely affect national security or will result in significant additional costs to the Government. Follow the procedures at PGI 232.7101(b) for reviewing the contractor's rationale and submitting the required notification.

(c) The Director, DPAP, will promptly evaluate the contractor's rationale and will notify the IRS, the contracting officer, and the payment office, as appropriate, in accordance with the procedures at PGI 232.7101(c).

(d) The contracting officer shall then notify the contractor in accordance with paragraph (c) of the clause at 252.232-7010 and in accordance with the procedures at PGI 232.7101(d).

232.7102 Contract clause.

Use the clause at 252.232-7010, Levies on Contract Payments, in all solicitations and contracts other than those for micro-purchases.

PART 252—SOLICITATION PROVISIONS AND CONTRACT CLAUSES

■ 4. Section 252.232-7010 is amended by revising the clause date and paragraphs (b) and (c) to read as follows:

252.232-7010 Levies on Contract Payments.

* * * * *

LEVIES ON CONTRACT PAYMENTS (DEC 2006)

* * * * *

(b) When a levy is imposed on a payment under this contract and the Contractor believes that the levy may result in an inability to perform the contract, the Contractor shall promptly notify the Procuring Contracting Officer in writing, with a copy to the Administrative Contracting Officer, and shall provide—

(1) The total dollar amount of the levy;

(2) A statement that the Contractor believes that the levy may result in an inability to perform the contract, including rationale and adequate supporting documentation; and

(3) Advice as to whether the inability to perform may adversely affect national security, including rationale and adequate supporting documentation

(c) DoD shall promptly review the Contractor's assessment, and the Procuring Contracting Officer shall provide a written notification to the Contractor including—

(1) A statement as to whether DoD agrees that the levy may result in an inability to perform the contract; and

(2)(i) If the levy may result in an inability to perform the contract and the lack of performance will adversely affect national security, the total amount of the monies collected that should be returned to the Contractor; or

(ii) If the levy may result in an inability to perform the contract but will not impact national security, a recommendation that the Contractor promptly notify the IRS to attempt to resolve the tax situation.

* * * * *

[FR Doc. E6-20394 Filed 11-30-06; 8:45 am]

BILLING CODE 5001-08-P

DEPARTMENT OF DEFENSE

Defense Acquisition Regulations System

48 CFR Parts 215, 230, 252, and 253

[DFARS Case 2003-D014]

Defense Federal Acquisition Regulation Supplement; Contract Pricing and Cost Accounting Standards

AGENCY: Defense Acquisition Regulations System, Department of Defense (DoD).

ACTION: Final rule.

SUMMARY: DoD has issued a final rule amending the Defense Federal Acquisition Regulation Supplement (DFARS) to update text addressing contract pricing matters and cost accounting standards administration. The rule implements statutory provisions regarding exceptions to cost or pricing data requirements and waiver of cost accounting standards, and relocates internal DoD procedures relating to pricing considerations and cost accounting standards to the DFARS companion resource, Procedures, Guidance, and Information.

DATES: *Effective Date:* December 1, 2006.

FOR FURTHER INFORMATION CONTACT: Mr. Bill Sain, Defense Acquisition Regulations System, OUSD (AT&L) DPAP (DARS), IMD 3C132, 3062 Defense Pentagon, Washington, DC 20301-3062. Telephone (703) 602-0293; facsimile (703) 602-0350. Please cite DFARS Case 2003-D014.

SUPPLEMENTARY INFORMATION:

A. Background

This final rule updates DFARS text addressing contract pricing matters and cost accounting standards administration. The DFARS changes include—

- Addition of text at 215.403-1 and 230.201-5 to implement Section 817 of the National Defense Authorization Act for Fiscal Year 2003 (Pub. L. 107-314) regarding exceptions to cost or pricing data requirements and waiver of cost accounting standards.

- Deletion of 215.404-1(d), Cost realism analysis, because FAR 15.404-1 contains sufficient policy on this subject.

- Deletion of unnecessary introductory text at redesignated 215.404-71-4(f), Facilities capital employed, Values: Normal and designated ranges.

- Relocation of the definition of "Acceptable estimating system" from 215.407-5-70(a)(1) to the contract clause at 252.215-7002, Cost Estimating System Requirements; elimination of 215.407-5-70(b)(1)(iii) and (iv) and relocation of the language to the new definition at 252.215-7002(a); and deletion of duplicative language at 252.215-7002(b).

- Removal of 230.7000, Contract facilities capital estimates; 230.7001, Use of DD Form 1861; and 230.7002, Preaward facilities capital applications; and relocation of text on these subjects to 215.404-71-4, Weighted guidelines method—Facilities capital employed, since these sections pertain to the

calculation of weighted guidelines for profit, rather than cost accounting standards.

- Elimination of 230.7003, Postaward facilities capital applications, and 230.7004-1, Forms CASB-CMF, since these sections duplicate Cost Accounting Standard (CAS) 414, Cost of Money as an Element of the Cost of Facilities Capital; FAR 31.205-10, Cost of Money; and the implementing contract clauses.

- Elimination of the definitions of "intangible capital asset" and "tangible capital asset" at 230.7100(a) and (b), since these definitions are provided in the cost accounting standards; elimination of the definition of "cost of money rate" at 230.7100(c), because it conflicts with cost accounting standards; and elimination of the definition of "representative investment" at 230.7100(d), because it is unnecessary.

- Elimination of 230.7101, Calculations, and 230.7102, Determining imputed cost of money, because they are adequately covered in CAS 417, Cost of Money as an Element of the Cost of Capital Assets Under Construction (48 CFR 9904.417).

- Removal of 230.7103, Preaward capital employed application, and relocation of text on this subject to 215.404-73(b)(2)(i), Offsets for facilities capital cost of money, since it applies to offsets in determining profit, rather than cost accounting standards.

- Relocation of the following text to the DFARS companion resource, Procedures, Guidance, and Information (PGI), at <http://www.acq.osd.mil/dpap/dars/pgi>.

- 215.403-5, Instructions for submission of cost or pricing data or information other than cost or pricing data.

- 215.404-2, Information to support proposal analysis.

- 215.404-3, Subcontract pricing considerations.

- 215.404-70, DD Form 1547, Record of Weighted Guidelines Method Application.

- 215.404-76, Reporting profit and fee statistics.

- 215.406-1, Prenegotiation objectives.

- 215.406-3, Documenting the negotiation.

- 215.407-4, Should-cost review.

- 215.407-5-70(e) and (f), Estimating systems—Disclosure, maintenance, and review requirements.

- 215.470(b) and (c), Estimated data prices, except that the first sentence of (b) remains in DFARS, and is revised for clarity.

- 230.201-5(a)(1), Waiver (partial relocation).

- 230.7004-2, DD Form 1861 (relocated to PGI 215.404-71-4(c), consistent with the relocation of 230.7000, 230.7001, and 230.7002 to DFARS 215.404-71-4.

- 253.215-70, DD Form 1547, Record of Weighted Guidelines Application.

DoD published a proposed rule at 70 FR 75440 on December 20, 2005. One industry association submitted comments on the proposed rule. The industry association questioned the proposed relocation of the weighted guidelines profit analysis procedures from DFARS Subpart 15.4 to PGI, since considerations that DoD contracting officers use to develop profit objectives have a significant impact on industry. DoD agrees with this comment and has retained the weighted guidelines procedures in DFARS Subpart 215.4, with the exception of the text at 215.404-70, which merely provides a general description of the DD Form 1547 and its use, and the text at 215.404-76, which deals exclusively with internal DoD reporting of profit and fee statistics.

Additional differences between the proposed and final rules include—

215.403-1(c)(1)—This text, which addresses standards for exceptions from cost or pricing data requirements, is retained in the DFARS, since these standards affect industry.

215.403-1(c)(3)—This text is amended to clarify that the determination as to whether a commercial item exception applies is made by the contracting officer.

215.406-1—The reference to corresponding PGI text is revised to indicate that the PGI procedures are mandatory.

This rule was not subject to Office of Management and Budget review under Executive Order 12866, dated September 30, 1993.

B. Regulatory Flexibility Act

DoD certifies that this final rule will not have a significant economic impact on a substantial number of small entities within the meaning of the Regulatory Flexibility Act, 5 U.S.C. 601, *et seq.*, because the rule updates, clarifies, and relocates DFARS text, but makes no significant change to DoD contracting policy.

C. Paperwork Reduction Act

The Paperwork Reduction Act does not apply, because the rule does not impose any information collection requirements that require the approval of the Office of Management and Budget under 44 U.S.C. 3501, *et seq.*

List of Subjects in 48 CFR Parts 215, 230, 252, and 253

Government procurement.

Michele P. Peterson,

Editor, *Defense Acquisition Regulations System*.

■ Therefore, 48 CFR Parts 215, 230, 252, and 253 are amended as follows:

■ 1. The authority citation for 48 CFR Parts 215, 230, 252, and 253 continues to read as follows:

Authority: 41 U.S.C. 421 and 48 CFR Chapter 1.

PART 215—CONTRACTING BY NEGOTIATION

■ 2. Section 215.403-1 is amended as follows:

■ a. By adding paragraph (c)(3);

■ b. By redesignating paragraphs (c)(4)(A) and (B) as paragraphs (c)(4)(C) and (D) respectively; and

■ c. By adding new paragraphs (c)(4)(A) and (B) to read as follows:

215.403-1 Prohibition on obtaining cost or pricing data.

(c) * * *

(3) *Commercial items.* By November 30th of each year, departments and agencies shall provide a report to the Director, Defense Procurement and Acquisition Policy (DPAP), ATTN: DPAP/CPF, of all contracting officer determinations that commercial item exceptions apply under FAR 15.403-1(b)(3), during the previous fiscal year, for any contract, subcontract, or modification expected to have a value of \$15,000,000 or more. See PGI 215.403-1(c)(3) for the format and guidance for the report. The Director, DPAP, will submit a consolidated report to the congressional defense committees.

(4) * * *

(A) The head of the contracting activity may, without power of delegation, apply the exceptional circumstances authority when a determination is made that—

(1) The property or services cannot reasonably be obtained under the contract, subcontract, or modification, without the granting of the waiver;

(2) The price can be determined to be fair and reasonable without the submission of certified cost or pricing data; and

(3) There are demonstrated benefits to granting the waiver. See PGI 215.403-1(c)(4)(A) for guidance applicable to waivers for part of a proposal and unpriced options.

(B) By November 30th of each year, departments and agencies shall provide a report to the Director, DPAP, ATTN: DPAP/CPF, of all waivers granted under

FAR 15.403-1(b)(4), during the previous fiscal year, for any contract, subcontract, or modification expected to have a value of \$15,000,000 or more. See PGI 215.403-1(c)(4)(B) for the format and guidance for the report. The Director, DPAP, will submit a consolidated report to the congressional defense committees.

* * * * *

■ 3. Section 215.403-5 is revised to read as follows:

215.403-5 Instructions for submission of cost or pricing data or information other than cost or pricing data.

When the solicitation requires contractor compliance with the Contractor Cost Data Reporting System, follow the procedures at PGI 215.403-5.

215.404-1 [Amended]

■ 4. Section 215.404-1 is amended by removing paragraph (d).

■ 5. Sections 215.404-2 and 215.404-3 are revised to read as follows:

215.404-2 Information to support proposal analysis.

See PGI 215.404-2 for guidance on obtaining field pricing or audit assistance.

215.404-3 Subcontract pricing considerations.

Follow the procedures at PGI 215.404-3 when reviewing a subcontractor's proposal.

■ 6. Section 215.404-4 is amended by revising paragraph (b)(1) introductory text to read as follows:

215.404-4 Profit.

(b) * * *

(1) Contracting officers shall use a structured approach for developing a prenegotiation profit or fee objective on any negotiated contract action when cost or pricing data is obtained, except for cost-plus-award-fee contracts (see 215.404-74, 216.405-2, and FAR 16.405-2) or contracts with Federally Funded Research and Development Centers (FFRDCs) (see 215.404-75). There are three structured approaches—

* * * * *

■ 7. Section 215.404-70 is revised to read as follows:

215.404-70 DD Form 1547, Record of Weighted Guidelines Method Application.

Follow the procedures at PGI 215.404-70 for use of DD Form 1547 whenever a structured approach to profit analysis is required.

■ 8. Section 215.404-71-4 is amended as follows:

■ a. By redesignating paragraphs (b) through (d) as paragraphs (e) through (g) respectively;

■ b. By adding new paragraphs (b) through (d); and c. In newly designated paragraph (f), by removing "These are the normal values and ranges. They apply to all situations.". The added text reads as follows:

215.404-71-4 Facilities capital employed.

* * * * *

(b) *Contract facilities capital estimates.* The contracting officer shall estimate the facilities capital cost of money and capital employed using—

(1) An analysis of the appropriate Forms CASB-CMF and cost of money factors (48 CFR 9904.414 and FAR 31.205-10); and

(2) DD Form 1861, Contract Facilities Capital Cost of Money.

(c) *Use of DD Form 1861.* See PGI 215.404-71-4(c) for obtaining field pricing support for preparing DD Form 1861.

(1) *Purpose.* The DD Form 1861 provides a means of linking the Form CASB-CMF and DD Form 1547, Record of Weighted Guidelines Application.

It—
(i) Enables the contracting officer to differentiate profit objectives for various types of assets (land, buildings, equipment). The procedure is similar to applying overhead rates to appropriate overhead allocation bases to determine contract overhead costs.

(ii) Is designed to record and compute the contract facilities capital cost of money and capital employed which is carried forward to DD Form 1547.

(2) *Completion instructions.* Complete a DD Form 1861 only after evaluating the contractor's cost proposal, establishing cost of money factors, and establishing a prenegotiation objective on cost. Complete the form as follows:

(i) List overhead pools and direct-charging service centers (if used) in the same structure as they appear on the contractor's cost proposal and Form CASB-CMF. The structure and allocation base units-of-measure must be compatible on all three displays.

(ii) Extract appropriate contract overhead allocation base data, by year, from the evaluated cost breakdown or prenegotiation cost objective and list against each overhead pool and direct-charging service center.

(iii) Multiply each allocation base by its corresponding cost of money factor to get the facilities capital cost of money estimated to be incurred each year. The sum of these products represents the estimated contract facilities capital cost of money for the year's effort.

(iv) Total contract facilities cost of money is the sum of the yearly amounts.

(v) Since the facilities capital cost of money factors reflect the applicable cost

of money rate in Column 1 of Form CASB-CMF, divide the contract cost of money by that same rate to determine the contract facilities capital employed.

(d) *Preaward facilities capital applications.* To establish cost and price objectives, apply the facilities capital cost of money and capital employed as follows:

(1) *Cost of Money.* (i) *Cost Objective.* Use the imputed facilities capital cost of money, with normal, booked costs, to establish a cost objective or the target cost when structuring an incentive type contract. Do not adjust target costs established at the outset even though actual cost of money rates become available during the period of contract performance.

(ii) *Profit Objective.* When measuring the contractor's effort for the purpose of establishing a prenegotiation profit objective, restrict the cost base to normal, booked costs. Do not include cost of money as part of the cost base.

(2) *Facilities Capital Employed.* Assess and weight the profit objective for risk associated with facilities capital employed in accordance with the profit guidelines at 215.404-71-4.

* * * * *

■ 9. Section 215.404-73 is amended by revising paragraph (b)(2)(i) to read as follows:

215.404-73 Alternate structured approaches.

* * * * *

(b) * * *

(2) * * *

(i) The contracting officer shall reduce the overall prenegotiation profit objective by the amount of facilities capital cost of money under Cost Accounting Standard (CAS) 414, Cost of Money as an Element of the Cost of Facilities Capital (48 CFR 9904.414). Cost of money under CAS 417, Cost of Money as an Element of the Cost of Capital Assets Under Construction (48 CFR 9904.417), should not be used to reduce the overall prenegotiation profit objective. The profit amount in the negotiation summary of the DD Form 1547 must be net of the offset.

* * * * *

■ 10. Section 215.404-76 is revised to read as follows:

215.404-76 Reporting profit and fee statistics.

Follow the procedures at PGI 215.404-76 for reporting profit and fee statistics.

■ 11. Sections 215.406-1 and 215.406-3 are revised to read as follows:

215.406-1 Prenegotiation objectives.

Follow the procedures at PGI 215.406-1 for establishing prenegotiation objectives.

215.406-3 Documenting the negotiation.

Follow the procedures at PGI 215.406-3 for documenting the negotiation.

■ 12. Section 215.407-4 is revised to read as follows:

215.407-4 Should-cost review.

See PGI 215.407-4 for guidance on determining whether to perform a program or overhead should-cost review.

■ 13. Section 215.407-5-70 is amended by revising paragraphs (a)(1), (b)(1), (e), and (f) to read as follows:

215.407-5-70 Disclosure, maintenance, and review requirements.

(a) * * *

(1) *Acceptable estimating system* is defined in the clause at 252.215-7002, Cost Estimating System Requirements.

* * * * *

(b) * * *

(1) DoD policy is that all contractors have acceptable estimating systems that consistently produce well-supported proposals that are acceptable as a basis for negotiation of fair and reasonable prices.

* * * * *

(e) *Review procedures.* Follow the procedures at PGI 215.407-5-70(e) for establishing and conducting estimating system reviews.

(f) *Disposition of survey team findings.* Follow the procedures at PGI 215.407-5-70(f) for disposition of the survey team findings.

* * * * *

■ 14. Section 215.470 is amended by revising paragraph (b), removing paragraph (c), and redesignating paragraph (d) as paragraph (c). The revised text reads as follows:

215.470 Estimated data prices.

* * * * *

(b) When data are required to be delivered under a contract, include DD Form 1423, Contract Data Requirements List, in the solicitation. See PGI 215.470(b) for guidance on the use of DD Form 1423.

* * * * *

PART 230—COST ACCOUNTING STANDARDS ADMINISTRATION

■ 15. Section 230.201-5 is revised to read as follows:

230.201-5 Waiver.

(a)(1)(A) The military departments and the Director, Defense Procurement and Acquisition Policy, Office of the Under Secretary of Defense (Acquisition, Technology, and Logistics)—

(1) May grant CAS waivers that meet the conditions in FAR 30.201-5(b)(1); and

(2) May grant CAS waivers that meet the conditions in FAR 30.201-5(b)(2), provided the cognizant Federal agency official granting the waiver determines that—

(i) The property or services cannot reasonably be obtained under the contract, subcontract, or modification, as applicable, without granting the waiver;

(ii) The price can be determined to be fair and reasonable without the application of the Cost Accounting Standards; and

(iii) There are demonstrated benefits to granting the waiver.

(B) Follow the procedures at PGI 230.201-5(a)(1) for submitting waiver requests to the Director, Defense Procurement and Acquisition Policy.

(2) The military departments shall not delegate CAS waiver authority below the individual responsible for issuing contracting policy for the department.

(e) By November 30th of each year, the military departments shall provide a report to the Director, Defense Procurement and Acquisition Policy, ATTN: DPAP/CPF, of all waivers granted under FAR 30.201-5(a), during the previous fiscal year, for any contract, subcontract, or modification expected to have a value of \$15,000,000 or more. See PGI 230.201-5(e) for format and guidance for the report. The Director, Defense Procurement and Acquisition Policy, will submit a consolidated report to the CAS Board and the congressional defense committees.

Subparts 230.70 and 230.71 [Removed]

■ 16. Subparts 230.70 and 230.71 are removed.

PART 252—SOLICITATION PROVISIONS AND CONTRACT CLAUSES

■ 17. Section 252.215-7002 is amended as follows:

■ a. By revising the clause date;

■ b. In paragraph (a), by revising the paragraph heading and adding a definition of “Acceptable estimating system”; and

■ c. By revising paragraph (b). The revised and added text reads as follows:

252.215-7002 Cost Estimating System Requirements.

* * * * *

COST ESTIMATING SYSTEM REQUIREMENTS (DEC 2006)

(a) *Definitions.*

Acceptable estimating system means an estimating system that—

(1) Is maintained, reliable, and consistently applied;

(2) Produces verifiable, supportable, and documented cost estimates that are an acceptable basis for negotiation of fair and reasonable prices;

(3) Is consistent with and integrated with the Contractor's related management systems; and

(4) Is subject to applicable financial control systems.

* * * * *

(b) *General.* The Contractor shall establish, maintain, and comply with an acceptable estimating system.

* * * * *

PART 253—FORMS

■ 18. Section 253.215-70 is revised to read as follows:

253.215-70 DD Form 1547, Record of Weighted Guidelines Application.

Follow the procedures at PGI 253.215-70 for completing DD Form 1547.

[FR Doc. E6-20396 Filed 11-30-06; 8:45 am]

BILLING CODE 5001-08-P

DEPARTMENT OF COMMERCE**National Oceanic and Atmospheric Administration****50 CFR Part 665**

[Docket No. 060724200-6302-03; I.D. 052506A and 071106G]

RIN 0648-AT95 and 0649-AT94

Fisheries in the Western Pacific; Bottomfish and Seamount Groundfish, Crustacean, and Precious Corals Fisheries; Permit and Reporting Requirements

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

ACTION: Final rule; effectiveness of collection-of-information requirements.

SUMMARY: NMFS announces approval by the Office of Management and Budget (OMB) of collection-of-information requirements contained in regulations implementing the amendments to the

Bottomfish and Seamount Groundfish Fishery Management Plan (FMP), Crustaceans FMP, and Precious Corals FMP. The intent of this final rule is to inform the public of the permitting and reporting requirements.

DATES: Amendments to §§ 665.14, 665.41, and 665.61, published at 71 FR 53605 (September 12, 2006), and amendments to §§ 665.14 and 665.61, published at 71 FR 64474 (November 2, 2006) are effective on January 2, 2007.

ADDRESSES: Written comments regarding the burden-hour estimates or other aspects of the collection-of-information requirements contained in this final rule may be submitted to William L. Robinson, Administrator, NMFS Pacific Islands Region (PIR), 1601 Kapiolani Boulevard, Suite 1110, Honolulu, HI 96814-4700, and to David Rostker, OMB, by e-mail to David_Rostker@omb.eop.gov, or fax to 202-395-7285.

FOR FURTHER INFORMATION CONTACT: Bob Harman, NMFS PIR, 808-944-2271.

SUPPLEMENTARY INFORMATION:

Electronic Access

This Federal Register document is also accessible at the web site of the Office of the Federal Register: www.gpoaccess.gov/fr/index.html.

Background

A final rule for amendments to the Bottomfish and Seamount Groundfish, Crustaceans, and Precious Corals FMPs was published in the Federal Register on September 12, 2006 (71 FR 53605),

and the requirements of that final rule, other than the collection-of-information requirements, were effective on October 12, 2006. Because OMB approval of the collection-of-information requirements had not been received by the date that final rule was published, the effective date of the permitting and reporting requirements in that rule was delayed. Also, another final rule for an amendment to the Bottomfish and Seamount Groundfish FMP was published in the Federal Register on November 2, 2006 (71 FR 64474), and the requirements of that final rule, other than the collection-of-information requirements, will be effective on December 4, 2006. Because OMB approval of the collection-of-information requirements had not been received by the date that rule was published, the effective date of the permitting and reporting requirements in that rule was also delayed.

OMB approved the collection-of-information requirements contained in the two rules on November 7, 2006. Accordingly, this final rule makes effective the collection-of-information requirements at §§ 665.14, 665.41, and 665.61, which were amended in the September 12, 2006, final rule, and the collection-of-information requirements at §§ 665.14 and 665.61, which were amended in the November 2, 2006, final rule.

Classification

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

Notwithstanding any other provision of the law, no person is required to respond to, and no person shall be subject to penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act (PRA), unless that collection of information displays a currently valid OMB control number.

This final rule contains revisions to collection-of-information requirements subject to the PRA under OMB control numbers 0648-0214 and 0648-0490. The public reporting burden for these requirements is estimated to be 30 min for a new permit application, and 5 min for completing a fishing logbook each day. These estimates include time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding these burden estimates or any other aspect of this data collection, including suggestions for reducing the burden, to William L. Robinson (see ADDRESSES), or by e-mail to David_Rostker@omb.eop.gov, or fax to 202-395-7285.

Dated: November 27, 2006.

Samuel D. Rauch III,

Deputy Assistant Administrator for Regulatory Programs, National Marine Fisheries Service.

[FR Doc. E6-20378 Filed 11-30-06; 8:45 am]

BILLING CODE 3510-22-S

Proposed Rules

Federal Register

Vol. 71, No. 231

Friday, December 1, 2006

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

DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Part 51

[Docket Number FV-06-308]

RIN 0581-AC63

Multi-Year Revision of Fees for the Fresh Fruit and Vegetable Terminal Market Inspection Services

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Proposed rule.

SUMMARY: This proposed rule would revise the regulations governing the inspection and certification for fresh fruits, vegetables and other products by increasing certain fees charged for the inspection of these products at destination markets for the next two fiscal years (FY-2007 and FY-2008) by approximately 15 percent. These revisions are necessary in order to recover, as nearly as practicable, the costs of performing inspection services at destination markets under the Agricultural Marketing Act of 1946 (AMA of 1946). The fees charged to persons required to have inspection on imported commodities in accordance with the Agricultural Marketing Agreement Act of 1937 and for imported peanuts under section 1308 of the Farm Security and Rural Investigation Act of 2002.

DATES: Comments must be postmarked, courier dated, or sent via the Internet on or before January 2, 2007.

ADDRESSES: Interested persons are invited to submit written comments concerning this proposal. Comments are to be sent to the U.S. Department of Agriculture, Agricultural Marketing Service, Fruit and Vegetable Programs, Fresh Products Branch, 1400 Independence Ave., SW., Room 0640-S, Washington, DC 20250-0295, faxed to (202) 720-5136, sent via e-mail to FPB.DocketClerk@usda.gov, or via the Internet: <http://www.regulations.gov>. Comments should make reference to the

date and page number of this issue of the **Federal Register** and will be made available for public inspection in the above office during regular business hours.

FOR FURTHER CONTACT INFORMATION: Rita Bibbs-Booth, USDA, 1400 Independence Ave., SW., Room 0640-S, Washington, DC 20250-0295, or call (202) 720-0391.

SUPPLEMENTARY INFORMATION:

Executive Order 12866 and Regulatory Flexibility Act

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

Also, pursuant to the requirement set forth in the Regulatory Flexibility Act (RFA), AMS has considered the economic impact of this action on small entities. Accordingly, AMS proposes this initial regulatory flexibility analysis.

The purpose of the RFA is to fit regulatory actions to the scale of businesses subject to such actions in order that small businesses will not be unduly or disproportionately burdened. The proposed action described herein is being taken for several reasons, including that additional user fee revenues are needed to cover the costs or: (1) Providing current program operations and services; (2) improving the timeliness in which inspection services are provided; and (3) improving the work environment.

AMS regularly reviews its user-fee financed programs to determine if the fees are adequate. The Fresh Products Branch (FPB) has and will continue to seek out cost saving opportunities and implement appropriate changes to reduce its costs. Such actions can provide alternatives to fee increases. FPB has reduced costs by approximately \$2 million. However, even with these efforts, FPB's existing fee schedule will not generate sufficient revenue to cover program costs while maintaining the Agency mandated reserve balance. Current revenue projections for FPB's destination market inspection work during FY-2006 are \$15.3 million with costs projected at \$20.4 million and an end-of-year reserve balance of \$12.7 million. However, this reserve balance is due in part, to appropriated funding received in October 2001, for infrastructure, workplace, and

technological improvements. FPB's costs of operating the destination market program are expected to increase to approximately \$21.6 million during FY-2007 and \$22.5 million during FY-2008. Revenues are projected to be \$15.3 million for end of the fiscal year. The reserve balance for FY-2007 and FY-2008, will fall below the Agency's mandated four-month reserve level. The reserve balance is projected to be \$6.5 million for FY-2007 (3.6 months) and a negative \$584,000 for FY-2008 (-0.3 months).

This proposed fee increase should result in an estimated average of \$2.4 million in additional revenues per year (effective in FY-2007, if the fees were implemented by October 1, 2006). This will not cover all of FPB's costs. FPB will need to continue to increase fees in order to cover the program's operating cost and maintain the required reserve balance. FPB believes that increasing fees incrementally is appropriate at this time. Additional fee increases beyond FY-2008 will be needed to sustain the program in the future. However, we will continue to reduce costs, wherever possible.

Employee salaries and benefits are major program costs that account for approximately 80 percent of FPB's total operating budget. A general and locality salary increase for Federal employees, ranging from 2.87 to 5.62 percent depending on locality, effective January 2006, has significantly increased program costs and will continue to increase costs at a similar rate in future years. This salary adjustment will increase FPB's costs by over \$700,000 per year. Increases in health and life insurance premiums, along with workers compensation will also increase program costs. In addition, inflation also impacts FPB's non-salary costs. These factors have increased FPB's costs of operating this program by over \$600,000 per year.

Additional funds of approximately \$155,000 are necessary in order for FPB to continue to cover the costs associated with additional staff and to maintain office space and equipment. Additional revenues are also necessary to improve the work environment by providing training and purchasing needed equipment. In addition, FPB began in 2001, developing (with appropriated funds) the Fresh Electronic Inspection Reporting/Resource System (FEIRS) to

replace its manual paper and pen inspection reporting process. FEIRS was implemented in 2004. This system has been put in place to enhance and streamline FPB's fruit and vegetable inspection process, however additional revenue is required to maintain FEIRS. FPB has also begun to cover the costs associated with the Training and Development Center (TDC) in Fredericksburg, VA. A portion of the appropriated funds received in October 2001 were for infrastructure improvements including the development and maintenance of the inspector Training and Development Center. With appropriated funding now depleted, FPB is now obligated to support the TDC under revenues from the terminal market user fee inspection program.

This proposed rule should increase user fee revenue generated under the destination market program by approximately 15 percent. This action is authorized under the Agricultural Marketing Act of 1946 (AMA of 1946) (See 7 U.S.C. 1622(h)), which provides that the Secretary of Agriculture may assess and collect "such fees as will be reasonable and as nearly as may be to cover the costs of services rendered * * *" There are more than 2,000 users of FPB's destination market grading services (including applicants who must meet import requirements¹—inspections which amount to under 2.5 percent of all lot inspections performed). A small portion of these users are small entities under the criteria established by the Small Business Administration (13 CFR 121.201). There would be no additional reporting, recordkeeping, or other compliance requirements imposed upon small entities as a result of this proposed rule. In compliance with the

¹ Section 8e of the Agricultural Marketing Agreement Act of 1937, as amended (7 U.S.C. 601-674), requires that whenever the Secretary of Agriculture issues grade, size, quality or maturity regulations under domestic marketing orders for certain commodities, the same or comparable regulations on imports of those commodities must be issued. Import regulations apply during those periods when domestic marketing order commodities must be issued. Import regulations apply during those periods when domestic marketing order regulations are in effect. Section 1308 of the Farm Security and Rural Investment Act of 2002 (Public Law 107-171), 7 U.S.C. 7958, required USDA among other things to develop new peanut quality and handling standards for imported peanuts marketing in the United States.

Currently, there are 14 commodities subject to 8e import regulations: Avocados, dates (other than dates for processing), filberts, grapefruit, kiwifruit, olives (other than Spanish-style green olives), onions, oranges, potatoes, prunes, raisins, table grapes, tomatoes and walnuts. A current listing of the regulated commodities can be found under 7 CFR Parts 944, 980, 996, and 999.

Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the information collection and recordkeeping requirements in Part 51 have been approved previously by OMB and assigned OMB No. 0581-0125. FPB has not identified any other Federal rules which may duplicate, overlap or conflict with this proposed rule.

The destination market grading services are voluntary (except when required for imported commodities) and the fees charged to users of these services vary with usage. However, the impact on all businesses, including small entities, is very similar. Further, even though fees will be raised, the increase is not excessive and should not significantly affect these entities. Finally, except for those persons who are required to obtain inspections, most of these businesses are typically under no obligation to use these inspection services, and, therefore, any decision on their part to discontinue the use of the services should not prevent them from marketing their products.

Executive Order 12988

This proposed rule has been reviewed under Executive Order 12988, Civil Justice Reform. This action is not intended to have retroactive effect. This rule will not preempt any state or local laws, regulations or policies, unless they present an irreconcilable conflict with this rule. There are no administrative procedures which must be exhausted prior to any judicial challenge to the provisions of this rule.

Proposed Action

The AMA of 1946 authorizes official inspection, grading, and certification, on a user-fee basis, of fresh fruits, vegetables and other products such as raw nuts, Christmas trees and flowers. The AMA of 1946 provides that reasonable fees be collected from the users of the services to cover, as nearly as practicable, the cost of the services rendered. This proposed rule would amend the schedule for fees and charges for inspection services rendered to the fresh fruit and vegetable industry to reflect the costs necessary to operate the program.

AMS regularly reviews its user-fee financed programs to determine if the fees are adequate. The Fresh Products Branch (FPB) has and will continue to seek out cost saving opportunities and implement appropriate changes to reduce its costs. Such actions can provide alternatives to fee increases. FPB has reduced costs by approximately \$2 million. However, even with these efforts, FPB's existing fee schedule will not generate sufficient revenue to cover

program costs while maintaining the Agency mandated reserve balance. Current revenue projections for FPB's destination market inspection work during FY-2006 are \$15.3 million with costs projected at \$20.4 million and an end-of-year reserve balance of \$12.7 million. However, this reserve balance is due in part, to appropriated funding received in October 2001, for infrastructure, workplace, and technological improvements. FPB's costs of operating the destination market program are expected to increase to approximately \$21.6 million during FY-2007 and \$22.5 million during FY-2008. Revenues are projected to be \$15.3 million for end of the fiscal year. The reserve balance for FY-2007 and FY-2008, will fall below the Agency's mandated four-month reserve level. The reserve balance is projected to be \$6.5 million for FY-2007 (3.6 months) and a negative \$584,000 for FY-2008 (-0.3 months).

Employee salaries and benefits are major program costs that account for approximately 80 percent of FPB's total operating budget. A general and locality salary increase for Federal employees, ranging from 2.87 to 5.62 percent depending on locality, effective January 2006, has significantly increased program costs, and will continue to increase costs at a similar rate in future years. This salary adjustment will increase FPB's costs by over \$700,000 per year. Increases in health and life insurance premiums, along with workers compensation will also increase program costs. In addition, inflation also impacts FPB's non-costs. These factors have increased FPB's costs of operating this program by over \$600,000 per year.

Additional revenues (approximately \$155,000) are necessary in order for FPB to continue to cover the costs associated with additional staff and to maintain office space and equipment. Additional revenues are also necessary to continue to improve the work environment by providing training and purchasing needed equipment. In addition, FPB began in 2001, developing (with appropriate funds) an automated system known as FEIRS, to replace its manual paper and pen inspection reporting process. Approximately \$10,000 in additional revenue per month will be needed to maintain the system. This system has been put in place to enhance FPB's fruit and vegetable inspection processes. FPB has also begun to cover the costs associated with the Training and Development Center (TDC) in Fredericksburg, VA. A portion of the appropriated funds received in October 2001 were for infrastructure improvements including the

development and maintenance of the inspector Training and Development Center. With appropriated funding now depleted, FPB is now obligated to support the TDC under revenues from the terminal market user fee inspection program.

Based on the aforementioned analysis of this program's increasing costs, AMS proposes to increase the fees for destination market inspection services. The following table compares current fees and charges with the proposed fees and charges for fresh fruit and vegetable

inspection as found in 7 CFR 51.38. Unless otherwise provided for by regulation or written agreement between the applicant and the Administrator, the charge in the schedule of fees as found in § 51.38 are:

Service	Current	2007	2008
Quality and condition inspections of products each in quantities of 51 or more packages and unloaded from the same land or air conveyance:			
—Over a half carlot equivalent of each product	\$114.00	\$131.00	\$151.00
—Half carlot equivalent or less of each product	95.00	109.00	125.00
—For each additional lot of the same product	52.00	60.00	69.00
Condition only inspections of products each in quantities of 51 or more packages and unloaded from the same land or air conveyance:			
—Over a half carlot equivalent of each product	95.00	109.00	125.00
—Half carlot equivalent or less of each product	87.00	100.00	115.00
—For each additional lot of the same product	52.00	60.00	69.00
Quality and condition and condition only inspections of products each in quantities of 50 or less packages unloaded from the same land or air conveyance:			
—For each product	52.00	60.00	69.00
—For each additional lot of any of the same product	52.00	60.00	69.00
—Lots in excess of carlot equivalents will be charged proportionally by the quarter carlot			
Dock side inspections of an individual product unloaded directly from the same ship:			
—For each package weighing less than 30 pounds	12.9	13.3	13.8
—For each package weighing 30 or more pounds	14.4	15.1	15.9
—Minimum charge per individual product	114.00	131.00	151.00
—Minimum charge for each additional lot of the same product	52.00	60.00	69.00
Hourly rate for inspections performed for other purposes during the grader's regularly scheduled work week:			
—Hourly rate for non-carlot equivalent inspections such as count, size, temperature, container, etc. or work associated with inspections such as digital image services will be charged at a rate that reflects the cost of providing the service	56.00	64.00	74.00
Overtime rate (per hour additional) for all inspections performed outside the grader's regularly scheduled work week	29.00	33.00	38.00
Holiday pay:			
Hourly rate for inspections performed under 40 hour contracts during the grader's regularly scheduled work week	56.00	64.00	74.00
Rate for billable mileage	1.00	1.15	1.32

¹ Cents.

A thirty-day comment period is provided for interested persons to comment on this proposed action. Given the current financial status of the program, thirty days is deemed appropriate in order to have any fee increase, if adopted, to be in place as close as possible to the beginning of the fiscal year 2007.

List of Subjects in 7 CFR Part 51

Agricultural commodities, Food grades and standards, Fruits, Nuts, Reporting and record keeping requirements, Trees, Vegetables.

For reasons set forth in the preamble, 7 CFR part 51 is proposed to be amended as follows:

PART 51—[AMENDED]

1. The authority citation for 7 CFR Part 51 continues to read as follows:

Authority: 7 U.S.C. 1621–1627.

2. Section 51.38 is revised to read as follows:

§ 51.38 Basis for fees and rates.

(a) When performing inspections of product unloaded directly from land or air transportation, the charges shall be determined on the following basis:

(1) Quality and condition inspections of products in quantities of 51 or more packages and unloaded from the same air or land conveyance:

(i) \$131 (\$151) for over a half carlot equivalent of an individual product;

(ii) \$109 (\$125) for a half carlot equivalent or less of an individual product;

(iii) \$60 (\$69) for each additional lot of the same product.

(2) Condition only inspection of products each in quantities of 51 or more packages and unloaded from the same land or air conveyance:

(i) \$109 (\$125) for over a half carlot equivalent of an individual product;

(ii) \$100 (\$115) for a half carlot equivalent or less of an individual product;

(iii) \$60 (\$69) for each additional lot of the same product.

(3) For quality and condition inspection and condition only

inspection of products in quantities of 50 or less packages unloaded from the same conveyance:

(i) \$60 (\$69) for each individual product;

(ii) \$60 (\$69) for each additional lot of any of the same product. Lots in excess of carlot equivalents will be charged proportionally by the quarter carlot.

(b) When performing inspections of palletized products unloaded directly from sea transportation or when palletized product is first offered for inspection before being transported from the dock-side facility, charges shall be determined on the following basis:

(1) Dock-side inspections of an individual product unloaded directly from the same ship:

(i) 3.3 (3.8) cents per package weighing less than 30 pounds;

(ii) 5.1 (5.9) cents per package weighing 30 or more pounds;

(iii) Minimum charge of \$131 (\$151) per individual product;

(iv) Minimum charge of \$60 (\$69) for each additional lot of the same product

(2) [Reserved]

(c) When performing inspections of products from sea containers unloaded directly from sea transportation or when palletized products unloaded directly from sea transportation are not offered for inspection at dock-side, the carlot fees in "a" of this section shall apply.

(d) When performing inspections for Government agencies, or for purposes other than those prescribed in paragraphs (a) through (c) of this section, including weight-only and freezing-only inspections, fees for inspections shall be based on the time consumed by the grader in connection with such inspections, computed at a rate of \$64 (\$74) per hour:

Provided, that:

(1) Charges for time shall be rounded to the nearest half hour;

(2) The minimum fee shall be two hours for weight-only inspections, and one-half hour for other inspections;

(3) When weight certification is provided in addition to quality and/or condition inspection, a one-hour charge shall be added to the carlot fee;

(4) When inspections are performed to certify product compliance for Defense Personnel Support Centers, the daily or weekly charge shall be determined by multiplying the total hours consumed to conduct inspections by the hourly rate. The daily or weekly charge shall be prorated among applicants by multiplying the daily or weekly charge by the percentage of product passed and/or failed for each applicant during that day or week. Waiting time and overtime charges shall be charged directly to the applicant responsible for their incurrence.

(e) When performing inspections at the request of the applicant during periods which are outside the grader's regularly scheduled work week, a charge for overtime or holiday work shall be made at the rate of \$33 (\$38) per hour or portion thereof in addition to the carlot equivalent fee, package charge, or hourly charge specified in this subpart. Overtime or holiday charges for time shall be rounded to the nearest half hour.

(f) When an inspection is delayed because product is not available or readily accessible, a charge for waiting time shall be made at the prevailing hourly rate in addition to the carlot equivalent fee, package charge, or hourly charge specified in this subpart. Waiting time shall be rounded to the nearest half hour.

Dated: November 27, 2006.

Lloyd C. Day,

Administrator, Agriculture Marketing Service.
[FR Doc. E6-20315 Filed 11-30-06; 8:45 am]

BILLING CODE 3410-02-P

FEDERAL RESERVE SYSTEM

12 CFR Part 205

[Regulation E; Docket No. R-1270]

Electronic Fund Transfers

AGENCY: Board of Governors of the Federal Reserve System.

ACTION: Proposed rule; request for public comment.

SUMMARY: The Board is proposing to amend Regulation E, which implements the Electronic Fund Transfer Act, and the official staff commentary to the regulation, which interprets the requirements of Regulation E. The proposed amendments would create an exception for certain small-dollar transactions from the requirement that terminal receipts be made available to consumers at the time of the transaction.

DATES: Comments must be received on or before January 30, 2007.

ADDRESSES: You may submit comments, identified by Docket No. R-1270, by any of the following methods:

- *Agency Web Site:* <http://www.federalreserve.gov>. Follow the instructions for submitting comments at <http://www.federalreserve.gov/generalinfo/foia/ProposedRegs.cfm>.
- *Federal eRulemaking Portal:* <http://www.regulations.gov>. Follow the instructions for submitting comments.
- *E-mail:* regs.comments@federalreserve.gov. Include the docket number in the subject line of the message.
- *FAX:* (202) 452-3819 or (202) 452-3102.
- *Mail:* Jennifer J. Johnson, Secretary, Board of Governors of the Federal Reserve System, 20th Street and Constitution Avenue, NW., Washington, DC 20551.

All public comments are available from the Board's Web site at <http://www.federalreserve.gov/generalinfo/foia/ProposedRegs.cfm> as submitted, unless modified for technical reasons. Accordingly, your comments will not be edited to remove any identifying or contact information. Public comments may also be viewed electronically or in paper form in Room MP-500 of the Board's Martin Building (20th and C Streets, NW.) between 9 a.m. and 5 p.m. on weekdays.

FOR FURTHER INFORMATION CONTACT: Ky Tran-Trong or David A. Stein, Counsels, or Vivian W. Wong, Attorney, Division of Consumer and Community Affairs, Board of Governors of the Federal Reserve System, Washington, DC 20551, at (202) 452-2412 or (202) 452-3667. For users of Telecommunications

Device for the Deaf (TDD) only, contact (202) 263-4869.

SUPPLEMENTARY INFORMATION:

I. Statutory Background

The Electronic Fund Transfer Act (15 U.S.C. 1693 *et seq.*) (EFTA or Act), enacted in 1978, provides a basic framework establishing the rights, liabilities, and responsibilities of participants in electronic fund transfer (EFT) systems. The EFTA is implemented by the Board's Regulation E (12 CFR part 205). Examples of the types of transfers covered by the Act and regulation include transfers initiated through an automated teller machine (ATM), point-of-sale (POS) terminal, automated clearinghouse (ACH), telephone bill-payment plan, or remote banking service. The Act and regulation provide for the disclosure of terms and conditions of an EFT service; documentation of EFTs by means of terminal receipts and periodic account activity statements; limitations on consumer liability for unauthorized transfers; procedures for error resolution; and certain rights related to preauthorized EFTs. Further, the Act and regulation also restrict the unsolicited issuance of ATM cards and other access devices.

The official staff commentary (12 CFR part 205 (Supp. I)) interprets the requirements of Regulation E to facilitate compliance and provides protection from liability under Sections 915 and 916 of the EFTA for financial institutions and other persons subject to the Act. 15 U.S.C. 1693m(d)(1). The commentary is updated periodically to address significant questions that arise.

II. Background

Historically, consumers have tended to use cash to make small-dollar purchases, for example, to buy food or beverages from a vending machine or to pay for a subway fare.¹ Data from the payment card associations indicates, however, that in certain market segments, consumers are increasingly using credit and debit cards in place of cash, even for small-dollar transactions.² This shift in consumer

¹ According to one industry estimate, consumers spent more than \$1 trillion on transactions less than \$5 in 2003, with an average payment of \$3.72. See TowerGroup, "Making Sense from Cents: Trends in the Rebirth of Electronic Micropayments" (July 2004).

² See "More and More Consumers Use Visa to Make Small Purchases," Visa Press Release (August 24, 2006) (reporting double digit growth in the use of payment cards in the first six months of 2006 compared to the same period in 2005); "MasterCard PayPass Increases Customer Loyalty and Moves Payments Away From Cash," MasterCard Press Release (July 18, 2006). See also TowerGroup,

payment preferences in small-dollar transactions is consistent with evidence suggesting the declining use of cash as a share of all payments.³ Consumers have cited numerous reasons for using debit cards over other payment methods, such as cash or checks. These reasons include convenience, shorter checkout times, avoiding ATM fees or check printing fees, and the ability to track and record payments.⁴

Merchants, financial institutions and payment card associations have responded to the shift in consumer preferences towards non-cash methods of payment for small-dollar transactions in various ways. Payment card associations have changed their rules to enable quicker processing of transactions for both debit and credit cards. For example, these associations have waived the signature and personal identification number (PIN) authorization requirements for certain types of purchases under \$25. Moreover, to encourage merchant acceptance of payment cards, these associations have also reduced their debit and credit card interchange rates for certain small-dollar transactions.⁵ In addition, some card issuers have integrated new technologies into their products which allow consumers to swipe or wave radio frequency-enabled cards or other devices to authorize payment in "contactless" transactions. These initiatives have reduced the amount of time consumers spend at checkout, which has in turn allowed merchants to process more transactions in the same amount of time.

III. Summary of Proposed Revision

When a debit card is used to pay for a purchase at a POS terminal, Regulation E requires that a receipt setting forth transaction information about the EFT be made available to the consumer at that time. The receipt requirement applies whenever an EFT is

made at an electronic terminal, regardless of the amount of the transaction.

Board staff has received several industry inquiries asking the Board to consider eliminating the receipt requirement at POS terminals for small-dollar transactions. According to industry representatives, the receipt requirement is a significant impediment to allowing consumers to use debit cards to make small-dollar purchases due to the cost of installing, servicing, and maintaining printers at POS terminals. In addition, in some applications, such as for mass transit, the additional time required to provide a receipt to each consumer using a debit card to pay for individual fares would add delays that would make it operationally unfeasible to allow consumers to use debit cards for such transactions.

In light of the implementation costs and other considerations and the uncertain consumer benefit from receipts for small-dollar transactions, the Board is proposing to create an exception from the terminal receipt requirement for EFTs of \$15 or less. The proposed rule would facilitate electronic transactions in circumstances where the receipt requirement is sufficiently burdensome or impractical so as to potentially deter merchants from allowing consumers to use electronic methods of payment. Moreover, it is unclear whether consumers typically request or retain receipts for small-dollar transactions at POS terminals. As further discussed in more detail in the section-by-section analysis, the Board also believes that the risks to consumers of not receiving a receipt for their transactions (and the benefit of receiving a receipt) would be minimal given the small value of the transaction. In particular, the Board notes that consumers would continue to receive a listing of each transaction on their periodic statements, regardless of the transaction amount, and would have the right to assert errors that may arise from any such transaction, provided such notice was provided within the required time frames.

IV. Section-by-Section Analysis

Section 205.9 Receipts at Electronic Terminals; Periodic Statements

Under § 205.9(a), when a consumer initiates an EFT at an electronic terminal, a receipt reflecting the transaction details must be made available to the consumer at the time of the transaction. An electronic terminal is defined as any electronic device (other than a telephone operated by a

consumer) through which a consumer may initiate an EFT. Electronic terminals include, but are not limited to, POS terminals, ATM machines, and cash dispensing machines. See § 205.2(h).⁶ Proposed § 205.9(a)(2) would exempt EFTs of \$15 or less from the requirement that financial institutions make a terminal receipt available at the time of the transaction.

The National Commission on Electronic Fund Transfers, whose recommendations provided much of the basis for the EFTA, deemed the requirement to make available terminal receipts at the time a consumer initiates an EFT at an electronic terminal necessary to provide consumers, "at a minimum, records that provide the same information and can be used in the same way as cancelled checks."⁷ The legislative history of the Act indicates that Congress was similarly concerned about the importance of terminal receipts for EFTs as evidence of the transaction. In particular, Senate Banking Committee Reports noted that "receipts * * * would give the consumer written verification of the amount, date, and type of transfer and the person paid." S. Rep. No. 915, 95th Cong., 2d Sess. 5 (1978).⁸ Receipts may also serve to assist consumers in tracking their purchases for account management purposes.

According to industry representatives, start-up, servicing, and maintenance costs arising from the terminal receipt requirements pose a significant obstacle to the industry's efforts to offer cashless payment options for small-dollar purchases in certain retail environments. For example, in retail environments which exclusively handle small-dollar transactions, such as vending machines or parking meters, installing and maintaining additional equipment capable of providing terminal receipts may not be cost-effective. In other circumstances, the requirement to provide receipts may be impractical, such as in the case of mass-transit systems where the time required to print a receipt for each consumer purchasing single fares with a debit card

³ "Anticipating Micropayment Growth" (October 2005) (indicating nearly \$3 billion in growth (up to \$13.5 billion) for transactions less than \$5 using debit and credit cards between 2003 and 2004).

⁴ See Geoffrey Gerdes and Jack Walton II, "Trends in the Use of Payment Instruments in the United States," *Federal Reserve Bulletin* 180, 181 (Spring 2005).

⁵ See Ron Borzekowski, Elizabeth Kiser, and Shaista Ahmed, "Consumers' Use of Debit Cards: Patterns, Preferences, and Price Response," April 2006. Working paper, Federal Reserve Board. See also Elizabeth Klee, "Paper or Plastic? The Effect of Time on Check and Debit Card Use at Grocery Stores," February 2006. Working paper, Federal Reserve Board (concluding that based on an analysis of grocery store scanner data, consumer preferences for debit cards over checks is significantly driven by the differences in transaction time).

⁶ See, e.g., "Visa Takes Big Steps Into Small Payments," Visa Press Release (April 11, 2006).

⁷ The terminal receipt requirement does not apply to transactions initiated through a telephone operated by a consumer, or to transactions initiated by a consumer "by a means analogous in function to a telephone." Thus, the receipt requirement does not apply to Internet transactions, where a consumer uses a computer to visit a merchant's web site to purchase goods or services. See § 205.2(h); comment 2(h)-1(ii).

⁸ National Commission on Electronic Fund Transfers, EFT in the United States: Policy Recommendations in the Public Interest 47-48 (1977).

⁹ See also S. Rep. No. 1273, 95th Cong., 2d Sess. 30 (1978); H.R. Rep. No. 1315, 95th Cong., 2d Sess. 6 (1978).

would cause delays that would significantly conflict with a transit system's need to handle a heavy volume of transactions within short time periods. Anecdotally, industry representatives also report that in retail environments in which the transaction amount is typically low, such as convenience stores and quick-service restaurants, consumers often choose not to request or retain receipts for those transactions. Thus, in the absence of any relief from the receipt requirement, merchants may choose to forego the acceptance of debit cards entirely, thereby limiting consumer payment choices.

To facilitate the ability of consumers to use electronic payment methods in circumstances where providing receipts may not be practical or cost-effective, the Board is proposing to exercise its authority under Section 904(c) of the EFTA to create a limited exception from the terminal receipt requirement for small-dollar transactions.⁹ In weighing the appropriateness for the exception, the Board has also considered that the consumer benefit from receiving receipts is likely to be minimal for these transactions. While receipts may be important for consumers for moderate to high value transactions, the Board believes that receipts are less significant for transactions of relatively small amounts because consumers are less likely to retain them for proof of payment or for account management purposes given the limited risk of loss to the consumer. Moreover, consumers will continue to receive a record of each transaction on monthly periodic statements.¹⁰ In the event of a double debit or incorrect EFT amount in connection with a small-dollar purchase, the consumer would retain the right to assert an error arising from that transaction with his or her financial institution. In light of these considerations, § 205.9(e) of the proposed rule would provide financial institutions an exception from the requirement to provide a receipt at the time the consumer initiates an EFT at an electronic terminal where the value of the transaction is \$15 or less. The

⁹ Section 904(c) of the EFTA provides that the rules issued by the Board "may contain such classifications, differentiations, or other provisions, and may provide for any adjustments and exceptions for any class of electronic fund transfers" that in the judgment of the Board are "necessary or proper to effectuate the purposes of [the Act], to prevent circumvention or evasion thereof, or to facilitate compliance therewith."

¹⁰ Consumers that wish to keep a contemporaneous record of their transactions could of course deduct the transaction amount promptly in their check registers or use a similar account reconciliation process.

exception would apply to all types of transfers initiated by a consumer at an electronic terminal, including signature-based and personal identification number (PIN)-based debits from the consumer's account. To simplify the rule and in light of the broad definition of EFT under the regulation, the proposed exception would also apply to deposits at ATMs or other electronic terminals of \$15 or less. See § 205.3(b)(1); comment 3(b)(1)-1(i). However, the Board anticipates that financial institutions would, for operational reasons, continue to make receipts available for ATM transactions, regardless of the amount of the transfer.

In proposing the \$15 threshold under which no terminal receipt would be required, the Board has considered a variety of factors, including the average dollar transaction amount for the various market segments for which this relief would be most useful¹¹ and the benefit to consumers from receiving a receipt in these transactions. While it appears that a threshold of \$5 or less would enable consumers to use debit cards in the vast majority of the retail environments where cashless payment options are contemplated, the Board believes a \$5 threshold would not be flexible enough to accommodate price increases that may occur over time. In addition, setting too low a threshold may impede the future acceptance of cashless methods of payments in additional retail environments, such as for parking meters and commuter rail systems.¹² The Board believes the \$15 threshold would provide sufficient flexibility for the industry to accommodate consumer preferences for electronic forms of payment instead of cash in a variety of circumstances while ensuring that consumer protections provided by the regulation's receipt provisions would be retained for moderate to higher-dollar transactions in which consumers may have more need for evidence of payment and for

¹¹ Vending industry data indicates that the average cost in 2005 for food and beverages sold in vending machines was about 75 cents for candy, \$1 for bottled beverages, and \$2 for frozen and refrigerated food products. *Automatic Merchandiser* 40-62 (August 2006). In addition, a survey of major transit systems in Boston, Chicago, New York, and Washington, DC, indicates maximum one-way fares ranging between \$2 and \$5 for subway systems.

¹² For example, commuter one-way peak fares on the Long Island Railroad (LIRR) to or from New York's Pennsylvania Station range from just under \$6 to \$20. See LIRR fare map (effective March 1, 2005), available at <http://www.mta.nyc.ny.us> (visited October 15, 2006). Similarly, one payment card association reported that in 2004, its average ticket for fast-food purchases using debit and credit cards was just under \$12. See John Stewart, "Micropayments, Macro-Market?" *Digital Transactions* (May 2005).

error resolution purposes. Comment is requested on whether any additional consumer protections are necessary for consumers who would not receive receipts under the proposed rule. Comment is also requested on the dollar amount threshold set forth in the proposed rule.

Section 205.11 Procedures for Resolving Errors

11(a) Definition of Error

New comment 11(a)-6 would provide that the fact that an institution does not make a terminal receipt available for a transaction of \$15 or less is not a billing error for purposes of §§ 205.11(a)(1)(vi) or (vii).

V. Initial Regulatory Flexibility Analysis

The Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*) (RFA) generally requires an agency to perform an assessment of the impact a rule is expected to have on small entities.

However, under section 605(b) of the RFA, 5 U.S.C. 605(b), the regulatory flexibility analysis otherwise required under section 604 of the RFA is not required if an agency certifies, along with a statement providing the factual basis for such certification, that the rule will not have a significant economic impact on a substantial number of small entities. Based on its analysis and for the reasons stated below, the Board believes that this proposed rule will not have a significant economic impact on a substantial number of small entities. A final regulatory flexibility analysis will be conducted after consideration of comments received during the public comment period.

1. *Statement of the need for, and objectives of, the proposed rule.* The Board is revising Regulation E to provide financial institutions relief from the requirement to make available terminal receipts at the time of a transaction, for EFTs of \$15 or less.

The EFTA was enacted to provide a basic framework establishing the rights, liabilities, and responsibilities of participants in electronic fund transfer systems. The primary objective of the EFTA is the provision of individual consumer rights. 15 U.S.C. 1693. The EFTA authorizes the Board to prescribe regulations to carry out the purpose and provisions of the statute. 15 U.S.C. 1693b(a). The Act expressly states that the Board's regulations may contain "such classifications, differentiations, or other provisions, * * * as, in the judgment of the Board, are necessary or proper to effectuate the purposes of [the Act], to prevent circumvention or

evasion [of the Act], or to facilitate compliance [with the Act].” 15 U.S.C. 1693b(c). The Board believes that the revisions to Regulation E discussed above are within Congress’s broad grant of authority to the Board to adopt provisions that carry out the purposes of the statute. These revisions facilitate the use of electronic payment methods by consumers in circumstances where the value to the consumer of having a record of the transaction (*i.e.*, the terminal receipt) is limited.

2. *Small entities affected by the proposed rule.* The requirement to make available receipts when a consumer initiates an EFT at an electronic terminal applies to all financial institutions, regardless of their size. Accordingly, the proposed exception would reduce the burden and compliance costs for small institutions by providing relief from the requirement from the duty to make terminal receipts available to consumers at the time of the transaction, where the transaction amount is small.

3. *Other federal rules.* The Board has not identified any federal rules that duplicate, overlap, or conflict with the proposed revisions to Regulation E.

4. *Significant alternatives to the proposed revisions.* The Board solicits comment about additional ways to reduce regulatory burden associated with this proposed rule.

VI. Paperwork Reduction Act

In accordance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3506; 5 CFR Part 1320 Appendix A.1), the Board reviewed the rule under the authority delegated to the Board by the Office of Management and Budget (OMB). The collection of information that is required by this proposed rule is found in 12 CFR part 205. The Federal Reserve may not conduct or sponsor, and an organization is not required to respond to, this information collection unless the information collection displays a currently valid OMB control number. The OMB control number is 7100-0200.

This information collection is required to provide benefits for consumers and is mandatory (15 U.S.C. 1693 *et seq.*). The respondents/recordkeepers are for-profit financial institutions, including small businesses. Institutions are required to retain records for 24 months.

The proposed rule provides relief to financial institutions from the requirement to make available terminal receipts to consumers for all EFTs of \$15 or less. Thus, for purposes of the PRA, respondents would face a one-time burden of 8 hours (one business day) to

reprogram and update their systems if they wish to make use of the proposed exception. The Federal Reserve estimates that the total annual burden for this requirement for the 100 estimated respondents likely to be affected by this proposed rulemaking would be 800 hours. This would increase the total annual burden of this information collection from 83,866 hours to 84,666 hours.

The other federal financial agencies are responsible for estimating and reporting to OMB the total paperwork burden for the institutions for which they have administrative enforcement authority. They may, but are not required to, use the Federal Reserve’s burden estimates. Using the Federal Reserve’s method, the total estimated annual burden for all financial institutions subject to Regulation E, including Federal Reserve-supervised institutions, would be approximately 1,397,572 hours. The above estimates represent an average across all respondents and reflect variations between institutions based on their size, complexity, and practices. All covered institutions, including retailers, ATM operators, and depository institutions (of which there are approximately 19,300) potentially are affected by this collection of information, and thus are respondents for purposes of the PRA.

Comments are invited on: a. Whether the proposed collection of information is necessary for the proper performance of the Federal Reserve’s functions; including whether the information has practical utility; b. the accuracy of the Federal Reserve’s estimate of the burden of the proposed information collection, including the cost of compliance; c. ways to enhance the quality, utility, and clarity of the information to be collected; and d. ways to minimize the burden of information collection on respondents, including through the use of automated collection techniques or other forms of information technology. Comments on the collection of information should be sent to Michelle Long, Federal Reserve Board Clearance Officer, Division of Research and Statistics, Mail Stop 151-A, Board of Governors of the Federal Reserve System, Washington, DC 20551, with copies of such comments sent to the Office of Management and Budget, Paperwork Reduction Project (7100-0200), Washington, DC 20503.

Text of Proposed Revisions

Certain conventions have been used to highlight the proposed changes to the text of the regulation and staff commentary. New language is shown inside bold-faced arrows, while

language that would be deleted is set off with bold-faced brackets. Comments are numbered to comply with Federal Register publication rules.

List of Subjects in 12 CFR Part 205

Consumer protection, Electronic fund transfers, Federal Reserve System, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, the Board proposes to amend 12 CFR part 205 and the Official Staff Commentary, as follows:

PART 205—ELECTRONIC FUND TRANSFERS (REGULATION E)

1. The authority citation for part 205 would continue to read as follows:

Authority: 15 U.S.C. 1693b.

2. Section 205.9 would be amended by revising paragraph (a) and adding a new paragraph (e) as follows:

§ 205.9 Receipts at electronic terminals; periodic statements.

(a) *Receipts at electronic terminals.* [A] **General.** Except as provided in paragraph (e) of this section, a financial institution shall make a receipt available to a consumer at the time the consumer initiates an electronic fund transfer at an electronic terminal. The receipt shall set forth the following information, as applicable:

(1) *Amount.* The amount of the transfer. A transaction fee may be included in this amount, provided the amount of the fee is disclosed on the receipt and displayed on or at the terminal.

(2) *Date.* The date the consumer initiates the transfer.

(3) *Type.* The type of transfer and the type of the consumer’s account(s) or from which funds are transferred. The type of account may be omitted if the access device used is able to access only one account at that terminal.

(4) *Identification.* A number or code that identifies the consumer’s account or accounts, or the access device used to initiate the transfer. The number or code need not exceed four digits or letters to comply with the requirements of this paragraph (a)(4).

(5) *Terminal location.* The location of the terminal where the transfer is initiated, or an identification such as a code or terminal number. Except in limited circumstances where all terminals are located in the same city or state, if the location is disclosed, it shall include the city and state or foreign country and one of the following:

- (i) The street address; or
- (ii) A generally accepted name for the specific location; or

(iii) The name of the owner or operator of the terminal if other than the account-holding institution.

(6) *Third party transfer.* The name of any third party to or from whom funds are transferred.

* * * * *

►(e) *Exception for receipts in small-value transfers.* A financial institution is not subject to the requirement to provide a receipt under paragraph (a) of this section if the amount of the transfer is \$15 or less. ◀

3. In Supplement I to part 205, under § 205.11—Procedures for Resolving Errors, under 11(a) *Definition of Error*, paragraph 6. would be added.

Supplement I to Part 205—Official Staff Interpretations

* * * * *

Section 205.11—Procedures for Resolving Errors

11(a) *Definition of Error*

* * * * *

►6. *Terminal receipts for transfers of \$15 or less.* The fact that an institution does not make a terminal receipt available for a transfer of \$15 or less in accordance with § 205.9(e) is not an error for purposes of §§ 205.11(a)(1)(vi) or (vii). ◀

* * * * *

By order of the Board of Governors of the Federal Reserve System, November 27, 2006.

Jennifer J. Johnson,
Secretary of the Board.

[FR Doc. E6-20301 Filed 11-30-06; 8:45 am]

BILLING CODE 6210-01-P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

21 CFR Part 1312

[Docket No. DEA-282P]

RIN 1117-AB03

Authorized Sources of Narcotic Raw Materials

AGENCY: Drug Enforcement Administration (DEA), Justice.

ACTION: Notice of proposed rulemaking; extension of comment period.

SUMMARY: DEA is extending the comment period on the Notice of Proposed Rulemaking entitled "Authorized Sources of Narcotic Raw Materials" published October 4, 2006 (71 FR 58569).

DATES: The period for public comment which was to close on December 4, 2006, will be extended to January 3,

2007. Written comments must be postmarked, and electronic comments must be sent, on or before January 3, 2007.

ADDRESSES: To ensure proper handling of comments, please reference "Docket No. DEA-282P" on all written and electronic correspondence. Written comments being sent via regular mail should be sent to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, Attention: DEA Federal Register Representative/Liaison and Policy Section (ODL). Written comments sent via express mail should be sent to DEA Headquarters, Attention: DEA Federal Register Representative/ODL, 2401 Jefferson-Davis Highway, Alexandria, VA 22301. Comments may be directly sent to DEA electronically by sending an electronic message to dea.diversion.policy@usdoj.gov. Comments may also be sent electronically through <http://www.regulations.gov> using the electronic comment form provided on that site. An electronic copy of this document is also available at the <http://www.regulations.gov> Web site. DEA will accept attachments to electronic comments in Microsoft word, WordPerfect, Adobe PDF, or Excel file formats only. DEA will not accept any file formats other than those specifically listed here.

FOR FURTHER INFORMATION CONTACT: Christine A. Sannerud, PhD, Chief, Drug and Chemical Evaluation Section, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, telephone: (202) 307-7183.

SUPPLEMENTARY INFORMATION: DEA published a notice of Proposed Rulemaking (71 FR 58569, October 4, 2006) proposing to update the list of nontraditional countries authorized to export narcotic raw materials (NRM) to the United States by replacing Yugoslavia with Spain. This action will maintain a consistent and reliable supply of narcotic raw materials from a limited number of countries consistent with United States' obligations under international treaties and resolutions.

On November 3, 2006, DEA received a request that the comment period be extended to February 5, 2007. The Australian Government indicated that the additional time would be necessary to consult with the Australian State of Tasmania, the Tasmanian Poppy Advisory and Control Board and the Australian poppy industry to better evaluate the short- and long-term implications of this Notice of Proposed Rulemaking.

Upon consideration of this request, DEA is granting a thirty day extension of the comment period. This allows sufficient time for persons to evaluate and consider all relevant information and respond accordingly. Therefore, the comment period is extended to January 3, 2007. Written comments must be postmarked, and electronic comments must be sent, on or before this date.

Dated: November 28, 2006.

Joseph T. Rannazzisi,

Deputy Assistant Administrator.

[FR Doc. E6-20383 Filed 11-30-06; 8:45 am]

BILLING CODE 4410-09-P

DEPARTMENT OF LABOR

Employment Standards Administration

Wage and Hour Division

29 CFR Part 825

RIN 1215-AB35

Request for Information on the Family and Medical Leave Act of 1993

AGENCY: Employment Standards Administration, Wage and Hour Division, Department of Labor.

ACTION: Request for information from the public.

SUMMARY: This notice requests comments related to the Family and Medical Leave Act of 1993 (the "FMLA" or the "Act"). The Employment Standards Administration, Wage and Hour Division, of the Department of Labor (the "Department") seeks information for its consideration and review of the Department's administration of the Act and implementing regulations.

The Department held stakeholder meetings regarding the FMLA with more than 20 groups from December 2002–February 2003. Many of the subject matter areas in this request are derived from comments at those stakeholder meetings and also from (1) rulings of the Supreme Court of the United States and other federal courts over the past twelve years; (2) the Department's experience in administering the law; and (3) public input presented in numerous Congressional hearings and public comments filed with the Office of Management and Budget ("OMB") in connection with three annual reports to Congress regarding the Costs and Benefits of Federal regulations in 2001, 2002, 2004. In addition, the Department has reviewed numerous source materials about issues associated with the FMLA. During this process, the

Department has heard a variety of concerns expressed about the FMLA. Some of those concerns, however, are beyond the Department's statutory authority to address. Some are not. In this regard, the Department invites interested parties having knowledge of, or experience with, the FMLA to submit comments and welcomes any pertinent information that will provide a basis for ascertaining the effectiveness of the current implementing regulations and the Department's administration of the Act. The questions posed are not meant to be an exclusive list of issues for which the Department seeks commentary and information.

DATES: Public comments should be received by no later than 5 p.m. est, February 2, 2007.

ADDRESSES: Address all written submissions to Richard M. Brennan, Senior Regulatory Officer, Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, NW., Washington, DC 20210. You may also submit comments by e-mail to: whdcomments@dol.gov. Comments of 20 pages or less may be submitted by FAX machine to (202) 693-1432, which is not a toll-free number. Because we continue to experience delays in receiving mail in the Washington, DC area, individuals are encouraged to submit comments by mail early, or to transmit them electronically by FAX or e-mail.

FOR FURTHER INFORMATION CONTACT: Richard M. Brennan, Senior Regulatory Officer, Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, NW., Washington, DC 20210; telephone: (202) 693-0066 (this is not a toll free number).

SUPPLEMENTARY INFORMATION:

I. Background

A. What the Law Covers

The Family and Medical Leave Act of 1993, Public Law 103-3, 107 Stat. 6 (29 U.S.C. 2601 *et seq.*) (the "FMLA" or the "Act") was enacted on February 5, 1993 and became effective on August 5, 1993 for most covered employers. The FMLA entitles eligible employees of covered employers to take up to a total of twelve weeks of unpaid leave during a twelve-month period for the birth of a child; for the placement of a child for adoption or foster care; to care for a newborn or newly-placed child; to care for a spouse, parent, son or daughter with a serious health condition; or when the employee is unable to work due to the employee's own serious health condition. See 29

U.S.C. 2612. Employers covered by the law must maintain for the employee any preexisting group health coverage during the leave period and, once the leave period has concluded, reinstate the employee to the same or an equivalent job with equivalent employment benefits, pay, and other terms and conditions of employment. See 29 U.S.C. 2614. If an employee believes that his or her FMLA rights have been violated, the employee may file a complaint with the Department or file a private lawsuit in federal or state court. If the employer has violated an employee's FMLA rights, the employee is entitled to reimbursement for any tangible loss incurred, equitable relief as appropriate, interest, attorneys' fees, expert witness fees, and court costs. Liquidated damages also may be awarded. See 29 U.S.C. 2617.

Title I of the FMLA applies to private sector employers of fifty or more employees, public agencies and certain federal employers and entities, such as the U.S. Postal Service and Postal Rate Commission. Title II applies to civil service employees covered by the annual and sick leave system established under 5 U.S.C. Chapter 63, plus certain employees covered by other federal leave systems. Title III established a temporary Commission on Leave to conduct a study and report on existing and proposed policies on leave and the costs, benefits, and impact on productivity of such policies. Title IV contains miscellaneous provisions, including rules governing the effect of the FMLA on more generous leave policies, other laws, and existing employment benefits. Title V originally extended leave provisions to certain employees of the U.S. Senate and House of Representatives, but such coverage was repealed and replaced by the Congressional Accountability Act of 1995, 2 U.S.C. 1301.

B. Implementing Regulations

The FMLA required the Department to issue regulations to implement Title I and Title IV of the FMLA within 120 days of enactment, or by June 5, 1993, with an effective date of August 5, 1993. Given this short implementation period, the Department published a notice of proposed rulemaking in the **Federal Register** on March 10, 1993 (58 FR 13394), inviting comments until March 31, 1993, on a variety of questions and issues. The Department received a total of 393 comments at that time from a wide variety of stakeholders, including employers, trade and professional associations, advocacy organizations, labor unions, state and local governments, law firms, employee

benefit firms, academic institutions, financial institutions, medical institutions, Members of Congress, and others.

After considering these comments, the Department issued an interim final rule on June 4, 1993 (58 FR 31794) that became effective on August 5, 1993. The Department also invited further public comment on the interim regulations through September 3, 1993, later extended to December 3, 1993 (58 FR 45433). During this comment period, the Department received more than 900 substantive and editorial comments on the interim regulations, from a wide variety of stakeholders.

Based on this second round of public comments, the Department published final regulations to implement the FMLA on January 6, 1995 (60 FR 2180). The regulations were amended on February 3, 1995 (60 FR 6658) and on March 30, 1995 (60 FR 16382) to make minor technical corrections. The regulations went into effect on April 6, 1995.

C. Legal Challenges

The Ragsdale Decision

Since the enactment of the FMLA, hundreds of reported federal cases have addressed the Act and/or implementing regulations. The most significant court decision on the validity of the regulations is that of the United States Supreme Court in *Ragsdale v. Wolverine World Wide, Inc.*, 535 U.S. 81 (2002). In its first case involving the FMLA, the Court ruled in March 2002 that the penalty provision in 29 CFR 825.700(a), which states "[i]f an employee takes * * * leave and the employer does not designate the leave as FMLA leave, the leave taken does not count against an employee's leave entitlement[.]" was invalid because in some circumstances it required employers to provide leave to employees beyond the 12-week statutory entitlement. "The FMLA guaranteed [Plaintiff] 12—not 42—weeks of leave[.]" *Ragsdale*, 535 U.S. at 96. While the Supreme Court did not invalidate the notice and designation provisions in the regulations, it made clear that any categorical penalty for a violation of such requirements set forth in the regulations would exceed the Department's statutory authority. See *id.* at 91-96.

Other Challenges to "Categorical Penalty" Provisions

Ragsdale is not the only court decision addressing penalty provisions contained in the regulations. Another provision of the regulations, 29 CFR 825.110(d), requires an employer to

notify an employee prior to the employee commencing leave as to whether or not the employee is eligible for FMLA leave. If the employer fails to provide the employee with such information or the information is not accurate, the regulation bars the employer from challenging eligibility at a later date, even if the employee is not eligible for FMLA leave according to the statutory requirements. The majority of courts addressing this notice provision have found it to be invalid, even prior to the Ragsdale decision. See, e.g., *Woodford v. Cmty. Action of Greene County, Inc.*, 268 F.3d 51, 57 (2d Cir. 2001) ("The regulation exceeds agency rulemaking powers by making eligible under the FMLA employees who do not meet the statute's clear eligibility requirements."); *Brungart v. BellSouth Telecomm., Inc.*, 231 F.3d 791, 796-97 (11th Cir. 2000) ("There is no ambiguity in the statute concerning eligibility for family medical leave, no gap to be filled."); *Dornmeyer v. Comerica Bank-Illinois*, 223 F.3d 579, 582 (7th Cir. 2000) (the regulation tries "to change the Act" because it makes eligible employees who, under the language of the statute, are ineligible for family leave; "The statutory test is perfectly clear and covers the issue. The right of family leave is conferred only on employees who have worked at least 1,250 hours in the previous 12 months").

Legal Challenges to the Definition of Serious Health Condition

Other regulatory provisions have been challenged as well. In particular, challenges to the regulatory section defining the term "serious health condition," 29 CFR 825.114, have received significant attention. See, e.g., *Miller v. AT&T Corp.*, 250 F.3d 820 (4th Cir. 2001); *Thorson v. Gemini, Inc.*, 205 F.3d 370 (8th Cir. 2000). Employers have reported to the Department that they have litigated this issue because there is much confusion as to what constitutes a "serious health condition," and some employers have stated that the broad definition has left them in the untenable position of having to either guess what the Department and courts will deem to be serious or designate all absences for a medical condition as FMLA-protected.

The Department itself has struggled with this definition. After the Act's passage, the Department promulgated section 825.114(c), which states that "[o]rordinarily, unless complications arise, the common cold, the flu, earaches, upset stomach, minor ulcers, headaches other than migraine, routine dental or orthodontia problems,

periodontal disease, etc., are examples of conditions that do not meet the definition of a serious health condition and do not qualify for FMLA leave." This regulatory language implements the legislative history of the FMLA and expresses the Congressional intent that minor, short-term illnesses for which treatment and recovery are very brief would be covered by employers' sick leave programs. See H. Rep. No. 103-8, at 40 (1993); S. Rep. No. 103-3, at 28-29 (1993). Therefore, when first asked about the proper handling of an employee's request for leave due to the common cold, the Department issued an Opinion Letter stating that "[t]he fact that an employee is incapacitated for more than three days, has been treated by a health care provider on at least one occasion which has resulted in a regimen of continuing treatment prescribed by the health care provider does not convert minor illnesses such as the common cold into serious health conditions in the ordinary case (absent complications)." DOL Opinion Letter FMLA-57 (April 7, 1995). More than a year and a half later, however, the Department issued an Opinion Letter changing its interpretation, stating that DOL Opinion Letter FMLA-57 "expresses an incorrect view, being inconsistent with the Department's established interpretation of qualifying 'serious health conditions' under the FMLA regulations." DOL Opinion Letter FMLA-86 (December 12, 1996). The Department further stated that such minor illnesses ordinarily would not be expected to last more than three days, but if they did meet the regulatory criteria for a serious health condition under section 825.114(a), they qualify for FMLA leave.

Other Legal Challenges

Other legal issues have arisen under the regulations. For example, litigation has ensued under section 29 CFR 825.302-.303 as to what constitutes sufficient employee notice to trigger an employer's obligations under the FMLA. See, e.g., *Spangler v. Fed. Home Loan Bank of Des Moines*, 278 F.3d 847 (8th Cir. 2002) (employee who had made employer aware that she had problems with depression gave sufficient notice when she called in and indicated she was out because of "depression again"). Another regulation that has been the subject of litigation is 29 CFR 825.220(d), which discusses the impact of a light duty work assignment on an employee's FMLA rights. See, e.g., *Roberts v. Owens-Illinois, Inc.*, 2004 WL 1087355 (S.D. Ind. May 14, 2004) (an employee uses up his or her twelve week FMLA leave entitlement while

performing work in a light duty assignment); *Artis v. Palos Cmty. Hosp.*, 2004 WL 2125414 (N.D. Ill. Sept. 22, 2004) (same).

D. Statutory and Regulatory Developments

In addition to developments in the courts, over the past decade several important legislative and regulatory developments have occurred that interact with the FMLA regulations. Most significantly, in 1996 Congress enacted the Health Insurance Portability and Accountability Act ("HIPAA"), Pub. L. 104-191, which addresses in part the privacy of individually identifiable health information. On December 28, 2000, and as amended on May 31, 2002, August 14, 2002, and February 16, 2006, the Department of Health and Human Services ("HHS") issued regulations found at 45 CFR parts 160 and 164 that provide standards for the privacy of individually identifiable health information. These standards apply only to "covered entities," defined as a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a transaction as defined in the HIPAA privacy regulations. See 45 CFR 160.102(a), 164.103. Further, HHS acknowledges that the HIPAA statute does not include "employers per se as covered entities."

The HIPAA regulations do not impede the disclosure of the protected health information for FMLA reasons if the employee has the health care provider complete the medical certification form or a document containing the equivalent information and requests a copy of that form to personally take or send to the employer in order to exercise FMLA rights. HIPAA regulations, however, clearly do come into play if, for example, the employee asks the health care provider to send the completed certification form or medical information directly to the employer or the employer's representative. HIPAA will generally require the health care provider to first receive a valid authorization from the employee before sending the information to the employer or the employer's representative.

In all cases, employers have the statutory right under the FMLA to obtain sufficient medical information to determine whether an employee's leave qualifies for FMLA protections and it is the employee's responsibility to ensure that such information is provided to the employer. If an employee does not fulfill his or her obligation to provide such information upon the employer's request, the employee will not qualify for FMLA leave. See 29 CFR 825.307-

.308; DOL Opinion Letter FMLA-2004-2-A (May 25, 2004). Although these rules may appear straightforward, recent enforcement experience reveals confusion with regard to the interaction of FMLA and HIPAA and clarification may be needed.

Similarly, FMLA's interaction with other laws is also a potential source of confusion. For example, since the final FMLA regulations were implemented in 1995, the Equal Employment Opportunity Commission ("EEOC"), the agency responsible for enforcing the employment provisions of the Americans with Disabilities Act ("ADA"), has issued guidance with regard to the privacy of employee medical information. See, e.g., Enforcement Guidance: Disability-Related Inquiries and Medical Examinations of Employees Under the Americans with Disabilities Act (ADA) (EEOC 2000).

E. Employer Commentary

Employers report to the Department that they recognize the value of the FMLA and attempt to comply with its requirements. For example, the Department has not received complaints about the use of family leave—i.e., leave for the birth or adoption of a child. Nor do employers for the most part report problems with the use of scheduled intermittent leave as contemplated by the statute, such as when an employee requests leave for medical appointments or medical treatment like chemotherapy. Rather, employers report job disruptions and adverse effects on the workforce when employees take frequent, unscheduled, intermittent leave from work with little or no advance notice to the employer.

Unforeseen, Intermittent Leave

The Department has received significant commentary on the requirements associated with the administration and use of unforeseen, intermittent leave set forth in 29 CFR 825.203. Employer stakeholders who have met with the Department as well as those who have submitted comments to Congress and OMB have indicated that the administration of intermittent leave, which must be done in increments that correspond to the employer's payroll system (section 825.203(d)), is overly burdensome, especially in the case of unforeseeable, intermittent leave. Similarly, many employer groups who participated in the Department's stakeholder meetings stated that the requirement that employees be permitted to take FMLA leave in the smallest increments used by the employer's payroll system has

provided an opportunity to avoid compliance with accepted practices of timeliness in the workplace. Employers contend that one of the unintended consequences of the FMLA regulations has been that employers have little recourse to prevent those employees who take FMLA leave improperly from doing so under the current regulatory scheme.

While the Department acknowledges that the regulations and the administrative details required by them may work in combination to allow certain employees to attempt to evade legitimate absence control policies, crafting the perfectly equipoised rule to single out only alleged misuse has proven to be a difficult task. Moreover, employee groups point to the 2000 Westat Report, at 6-7, and cite that "a majority of [establishments] reported most aspects of administering FMLA are very or somewhat easy."¹

Medical Certification Procedures

The proper flow of accurate medical information is critical to the smooth functioning of the FMLA. The Department has heard repeated concerns from both employers and employees with regard to the medical certification procedures required by the regulations (see also Employee Commentary, *infra*). Employers have complained that due to the confusing nature of the medical certification form, health care providers often do not complete it properly. Thus, in order for the employer to determine whether a serious health condition exists, the employer frequently must secure the employee's permission to contact the health care provider or ask another doctor for a second opinion. Employers assert, however, that the regulatory requirement that the employee's health care provider be contacted only through the employer's health care representative and only with the employee's permission has been very costly for employers. See 29 CFR 825.307. Several stakeholders have challenged the clarification and authentication process through letters written to OMB, describing it as difficult and time-consuming.

Other commenters have noted that these limitations lead to either the employer denying FMLA leave or, conversely, improvidently granting FMLA leave because of the difficulty and expense of obtaining sufficient factual support for the employee's condition. One often-cited example is

¹ Westat, "Balancing the Needs of Families and Employers, Family and Medical Leave Surveys, 2000 Update," January 2001.

certification for chronic conditions. An employee's health care provider may certify an employee's chronic condition and list the duration as "indefinite" or "lifetime." With respect to the frequency of the episodes of incapacity, the health care provider might write "unknown." Employers argue that this leaves them in the difficult position of guessing about the employee's regular attendance.

These regulatory limitations also apply to fitness-for-duty certifications, which employers may request as a condition of restoring an employee who has taken FMLA leave for the employee's own serious health condition. See 29 CFR 825.310. Commenters state that these regulatory limitations create risks to the employee and to co-workers when an employee is in a safety-sensitive position.

Impact on Other Workers

Surveys conducted by both the Society for Human Resources Management (SHRM) and the Department reveal that employers tend to cover the work of employees out on FMLA leave with co-workers. A survey conducted by SHRM of its members in 1997 indicated that co-workers cover job duties 92% of the time when absences occur. According to the 1995 report by the Commission on Leave entitled "A Workable Balance: Report to Congress on Family and Medical Leave Policies" (the "1995 Commission on Leave Report"), the most prevalent method that employers use to cover work is to assign the work temporarily to other co-workers (72.3%). Similarly, in the Department's 2000 report, assigning work to other employees was the most prevalent method (76.5%).

Impact on Benefit Programs

Many employer representatives also have stated that benefit programs (excluding health benefits, which are statutorily addressed in the FMLA itself) have suffered or have even been eliminated as a result of the FMLA regulatory requirements. The most often cited example is the regulatory requirement that FMLA leave cannot disqualify an employee from a perfect attendance award, which may have the unintended consequence of discouraging such awards and programs.

F. Employee Commentary

Groups and organizations representing employees have also provided information to the Department about their concerns with the FMLA.

Notice and Awareness of FMLA Rights

One consistent concern expressed by the employee representatives during the stakeholder meetings was that employees need to be better aware of their rights under the FMLA. Awareness of FMLA rights and responsibilities is critical to fulfilling the goals of the statute, yet it has been a challenge from the inception of the FMLA.

The 1995 Commission on Leave Report found that 41.9 percent of employees at covered establishments had not heard of the FMLA. In 2000, a survey of employers and a survey of employees conducted for the Department by Westat titled "Balancing the Needs of Families and Employers" ("2000 Westat Report") found that 40.7 percent of covered employees had not heard of the FMLA and nearly half the employees did not know whether the law applied to them. Additionally, the 2000 Westat Report revealed a significant difference in the estimated number of workers taking FMLA leave based upon the employee survey (2.4 million) and the employer survey (6.1 million).² The reason for this discrepancy is not accounted for in the 2000 Westat Report. One reason may have been that employers were designating the employee's leave as covered FMLA leave and employees were unaware of it. This suggests the need for better communication between employers and employees.

The regulations require an employer, under certain circumstances, to provide a posting of FMLA rights to employees in a language in which they are literate. Nonetheless, the Department received comments at the stakeholder meetings that "language barriers" continue to be an impediment to employees' understanding and exercising of their rights.

Medical Certification Procedures

Employees have also complained to the Department that the medical certification process is too burdensome. Section 825.305(a) states that an employer may require medical certifications to support an employee's or family member's serious health condition. Section 825.308 generally provides that employers may ask for a recertification no more often than every 30 days and only in connection with an employee's absence from work. Employees have complained that the certification process is too burdensome, and that employers repeatedly deny leave based on "inadequate" information provided by health care

providers—information that the employees think is sufficient. Employees have also complained that every 30 days is too frequent to require recertification for chronic, life-long serious health conditions.

At the same time, the Department's enforcement experience indicates that health care providers of employees complain that the certification requirements are too cumbersome, and they do not have the time to complete the Wage and Hour Form 380 ("WH-380") numerous times per employee or to provide detailed information.

II. Public Comments Solicited—Key Issues On Which Information Is Requested

The Department seeks comments and information from the public on all issues related to the FMLA regulations. We specifically seek comment on the following issues.

A. Eligible Employee

- Section 825.110 of the regulations sets forth the eligibility standards employees must meet in order to take FMLA leave. Specifically, subsection 825.110(a) restates the statutory requirement that an employee needs to work for an employer for 12 months, work for 1,250 hours in the 12 months prior to taking leave, and work for an employer with 50 or more employees within 75 miles of the worksite in order to be eligible for leave. Although this provision has been in effect for over 10 years, several issues continue to arise which appear to warrant clarification.

- One court has interpreted the requirement of 12 months of service under section 825.110(a)(1) to preclude an employee from aggregating for coverage purposes two separate and distinct work periods (separated by a 5 year absence from the company). See *Rucker v. Lee Holding, Co.*, 419 F. Supp. 2d 1 (D. Me. 2006), appeal pending, No. 06-1633 (1st Cir.).³ The court acknowledged that the regulations at section 825.110(b) state that the "12 months an employee must have been employed * * * need not be consecutive months" and that an employee who maintains an ongoing relationship with an employer punctuated by brief interruptions in service may combine those time periods in order to meet the 12-month requirement. The court also stated, however, that while the regulation "accommodates individuals whose employment might be intermittent or

casual, it makes no allowance for an employee who severs all ties with the employer for a period of years before returning." *Id.* at 3. The Department seeks input on whether and how to address the treatment of combining non-consecutive periods of service for purposes of meeting the 12 months requirement in section 825.110.

- Subsection 825.110(d) states that employee eligibility determinations "must be made as of the date leave commences." This language has led to differing opinions about whether employees who have worked for 1,250 hours may begin a block of leave before they have met the 12-month eligibility date. Compare *Babcock v. BellSouth Advertising and Publ'g Corp.*, 348 F.3d 73 (4th Cir. 2003), and *Beffert v. Penn. Dep't of Pub. Welfare*, 2005 WL 906362 (E.D. Pa. Apr. 18, 2005), with *Willemsen v. Conveyor Co.*, 359 F. Supp. 2d 813 (N.D. Iowa 2005). The Department solicits comment on how to appropriately clarify this situation. For example, if an employee is on leave at the time he/she meets the 12-month eligibility requirement, should the period of leave after meeting the statutory 12-month requirement be considered protected FMLA leave?

- In addition, the Department seeks comment on the differing regulatory tests used for determining employee eligibility. Subsection (d) states that an employer must determine whether an employee has met the 12-month/1,250-hour eligibility requirements *as of the date leave is to commence*. See 29 CFR 825.110(d) (emphasis added). In contrast, subsection (f) states that for purposes of determining whether an employee works for an employer who employs 50 or more employees within 75 miles of the worksite, the determination is to be made *as of the date that the leave request is made*. See 29 CFR 825.110(f) (emphasis added).

- Section 825.111 sets forth the standards for determining employer coverage under the statutory requirement that employers must employ 50 employees within 75 miles to be covered by the FMLA (29 U.S.C. 2611(2)(B)(ii)). In December 2004, the United States Court of Appeals for the Tenth Circuit partially invalidated section 825.111(a)(3) of the existing regulations, which states that when an employee is jointly employed by two or more employers under section 825.106, the employee's worksite is the primary employer's office from which the employee has been assigned or to which the employee reports. See *Harbert v. Healthcare Servs. Group, Inc.*, 391 F.3d 1140 (10th Cir. 2004). The court ruled that the existing regulation, as applied

² See the section on the coverage and usages estimates for the details of these estimates.

³ The Department filed an amicus brief in the First Circuit arguing that, under the current regulations, a five-year break in service is at the outer bounds of what is permissible.

to the situation of an employee with a long-term fixed worksite at a facility of the secondary employer, was arbitrary and capricious because it: (1) Contravened the plain meaning of term "worksite" as the place where an employee actually works (as opposed to the long-term care placement agency from which she was assigned); (2) contradicted Congressional intent (manifested in 29 U.S.C. 2611(2)(B)(ii) and the legislative history) that if any employer, large or small, has no significant pool of employees nearby (within 75 miles) to cover for an absent employee, that employer should not be required to provide FMLA leave to that employee; and (3) created an arbitrary distinction between sole and joint employers. The Department seeks comment on these situations and any issues that may arise when an employee is jointly employed by two or more employers or when the employee works from home.

B. Definition of "Serious Health Condition"

• Section 825.114(c) states "[o]rdinarily, unless complications arise, the common cold, the flu, earaches, upset stomach, minor ulcers, headaches other than migraine, routine dental or orthodontia problems, periodontal disease, etc., are examples of conditions that do not meet the definition of a serious health condition and do not qualify for FMLA leave." Have these limitations in section 825.114(c) been rendered inoperative by the regulatory tests set forth in section 825.114(a)?

• Is there a way to maintain the substantive standards of section 825.114(a) while still giving meaning to section 825.114(c) and congressional intent that minor illnesses like colds, earaches, etc., not be covered by the FMLA?

C. Definition of a "Day"

• Should scheduled holidays count against an employee's 12 weeks of FMLA leave when the employee is out for a full week as they do now?

• Should "more than three consecutive calendar days" for a serious health condition in section 825.114(a)(2)(i) mean four days or three days and any part of the fourth day? Compare *Russell v. North Broward Hosp.*, 346 F.3d 1335 (11th Cir. 2003) (three full days and a partial day will meet the test for continuing treatment), with *Murray v. Red Kap Indus., Inc.*, 124 F.3d 696, 698 (5th Cir. 1997) ("where an employee alleges that he has a serious health condition involving continuing treatment by a health care provider, he

must first demonstrate a period of incapacity * * * for at least four consecutive days"); *Henderson v. Cent. Progressive Bank*, 2002 WL 31086086, at *3 (E.D. La. Sept. 17, 2002) ("statute requires an absence of at least four consecutive days"); *Seidle v. Provident Mut. Life Ins. Co.*, 871 F. Supp. 238, 243-44 (E.D. Pa. 1994) (plaintiff could not show that her son had "serious health condition" because he had been incapacitated for only three days, not the statutory four or more); *Bond v. Abbott Labs.*, 7 F. Supp. 2d 967, 973 (N.D. Ohio 1998) ("[plaintiff] must show that the period of incapacity was required to be at least four consecutive days").

D. Substitution of Paid Leave

• What is the impact of section 825.207 which prohibits employers from applying their normal leave policies to employees substituting paid vacation and personal leave for unpaid FMLA leave?

• Does the existence of paid leave policies affect the nature and type of FMLA leave used?

• Do employers allow employees to use paid leave such as sick leave to cover short absences from work (such as late arrivals and early departures) for FMLA covered conditions?

E. Attendance Policies

• How does the FMLA impact the ability of employers to adhere to attendance policies? Has section 825.215(c)(2) impacted the employers' ability to use "perfect attendance awards" and other incentives to encourage attendance? Is there a way to structure such awards and still maintain their effectiveness as an attendance incentive?

F. Different Types of FMLA Leave

• Does scheduled FMLA leave present different problems or benefits from unscheduled FMLA leave? Does intermittent leave present different problems or benefits from leave taken for one continuous block of time? Does the length of leave taken present different problems or benefits?

• Are there differences in leave usage based on occupation, employee classification, or other factors?

• How do employers cover the work of employees taking FMLA leave? Does the length of leave impact this coverage? Does the fact that the leave is scheduled or unscheduled impact this coverage? Does the amount of notice given by the leave-taking employee impact this coverage? Does the fact that the leave is intermittent impact this coverage?

• Do employers track late arrivals and early departures for FMLA-covered conditions? If so, how is such leave counted against the employee's allotment of twelve weeks of FMLA leave?

• Is there any evidence that employers are improperly denying requests for FMLA leave? If so, is the denial of FMLA leave more prevalent for certain types of leave?

• Is there any evidence that employees are misusing FMLA leave? If so, how does this compare to other types of leave?

• Is there any evidence of employers closing or relocating facilities as a result of employee leave patterns (either scheduled or unscheduled)?

• Is there a way to appropriately balance employer absence control policies and legitimate employee use of unscheduled, intermittent leave?

G. Light Duty

• At least two courts have interpreted section 825.220(d) to mean that an employee uses his or her 12-week FMLA leave entitlement while on a light duty assignment. Should "light duty" work count against the employee's FMLA leave entitlement and/or reinstatement rights?

H. Essential Functions

• In order to qualify for FMLA leave, an employee must be unable to work at all or unable to perform any one of the essential functions of the employee's position. See 29 CFR 825.115. What are the implications of permitting an employer to modify an employee's existing job duties to meet any limitations caused by the employee's serious health condition as specified by a health care provider, while maintaining the employee's same job, pay, and benefits?

I. Waiver of Rights

• Section 825.220(d) states that "[e]mployees cannot waive, nor may employers induce employees to waive, their rights under the FMLA." Some courts have interpreted this language to prohibit not only an employee's prospective or future waiver of rights but also the ability of an employee to settle his or her past FMLA claim. See, e.g., *Taylor v. Progress Energy*, 415 F.3d 364 (4th Cir. 2005), *vacated and rehearing granted* (June 14, 2006).⁴ The Department seeks input on whether a limitation should be placed on the

⁴ The Department filed an amicus brief in the Fourth Circuit on rehearing arguing that the regulation should be interpreted solely to bar the waiver of prospective rights.

ability of employees to settle their past FMLA claims.

J. Communication Between Employers and Their Employees

- Some commenters have expressed concern about the lack of awareness of FMLA rights and responsibilities among some employees. The Department requests information on whether employees continue to be unaware of their rights under the Act and, if so, what steps could be taken to improve this situation.

- In addition, as is discussed in the FMLA Coverage and Usage Estimates section presented below, the estimated number of workers taking FMLA leave based upon the 2000 Westat employee survey (2.4 million) is significantly lower than the estimate based upon the employer survey (6.1 million). What may account for this difference?

- Although there is evidence that some employers are failing to advise workers that their leave is being charged to FMLA, the Supreme Court in *Ragsdale* held that an employee is not automatically entitled to additional FMLA leave if the employer fails to properly advise the worker that the leave is being charged to FMLA because such a categorical penalty is inconsistent with the statute. What methods are used to notify employees that their leave has been designated as FMLA leave? What improvements can be made so that employees have more accurate information on their FMLA leave balances?

- What changes could be made to the regulations in order to comply with *Ragsdale* and yet assure that employers maintain proper records and promptly and appropriately designate leave as FMLA leave?

- Employers have reported that some employees do not promptly notify their employers when they take unforeseeable FMLA leave. The Department requests information on the prevalence and causes of employees failing to notify their employers promptly that they are taking FMLA leave and suggestions as to how to improve this situation.

K. FMLA Leave Determinations/Medical Certifications

- Does the regulatory provision (section 825.307) that permits an employer to contact the employee's health care provider for purposes of clarification and authentication only through the employer's health care provider result in unnecessary expenses for employers (e.g., by requiring them to hire a health care professional for purposes of this contact) and/or delay the certification process? How should

the FMLA be reconciled with the Americans with Disabilities Act ("ADA"), which governs employee medical inquiries and contains no such limitation on employer contact? What are the costs and benefits to having this limitation?

- Does the model certification form (WH-380) seek the appropriate medical information? If not, what improvements could be made to the form to make it clearer and easier for health care providers to complete, so that it is more likely that the necessary and appropriate information will be reported?

- Does the two-day timeframe for providing notification to employees that their FMLA leave request has been approved or denied provide adequate time for employers to review sufficiently the information and make a determination?

- Section 825.308 generally permits an employer to request a medical recertification no more often than every 30 days and only in connection with the absence of the employee. Is that an appropriate timeframe?

- Section 825.308(e) permits employers to request a second opinion only for the initial certification. What are the costs and benefits to greater flexibility in requesting second opinions for recertifications? Would it create any hardships?

- Section 825.310(g) does not allow an employer to request a fitness for duty statement in the case of a worker who is absent intermittently. What are the benefits and burdens of permitting such fitness for duty certifications?

L. Employee Turnover and Retention

- How does the availability of FMLA leave affect employee morale and productivity?

- Is there any evidence that FMLA leave increases employee retention, thereby, reducing employee turnover and the associated costs?

III. FMLA Coverage and Usage Estimates

A. Introduction

In order to assist the Department's analysis of the impacts of the FMLA discussed above, the Department in the following sections presents estimates of the coverage and usage of FMLA leave in 2005. The Department generally requests comment on these estimates and any data that would allow the Department to better estimate the costs and benefits of the FMLA. Throughout this section, the Department has also identified particular issues for which we request additional information and comment.

The Family and Medical Leave Act established a bipartisan Commission on Family and Medical Leave to study family and medical leave policies and their impact on workers and their employers. The Commission surveyed workers and employers and issued a report in 1995.

In 1999 the Department contracted with Westat to update the employee and establishment surveys conducted in 1995. The surveys were completed in 2000. A report entitled "Balancing the Needs of Families and Employers: Family and Medical Leave Surveys, 2000 Update" was published in January 2001 (the "2000 Westat Report") and is available on the Department's Web site at www.dol.gov/esa/whd/fmlacomment.htm. The 2000 Westat Report is actually composed of two separate surveys: (1) An employer or establishment survey; and (2) an employee survey. The following analysis updates the Department's estimates of the number of workers employed at establishments covered by the FMLA, and the number of workers who took FMLA leave in 2005 (the latest year for which BLS employment data is available). It also highlights a number of important results and caveats in the 2000 Westat Report.

B. Westat's Estimates

The Department is interested in refining the coverage and eligibility estimates in the 2000 Westat Report for two reasons. The Department believes there are several methodological issues in the 2000 Westat Report that resulted in the overestimation of covered and eligible workers, and an underestimation of workers not covered by the Act.⁵ In addition, the employment estimates in the Westat Report are based upon their 2000 survey and may not present an accurate picture of the current workforce.

Although the Bureau of Labor Statistics ("BLS") reports that total employment in 1999 was 133.5 million, the 2000 Westat Report estimated the number of covered workers by applying the percentages developed in its surveys to a workforce of 144 million. As noted in Appendix C of the 2000 report, this methodology (e.g., using an 18-20 month survey period) likely results in an overestimate of total employment. Moreover, "[h]ouseholds that refused to complete the 2000 screener tended to consist of persons that were not employed during the reference period.

⁵ Westat, "Balancing the Needs of Families and Employers." These methodological issues are footnoted in the report in a variety of places, particularly Appendix C.

All other things being equal, this would lead to a higher estimate of the total number of employed persons in the 2000 survey."⁶

Further, the 133.5 million employment estimate includes workers who are not covered by the Department's regulations implementing the Act, such as the self-employed, unpaid volunteers, and many federal employees. Including these groups in the total also distorts the estimates of covered and eligible employees.⁷

C. Number of Workers Employed at FMLA Covered Establishments and the Number of Workers Eligible To Take FMLA Leave

The FMLA coverage estimates presented in this analysis are based upon applying the percentages in the 2000 Westat Report to the number of wage and salary workers in private industry and state and local governments in the 2005 Current Population Survey (see Table 1).⁸

TABLE 1.—CIVILIAN U.S. EMPLOYMENT AGE 16 YEARS AND OVER IN 2005

	Millions of employees
Total Employment	141.7
Self-Employed and Unpaid Volunteers/Family Members	15.8
Federal Employees (covered by OPM's FMLA regs)	2.6
Wage and Salary Workers in Private Industry and State and Local Government*	123.3

Source: U.S. DOL, ESA estimates based upon 2005 Current Population Survey.

*Includes some Federal government workers employed by certain agencies such as the USPS.

The best available FMLA coverage estimates were published in Table A2-3.1 of the 2000 Westat Report, which are presented in Table 2 below.

⁶ Westat, "Balancing the Needs of Families and Employers," at C-12.

⁷ For example, the self-employed do not need to be included in the FMLA coverage estimates since they do not have to be told to rehire themselves after they return from "family leave."

⁸ Of the two major BLS employment surveys, the Current Population Survey was used because it covers agriculture, while the Current Employment Statistics survey does not.

TABLE 2.—COVERAGE AND ELIGIBILITY OF EMPLOYEES UNDER THE FAMILY AND MEDICAL LEAVE ACT: 2000 SURVEY

	Percent of all employees
Eligible Employees at FMLA-Covered Worksites	61.7
Non-eligible Employees at Covered Worksites	14.9
Employees at Non-covered Worksites	23.3

Source: Westat, "Balancing the Needs of Families and Employers," at A-2-21. Does not sum to 100.0% due to rounding.

The estimates of the number of workers covered and eligible for FMLA leave under the regulations administered by the Department were developed by multiplying the 123.3 million wage and salary workers in private industry and state and local governments in 2005 by the percentage estimates in Table 2 above.

TABLE 3.—NUMBER OF COVERED AND ELIGIBLE EMPLOYEES UNDER THE FAMILY AND MEDICAL LEAVE ACT IN 2005

	Millions of employees
Employees at FMLA-Covered Worksites	94.4
Eligible Employees at FMLA-Covered Worksites	76.1
Non-eligible Employees at FMLA Covered Worksites	18.4
Employees at Non-FMLA covered Worksites	28.7

Source: U.S. DOL, ESA based upon 2005 Current Population Survey and the 2000 Westat Report.

Does not sum to 123.3 million due to rounding.

• The Department requests comment on the approach used here to estimate the number of FMLA eligible workers employed at covered worksites. The Department also requests that commenters submit alternative methodologies and other available data that could be used to refine these estimates.

D. Number of Covered and Eligible FMLA Leave Takers

According to the 2000 Westat Report, 17.1 percent of covered and eligible employees took leave for a "covered reason."⁹ Applying this percentage to the 76.1 million eligible employees at covered worksites in Table 3 yields an

⁹ Westat, "Balancing the Needs of Families and Employers," at 3-5 to 3-6.

estimate of 13.0 million workers who took leave that they reported was for reasons covered by the FMLA. However, 13.0 million may be an upper-bound estimate in that it may over-estimate the number of covered and eligible workers who actually took FMLA leave because many of the "covered reason[s]" for leave may not rise to the level of a serious health condition. In fact, Westat cautioned "that the leave-takers discussed in this section [the one where the 17.1 percent estimate appears] did not necessarily take leave under the FMLA."¹⁰ Moreover, 33.6 percent of FMLA-covered establishments report that at least some of the time employees take leave for family and medical reasons, that leave is not counted as FMLA leave.¹¹

The distinction between leave taken for family and medical reasons and leave that qualifies as FMLA leave is important. Only leave that qualifies as FMLA leave triggers the employee's job protection rights and counts against the 12 weeks of leave provided by the Act. In order to estimate the number of covered and eligible employees who took FMLA leave, additional analysis is necessary.

According to the 2000 Westat employee survey, only 18.3 percent of covered and eligible workers who took leave that they reported was for reasons covered by the FMLA actually took FMLA leave.¹² Applying this percentage to the 13.0 million covered and eligible workers who took leave that they reported was for reasons covered by the FMLA yields an estimate of 2.4 million workers who took FMLA leave in 2005.¹³ However, 2.4 million may be a lower-bound estimate in that it may under-estimate the number of covered and eligible workers who actually took FMLA leave, because evidence exists that many workers are unaware that their leave qualified and that their employers may have designated their leave as FMLA leave.¹⁴

¹⁰ *Id.* at 3-5. Westat provided this caution because the questions Westat asked employees did not inquire about the seriousness of the health conditions. See questions A3, A4, and A5 of Westat's 2000 Survey of Employees Questionnaire.

¹¹ U.S. Department of Labor, Employment Standards Administration estimate based on Westat's 2000 FMLA Establishment Survey data.

¹² Westat, "Balancing the Needs of Families and Employers," at 3-14.

¹³ This estimate is consistent with Westat's estimate of "between 2.2 and 3.3 million people" based on the employee survey. Westat, "Balancing the Needs of Families and Employers," at 3-13.

¹⁴ According to U.S. Department of Labor, Employment Standards Administration tabulation of data in Westat's 2000 FMLA Employee Survey, 34.5 percent of covered and eligible workers who reported taking leave for an FMLA covered reason

Continued

Because of the data limitations described above, the Department developed estimates of the number of covered and eligible employees who took FMLA leave based upon Westat's 2000 establishment survey rather than the employee survey. According to the 2000 Westat Report's establishment survey, 6.5 percent of employees in covered establishments took FMLA leave.¹⁵ Applying this percentage to the 94.4 million workers employed at FMLA-covered establishments in 2005 yields an estimate of 6.1 million covered and eligible employees who took FMLA leave in 2005.¹⁶ The Department notes that the results of the 2000 Westat establishment survey for large employers are consistent with the results of a recent WorldatWork survey.¹⁷

- The Department requests comments on the approach that was used to estimate the number of covered and eligible employees who took FMLA leave. The Department also requests that commenters submit alternative methodologies and other available data that could be used to refine the estimate.

Although the Department previously estimated that "over 35 million covered and eligible workers have benefited from taking leave for family and medical reasons since 1993" (emphasis added),¹⁸ the Department is concerned that this estimate has been misinterpreted to be equivalent to the number of workers who actually took FMLA leave since 1993.¹⁹ This is not an

also reported that they had never heard of the FMLA.

¹⁵ Westat, "Balancing the Needs of Families and Employers," at 3-14 to 3-15.

¹⁶ This estimate is consistent with Westat's estimate of "between 4.6 million and 6.1 million" based on the establishment survey. Westat, "Balancing the Needs of Families and Employers," at 3-14.

¹⁷ A recent survey of large companies found that 9.5 percent of covered employees took FMLA leave compared to 8.9 percent for large employers in the 2000 Westat establishment survey. See WorldatWork, *FMLA Perspectives and Practices*, April 2005, at 7, and Westat, "Balancing the Needs of Families and Employers," Table 3.6, at 3-15.

¹⁸ Westat, "Balancing the Needs of Families and Employers," Statement from Alexis M. Herman, Secretary of Labor.

¹⁹ In the past few years, several press accounts reported that 50 million workers have taken advantage of FMLA leave since 1993 and have attributed this estimate to the Department. There is no Department estimate of 50 million workers

accurate estimate of the number of workers who took FMLA leave. As noted above, there is an important difference between leave taken for reasons covered by the FMLA and leave actually qualified as FMLA leave. The two are not the same and it is important to differentiate the two in order to estimate the marginal impact of the FMLA itself, as opposed to estimating the impact of all sick leave policies in the workforce. In addition, as noted in the 2000 Westat Report, "establishments may double count persons that took more than one FMLA leave" during the 18-20 month survey period that began in January 1999.²⁰ Moreover, this double counting is even more likely to occur over the longer period that began in 1993 due to workers who have chronic conditions, more than one family member with a serious health condition, or multiple pregnancies or adoptions. After reviewing the 2000 Westat Report, the Department has determined that the available data do not enable the accurate estimation of the total number of workers who took FMLA leave since 1993.

- The Department requests that commenters submit alternative methodologies and other available data that could be used to develop this estimate given the data limitations and methodological issues in the 1995 and 2000 FMLA reports.

E. Estimated Number of Workers Taking Intermittent FMLA Leave

Although the Westat surveys tended to focus on the longest leaves taken for family and medical reasons rather than the leaves taken intermittently, the Department believes that the report can be used to develop an estimate of the number of workers that use intermittent FMLA leave. Almost one-quarter (23.9 percent) of covered and eligible workers who took FMLA leave reported taking their leave intermittently.²¹ That is, they

having taken FMLA leave. While it might be possible to develop such an estimate by extrapolating from estimates in the 2000 Westat Report, such estimates would suffer from the same problems as those discussed above.

²⁰ Westat, "Balancing the Needs of Families and Employers," at 3-14 n. 25.

²¹ U.S. Department of Labor, Employment Standards Administration, estimate based on Westat's 2000 FMLA Employee Survey data.

repeatedly took leave for a few hours or days at a time because of ongoing family or medical reasons.²² Assuming that the 23.9 percent estimate applies to leave-takers as well as leave (i.e., the intermittent leave is not concentrated in a small group of leave-takers), then about 1.5 million FMLA leave-takers (i.e., 23.9% of 6.1 million FMLA leave-takers) use intermittent leave in a year.

- The Department requests comment on the approach that was used to estimate the number of FMLA eligible workers employed at covered worksites taking intermittent FMLA leave. The Department also requests that commenters submit alternative methodologies and other available data that could be used to refine this estimate.

F. The Financial Impact of Intermittent FMLA Leave

In the foreword to the 2000 Westat Report, the Department noted:

Two-thirds of covered employers reported that, overall, complying with the Act was very or somewhat easy * * * The survey found that for most employers, intermittent leave had no impact on their business. Slightly more than 81 percent of employers said the use of intermittent leave had no impact on productivity and 94 percent said it had no impact on their profitability.²³

However, because employers have reported that recurring unforeseen (i.e., unscheduled), intermittent FMLA leave is a problem, the Department has reexamined the estimates in the Westat Report. According to Table A2-6.13 of the Westat Report (presented below and renumbered as Table 4), 32.3 percent of establishments with over 250 employees reported a negative impact on productivity.²⁴ Moreover, 17.4 percent of establishments with over 250 employees reported a negative impact on profits.²⁵ Additionally, "[a]cross the board, administrative issues are perceived to be more difficult in 2000 than they were in 1995";²⁶

²² Those that answered yes to Question A5B of Westat's employee questionnaire.

²³ Westat, "Balancing the Needs of Families and Employers," at xii.

²⁴ *Id.* at A-2-59.

²⁵ *Id.*

²⁶ *Id.* at 6-8.

TABLE 4.—THE IMPACT OF INTERMITTENT LEAVE TAKEN UNDER FMLA ON COVERED ESTABLISHMENTS BY SIZE: 2000 SURVEY

	Percent of covered establishments with:		All covered establishments
	1-250 employees	251+ employees	
Productivity:			
Large negative impact	—	3.2%	0.5%
Moderate negative impact	12.0%	14.6%	12.2%
Small negative impact**	4.8%	14.5%	5.4%
No impact*	82.3%	65.7%	81.2%
Small positive impact	—	—	—
Moderate positive impact	—	—	—
Large positive impact	&	&	&
Profitability:			
Large negative impact**	—	1.2%	0.1%
Moderate negative impact**	1.5%	5.5%	1.7%
Small negative impact**	3.8%	10.7%	4.2%
No impact**	94.5%	81.7%	93.7%
Small positive impact	—	—	—
Moderate positive impact	&	—	—
Large positive impact	&	&	&

* Significant at $p < .10$, using a t-test.

** Significant at $p < .05$, using a t-test.

& Indicates no significance test was conducted because of zero cell.

— Indicates less than 10 unweighted cases.

Note: Column percents may not total to 100% due to rounding.

Source: Westat, "Balancing the Needs of Families and Employers," pg. A-2-59.

A possible explanation of the differing impact of intermittent leave by establishment size may be that FMLA leave usage varies by establishment size. In fact, Westat found "Taking FMLA leave is apparently more frequent in larger establishments (8.9 leave-takers per 100 employees) than in smaller establishments (5.5 leave-takers per 100 employees)."²⁷ Thus, the higher negative impacts reported by the larger firms (i.e., those with 251 or more employees) may be due to that fact that they have a higher percentage of employees taking FMLA leave than small firms (i.e., those with 50 to 250 employees).

- The Department also requests that commenters submit alternative information related to the different impacts that intermittent leave has on large employers compared to smaller employers.

The definition of intermittent leave used in the 2000 Westat Report may also mask issues of concern. As Westat specifically noted, the employee survey defined intermittent leave as "repeatedly tak[ing] leave for a few hours or days at a time because of ongoing family or medical reasons,"²⁸ whereas the regulations at 29 CFR 825.203(a) define it as "leave taken in separate blocks of time due to a single qualifying reason." (Emphasis added.)

²⁷ *Id.* at 3-14.

²⁸ *Id.* at 2-10 n. 10.

Finally, the Westat survey did not distinguish between unscheduled, intermittent leave and scheduled, intermittent leave. By including leaves that do not occur repeatedly (i.e., 2 or 3 leaves in 18-20 months) in the surveys and by not asking questions about the impact of unscheduled, intermittent leave, the report may underestimate issues associated with frequent unscheduled, intermittent leaves of a day or less.

- The Department also requests that commenters submit alternative information regarding any impact that recurring unforeseen, intermittent FMLA leave may have on covered employers.

G. Estimated Number of Workers Taking Unforeseen, Intermittent FMLA Leave

Although the Westat Report does not provide information on the portions of the intermittent leave that are foreseeable and unforeseeable, the 2000 survey did provide some data that may be used as a rough "proxy." Question A8a of the survey was "Did you take leave on a regular routine or as needed?" and had two responses: "Regular Routine" and "As Needed." Of the employees who took intermittent FMLA leave for their longest leave, 45.4 percent reported that they took it as needed.²⁹ Assuming that all of the

²⁹ U.S. Department of Labor, Employment Standards Administration estimate based on 2000 FMLA Employee Survey data.

intermittent FMLA leave-takers who took unforeseeable leave answered "As Needed" to question A8a, then about 700,000 workers (i.e., 45.4% of 1.5 million) took unforeseen, intermittent FMLA leave.

- The Department requests comment on the approach that was used to estimate the number of FMLA eligible workers employed at covered worksites taking unforeseen, intermittent FMLA leave.

- The Department also requests that commenters submit alternative methodologies and other available data that could be used to refine this estimate.

- The Department also requests comment on the prevalence, durations, and causes of intermittent leave.

H. The Financial Impact of Unforeseen, Intermittent FMLA Leave

Based upon the preceding analysis, less than one-percent (700,000 of the 94.4 million) of the workers employed at FMLA covered establishments may be taking unforeseen, intermittent FMLA leave. If this estimate is accurate, it would seem to explain why most employers in the Westat survey reported that intermittent leave had little impact on productivity or profits. The temporary absence of less than 1 in about 135 workers probably would not have a significant impact on the overall efficiency of most employers' operations.

This does not preclude the possibility, however, that unforeseen, intermittent FMLA leave may be a significant problem for some employers. The unexpected absence of certain employees may create problems in the workplace. For example, an unannounced absence can cause other workers or equipment to be idled. An unannounced absence can result in lost business or performance penalties to be imposed upon the employer. It is noteworthy that the two industries with the highest FMLA costs in the 2004 Employment Policy Foundation ("EPF") survey were transportation (an industry which has performance penalties) and telecommunications (an industry where quality of service agreements are common).³⁰ Anecdotal reports also indicate that some employers schedule extra workers for some positions to avoid the negative impacts of unforeseen, intermittent leave.

- The Department also requests comment on the impact that unscheduled, intermittent leave has on productivity and profits.

There is some indication that the use of unscheduled, intermittent FMLA leave is not evenly distributed across employers or even across the facilities of a given employer. Rather, it may be concentrated in some facilities and only becomes a problem for employers when the portion of workers taking unscheduled, intermittent FMLA leave in a given facility or operation exceeds some critical point.

Some believe that the apparent concentration of workers taking unscheduled, intermittent FMLA leave may be due to poor management or other labor-relations problems. Others believe that as more and more workers in a particular facility take unscheduled leave, the likelihood that the remaining workers will become sick or injured and begin to take FMLA leave also increases. See, e.g., *Workers' Compensation and Family and Medical Leave Act Claim Contagion*.³¹

- The Department requests that commenters submit information on the concentration of workers taking unscheduled, intermittent FMLA leave in specific industries and employers.

³⁰ Mulvey, Janemarie, "The Cost and Characteristics of Family and Medical Leave," Employment Policy Foundation Issue Background (Apr. 19, 2005). But see Institute for Women's Policy Research, "Assessing the Family and Medical Leave Act: An Analysis of an Employment Policy Foundation Paper on Costs (June 29, 2005).

³¹ Gardner, Harold H., Kleinman, Nathan L., and Butler, Richard J., *Workers' Compensation and Family and Medical Leave Act Claim Contagion*, *Journal of Risk and Uncertainty*, Volume 20, Jan. 2000, at 89-112.

- The Department requests that commenters submit information on the factors contributing to large portions of the work force in some facilities taking unscheduled, intermittent FMLA leave.

Finally, the problems associated with employees taking unscheduled, intermittent FMLA leave may be related to the salaried or hourly-pay status of the employees. Anecdotal reports indicate that employers do not appear to have problems when workers who are salaried and exempt from the Fair Labor Standards Act ("FLSA") under 29 CFR part 541 take small blocks of unscheduled, intermittent FMLA leave so long as these workers complete their work. In fact, some employers may not even record absences of a couple hours or less because of the scheduling flexibility typically afforded to salaried workers, and because the absences often have no impact on such workers' pay or productivity. Employers report they have both administrative and production problems when non-exempt (typically hourly-paid) workers take unscheduled, intermittent FMLA leave, especially when these workers do not notify their employers that they are not coming to work at their scheduled reporting time. Unlike salaried employees, many non-exempt employees may not be paid when they take unscheduled, intermittent FMLA leave.

- The Department requests that commenters submit information related to the different treatment of FLSA exempt and nonexempt employees taking unscheduled, intermittent FMLA leave.

- The Department also requests information on the different impact the leave taking by FLSA exempt and nonexempt employees may have on the workers who are taking leave and their employers.

I. Additional Questions Related to the Coverage Estimates and Their Impacts

- The Department requests public comment on the estimates and the methodology used to produce these estimates, including any available information that can be used to improve the estimates of the impact that FMLA leave has on employers and employees.

IV. Conclusion

The Department invites interested parties having knowledge of the FMLA to submit comments and welcomes any pertinent information that will provide a basis for ascertaining the effectiveness of the current implementing regulations and the Department's administration of the Act. The issues posed in this notice are not meant to be an exclusive list of

issues for which the Department seeks commentary.

Victoria A. Lipnic,
Assistant Secretary for Employment Standards.

Paul DeCamp,

Administrator, Wage and Hour Division.

[FR Doc. 06-9489 Filed 11-30-06; 8:45 am]

BILLING CODE 4510-27-P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

33 CFR Part 165

[CGD05-06-104]

RIN 1625-AA87

Security Zone; Chesapeake Bay, Between Sandy Point and Kent Island, MD

AGENCY: Coast Guard, DHS.

ACTION: Notice of proposed rulemaking.

SUMMARY: The Coast Guard is proposing to establish a permanent security zone on the waters of the Chesapeake Bay, within 250 yards north of the north span and 250 yards south of the south span of the William P. Lane Jr. Memorial Bridge, located between Sandy Point and Kent Island, Maryland. This action is necessary to provide for the security of a large number of participants during the annual Bay Bridge Walk across the William P. Lane Jr. Memorial Bridge, held annually on the first Sunday in May. The security zone will allow for control of vessels or persons within a specified area of the Chesapeake Bay and safeguard the public at large.

DATES: Comments and related material must reach the Coast Guard on or before March 1, 2007.

ADDRESSES: You may mail comments and related material to Commander, Coast Guard Sector Baltimore, 2401 Hawkins Point Road, Building 70, Waterways Management Division, Baltimore, Maryland 21226-1791. Coast Guard Sector Baltimore, Waterways Management Division, maintains the public docket for this rulemaking. Comments and material received from the public, as well as documents indicated in this preamble as being available in the docket, will become part of this docket and will be available for inspection or copying at Coast Guard Sector Baltimore, Waterways Management Division, between 8 a.m. and 3 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: Mr. Ronald Houck, at Coast Guard Sector Baltimore, Waterways Management Division, at telephone number (410) 576-2674 or (410) 576-2693.

SUPPLEMENTARY INFORMATION:

Request for Comments

We encourage you to participate in this rulemaking by submitting comments and related material. If you do so, please include your name and address, identify the docket number for this rulemaking (CGD05-06-104), indicate the specific section of this document to which each comment applies, and give the reason for each comment. Please submit all comments and related material in an unbound format, no larger than 8½ by 11 inches, suitable for copying. If you would like to know they reached us, please enclose a stamped, self-addressed postcard or envelope. We will consider all comments and material received during the comment period. We may change this proposed rule in view of them.

Public Meeting

We do not now plan to hold a public meeting. But you may submit a request for a meeting by writing to Coast Guard Sector Baltimore, Waterways Management Division, at the address under **ADDRESSES** explaining why one would be beneficial. If we determine that one would aid this rulemaking, we will hold one at a time and place announced by a later notice in the *Federal Register*.

Background and Purpose

The ongoing hostilities in Afghanistan and Iraq have made it prudent for U.S. ports and waterways to be on a higher state of alert because the al Qaeda organization and other similar organizations have declared an ongoing intention to conduct armed attacks on U.S. interests worldwide. Due to increased awareness that future terrorist attacks are possible, the Coast Guard, as lead federal agency for maritime homeland security, has determined that the Captain of the Port Baltimore must have the means to be aware of, deter, detect, intercept, and respond to asymmetric threats, acts of aggression, and attacks by terrorists on the American homeland while still maintaining our freedoms and sustaining the flow of commerce. This security zone is part of a comprehensive port security regime designed to safeguard human life, vessels, and waterfront facilities against sabotage or terrorist attacks.

In this particular rulemaking, to address the aforementioned security

concerns during the highly-publicized public event, and to take steps to prevent the catastrophic impact that a terrorist attack against a large number of participants during the annual Bay Bridge Walk would have on the public interest, the Captain of the Port, Baltimore, Maryland proposes to establish a security zone upon all waters of the Chesapeake Bay, within 250 yards north of the north (westbound) span of the William P. Lane Jr. Memorial Bridge, and 250 yards south of the south (eastbound) span of the William P. Lane Jr. Memorial Bridge, from the western shore at Sandy Point to the eastern shore at Kent Island, Maryland. This security zone will help the Coast Guard to prevent vessels or persons from engaging in terrorist actions against a large number of participants during the event. Due to these heightened security concerns and the catastrophic impact a terrorist attack on the Chesapeake Bay Bridge during the annual Bay Bridge Walk would have on the large number of participants, and the surrounding area and communities, a security zone is prudent for this type of event.

Discussion of Proposed Rule

Each spring on the first Sunday in May, the Maryland Transportation Authority closes the eastbound span of the William P. Lane Jr. Memorial Bridge (also known as the Chesapeake Bay Bridge) to vehicular traffic to allow pedestrians to participate in the 4.3-mile Bay Bridge Walk across the bridge. The event takes place from Sandy Point State Park in Anne Arundel County, Maryland at 9 a.m. local time and consists of an estimated 50,000 participants walking across the Chesapeake Bay Bridge to Kent Island, in Queen Anne's County, Maryland. The Bay Bridge Walk will be canceled in the event of rain, high winds or extreme weather. Vessels underway at the time this security zone is enforced will immediately proceed out of the zone. We will issue Broadcast Notices to Mariners to further publicize the security zone. This security zone is necessary to prevent vessels or persons from entering or remaining in the waters of the Chesapeake Bay 250 yards from each span of the William P. Lane Jr. Memorial Bridge.

Regulatory Evaluation

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

reviewed it under that Order. It is not "significant" under the regulatory policies and procedures of the Department of Homeland Security (DHS).

We expect the economic impact of this proposed rule to be so minimal that a full Regulatory Evaluation under the regulatory policies and procedures of DHS is unnecessary.

The operational restrictions of the security zone are tailored to provide the minimal disruption of vessel operations necessary to provide immediate, improved security for persons, vessels, and the waters of the Chesapeake Bay, within 250 yards of the William P. Lane Jr. Memorial Bridge, located between Sandy Point and Kent Island, Maryland. Additionally, this security zone is temporary in nature and any hardships experienced by persons or vessels are outweighed by the national interest in protecting the public at large from the devastating consequences of acts of terrorism, and from sabotage or other subversive acts, accidents, or other causes of a similar nature.

Small Entities

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

The Coast Guard certifies under 5 U.S.C. 605(b) that this proposed rule would not have a significant economic impact on a substantial number of small entities: The owners or operators of vessels intending to operate, remain or anchor within 250 yards of the William P. Lane Jr. Memorial Bridge, located between Sandy Point and Kent Island, Maryland. This security zone will not have a significant economic impact on a substantial number of small entities because vessels transiting through the security zone without loitering may be permitted to do so, and those with compelling interests that outweigh the port's security needs may be granted waivers from the requirements of the security zone. Before the effective period, we would issue maritime advisories widely available to users of the Chesapeake Bay.

If you think that your business, organization, or governmental jurisdiction qualifies as a small entity and that this rule would have a significant economic impact on it,

please submit a comment (see **ADDRESSES**) explaining why you think it qualifies and how and to what degree this rule would economically affect it.

Assistance for Small Entities

Under section 213(a) of the Small Business Regulatory Enforcement Fairness Act of 1996 (Public Law 104-121), we want to assist small entities in understanding this proposed rule so that they can better evaluate its effects on them and participate in the rulemaking. If the rule would affect your small business, organization, or governmental jurisdiction and you have questions concerning its provisions or options for compliance, please contact Mr. Ronald L. Houck, at Coast Guard Sector Baltimore, Waterways Management Branch, at telephone number (410) 576-2674. The Coast Guard will not retaliate against small entities that question or complain about this rule or any policy or action of the Coast Guard.

Collection of Information

This proposed rule would call for no new collection of information under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520).

Federalism

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

Unfunded Mandates Reform Act

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

Taking of Private Property

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

Civil Justice Reform

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

Protection of Children

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

Indian Tribal Governments

This proposed rule does not have tribal implications under Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, because it would not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes.

Energy Effects

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

Technical Standards

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

adopted by voluntary consensus standards bodies.

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

Environment

We have analyzed this proposed rule under Commandant Instruction M16475.1D and Department of Homeland Security Management Directive 5100.1, which guide the Coast Guard in complying with the National Environmental Policy Act of 1969 (NEPA) (42 U.S.C. 4321-4370f), and have made a preliminary determination that there are no factors in this case that would limit the use of a categorical exclusion under section 2.B.2 of the Instruction. Therefore, we believe that this rule should be categorically excluded, under figure 2-1, paragraph (34)(g), of the Instruction, from further environmental documentation because this rulemaking is a security zone. A draft "Environmental Analysis Check List" and a draft "Categorical Exclusion Determination" (CED) are available in the docket where indicated under **ADDRESSES**. Comments on this section will be considered before we make the final decision on whether the rule should be categorically excluded from further environmental review.

List of Subjects in 33 CFR Part 165

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

For the reasons discussed in the preamble, the Coast Guard proposes to amend 33 CFR part 165 as follows:

PART 165—REGULATED NAVIGATION AREAS AND LIMITED ACCESS AREAS

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

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

2. Add § 165.507 to read as follows:

§ 165.507 Security Zone; Chesapeake Bay, between Sandy Point and Kent Island, MD.

(a) *Definitions.* (1) The Captain of the Port, Baltimore, Maryland means the Commander, Coast Guard Sector Baltimore, Maryland or any Coast Guard commissioned, warrant, or petty officer who has been authorized by the Captain of the Port, Baltimore, Maryland to act on his or her behalf.

(b) *Location.* The following area is a security zone: All waters of the

Chesapeake Bay, from the surface to the bottom, within 250 yards north of the north (westbound) span of the William P. Lane Jr. Memorial Bridge, and 250 yards south of the south (eastbound) span of the William P. Lane Jr. Memorial Bridge, from the western shore at Sandy Point to the eastern shore at Kent Island, Maryland.

(c) *Regulations.* (1) All persons are required to comply with the general regulations governing security zones found in § 165.33 of this part.

(2) Entry into or remaining in this zone is prohibited unless authorized by the Coast Guard Captain of the Port, Baltimore, Maryland.

(3) Persons or vessels requiring entry into or passage through the security zone must first request authorization from the Captain of the Port, Baltimore, Maryland, to seek permission to transit the area. The Captain of the Port, Baltimore, Maryland can be contacted at telephone number (410) 576-2693. The Coast Guard vessels enforcing this section can be contacted on VHF Marine Band Radio, VHF channel 16 (156.8 MHz). Upon being hailed by a U.S. Coast Guard vessel by siren, radio, flashing light, or other means, the operator of a vessel shall proceed as directed. If permission is granted, all persons and vessels must comply with the instructions of the Captain of the Port, Baltimore, Maryland and proceed at the minimum speed necessary to maintain a safe course while within the zone.

(d) *Enforcement.* The U.S. Coast Guard may be assisted in the patrol and enforcement of the zone by Federal, State, and local agencies.

(e) *Enforcement period.* This section will be enforced annually on the first Sunday in May from 7 a.m. to 5 p.m. local time.

Dated: November 6, 2006.

Jonathan C. Burton,

Commander, U.S. Coast Guard, Acting Captain of the Port, Baltimore, Maryland.

[FR Doc. E6-19677 Filed 11-30-06; 8:45 am]

BILLING CODE 4910-15-P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

33 CFR Part 165

[CGD05-06-105]

RIN 1625-AA87

Security Zone; Georgetown Channel, Potomac River, Washington, DC

AGENCY: Coast Guard, DHS.

ACTION: Notice of proposed rulemaking.

SUMMARY: The Coast Guard proposes to establish a permanent security zone on the waters of the upper Potomac River. This action is necessary to provide for the security of a large number of visitors to the annual July 4th celebration on the National Mall in Washington, DC. The security zone will allow for control of a designated area of the river and safeguard spectators and high-ranking officials.

DATES: Comments and related material must reach the Coast Guard on or before March 1, 2007.

ADDRESSES: You may mail comments and related material to Commander, Coast Guard Sector Baltimore, 2401 Hawkins Point Road, Building 70, Waterways Management Division, Baltimore, Maryland 21226-1791. Coast Guard Sector Baltimore, Waterways Management Division, maintains the public docket for this rulemaking. Comments and material received from the public, as well as documents indicated in this preamble as being available in the docket, will become part of this docket and will be available for inspection or copying at Coast Guard Sector Baltimore, Waterways Management Division, between 8 a.m. and 3 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: Mr. Ronald Houck, at Coast Guard Sector Baltimore, Waterways Management Division, at telephone number (410) 576-2674 or (410) 576-2693.

SUPPLEMENTARY INFORMATION:

Request for Comments

We encourage you to participate in this rulemaking by submitting comments and related material. If you do so, please include your name and address, identify the docket number for this rulemaking (CGD05-06-105), indicate the specific section of this document to which each comment applies, and give the reason for each comment. Please submit all comments and related material in an unbound format, no larger than 8½ by 11 inches, suitable for copying. If you would like to know that your submission reached us, please enclose a stamped, self-addressed postcard or envelope. We will consider all comments and material received during the comment period. We may change this proposed rule in view of them.

Public Meeting

We do not now plan to hold a public meeting. But you may submit a request for a meeting by writing to Coast Guard Sector Baltimore, Waterways Management Division, at the address

under **ADDRESSES** explaining why one would be beneficial. If we determine that one would aid this rulemaking, we will hold one at a time and place announced by a separate notice in the **Federal Register**.

Background and Purpose

Due to increased awareness that future terrorist attacks are possible, including continued threats against U.S. interests by Al-Qaeda and other terrorist organizations, the Coast Guard as lead federal agency for maritime homeland security has determined that the Captain of the Port Baltimore must have the means to be aware of, deter, detect, intercept, and respond to asymmetric threats, acts of aggression, and attacks by terrorists on the American homeland while still maintaining our freedoms and sustaining the flow of commerce. This security zone is part of a comprehensive port security regime designed to safeguard human life, vessels, and waterfront facilities against sabotage or terrorist attacks.

In this particular rulemaking, to address the aforementioned security concerns, and to take steps to prevent the catastrophic impact that a terrorist attack against a large number of spectators and high-ranking officials during the annual July 4th celebration would have on the public interest, the Coast Guard is proposing to establish a security zone upon all waters of the Georgetown Channel of the Potomac River, from the surface to the bottom, 75 yards from the eastern shore measured perpendicularly to the shore, between the Long Railroad Bridge (the most eastern bridge of the 5-span, Fourteenth Street Bridge Complex) to the Theodore Roosevelt Memorial Bridge and all waters in between, totally including the waters of the Georgetown Channel Tidal Basin. This security zone will help the Coast Guard to prevent vessels or persons from engaging in terrorist actions against a large number of spectators and high-ranking officials during the annual July 4th celebration. Due to these heightened security concerns, and the catastrophic impact a terrorist attack on the National Mall in Washington, DC during the annual July 4th celebration would have on the large number of spectators and high-ranking officials, as well as the surrounding area and communities, a security zone is prudent for this type of event.

Discussion of Proposed Rule

It is very likely that hundreds of thousands of visitors will attend the July 4th celebration on the National Mall in Washington, DC. The Captain of the Port, Baltimore, Maryland proposes to

establish a security zone for the highly-publicized public event in Washington, DC to address the aforementioned security concerns and to take steps to prevent the catastrophic impact that a terrorist attack against a large gathering of spectators and high-ranking officials at or near the July 4th celebration on the National Mall in Washington, DC, would have. This security zone applies to all waters of the Georgetown Channel of the Potomac River, from the surface to the bottom, 75 yards from the eastern shore measured perpendicularly to the shore, between the Long Railroad Bridge (the most eastern bridge of the 5-span, Fourteenth Street Bridge Complex) to the Theodore Roosevelt Memorial Bridge and all waters in between, totally including the waters of the Georgetown Channel Tidal Basin from 12:01 a.m. through 11:59 p.m. local time annually on July 4. Vessels underway at the time this security zone is implemented will immediately proceed out of the zone. We will issue Broadcast Notices to Mariners to further publicize the security zone. This security zone is necessary to prevent vessels or persons on designated waters of the Potomac River (including the waters of the Georgetown Channel Tidal Basin) from going ashore and thereby bypassing the security perimeter established by the U.S. Park Police of the National Park Service for the event.

Regulatory Evaluation

This proposed rule is not a "significant regulatory action" under section 3(f) of Executive Order 12866, Regulatory Planning and Review, and does not require an assessment of potential costs and benefits under section 6(a)(3) of that Order. The Office of Management and Budget has not reviewed it under that Order. It is not "significant" under the regulatory policies and procedures of the Department of Homeland Security (DHS).

We expect the economic impact of this proposed rule to be so minimal that a full Regulatory Evaluation under the regulatory policies and procedures of DHS is unnecessary.

Small Entities

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

governmental jurisdictions with populations of less than 50,000.

The Coast Guard certifies under 5 U.S.C. 605(b) that this proposed rule would not have a significant economic impact on a substantial number of small entities. This proposed rule would affect the following entities, some of which might be small entities: The owners or operators of vessels intending to transit or anchor in a portion of the Potomac River (including the waters of the Georgetown Channel Tidal Basin) from 12:01 a.m. to 11:59 p.m. annually on July 4th.

This security zone will not have a significant economic impact on a substantial number of small entities for the following reasons. Although the security zone will apply to the entire width of the river, traffic may be allowed to pass through the zone at the direction of the Coast Guard Captain of the Port, Baltimore, Maryland. Additionally, before the effective period, the Coast Guard will issue maritime advisories widely available to users of the river to allow mariners to make alternative plans for transiting the affected areas. Because the zone is of limited size, it is expected that there will be minimal disruption to the maritime community. Smaller vessels not constrained by their draft, which are more likely to be small entities, may request permission from the Captain of the Port Baltimore, Maryland on a case-by-case basis to enter the zone.

If you think that your business, organization, or governmental jurisdiction qualifies as a small entity and that this rule would have a significant economic impact on it, please submit a comment (see **ADDRESSES**) explaining why you think it qualifies and how and to what degree this rule would economically affect it.

Assistance for Small Entities

Under section 213(a) of the Small Business Regulatory Enforcement Fairness Act of 1996 (Pub. L. 104-121), we want to assist small entities in understanding this proposed rule so that they can better evaluate its effects on them and participate in the rulemaking. If the proposed rule would affect your small business, organization, or governmental jurisdiction and you have questions concerning its provisions or options for compliance, please contact the person listed under **FOR FURTHER INFORMATION CONTACT**. The Coast Guard will not retaliate against small entities that question or complain about this rule or any policy or action of the Coast Guard.

Collection of Information

This proposed rule would call for no new collection of information under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520).

Federalism

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

Unfunded Mandates Reform Act

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

Taking of Private Property

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

Civil Justice Reform

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

Protection of Children

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

Indian Tribal Governments

This proposed rule does not have tribal implications under Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, because it would not have a substantial direct effect on one or more Indian tribes, on the relationship

between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes. We invite your comments on how this proposed rule might impact tribal governments, even if that impact may not constitute a "tribal implication" under the Order.

Energy Effects

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

Technical Standards

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

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

Environment

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

documentation because this rulemaking is a security zone less than one week in duration. A draft "Environmental Analysis Check List" and a draft "Categorical Exclusion Determination" (CED) are available in the docket where indicated under ADDRESSES. Comments on this section will be considered before we make the final decision on whether the rule should be categorically excluded from further environmental review.

List of Subjects in 33 CFR Part 165

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

For the reasons discussed in the preamble, the Coast Guard proposes to amend 33 CFR part 165 as follows:

PART 165—REGULATED NAVIGATION AREAS AND LIMITED ACCESS AREAS

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

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

2. Add § 165.508 to read as follows:

§ 165.508 Security Zone; Georgetown Channel, Potomac River, Washington, DC.

(a) *Definitions.* (1) The Captain of the Port, Baltimore, Maryland means the Commander, Coast Guard Sector Baltimore, Maryland or any Coast Guard commissioned, warrant, or petty officer who has been authorized by the Captain of the Port, Baltimore, Maryland to act on his or her behalf.

(b) *Location.* The following area is a security zone: All waters of the Georgetown Channel of the Potomac River, from the surface to the bottom, 75 yards from the eastern shore measured perpendicularly to the shore, between the Long Railroad Bridge (the most eastern bridge of the 5-span, Fourteenth Street Bridge Complex) to the Theodore Roosevelt Memorial Bridge and all waters in between, totally including the waters of the Georgetown Channel Tidal Basin.

(c) *Regulations.* (1) All persons are required to comply with the general regulations governing security zones found in § 165.33 of this part.

(2) Entry into or remaining in this zone is prohibited unless authorized by the Coast Guard Captain of the Port, Baltimore, Maryland.

(3) Persons or vessels requiring entry into or passage through the security zone must first request authorization from the Captain of the Port, Baltimore

to seek permission to transit the area. The Captain of the Port, Baltimore, Maryland can be contacted at telephone number (410) 576-2693. The Coast Guard vessels enforcing this section can be contacted on VHF Marine Band Radio, VHF channel 16 (156.8 MHz). Upon being hailed by a U.S. Coast Guard vessel by siren, radio, flashing light, or other means, the operator of a vessel shall proceed as directed. If permission is granted, all persons and vessels must comply with the instructions of the Captain of the Port, Baltimore, Maryland and proceed at the minimum speed necessary to maintain a safe course while within the zone.

(d) *Enforcement.* The U.S. Coast Guard may be assisted in the patrol and enforcement of the zone by Federal, State, and local agencies.

(e) *Enforcement period.* This section will be enforced from 12:01 a.m. to 11:59 p.m. local time annually on July 4.

Dated: November 6, 2006.

Jonathan C. Burton,

Commander, U.S. Coast Guard, Acting Captain of the Port, Baltimore, Maryland.

[FR Doc. E6-19678 Filed 11-30-06; 8:45 am]

BILLING CODE 4910-15-P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[EPA-R06-OAR-2005-AR-0001; FRL-8250-1]

Approval and Promulgation of Air Quality Implementation Plans; Arkansas; Prevention of Significant Deterioration and New Source Review; Economic Development Zone for Crittenden County, Arkansas; and Stage I Vapor Recovery

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed rule.

SUMMARY: EPA is proposing to approve revisions to the Arkansas State Implementation Plan (SIP) that include changes made to Arkansas regulations entitled, "Regulations of the Arkansas Plan of Implementation for Air Pollution Control" and "Nonattainment New Source Review Requirements." The proposed revisions amend the State's permitting rules in order to address revisions to the Federal New Source Review (NSR) regulations, which were promulgated by EPA on December 31, 2002 (67 FR 80186) and reconsidered with minor changes on November 7, 2003 (68 FR 63021)

(collectively, these two final actions are called the "2002 NSR Reform Rules"). Prevention of Significant Deterioration (PSD) and Nonattainment NSR (NNSR) programs, together with the minor preconstruction permit program required by section 110 of the Federal Clean Air Act ("Act"), are commonly referred to as the "NSR programs." The Arkansas revised preconstruction permitting rules proposed for inclusion in the Arkansas SIP, affecting major sources and modifications to include provisions for baseline emissions calculations, an actual-to-projected-actual methodology for calculating emissions changes, options for plantwide applicability limits, and recordkeeping and reporting requirements. The proposed revisions also include non-substantive revisions to previously SIP-approved regulations and regulations for implementing the permitting provisions for the 8-Hour Ozone National Ambient Air Quality Standard-Phase 2, Economic Development Zone in Crittenden County, and Stage I Vapor Recovery Rules. Finally, EPA is taking no action on provisions that relate to designated facilities. We are proposing approval of the revisions because we find the changes consistent with EPA's implementing regulations, guidance and policy and with Section 110(l) of the Act.

DATES: Comments must be received on or before January 2, 2007.

ADDRESSES: Submit your comments, identified by Docket ID No. EPA-R06-OAR-2005-AR-0001, by one of the following methods:

- Federal eRulemaking Portal: <http://www.regulations.gov>. Follow the online instructions for submitting comments.

- U.S. EPA Region 6 "Contact Us" web site: <http://epa.gov/region6/r6coment.htm>. Please click on "6PD" (Multimedia) and select "Air" before submitting comments.

- E-mail: Mr. Stanley M. Spruiell at spruiell.stanley@epa.gov.

- Fax: Mr. Stanley M. Spruiell, Air Permits Section (6PD-R), at fax number (214) 665-7263.

- Mail: Mr. Stanley M. Spruiell, Air Permits Section (6PD-R), Environmental Protection Agency, 1445 Ross Avenue, Suite 1200, Dallas, Texas 75202-2733.

- Hand or Courier Delivery: Mr. Stanley M. Spruiell, Air Permits Section (6PD-R), Environmental Protection Agency, 1445 Ross Avenue, Suite 1200, Dallas, Texas 75202-2733. Such deliveries are accepted only between the hours of 8 a.m. and 4 p.m. weekdays except for legal holidays. Special

arrangements should be made for deliveries of boxed information.

Instructions: Direct your comments to Docket ID No. EPA-R06-OAR-2005-AR-0001. EPA's policy is that all comments received will be included in the public docket without change and may be made available online at <http://www.regulations.gov>, including any personal information provided, unless the comment includes information claimed to be Confidential Business Information (CBI) or other information the disclosure of which is restricted by statute. Do not submit information through <http://www.regulations.gov> or e-mail if you believe that it is CBI or otherwise protected from disclosure. The <http://www.regulations.gov> Web site is an "anonymous access" system, which means that EPA will not know your identity or contact information unless you provide it in the body of your comment. If you send an e-mail comment directly to EPA without going through <http://www.regulations.gov> your e-mail address will be automatically captured and included as part of the comment that is placed in the public docket and made available on the Internet. If you submit an electronic comment, EPA recommends that you include your name and other contact information in the body of your comment and with any disk or CD-ROM you submit. If EPA cannot read your comment due to technical difficulties and cannot contact you for clarification, EPA may not be able to consider your comment. Electronic files should avoid the use of special characters and any form of encryption and should be free of any defects or viruses.

Docket: All documents in the docket are listed in the <http://www.regulations.gov> index. Although listed in the index, some information is not publicly available, e.g., CBI or other information the disclosure of which is restricted by statute. Certain other material, such as copyrighted material, will be publicly available only in hard copy. Publicly available docket materials are available either electronically at <http://www.regulations.gov> or in hard copy at the Air Permits Section (6PD-R), Environmental Protection Agency, 1445 Ross Avenue, Suite 700, Dallas, Texas 75202-2733. The file will be made available by appointment for public inspection in the Region 6 FOIA Review Room between the hours of 8:30 am and 4:30 pm weekdays except for legal holidays. Contact the person listed in the **FOR FURTHER INFORMATION CONTACT** paragraph below to make an appointment. If possible, please make the appointment at least two working

days in advance of your visit. There will be a 15 cent per page fee for making photocopies of documents. On the day of the visit, please check in at the EPA Region 6 reception area at 1445 Ross Avenue, Suite 700, Dallas, Texas.

The state submittal is also available for public inspection at the State Air Agency listed below during official business hours by appointment:

Arkansas Department of Environmental Quality, Air Division, 8001 National Drive, P.O. Box 8913, Little Rock, Arkansas 72219-8913.

FOR FURTHER INFORMATION CONTACT: Mr. Stanley M. Spruiell, Air Permits Section (6PD-R), Environmental Protection Agency, Region 6, 1445 Ross Avenue, Suite 700, Dallas, Texas 75202-2733, telephone (214) 665-7212; fax number (214) 665-7263; e-mail address spruiell.stanley@epa.gov.

SUPPLEMENTARY INFORMATION:

Throughout this document any reference to "we," "us," or "our" shall mean the EPA.

Outline

- I. What Action Is EPA Proposing?
- II. What is the Background for Major NSR Reform?
- III. What is EPA's Analysis of Arkansas's SIP Revisions?
 - A. Major NSR Reform Requirements.
 - B. Permits Provisions for the 8-Hour Ozone NAAQS—Phase 2.
 - C. Zones Targeted for Economic Development.
 - D. Stage I Vapor Recovery
 - E. Editorial Revisions to the Regulations for the Control of VOCs in Pulaski County
 - F. Revisions to Chapter 8—111(d) Designated Facilities
- IV. What Action is EPA Taking Today?
- V. Statutory and Executive Order Reviews

I. What Action Is EPA Proposing?

On February 3, 2005, and July 3, 2006, the Governor of Arkansas submitted revisions to the Arkansas SIP. The 2005 submittal consists of revisions to "Regulation No. 19—Regulations of the Arkansas Plan of Implementation for Air Pollution Control." The 2006 submittal consists of further revisions to "Regulation No. 19—Regulations of the Arkansas Plan of Implementation for Air Pollution Control" and a new "Regulation No. 31—Nonattainment New Source Review Requirements." The revisions were made to update the Arkansas NSR programs to make them consistent with changes to the Federal NSR regulations published on December 31, 2002 (67 FR 80186) and November 7, 2003 (68 FR 63021). These two EPA rulemakings are commonly referred to as the "2002 NSR Reform Rules."

These SIP revisions also add provisions for implementing the air

permitting requirements for the 8-hour ozone national ambient air quality standard-phase 2 (promulgated November 29, 2005 (70 FR 71611)), an Economic Development Zone that implement section 173(a)(1)(B) of the Act, and provisions for Stage I Vapor Recovery. In addition, Arkansas revised Regulation No. 19 to make the following non-substantive changes (which do not change the regulatory requirements): redesignated the subdivisions from "Section" to "Reg."; changed references to "Arkansas Department of Pollution Control and Ecology" to "Arkansas Department of Environmental Quality"; corrected typographical errors and grammar; and improved readability and clarity. Finally, EPA is taking no action on Chapter 8 of Regulation No. 19 "111(d) Designated Facilities."

II. What is the Background for Major NSR Reform?

On December 31, 2002, EPA published final rule changes to 40 Code of Federal Regulations (CFR) parts 51 and 52, regarding the Act's PSD and Nonattainment New Source Review (NNSR) programs. See 67 FR 80186. On November 7, 2003, EPA published a notice of final action on the reconsideration of the December 31, 2002 final rule changes. See 68 FR 63021. In that November 7th final action, EPA added the definition of "replacement unit," and clarified an issue regarding plantwide applicability limitations (PALs). The December 31, 2002 and the November 7, 2003, final actions, are collectively referred to as the "2002 NSR Reform Rules." The purpose of today's action is to propose approval of the SIP submittals from the State of Arkansas, which adopts EPA's 2002 NSR Reform Rules.

The 2002 NSR Reform Rules are part of EPA's implementation of Parts C and D of Title I of the Act, 42 U.S.C. 7470-7515 addressing major sources and major modifications. Part C of Title I of the Act, 42 U.S.C. 7470-7492, is the PSD program, which applies in areas that meet the National Ambient Air Quality Standards (NAAQS)—"attainment" areas—as well as in areas for which there is insufficient information to determine whether the area meets the NAAQS "unclassifiable" areas. Part D of Title I of the Act, 42 U.S.C. 7501-7515, is the NNSR program, which applies in areas that are not in attainment of one or more of the NAAQS—"nonattainment areas." Collectively, the PSD and NNSR programs are referred to as the "New Source Review" or NSR programs. EPA regulations implementing these programs are contained in 40 CFR

51.165, 51.166, 52.21, 52.24, and appendix S of part 51.

The Act's NSR programs are preconstruction review and permitting programs applicable to new and modified stationary sources of air pollutants regulated under the Act. These programs include a combination of air quality planning and air pollution control technology program requirements. Briefly, section 109 of the Act, 42 U.S.C. 7409, requires EPA to promulgate primary NAAQS to protect public health and secondary NAAQS to protect public welfare. Once EPA sets those standards, states must develop, adopt, and submit to EPA for approval, a SIP that contains emissions limitations and other control measures to attain and maintain the NAAQS. Each SIP is required to contain a preconstruction review program for the construction and modification of any stationary source of air pollution to assure that the NAAQS are achieved and maintained; to protect areas of clean air; to protect air quality related values (such as visibility) in national parks and other areas; to assure that appropriate emissions controls are applied; to maximize opportunities for economic development consistent with the preservation of clean air resources; and to ensure that any decision to increase air pollution is made only after full public consideration of the consequences of the decision.

The 2002 NSR Reform Rules made changes to five areas of the NSR programs. In summary, these rules: (1) Provide a new method for determining baseline actual emissions in the NNSR and PSD programs; (2) adopt for the NNSR and PSD programs an actual-to-projected-actual methodology for determining whether a major modification has occurred; (3) allow major stationary sources to comply with plant-wide applicability limits to avoid having a significant emissions increase that triggers the requirements of the major NSR program; (4) provide a new applicability provision for emissions units that are designated clean units; and (5) exclude pollution control projects (PCPs) from the NNSR and PSD program definitions of "physical change or change in the method of operation." On November 7, 2003, EPA published a notice of final action on its reconsideration of the 2002 NSR Reform Rules (68 FR 63021), which added a definition for "replacement unit" and clarified an issue regarding PALs. For additional information on the 2002 NSR Reform Rules, see 67 FR 80186 (December 31, 2002), and <http://www.epa.gov/nsr>.

After the 2002 NSR Reform Rules were finalized and effective (March 3,

2003), various petitioners challenged numerous aspects of the 2002 NSR Reform Rules, along with portions of EPA's 1980 NSR Rules (45 FR 5276, August 7, 1980). On June 24, 2005, the D.C. Circuit Court of Appeals issued a decision on the challenges to the 2002 NSR Reform Rules. See *New York v. United States*, 413 F.3d 3 (D.C. Cir. June 24, 2005), rehearing en banc denied (Dec 09, 2005). In summary, the Court vacated portions of the rules pertaining to clean units and PCPs, remanded a portion of the rules regarding recordkeeping, e.g., 40 CFR 51.165(a)(6) and 40 CFR 51.166(r)(6), and either upheld or did not comment on the other provisions included as part of the 2002 NSR Reform Rules. The EPA has not yet responded to the Court's remand regarding the recordkeeping provisions. Today's action is consistent with the decision of the D.C. Circuit Court of Appeals because Arkansas' submittal does not include any portions of the 2002 NSR Reform Rules that were vacated as part of the June 2005, decision.

The 2002 NSR Reform Rules require that state agencies adopt and submit revisions to their SIP permitting programs implementing the minimum program elements of the 2002 NSR Reform Rules no later than January 2, 2006. See 40 CFR 51.166(a)(6)(i) (requiring state agencies to adopt and submit PSD SIP revisions within three years after new amendments are published in the *Federal Register*). State agencies may meet the requirements of 40 CFR part 51 and the 2002 NSR Reform Rules, with regulations that are different than, but equivalent to, Federal regulations. If, however, a state decides not to implement any of the new applicability provisions, that state must demonstrate that its existing program is at least as stringent as the Federal program. In adopting changes to Federal law, a state may write the Federal requirements into the state SIP or the state may incorporate the Federal rule into the SIP by referencing the citation of the Federal rule. As discussed in further detail below, EPA believes the revisions contained in the Arkansas submittal are approvable for inclusion into the Arkansas SIP.

III. What Is EPA's Analysis of Arkansas' SIP Revisions?

Arkansas currently has an approved PSD program for new and modified sources. Today, EPA is proposing to approve revisions to Arkansas' existing NSR program in the SIP. These proposed revisions were submitted to EPA on February 3, 2005, and July 3, 2006. Copies of the revised rules, as

well as the Technical Support Document (TSD), can be obtained from the Docket, as discussed in the "Docket" section above. A discussion of the specific changes to Arkansas' rule, proposed for inclusion in the SIP, follows.

Arkansas' "Regulation No. 19—Regulations of the Arkansas Plan of Implementation for Air Pollution Control" contains the preconstruction review program as required under part C of Title I of the Act. The program applies to major stationary sources or modifications constructing in areas that are designated as attainment or unclassifiable with respect to the NAAQS. Arkansas' current PSD program was approved into the SIP by EPA on October 16, 2000 (65 FR 61108). The revisions submitted February 3, 2005, revise the PSD provisions to incorporate by reference the requirements of 40 CFR 52.21(a)(2) through (bb), as in effect on July 23, 2004, with the exception of 40 CFR 52.21(b)(55) through (58), (i)(9), and (cc). The February 3, 2005, submittal also revises Regulation No. 19, to add a new "Chapter 12—Nonattainment Areas," and a new "Chapter 13—Stage I Vapor Recovery." Arkansas also made several non-substantive changes to Regulation No. 19. On July 3, 2006, Arkansas submitted revisions to Regulation No. 19 that removed "Chapter 12—Nonattainment Areas" and revised the PSD provisions to withdraw its submittal of the provisions of 40 CFR 52.21 that the D.C. Circuit vacated and remanded.

EPA designated the Memphis, Tennessee area, which includes Crittenden County in Arkansas, as nonattainment for the eight-hour national ambient air quality standard for ozone in April 2004 (69 FR 23858). EPA subsequently reclassified the area from moderate to marginal in September 2004 (69 FR 56697). The Arkansas SIP does not currently include a NNSR program because there were no nonattainment areas in the State of Arkansas at the time of the April 2004 designation. Arkansas' permitting requirements for major sources in or impacting upon nonattainment areas are set forth in "Regulation No. 31—Nonattainment New Source Review Requirements." On July 3, 2006, Arkansas submitted Regulation No. 31 to address the nonattainment permitting requirements in Crittenden County. This regulation applies to the construction and modification of any major stationary source of air pollution in a nonattainment area, as required by part D of Title I of the Act. To receive approval to construct, a source that is

subject to this regulation must show that it will not cause a net increase in pollution, will not create a delay in meeting the NAAQS, and that the source will install and use control technology that achieves the lowest achievable emissions rate. Regulation No. 31 also includes provisions that implement EPA's designation of Crittenden County as an Economic Development Zone subject to the requirements of Section 173(a)(1)(B) of the Act. Finally, Regulation No. 31 includes the NSR provisions promulgated by EPA on November 29, 2005 (70 FR 71611).

A. Major NSR Reform Requirements

On February 3, 2005, Arkansas submitted revisions that update the existing provisions of Chapter 9 of Regulation No. 19—"Prevention of Significant Deterioration" to be consistent with the current Federal PSD rules, including the 2002 NSR Reform Rules. These revisions address baseline actual emissions, actual-to-projected-actual applicability tests, and PALs. Arkansas incorporated by reference the requirements of 40 CFR 52.21(a)(2) through (bb), as in effect on July 3, 2004, which include the major NSR Reform provisions. Arkansas did not include the requirements of 40 CFR 52.21(b)(55) through (58), and (cc) which include the Equipment Replacement Provision (ERP) promulgated October 27, 2003 (68 FR 61248).¹ Arkansas also did not incorporate 40 CFR 52.21(i)(9), a provision that is excluded in the current PSD SIP. In the July 3, 2006 submittal, Arkansas withdrew its submittal of provisions of 40 CFR 52.21 that the D.C. Circuit Court of Appeals vacated and remanded. Specifically, Arkansas withdrew the following requirements of 40 CFR 52.21:

- Everything in paragraphs (x) "Clean Unit Test for emissions units that are subject to BACT or LAER," (y) "Clean Unit provisions for emissions units that achieve an emission limitation comparable to BACT," and (z) "PCP exclusion procedural requirements."
- Paragraph (a)(2)(iv)(e): clean unit applicability.
- Paragraph (a)(2)(iv)(f): second sentence ("for example * * *").
- Paragraph (a)(2)(vi): comply with PCP requirements.
- Paragraph (b)(2)(iii)(h): Refers to PCPs.

¹ EPA promulgated the ERP on October 27, 2003 (68 FR 61248). The ERP was challenged after promulgation and the D.C. Circuit Court of Appeals stayed the ERP on December 24, 2003. On March 17, 2006, the Court vacated the ERP. See *New York v. EPA*, 443 F.3d 880 (D.C. Cir March 17, 2006), rehearing en banc denied (June 30, 2006).

- Paragraph (b)(3)(iii)(b): emissions increase/decrease at clean unit.
 - Paragraph (b)(3)(vi)(d): decrease in actual emissions did not rely on clean unit or PCP.
 - Paragraph (b)(32): PCP definition.
 - Paragraph (b)(42): clean unit definition.
 - Paragraph (r)(6): The first sentence "Clean Units or at a" and "there is a reasonable possibility that * * *."
- The revisions included in Arkansas' PSD program submittal are substantively the same as the 2002 major NSR Reform Rules. The PSD rules do not incorporate the portions of the Federal rules that were recently vacated by the D.C. Circuit Court of Appeals, including the clean unit provisions, the pollution control projects exclusion, and the equipment replacement provision, which was promulgated shortly after the applicable 2002 NSR Reform Rules.

Arkansas included provisions for nonattainment NSR in Chapter 12 of Regulation No. 19 submitted February 3, 2005. On July 3, 2006, Arkansas submitted revisions to Regulation No. 19, which removed the nonattainment NSR provisions in Chapter 12 and included the nonattainment NSR requirements in a new Regulation No. 31. The New Regulation No. 31 includes provisions consistent with the current Federal nonattainment NSR rule, including the 2002 NSR Reform Rules. These revisions address baseline actual emissions, actual-to-projected-actual applicability tests, and PALs. The revisions included in Arkansas' NNSR program are substantively the same as the 2002 NSR Reform Rules. As part of our review of Arkansas' submittals, we performed a line-by-line review of the proposed revisions and have determined that they are consistent with the program requirements for the preparation, adoption and submittal of implementation plans for New Source Review, set forth at 40 CFR 51.165. We also determined that these rules do not incorporate the portions of the Federal rules that were recently vacated by the D.C. Circuit Court of Appeals, including the clean unit provisions, the PCP exclusion, and the equipment replacement provision, which was promulgated shortly after the 2002 NSR Reform Rules.

Regulation No. 31 as submitted July 3, 2006, also incorporates the nonattainment NSR changes that EPA promulgated November 29, 2005 (70 FR 71611) which is the final rule to implement the 8-hour ozone national ambient air quality standard. As part of our review of Arkansas' submittal, we performed a line-by-line review of the

proposed revisions and have determined that they are consistent with the program requirements for the preparation, adoption and submittal of implementation plans for New Source Review, set forth at 40 CFR 51.165.

Regulation No. 31 includes provisions for determining applicability for nonattainment NSR. Reg. 31.401 contains the applicability test requirements for projects involving existing emissions units. Reg. 31.402 contains the applicability test requirements for projects involving new emissions units. Reg. 31.401 and Reg. 31.402 respectively meet the requirements in 40 CFR 51.165(a)(2)(ii)(C) and (D). To address the applicability test requirements for projects that involve both existing and new emissions units, the ADEQ forwarded a letter dated June 22, 2006, from Marcus C. Devine, Director, Arkansas Department of Environmental Quality to Richard E. Greene, Region Administrator, Environmental Protection Agency, Region 6. The letter stated that for projects that involve both new and existing units, ADEQ would use Reg. 31.401 for the existing units and Reg. 31.402 for the new units. This statement assures that projects that involve both existing and new emissions units will satisfy the requirement of 40 CFR 51.165(a)(2)(ii)(F)—Hybrid test for projects that involve multiple types of emissions units. The June 22, 2006, letter is included in the docket for this action.

The Act provides in section 110(l) that:

Each revision to an implementation plan submitted by a State under this Act shall be adopted by such State after reasonable notice and public hearing. The Administrator shall not approve a revision of a plan if the revisions would interfere with any applicable requirement concerning attainment and reasonable further progress (as defined in section 171), or any other applicable requirement of the Act.

We are proposing approval of the Arkansas NSR Reform revisions because we have determined that they are consistent with EPA's implementing regulations, guidance and policy and with Section 110(l) of the Act. Arkansas has adopted rules that are essentially the same as the applicable Federal NSR Reform requirements at 40 CFR 51.165 and 51.166. The NSR Reform revisions will not interfere with attainment, reasonable further progress, or any other applicable requirement of the Act.

We have prepared a Technical Support Document which is included in the docket for this action. The Technical Support Document includes a detailed

evaluation of the NSR revisions to Regulation No. 19 and Regulation No. 31 and documents how these regulations meet the applicable Federal requirements in 40 CFR 51.165 and 51.166.

B. Permits Provisions for the 8-Hour Ozone NAAQS—Phase 2

On November 29, 2005 (70 FR 71612), EPA promulgated provisions for the 8-Hour Ozone NAAQS—Phase 2. These included major source thresholds for sources in certain classes of nonattainment areas, offset ratios for marginal, moderate, serious, severe, and extreme ozone nonattainment areas, provisions addressing offset requirements for facilities that shut down or curtail operation, and a requirement that emissions of nitrogen oxide (NO_x) emissions are ozone precursors. Arkansas incorporated the 8-hour ozone NAAQS phase 2 permitting requirements in Regulation No. 31 as follows.

The definition of "major stationary source" in Chapter 2 of Regulation No. 31 defines a major stationary source to be a source that emits or has the potential to emit 100 tons per year (tpy) of any regulated NSR pollutant; and provides that lower major source thresholds apply as follows:

- 50 tpy of volatile organic compounds (VOC) in any serious ozone nonattainment area;
- 50 tpy of VOC in an area within an ozone transport region, except for any severe or extreme ozone nonattainment area;
- 25 tpy of VOC in any severe ozone nonattainment area;
- 10 tpy of VOC in any extreme ozone nonattainment area;
- 50 tpy of carbon monoxide (CO) in any serious nonattainment area for CO, where stationary sources contribute significantly to CO levels in the area (as determined under rules issued by the EPA Administrator); and
- 70 tpy of PM-10 in any serious nonattainment area for PM-10.

These major source thresholds meet the requirements of 40 CFR 51.165(a)(1)(iv)(A)(1)(i) through (vi).

The definition of "major stationary source" in Chapter 2 of Regulation No. 31 further provides that "major stationary sources" include the following sources in ozone nonattainment area that emit or have the potential to emit NO_x as follows:

- 100 tpy of more of NO_x in any ozone nonattainment area classified as marginal or moderate;
- 100 tpy of more of NO_x in any ozone nonattainment area that is classified as transitional, submarginal,

or incomplete or no data area, when such area is located in an ozone transport region;

- 100 tpy of more of NO_x in any area designated under Section 107(d) of the Act as attainment or unclassifiable for ozone the is located in an ozone transport region;
- 50 tpy of more of NO_x in any serious nonattainment area for ozone;
- 25 tpy of more of NO_x in any severe nonattainment area for ozone; and
- 10 tpy of more of NO_x in any extreme nonattainment area for ozone.

These major source thresholds meet the requirements of 40 CFR 51.165(a)(1)(iv)(A)(2)(i) through (vi). Arkansas' Reg. 31.409 provides that the provisions of Regulation No. 31 that are applicable to major stationary sources and major modification of VOC apply to NO_x emissions from major stationary sources and major modifications of NO_x in ozone transport regions and any ozone nonattainment area, except where the EPA Administrator has granted a NO_x waiver under Section 182(f) of the Act and waiver continues to apply. This provision meets the requirements of 40 CFR 51.165(a)(8).

Reg. 31.410(A) provides that for meeting the offset requirements for major NSR for nonattainment areas that are subject to Subpart 2, Part D, Title I of the Act, the ratio of total actual emissions of VOC to the emissions increase of VOC are as follows:

- At least 1.1 to 1 in any marginal nonattainment area for ozone;
- At least 1.15 to 1 in any moderate nonattainment area for ozone;
- At least 1.2 to 1 in any serious nonattainment area for ozone;
- At least 1.3 to 1 in any severe nonattainment area for ozone (except that the ratio may be at least 1.2 to 1 if the approved plan also requires all existing major sources in such nonattainment area to use best available control technology (BACT) for the control of VOC); and
- At least 1.5 to 1 in any extreme nonattainment area for ozone (except that the ratio may be at least 1.2 to 1 if the approved plan also requires all existing major sources in such nonattainment area to use best available control technology (BACT) for the control of VOC).

These offset ratios meet the requirements of 40 CFR 51.165(a)(9)(i)(A) through (E).

Reg. 31.410(B) provides that the offset ratio shall be at least 1.15 to 1 for all areas within an ozone transport region that is subject to Subpart 2, Part D, Title I of the Act, except for serious, severe, and extreme ozone nonattainment areas

that are subject to Subpart 2, Part D, Title I of the Act. These offset ratios meet the requirements of 40 CFR 51.165(a)(9)(ii).

Reg. 31.410(C) provides that the offset ratio shall be at least 1 to 1 for all areas within an ozone transport region that is subject to subpart 1, Part D, Title I of the Act (but are not subject to subpart 2, Part D, Title I of the Act), including 8-hour ozone nonattainment subject to 40 CFR 51.902(b). These offset ratios meet the requirements of 40 CFR 51.165(a)(9)(iii).

Reg. 31.410(C) provides that the requirements of Regulation No. 31 that are applicable to major stationary sources and major modifications of PM-10 shall also apply to major stationary sources and major modifications of PM-10 precursors, except where the EPA Administrator determines that such sources do not contribute significantly to PM-10 levels that exceed the PM-10 ambient standards in the area. This provision meets the requirements of 40 CFR 51.165(a)(10).

Reg. 31.405(D) provides that emission reductions achieved by shutting down an existing source or curtailing production or operating hours may generally be credited for offsets if: such reductions are surplus, permanent, quantifiable, and Federally enforceable; and either (1) the shutdown or curtailment occurred after the last day of the base year for SIP planning purposes; or (2) the shutdown or curtailment occurred on or after the date the construction permit application is filed or the applicant establishes that the proposed new emissions unit is a replacement for the shutdown or curtailed emissions unit. These provisions meet the requirements of 40 CFR 51.165(a)(3)(ii)(C)(2).

We are proposing approval of the Arkansas revisions to implement permits requirements for the 8-Hour Ozone NAAQS because we have determined that they are consistent with EPA's implementing regulations, guidance and policy and with Section 110(l) of the Act. The revisions will not interfere with attainment, reasonable further progress, or any other applicable requirement of the Act.

C. Zones Targeted for Economic Development

Arkansas also requested that EPA approve its rules at Reg. 31.305 for implementing a zone targeted for economic development in Crittenden County, AR, located in the Memphis 8-Hour Ozone Nonattainment Area. In a separate action, EPA previously announced that it had approved identifying Crittenden County as a zone

targeted for economic development (EDZ) on February 21, 2006 under section 173(a)(1)(B) of the Act. (71 FR 8857).² The notice also stated that Arkansas would be responsible for developing NSR regulations for the zone, and that EPA would review and consider the regulations for approval as a revision of Arkansas' SIP. We also stated that the state rulemaking and EPA's SIP review process would provide the public opportunities to participate in the process to consider the implementing regulations for the zone. In this action, we are requesting comments on Arkansas' NSR regulations to begin implementation of the EDZ. The requirement to obtain offsets for new and modified sources subject to NNSR permitting requirements remains in effect until EPA takes final action to approve the EDZ implementation rules into the Arkansas SIP.

The regulations developed by Arkansas provide for management of a zone identified by EPA as an EDZ pursuant to section 173(a)(1)(B) of the Act. Arkansas' final NSR permitting regulations for an EDZ contain an emissions allowance ("growth allowance") based on air quality modeling that limits emissions in Crittenden County from new and modified major stationary sources. Arkansas has specifically established Targeted Economic Development Zone (TEDZ) Emissions in Crittenden County in the amount of 1,900 tons per year of VOC and 300 tons per year of nitrogen oxides beginning January 1, 2007, and 3,700 tons per year of VOC and 800 tons per year of nitrogen oxides beginning January 1, 2009. In lieu of obtaining offsets as required in Reg. 31.303(B) and Reg. 31.304, a source locating in Crittenden County may petition the ADEQ Director to allocate TEDZ emissions. A source must either obtain offsets as required in Reg. 31.303(B) and Reg. 31.304, or obtain growth

² Section 173(a)(1)(B) of the Act allows the Administrator to identify, in consultation with the Secretary of Housing and Urban Development, zones within non-attainment areas that should be targeted for economic development. Under Section 173(a)(1)(B), new or modified major stationary sources that locate in such a zone are relieved of the NSR requirement to obtain emission offsets if (1) the relevant SIP includes an NSR nonattainment program that has established emission levels for new and modified major sources in the zone ("growth allowance"), and (2) the emissions from new or modified stationary sources in the zone will not cause or contribute to emission levels that exceed such growth allowance. Section 172(c)(4) of the Act requires that the growth allowance be consistent with the achievement of reasonable further progress, and will not interfere with attainment of the applicable National Ambient Air Quality Standard (NAAQS) by the applicable attainment date for the nonattainment area.

allowances for the applicable TEDZ pursuant to Reg. 31.305.

Arkansas has established specific and replicable petition requirements for an allocation of the TEDZ emissions, i.e., the growth allowance, including: (1) Be made on such forms and contain such information as the ADEQ Director may reasonably require, (2) Contain detailed information about the projected socio-economic impact of the proposed project including, but not limited to: impact of the project on low to moderate income individuals, number of jobs to be created, median salary of employees, (3) Contain a project schedule, (4) Be separate and distinct from the permit application required under Reg. 31.302, and 3-3, and (5) Be submitted concurrently with the application required under Reg. 31.302.

Before taking final action on a petition for an allocation of TEDZ emissions from a permit applicant for a NNSR source the ADEQ Director will solicit input from the appropriate local governing body. The ADEQ Director will not allocate any TEDZ emissions unless he has determined that: (1) The project will achieve the economic impact described in the petition, (2) The projected economic impact justifies the allocation of TEDZ emissions, and (3) No other projects which do more to further the region's economic development goals will be pre-empted. See Reg. 31.305(F).

If, while processing a petition, the ADEQ Director determines that additional information is necessary to evaluate or take final action on that petition, the ADEQ may request such information in writing and set a reasonable deadline for a response. Any petitioner who fails to submit any relevant facts or who has submitted incorrect information in a petition shall, upon becoming aware of such failure or incorrect submittal, promptly submit such supplementary facts or corrected information.

If the ADEQ Director determines the requirements of Reg. 31.305(F) are met, the ADEQ will prepare a document announcing the intent to grant the allocation of TEDZ emissions. This document may contain such conditions as are necessary to ensure compliance with regulation and that the project is completed as described in the petition. No petition may be granted unless the public has first had an opportunity to comment. The opportunity to comment shall include: (1) The publication of a notice of the ADEQ Director's decision in a newspaper of general circulation in the county in which the proposed facility will be located. In the event the local newspaper is unable or unwilling

to publish notice, notice may be published in a newspaper of statewide circulation, and (2) A 30-day period for submittal of public comment, beginning on the date of the newspaper notice, ending on the date 30 days later.

The ADEQ Director will take final action on a petition after review of public comment. The Director shall notify in writing the owner/operator and any person that submitted a written comment of the Director's final action and the ADEQ Director's reasons for final action. A final decision on a petition by the ADEQ Director constitutes a final permitting decision under Arkansas Pollution Control and Ecology Commission Regulation 8, Administrative 3-4 Procedures for appeal purposes.

Any petition issued under this section is subject to revocation, suspension, or modification in whole or in part, for cause, including without limitation:

- (1) Violation of any condition established by the ADEQ Director;
- (2) Obtaining the allocations by misrepresentation or failure to disclose fully all relevant facts;
- (3) Failure to complete the project within the time periods specified by the project schedule; or
- (4) Failure to achieve the projected socio-economic impacts.

Petitions for allocations may be granted in whole, in part, or denied by the ADEQ. If a petition for allocation is granted in part or denied, the applicant must obtain offsets in the required ratios under the Act pursuant to Reg. 31.303(B) and Reg. 31.304. If a petition is granted, either in part or in whole, the applicant will be notified of the decision, and the allocations granted will be subtracted from the overall TEDZ allocation pool. A 10% reserve of allocations will be maintained in the pool, unless the ADEQ Director approves the disbursement of these "safety factor" allocations. Except as provided in ADEQ's rules, TEDZ emissions allocations shall be good for the life of the project.

In Arkansas' request to EPA that Crittenden County be identified as a zone Targeted for economic development, Arkansas provided ozone air quality modeling for the entire Memphis 8-Hour Ozone Nonattainment Area. The air quality modeling, using the variable-grid Urban Airshed Model, Version 1.5 (UAM-V5), a regional- and urban-scale, nested-grid photochemical air quality model, was used to demonstrate compliance with the 8-hour ozone National Ambient Air Quality Standards (NAAQS) in future years. The EDZ air quality modeling was developed using previous Early Action

Compact modeling developed for the Memphis area that was consistent with the EPA draft modeling guidance that was available when the modeling was conducted.

The modeling simulated and assessed future-year (2007 and 2009) ozone air quality for the Memphis Nonattainment area and surrounding counties. Attainment of the 8-hour ozone NAAQS is demonstrated at each monitor in the Memphis nonattainment area and in unmonitored areas of the local monitoring domain. Attainment of the 8-hour ozone NAAQS is predicted by the modeling to be achieved in 2007. Additionally, Arkansas analyzed the impacts from hypothetical new industrial source emissions in the Crittenden County EDZ. When additional emissions from hypothetical EDZ sources are added into the modeling for the 2007 and 2009 periods, the future year design values indicate that the Memphis Nonattainment Area and surrounding counties will continue to attain the ozone NAAQS. The emission estimates used in the modeling exceeded the EDZ allowances adopted by ADEQ's implementing rules for EDZ. This assures protection of the NAAQS by planning for greater emissions than will occur.

Arkansas also included a 2009 modeling scenario with ancillary growth emissions associated with the hypothetical new industrial sources to estimate the effects of additional emissions growth. The ancillary growth estimate was to simulate the effects of growth in other sectors (e.g., population, minor sources, and transportation) that may result from the development of the hypothetical industrial facilities. This modeling scenario also indicated the area would continue to attain the NAAQS in 2009.

Arkansas also included some analyses estimating the greatest increase in simulated maximum 8-hour ozone concentration (for each county or the multi-county area) resulting due to the increase in emissions at the Port Site in 2007 and both the Supersite and the Port Site emission increase in 2009. At this time EPA has not revised its modeling regulations or issued policy or guidance concerning permit requirements for single source ozone modeling impacts for a significant impact level analysis. Several issues need to be addressed with this type of permit modeling, which include but are not limited to, ozone impacts and what level of impact by a single source is significant or insignificant. EPA has conducted this review based on whether the Future Design Values and the out-of-network test for the remaining

nonattainment area and immediately surrounding counties indicate attainment or nonattainment.

In summary, the Arkansas modeling indicates that the emissions quantified as growth allowances in 2007 and 2009 (including ancillary growth in 2009) for the EDZ will be consistent with the achievement of reasonable further progress and will not interfere with attainment of the applicable NAAQS. A more detailed discussion of the Crittenden County EDZ modeling was included in the ADEQ's application to identify Crittenden County as an EDZ. See also our Technical Support Document (TSD).

The Act provides in section 110(l) that "The Administrator shall not approve a revision of a plan if the revisions would interfere with any applicable requirement concerning attainment and reasonable further progress * * *, or any other applicable requirement of the Act." The regulations that Arkansas has developed demonstrate that the emissions quantified for the EDZ are consistent with the achievement of reasonable further progress and do not interfere with attainment of the NAAQS within the Memphis 8-Hour Ozone Nonattainment Area. If the Memphis nonattainment area does not attain the 8-hour ozone NAAQS by June 15, 2007, emissions from the growth allowance established for the EDZ must be included in any subsequent SIP revision and modeling demonstration. If the Memphis nonattainment area does attain the ozone NAAQS and is re-designated to attainment, the NNSR requirements, including the EDZ designation, will no longer apply in Crittenden County. In that event, the NAAQS are protected by PSD in Regulation No. 19.

ADEQ will provide EPA an annual report that lists and describes local and state actions taken in accordance with the Crittenden County EDZ strategic plan submitted to EPA. The report will include both quantitative and qualitative analysis regarding the economic and air quality accomplishments in Crittenden County. See the Arkansas EDZ Petition for further details.

D. Stage I Vapor Recovery

Stage I Vapor Recovery is used during the filling of gasoline storage tanks to reduce hydrocarbon emissions and has been incorporated into numerous SIPs as an effective VOC emission control technology.

As a strategy to assist in the attainment of the 8-hour ozone standard, the ADEQ, on September 23,

2004, proposed regulations to establish a Stage I Vapor Recovery program for areas classified as nonattainment in the State. The requirements of this program are contained within Regulation No. 19, Chapter 13, entitled "Stage I Vapor Recovery." The State of Arkansas adopted these Stage I Vapor Recovery rules on December 3, 2004, and submitted them to EPA for approval into the Arkansas Ozone SIP on February 3, 2005. The Stage I Vapor Recovery program requires the installation and use of Stage I Vapor Recovery in all nonattainment areas of the State.

As discussed in Section III, Crittenden County, Arkansas, is currently the only designated nonattainment area within Arkansas and is also part of the Memphis Ozone Nonattainment Area (MONA), which was designated moderate for 8-hour ozone nonattainment by EPA on April 30, 2004. However, the States of Arkansas and Tennessee submitted to EPA a successful petition for downward reclassification of the MONA, pursuant to section 181(a)(4) of the Act, and EPA reclassified the MONA as a marginal 8-hour ozone nonattainment area on June 15, 2004. See 69 FR 56697. As part of the request for "bump down" reclassification, Arkansas proposed the implementation of VOC emission reduction measures, such as Stage I Vapor Recovery, in Crittenden County to aid the MONA in reaching ozone attainment by June 2007, the deadline for marginal ozone nonattainment areas to reach attainment. Therefore, with adoption of these Stage I Vapor Recovery rules, Arkansas is going forward with the implementation of VOC emission reduction measures in Crittenden County and, in fact, has gone further by requiring Stage I Vapor Recovery in all nonattainment areas in Arkansas (should any other area in Arkansas be designated ozone nonattainment).

Arkansas Regulation No. 19, Chapter 13, establishes a Stage I Vapor Recovery program where one did not previously exist and EPA anticipates that the establishment of this program will result in substantial reductions of VOC emissions from the filling of gasoline storage tanks. For example, Arkansas has estimated the implementation of Stage I Vapor Recovery in Crittenden County (currently the only area in Arkansas classified as nonattainment for the 8-hour ozone standard) to result in VOC emission reductions of 179 tons per year. Further, by requiring Stage I Vapor Recovery in all nonattainment areas, ADEQ is both controlling VOC emissions in Crittenden County, as well as establishing a control strategy should

other areas be designated/redesignated ozone nonattainment.

Because the Stage I Vapor Recovery rules that we are proposing to approve today do not implement a mandatory requirement of the Act or other Federal requirement, but rather were submitted as an emission reduction strategy to aid Crittenden County (and any future areas in Arkansas designated as ozone nonattainment) in reaching ozone attainment, we are reviewing these rules as a voluntarily adopted VOC emission reduction strategy and as a strengthening of the SIP. Based on our evaluation, ADEQ has submitted Stage I Vapor Recovery rules that are consistent with both the OAQPS Model VOC Rules³ and with EPA enforceability criteria.

Before EPA may approve SIP revisions, section 110(l) of the Act requires a demonstration of noninterference with any applicable requirement concerning nonattainment, reasonable further progress toward attainment of NAAQS, or any other applicable requirement of the Act. Arkansas' Stage I Vapor Recovery rules supplement and strengthen the existing Ozone SIP by requiring the installation of Stage I Vapor Recovery in all nonattainment areas in the State, thereby facilitating attainment of the ozone NAAQS in ozone nonattainment areas. These revisions to the Arkansas SIP—specifically, the addition of Regulation No. 19, Chapter 13—include a voluntarily adopted VOC emission reduction strategy and, therefore, are more stringent than CAA requirements for ozone nonattainment areas classified as marginal, such as Crittenden County. Because Arkansas' implementation of a Stage I Vapor Recovery program is a VOC emission reduction measure that would improve the existing SIP, these revisions to the Arkansas SIP would not interfere with Arkansas' compliance with the requirements of the Act relating to nonattainment, reasonable further progress, or any other applicable requirements under the Act or EPA regulations.

EPA is proposing to approve Arkansas' Stage I Vapor Recovery program into the Ozone SIP because the regulations are consistent with EPA guidance and would strengthen the SIP.

³United States Environmental Protection Agency, Office of Air Quality Planning and Standards, Model Volatile Organic Compound Rules for Reasonably Available Control Technology, Planning for Ozone Nonattainment Pursuant to Title I of the Clean Air Act (June 1992), sections 3024 and 3025 (Stage I Vapor Recovery).

E. Editorial Revisions to the Regulations for the Control of VOCs in Pulaski County

Revisions to Regulation No. 19, Chapter 10, were also included in the February 3, 2005, Arkansas SIP revision submittal. These revisions are administrative non-substantive/editorial changes to that chapter, which consists of regulations for the control of VOC emissions in Pulaski County and of provisions for determination of Reasonably Available Control Technology (RACT) applicable statewide (Reg. 19.1004(D)(1)). Regulation No. 19, Chapter 10, was originally adopted by the APCE on January 22, 1999, and became effective February 15, 1999. Federal approval was given by EPA on October 16, 2000 (65 FR 61103), effective November 15, 2000. EPA is proposing approval of these changes as administrative non-substantive/editorial revisions to the Arkansas SIP.

F. Revisions to Chapter 8—111(d) Designated Facilities

Under section 111(d) of the Act, emission standards are to be developed by the States and submitted to the EPA for approval. These standards limit the emissions of designated pollutants from existing facilities which, if new, would be subject to the New Source Performance Standard promulgated under section 111 of the Act. The procedures under which States submit these plans to control existing sources are defined in 40 CFR part 60, subpart B. The submittal and review process of these state plans is carried out separately from other SIP activities. We are thus taking no action on Chapter 8 of Regulation No. 19 (which includes Arkansas' standards for designated facilities) in today's proposal. We will review process Chapter 8 of Regulation No. 19 in a separate action.

IV. What Action Is EPA Taking Today?

EPA is proposing to approve revisions to the Arkansas SIP (revisions to Regulation No. 19 and new Regulation No. 31) submitted by the State of Arkansas on February 3, 2005 and July 3, 2006.

V. Statutory and Executive Order Reviews

Under Executive Order 12866 (58 FR 51735, October 4, 1993), this proposed action is not a "significant regulatory action" and therefore is not subject to review by the Office of Management and Budget. For this reason, this action is also not subject to Executive Order 13211, "Actions Concerning Regulations That Significantly Affect Energy Supply,

Distribution, or Use" (66 FR 28355, May 22, 2001). This proposed action merely proposes to approve state law as meeting Federal requirements and imposes no additional requirements beyond those imposed by state law. Accordingly, the Administrator certifies that this proposed rule will not have a significant economic impact on a substantial number of small entities under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*). Because this rule proposes to approve pre-existing requirements under state law and does not impose any additional enforceable duty beyond that required by state law, it does not contain any unfunded mandate or significantly or uniquely affect small governments, as described in the Unfunded Mandates Reform Act of 1995 (Pub. L. 104-4).

This proposed rule also does not have tribal implications because it will not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes, as specified by Executive Order 13175 (65 FR 67249, November 9, 2000). This action also does not have Federalism implications because it does not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government, as specified in Executive Order 13132 (64 FR 43255, August 10, 1999). This action merely proposes to approve a state rule implementing a Federal standard, and does not alter the relationship or the distribution of power and responsibilities established in the Clean Air Act. This proposed rule also is not subject to Executive Order 13045 "Protection of Children from Environmental Health Risks and Safety Risks" (62 FR 19885, April 23, 1997), because it is not economically significant.

In reviewing SIP submissions, EPA's role is to approve state choices, provided that they meet the criteria of the Clean Air Act. In this context, in the absence of a prior existing requirement for the State to use voluntary consensus standards (VCS), EPA has no authority to disapprove a SIP submission for failure to use VCS. It would thus be inconsistent with applicable law for EPA, when it reviews a SIP submission, to use VCS in place of a SIP submission that otherwise satisfies the provisions of the Clean Air Act. Thus, the requirements of section 12(d) of the National Technology Transfer and

Advancement Act of 1995 (15 U.S.C. 272 note) do not apply. This proposed rule does not impose an information collection burden under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Carbon monoxide, Intergovernmental relations, Lead, Nitrogen dioxide, Ozone, Particulate matter, Reporting and recordkeeping requirements, Sulfur oxides, Volatile organic compounds.

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

Dated: November 17, 2006.

Lawrence E. Starfield,
Acting Regional Administrator, Region 6.
[FR Doc. E6-20295 Filed 11-30-06; 8:45 am]
BILLING CODE 6560-50-P

DEPARTMENT OF TRANSPORTATION

Pipeline and Hazardous Materials Safety Administration

49 CFR Parts 171, 172, 173, 174, and 178

[Docket No. PHMSA-06-25736 (HM-231)]

RIN 2137-AD89

Hazardous Materials: Miscellaneous Packaging Amendments; Correction

AGENCY: Pipeline and Hazardous Materials Safety Administration (PHMSA), DOT.

ACTION: Notice of proposed rulemaking (NPRM); correction.

SUMMARY: This document corrects the preamble to a notice of proposed rulemaking published in the **Federal Register** of September 1, 2006, regarding miscellaneous packaging amendments to the Hazardous Materials Regulations (HMR; 49 CFR parts 171-180). This document corrects mathematical calculations of the total annual respondents (from 5,000 to 5,010), and the total annual responses (from 15,000 to 15,500) for OMB Control No. 2137-0572, indicated under the "Paperwork Reduction Act" section of this rulemaking.

FOR FURTHER INFORMATION CONTACT: Arthur M. Pollack, 202-366-8553.

Correction

In proposed rule FR Doc. 06-7360, beginning on page 52017 in the issue of September 1, 2006, make the following correction in the Paperwork Reduction Act section. On page 52025 in the second column, remove the numerical

term "5,000" and add the numerical term "5,010" in its place; and remove the numerical term "15,000" and add the numerical term "15,500" in its place.

Issued in Washington, DC on November 24, 2006.

Robert A. McGuire,

Associate Administrator for Hazardous Materials Safety.

[FR Doc. E6-20358 Filed 11-30-06; 8:45 am]

BILLING CODE 4910-60-P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

50 CFR Part 665

[I.D. 112006J]

Western Pacific Fishery Management Council; Public Meetings

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

ACTION: Notice of public meeting and public hearing.

SUMMARY: The Western Pacific Fishery Management Council (Council) will hold its 136th meeting to consider and take action on pending recommendations regarding a request to longline fish within the Main Hawaiian Islands longline exclusion zone, addition of *Heterocarpus* shrimps to the appropriate Western Pacific Council fishery management plan and several issues concerning the harvest of precious corals in the Main Hawaiian Islands. The Council will also hold a public hearing during this 136th Council meeting.

DATES: The 136th Council meeting and public hearing will be held at 2 PM (Hawaii Standard Time) on Thursday, December 21, 2006 (Friday December 22 in Guam and the Northern Mariana Islands). For specific dates, times and locations of the public hearing, and the agenda for the 136th Council meeting, see **SUPPLEMENTARY INFORMATION**.

ADDRESSES: The 136th Council meeting and public hearing will be held at the Council's office, 1164 Bishop Street, Suite 1400, Honolulu, HI 96813. For participants residing in American Samoa, the Northern Mariana Islands, Hawaii and the continental United States, the 136th Council meeting telephone conference call-in-number is: 1-888-482-3560; Access Code: 5228220. For Guam and international

participants, the call-in-number is: 1-647-723-3959; Access Code: 5228220.

FOR FURTHER INFORMATION CONTACT: Kitty M. Simonds, Executive Director; telephone: (808) 522-8220; fax: (808) 522-8226.

SUPPLEMENTARY INFORMATION:

136th Council Meeting Agenda

*Thursday, December 21, 2006, 2 p.m.
Hawaii Standard Time*

1. Introductions
2. Approval of Agenda
3. Fishing within the Main Hawaiian Islands longline exclusion zone
4. Addition of *Heterocarpus* shrimps to the appropriate Western Pacific Council fishery management plan
5. Precious coral harvesting around the Main Hawaiian Islands
 - i. Redefinition of the Auau Channel black coral maximum sustainable yield (MSY) as 75 percent of current MSY estimate
 - ii. Prohibition on the harvest of gold coral in the Main Hawaiian Islands
 - iii. Creation of a limited entry program for harvesting of Main Hawaiian Islands black coral.
6. Public Hearing
7. Council Discussion and Action
8. Other Business

Background Information

Fishing within the Main Hawaiian Islands longline exclusion zone: The Council has received a request from a Hawaiian fisherman to be allowed to use a limited amount (7 miles) of old-fashioned "basket-style" longline gear within the 25-75 nautical mile longline exclusion zone around the Main Hawaiian Islands (MHI). At its 135th meeting the Council directed its staff to draft an options paper to explore the potential for an exemption for the

applicant from the current regulations for longline fishing around Hawaii, for Council review before the end of 2006. The Council will consider these options, which include no action, the potential granting of a permit through the Council's Community Development Program, or the granting of an ad-hoc exemption from the longline permit or closed area regulations governing longline fishing around the MHI. The Council may take action and recommend a preferred alternative or suggest other alternatives for consideration.

Addition of *Heterocarpus* shrimps to the appropriate fishery management plan(s): A fishery for deepwater shrimp (*Heterocarpus laevigatus* and *Heterocarpus ensifer*) occurs in waters off of Hawaii and other areas of the Pacific. These fisheries are sporadic with vessels fishing for one to two years followed by a five to seven year hiatus. Hawaii data is currently captured by the State of Hawaii through its Commercial Marine Landings Catch Reports. The deepwater shrimp, however, are not currently managed under any fishery management plan. At its 135th meeting, the Council recommended that *Heterocarpus* species be added to the appropriate management plan(s) as a Management Unit Species in order to improve monitoring throughout the Western Pacific Region and allow management of this fishery. The Council may take action on this issue at its 136th meeting.

Precious coral harvesting around the Main Hawaiian Islands: At its 135th meeting, the Council directed staff to prepare an options paper regarding the redefinition of the MSY for the black coral fishery in the Auau Channel from 5,000 to 3,750 kg. per year. The Council

also directed staff to prepare an options paper regarding a potential moratorium on the harvest of gold coral, both live and dead. The Council further directed staff to investigate the creation of a limited access program for the MHI black coral fishery.

At its 136th meeting, the Council will review the various alternatives and options presented on these issues and may take action on the preferred alternatives for precious coral management in the Main Hawaiian Islands

Although non-emergency issues not contained in this agenda may come before the Council for discussion, those issues may not be the subject of formal Council action during its 136th meeting. Council action will be restricted to those issues listed in this document and any issue arising after publication of this document that requires emergency action under section 305(c) of the Magnuson-Stevens Act, provided the public has been notified of the Council's intent to take action to address the emergency.

Special Accommodations

These meetings are physically accessible to people with disabilities. Requests for sign language interpretation or other auxiliary aids should be directed to Kitty M. Simonds, (808) 522-8220 (voice) or (808) 522-8226 (fax), at least 5 days prior to the meeting date.

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

Dated: November 27, 2006.

Alan D. Risenhoover,

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

[FR Doc. E6-20380 Filed 11-30-06; 8:45 am]

BILLING CODE 3510-22-S

Notices

Federal Register

Vol. 71, No. 231

Friday, December 1, 2006

This section of the FEDERAL REGISTER contains documents other than rules or proposed rules that are applicable to the public. Notices of hearings and investigations, committee meetings, agency decisions and rulings, delegations of authority, filing of petitions and applications and agency statements of organization and functions are examples of documents appearing in this section.

DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

[Docket No. FV06-33-1NC]

Notice of Request for an Extension of a Currently Approved Information Collection

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), this notice announces the Agricultural Marketing Service's (AMS) intention to request an extension to a currently approved information collection for the Export Fruit Acts covering exports of apples and grapes.

DATES: Comments on this notice must be received by January 30, 2007 to be assured of consideration.

Additional Information or Comments: Contact Valerie L. Emmer-Scott, Marketing Specialist, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue, SW., STOP 0237, Washington, DC, 20250-0237; telephone (202) 205-2829 or Fax (202) 720-8938, or e-mail: moab.docketclerk@usda.gov.

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

SUPPLEMENTARY INFORMATION: *Title:* Export Fruit Regulations—Export Apple Act (7 CFR Part 33) and the Export Grape and Plum Act (7 CFR Part 35).

OMB Number: 0581-0143.

Expiration Date of Approval: August 31, 2007.

Type of Request: Extension of a currently approved information collection.

Abstract: Fresh apples and grapes grown in the United States shipped to any foreign destination must meet minimum quality and other requirements established by regulations issued under the Export Apple Act (7 U.S.C. 581-590) and the Export Grape and Plum Act (7 U.S.C. 591-599) (Acts). Currently, plums are not regulated under the Act. The regulations issued under the Export Apple Act cover exports of fresh apples grown in the United States and shipped to foreign destinations. The regulations issued under the Export Grape and Plum Act cover exports of fresh grapes grown in the United States and shipped to foreign destinations, except Canada and Mexico. Certain limited quantity provisions may exempt some shipments and exporters from this information collection. The Secretary of Agriculture is authorized to oversee the implementation of the Acts and issue regulations regarding that activity. The information collection requirements in this request are essential to carry out the intent and administration of the Acts. Both Acts were designed to promote foreign trade in the export of apples, grapes and plums grown in the United States; to protect the reputation of the U.S.-grown commodities; and to prevent deception or misrepresentation of the quality of such products moving in foreign commerce. The Acts have been in effect since 1933 (apples) and 1960 (grapes).

The regulations issued under the Acts (7 CFR 33.11 for apples, and 35.12 for grapes) require that the U.S. Department of Agriculture (USDA) officially inspect and certify that each export shipment of fresh apples and grapes is in compliance with quality and shipping requirements effective under the Acts. Shipments are inspected and certified by Federal or Federal-State Inspection Service (FSIS) inspectors. FSIS is administered by USDA.

The information collection requirements in this request impose the minimum burden necessary to effectively administer the Acts.

The information collection burden for this action is primarily in the form of recordkeeping. Export Form Certificates

(certificates) issued by Federal or FSIS inspectors are used to facilitate the export process. The certificates are not completed by the exporters or carriers and are not filed with USDA. The certificates are retained by each exporter, and third party carrier which ships the commodity, to verify their compliance with the Acts. There are an estimated 80 exporters of apples and grapes and an estimated 20 carriers which transport those shipments. Pursuant to the Acts, exporters and carriers must retain inspection certificates for three (3) years.

Estimate of Burden: Public reporting burden for this collection of information is estimated to average .25 hours per response.

Recordkeepers: Apple and grape exporters and carriers.

Estimated Number of Recordkeepers: 100.

Estimated Number of Responses per Respondent: 1.

Estimated Total Annual Burden on Respondents: 25 hours. Comments are invited on: (1) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) the accuracy of the agency's estimate of the burden of the proposed collection of information including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Comments may be sent to Docket Clerk, Fruit and Vegetable Programs, AMS, USDA, 1400 Independence Avenue, SW., STOP 0237, Washington, DC 20250-0237; Fax: (202) 720-8938; or e-mail: moab.docketclerk@usda.gov. Comments should reference the docket number and the date and page number of this issue of the *Federal Register*. All comments received will be available for public inspection during regular business hours at the same address, or can be viewed at: <http://www.ams.usda.gov/fv/moab.html>. All responses to this notice will be summarized and included in the request

for OMB approval. All comments will become a matter of public record.

Dated: November 28, 2006.

Lloyd C. Day,

Administrator, Agricultural Marketing Service.

[FR Doc. E6-20395 Filed 11-30-06; 8:45 am]

BILLING CODE 3410-02-P

DEPARTMENT OF AGRICULTURE

Animal and Plant Health Inspection Service

[Docket No. APHIS-2006-0184]

Public Meeting; Veterinary Biologics

AGENCY: Animal and Plant Health Inspection Service, USDA.

ACTION: Advance notice of public meeting and request for suggested agenda topics.

SUMMARY: We are issuing this notice to inform producers and users of veterinary biological products, and other interested individuals, that we will be holding our 14th public meeting to discuss regulatory and policy issues related to the manufacture, distribution, and use of veterinary biological products. We are planning the meeting agenda and are requesting suggestions for topics of general interest to producers and other interested individuals.

DATES: The public meeting will be held Wednesday, March 28, and Thursday, March 29, 2007, from 8:30 a.m. to approximately 5 p.m. each day.

ADDRESSES: The public meeting will be held in the Scheman Building at the Iowa State Center, Iowa State University, Ames, IA.

FOR FURTHER INFORMATION CONTACT: For further information on agenda topics, contact Dr. Byron E. Rippke, Director, Policy, Evaluation, and Licensing, Center for Veterinary Biologics, Veterinary Services, APHIS, 510 South 17th Street, Suite 104, Ames, IA 50010-8197; phone (515) 232-5785, fax (515) 232-7120, or e-mail

CVB@aphis.usda.gov. For registration information, contact Ms. Gera Ashton at the same address and fax number; phone (515) 232-5785 extension 127; or e-mail Gera.A.Ashton@aphis.usda.gov.

SUPPLEMENTARY INFORMATION: Since 1989, the Animal and Plant Health Inspection Service (APHIS) has held 13 public meetings in Ames, IA, on veterinary biologics. The meetings provide an opportunity for the exchange of information between APHIS representatives, producers and users of veterinary biological products, and

other interested individuals. APHIS is in the process of planning the agenda for the 14th such meeting, which will be held March 28 and 29, 2007.

The agenda for the meeting is not yet complete. The theme for this year's meeting is influenza. Topics that have been suggested include: (1) Avian, swine, and equine influenza related topics; (2) pandemic influenza preparedness and related issues; (3) conditional licenses for canine influenza vaccines; (4) influenza diagnostics (rapid and otherwise); and (5) Veterinary Services and Center for Veterinary Biologics related issues. Before finalizing the agenda, APHIS is seeking suggestions for additional meeting topics from the interested public.

We would also like to invite interested individuals to use this meeting to present their ideas and suggestions concerning the licensing, manufacturing, testing, distribution, and regulation of products designed to diagnose, prevent, or treat animal diseases.

Please submit suggested meeting topics and proposed presentation titles to Dr. Byron E. Rippke (see **FOR FURTHER INFORMATION CONTACT** above) on or before December 18, 2006. For proposed presentations, please include the name(s) of the presenter(s) and the approximate amount of time that will be needed for each presentation.

After the agenda is finalized, APHIS will announce the agenda topics in the **Federal Register**.

Done in Washington, DC, this 22nd day of November 2006.

W. Ron DeHaven,

Administrator, Animal and Plant Health Inspection Service.

[FR Doc. E6-20391 Filed 11-30-06; 8:45 am]

BILLING CODE 3410-34-P

DEPARTMENT OF AGRICULTURE

Animal and Plant Health Inspection Service

[Docket No. APHIS-2006-0126]

Request for Information; Potential Sites for a Sterile Fruit Fly Production Facility or Potential Alternate Sources of Sterile Fruit Flies

AGENCY: Animal and Plant Health Inspection Service, USDA.

ACTION: Notice.

SUMMARY: We are advising the public that the Animal and Plant Health Inspection Service (APHIS) is exploring options for the construction of a multispecies exotic fruit fly facility and/

or the privatization of sterile fly production to provide backup capacity for our sterile fruit fly programs and emergency needs. APHIS recognizes the need to maintain a backup for sterile fruit fly production to respond to emergency outbreaks when they occur, and to ensure current preventive release programs in California, Florida, and Texas remain effective. In this notice, we are soliciting the submission of information from interested persons regarding potential sites for the production of sterile fruit flies or alternate sources of those flies.

DATES: We will consider all submissions of information that we receive on or before January 2, 2007.

ADDRESSES: Any information should be submitted, in writing, to the person listed under **FOR FURTHER INFORMATION CONTACT**.

FOR FURTHER INFORMATION CONTACT: Mr. Michael B. Stefan, Director, Fruit Fly Exclusion and Detection Programs, PPQ, APHIS, 4700 River Road, Unit 137, Riverdale, MD 20737-1229; (301) 734-4387.

SUPPLEMENTARY INFORMATION:

Background

On February 17, 2006, we published in the **Federal Register** (71 FR 8563, Docket No. APHIS-2006-0007) a notice¹ advising the public we had prepared a draft document titled "Exotic Fruit Fly Strategic Plan FY 2006-2010" and made it available to the public for review and comment. Appendix A of that document discussed the potential actions we could take in response to the closing of the sterile Mediterranean fruit fly (Medfly) production facility in Waimanalo, HI. The following options were presented: (1) Do not replace the facility; (2) build a new production facility in Hawaii; (3) partner with California Department of Food and Agriculture to expand their sterile fruit fly production facility in Hawaii; or (4) build a multispecies facility in the continental United States or on foreign soil. Most of the comments we received on the draft strategic plan agreed on the need for a multispecies exotic fruit fly facility to provide backup capacity for our sterile fruit fly programs and emergency needs. Additionally, several

¹ To view the draft strategic plan and the comments we received, go to <http://www.regulations.gov>, click on the "Advanced Search" tab, and select "Docket Search." In the Docket ID field, enter APHIS-2006-0007, then click on "Submit." Clicking on the Docket ID link in the search results page will produce a list of all documents in the docket.

commenters suggested potential sites for the new facility.

The Animal and Plant Health Inspection Service (APHIS) recognizes the need to maintain a backup for sterile Medfly and Mexican fruit fly (Mexfly) production to respond to emergency outbreaks when they occur, and to ensure that the current preventive release programs in California, Florida, and Texas remain effective. Specifically, we believe we need the capacity to produce 550 million sterile Medflies per week and the ability to maintain and produce 150 million sterile Mexflies per week as a second species. We are exploring our options for meeting these needs, including the construction of a multispecies rearing facility or the privatization of sterile fly production.

In order to further explore our options, we are requesting information from the public regarding options through which we could (1) produce sterile Medflies and Mexflies at an APHIS-managed rearing facility or at a facility operated by a privately owned company or a State or foreign government or (2) purchase sterile Medflies and Mexflies from a facility operated by a privately owned company or a State or foreign government. APHIS is open to considering locations both within and outside the continental United States as backup sources for sterile fruit flies.

Production of sterile fruit flies requires the maintenance of a fertile colony of fruit flies in the facility, and although containment mechanisms are maintained in any production facility, the risk of fertile flies escaping into the local environs can pose a pest risk. Accordingly, any new sterile fruit fly production facility—public or private—would have to be located either in an area that will not support the establishment of the species of fruit flies being produced or an area that is already infested with the species of fruit flies being produced. We welcome any information or suggestions regarding potential locations for the construction of a multispecies facility within or outside the continental United States.

Because the ease of transporting and distributing sterile fruit flies must be considered, we invite information about potential sites where transportation accommodations are of such a nature to allow for the ease of daily shipments to all target release areas of the sterile fruit flies produced. A favorable location would be one where the air transportation accommodations would not entail more than one connecting flight from the production site to the target release area. We are open to information regarding potential

locations within or outside the continental United States that would accommodate this need.

In addition, minimizing construction costs and time is desirable. Any potential economic savings in land acquisition, facility construction, and maintenance costs for a new facility will be a high priority in the selection of a site. Any information or suggestions about potential locations on tribal land, retired military bases, or other locations within or outside the United States would be useful. Any suggestions for other ways to help minimize construction costs and time would also be welcome.

Recent advances in research and development of sterile insect technologies necessitate that any new facility should be able to adapt to and incorporate any new technologies (e.g., adapt to new space requirements, accommodate different filter systems, etc.) where appropriate. We invite information about recent advances in research and development of sterile insect technologies, specifically any information regarding new, more effective and efficient, technologies that would be desirable to incorporate into a new production facility.

We are seeking detailed data and information from the public in response to this notice, which we will use as a resource in our exploration of options for construction of a multispecies rearing facility and/or privatization of sterile fly production.

Done in Washington, DC, this 22nd day of November 2006.

W. Ron DeHaven,

Administrator, Animal and Plant Health Inspection Service.

[FR Doc. E6-20392 Filed 11-30-06; 8:45 am]

BILLING CODE 3410-34-P

DEPARTMENT OF AGRICULTURE

Forest Service

Notice of New Recreation Fee Site; Federal Lands Enhancement Act (Title VIII, Pub. L. 108-447)

AGENCY: National Forests in North Carolina, USDA Forest Service.

ACTION: Notice of New Recreation Fee Site.

SUMMARY: The National Forests in North Carolina will begin charging a special recreation permit fee for reserved use of picnic shelters on several sites on the National Forests in North Carolina. Members of the public have requested the ability to reserve use of a picnic shelter in advance of the day of

proposed shelter use. There will be no charging for using a picnic shelter as long as no reservation is made. Reservations will be posted on site at least 24 hours in advance of the reservation time. The shelters are located at the Murray Branch Day Use Area on the Appalachian Ranger District, the Cheoah Point Day Use Area on the Cheoah Ranger District, the Old Fort Picnic Area and Mortimer Picnic Area on the Grandfather Ranger District, the Sycamore Flats Picnic Area and Pink Beds Picnic Area on the Pisgah Ranger District, the Cherokee Lake Picnic Area, Jackrabbit Day Use Area and Hanging Dog Day Use Area on the Tusquitee Ranger District, and at Kings Mountain Point Day Use Area on the Uwharrie Ranger District. The cost for reserved use of the shelters will vary between \$25-\$30 for a half day and \$40-\$50 for a whole day. The higher use fee will be charged for the larger capacity shelter at Kings Mountain Point Day Use Area. In addition, the National Recreation Reservation Service charges a \$9 reservation service fee. Fee revenue will support operations and maintenance of the shelters and future shelter site improvements.

DATES: The fee is scheduled for implementation in May of 2007.

FOR FURTHER INFORMATION CONTACT:

David H. Wright, Recreation Fee Coordinator, 828-257-4256, National Forests in North Carolina, PO Box 2750, Asheville, NC 28802.

SUPPLEMENTARY INFORMATION:

The Federal Recreation Lands Enhancement Act (Title VIII, Pub. L. 108-447) directed the Secretary of Agriculture to publish advance notice in the **Federal Register** whenever new recreation fee areas are established. This new fee will be reviewed by a Recreation Resource Advisory Committee prior to a final decision and implementation. The National Forests in North Carolina presently has two recreation sites permitted to concession operators who charge a shelter use fee of \$25 per half day for a two-table shelter to \$35 per half day for a three-table shelter. Most sites have paved parking. Hanging Dog, Cherokee Lake, Mortimer and Murray Branch have designated gravel parking. In addition to picnic shelters with tables, all sites have picnic grills, flush or vault toilets on site, water on site or nearby, trash receptacles and information boards. People wishing to reserve a picnic shelter will need to do so through the National Recreation Reservation Service at <http://www.reserveusa.com> or by calling 1-877-444-6777.

Dated: November 3, 2006.

Marisue Hilliard,

National Forests in North Carolina
Supervisor.

[FR Doc. 06-9477 Filed 11-30-06; 8:45am]

BILLING CODE 3410-52-M

DEPARTMENT OF AGRICULTURE

National Agricultural Statistics Service

Notice of Intent To Request Revision and Extension of a Currently Approved Information Collection

AGENCY: National Agricultural Statistics Service, USDA.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, this notice announces the intention of the National Agricultural Statistics Service (NASS) to request revision and extension of a currently approved information collection, the Fruits, Nuts, and Specialty Crops Surveys. Revision to burden hours may be needed due to changes in the size of the target population, sampling design, and/or questionnaire length.

DATES: Comments on this notice must be received by January 30, 2007 to be assured of consideration.

ADDRESSES: You may submit comments, identified by docket number 0535-0039, by any of the following methods:

- E-mail: gmcbride@nass.usda.gov. Include docket number above in the subject line of the message.
- Fax: (202) 720-6396.
- Mail: Mail any paper, disk, or CD-ROM submissions to: Ginny McBride, NASS Clearance Officer, U.S. Department of Agriculture, Room 5336 South Building, 1400 Independence Avenue, SW., Washington, DC 20250-2024.
- Hand Delivery/Courier: Hand deliver to: Ginny McBride, NASS Clearance Officer, U.S. Department of Agriculture, Room 5336 South Building, 1400 Independence Avenue, SW., Washington, DC 20250-2024.

FOR FURTHER INFORMATION CONTACT: Joseph T. Reilly, Associate Administrator, National Agricultural Statistics Service, U.S. Department of Agriculture, (202) 720-4333.

SUPPLEMENTARY INFORMATION:

Title: Fruits, Nuts, and Specialty Crops Surveys.

OMB Control Number: 0535-0039.
Expiration Date of Approval: March 31, 2007.

Type of Request: To revise and extend a currently approved information collection.

Abstract: The primary objective of the National Agricultural Statistics Service is to prepare and issue State and national estimates of crop and livestock production, prices, and disposition. The Fruits, Nuts, and Specialty Crops survey program collects information on acreage, yield, production, price, and value of citrus and noncitrus fruits and nuts and other specialty crops in States with significant commercial production. The program provides data needed by the U.S. Department of Agriculture and other government agencies to administer programs and to set trade quotas and tariffs.

Producers, processors, other industry representatives, State Departments of Agriculture, and universities also use forecasts and estimates provided by these surveys.

The Fruits, Nuts, and Specialty Crops Program was last approved by OMB in 2004 for a 3-year period. NASS intends to request that the survey be approved for another 3 years.

Authority: These data will be collected under authority of 7 U.S.C. 2204(a). Individually identifiable data collected under this authority are governed by Section 1770 of the Food Security Act of 1985, 7 U.S.C. 2276, which requires USDA to afford strict confidentiality to non-aggregated data provided by respondents. This Notice is submitted in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-113) and Office of Management and Budget regulations at 5 CFR part 1320 (60 FR 44978, August 29, 1995).

Estimate of Burden: Public reporting burden for this information collection is based on 73 individual surveys with expected responses of 4-30 minutes and frequency of 1-12 times per year. Estimated number of responses per respondent is 0.69.

Respondents: Producers, processors, and handlers.

Estimated Number of Respondents: 70,000.

Estimated Total Annual Burden on Respondents: 10,000 hours.

These data will be collected under the authority of 7 U.S.C. 2204(a).

Individually identifiable data collected under this authority are governed by Section 1770 of the Food Security Act of 1985, 7 U.S.C. 2276, which requires USDA to afford strict confidentiality to non-aggregated data provided by respondents.

Copies of this information collection and related instructions can be obtained without charge from Ginny McBride,

NASS Clearance Officer, at (202) 720-5778.

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 will have practical utility; (b) 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; (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 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.

All responses to this notice will become a matter of public record and be summarized in the request for OMB approval.

Carol House,

Deputy Administrator for Programs and Products.

[FR Doc. E6-20296 Filed 11-30-06; 8:45 am]

BILLING CODE 3410-20-P

DEPARTMENT OF AGRICULTURE

National Agricultural Statistics Service

Notice of Intent To Request Revision and Extension of a Currently Approved Information Collection

AGENCY: National Agricultural Statistics Service, USDA.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, this notice announces the intention of the National Agricultural Statistics Service (NASS) to request revision and extension of a currently approved information collection, the Agricultural Prices Surveys. Revision to burden hours may be needed due to changes in the size of the target population, sampling design, and/or questionnaire length.

DATES: Comments on this notice must be received by January 30, 2007, to be assured of consideration.

ADDRESSES: You may submit comments, identified by docket number 0535-0003, by any of the following methods:

- E-mail: gmcbride@nass.usda.gov. Include docket number above in the subject line of the message.
- Fax: (202) 720-6396.

- Mail: Mail any paper, disk, or CD-ROM submissions to: Ginny McBride, NASS Clearance Officer, U.S. Department of Agriculture, Room 5336 South Building, 1400 Independence Avenue, SW., Washington, DC 20250-2024.

- Hand Delivery/Courier: Hand deliver to: Ginny McBride, NASS Clearance Officer, U.S. Department of Agriculture, Room 5336 South Building, 1400 Independence Avenue, SW., Washington, DC 20250-2024.

FOR FURTHER INFORMATION CONTACT:

Contact Joseph T. Reilly, Associate Administrator, National Agricultural Statistics Service, U.S. Department of Agriculture, Room 4117 South Building, 1400 Independence Avenue, SW., Washington, DC 20250-2001, (202) 720-4333.

SUPPLEMENTARY INFORMATION:

Title: Agricultural Prices.

OMB Control Number: 0535-0003.

Expiration Date of Approval: June 30, 2007.

Type of Request: To revise and extend a currently approved information collection.

Abstract: The primary objective of the National Agricultural Statistics Service (NASS) is to prepare and issue State and national estimates of crop and livestock production, prices, and disposition. The Agricultural Prices surveys provide data on the prices received by farmers and prices paid by them for production goods and services. NASS estimates based on these surveys are used by agencies of the U.S. Department of Agriculture to prepare the economic accounts of the United States. These price estimates are also used to compute Parity Prices in accordance with requirements of the Agricultural Adjustment Act of 1938 as amended (Title III, Subtitle A, Section 301a). In addition, price data are used by the Federal Crop Insurance Corporation to help determine payment rates, program option levels, and disaster programs.

The Agricultural Prices Survey was previously approved by OMB in 2004 for a 3-year period. NASS intends to request that the survey be approved for another 3 years.

Authority: These data will be collected under authority of 7 U.S.C. 2204(a). Individually identifiable data collected under this authority are governed by Section 1770 of the Food Security Act of 1985, 7 U.S.C. 2276, which requires USDA to afford strict confidentiality to non-aggregated data provided by respondents. This Notice is submitted in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-113) and Office of Management

and Budget regulations at 5 CFR part 1320 (60 FR 44978, August 29, 1995).

Estimate of Burden: Public reporting burden for this information collection is based on 16 individual surveys with expected responses of 8-20 minutes and frequency of 1-12 times per year. Estimated number of responses per respondent is 2.03.

Respondents: Farmers and farm-related businesses.

Estimated Number of Respondents: 27,000.

Estimated Total Annual Burden on Respondents: 11,000 hours.

These data will be collected under the authority of 7 U.S.C. 2204(a). Individually identifiable data collected under this authority are governed by Section 1770 of the Food Security Act of 1985, 7 U.S.C. 2276, which requires USDA to afford strict confidentiality to non-aggregated data provided by respondents.

Copies of this information collection and related instructions can be obtained without charge from Ginny McBride, NASS Clearance Officer, at (202) 720-5778.

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 will have practical utility; (b) 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; (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 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.

All responses to this notice will become a matter of public record and be summarized in the request for OMB approval.

Carol House,

Deputy Administrator for Programs and Products.

[FR Doc. E6-20297 Filed 11-30-06; 8:45 am]

BILLING CODE 3410-20-P

DEPARTMENT OF AGRICULTURE**National Agricultural Statistics Service****Notice of Intent To Request Revision and Extension of a Currently Approved Information Collection**

AGENCY: National Agricultural Statistics Service, USDA.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, this notice announces the intention of the National Agricultural Statistics Service (NASS) to request revision and extension of a currently approved information collection, Field Crop Production. Revision to burden hours may be needed due to changes in the size of the target population, sampling design, and/or questionnaire length.

DATES: Comments on this notice must be received by January 30, 2007 to be assured of consideration.

ADDRESSES: You may submit comments, identified by docket number 0535-0002, by any of the following methods:

- E-mail: gmcbride@nass.usda.gov.

Include docket number above in the subject line of the message.

- Fax: (202) 720-6396.

- Mail: Mail any paper, disk, or CD-ROM submissions to: Ginny McBride, NASS Clearance Officer, U.S. Department of Agriculture, Room 5336 South Building, 1400 Independence Avenue, SW., Washington, DC 20250-2024.

- Hand Delivery/Courier: Hand deliver to: Ginny McBride, NASS Clearance Officer, U.S. Department of Agriculture, Room 5336 South Building, 1400 Independence Avenue, SW., Washington, DC 20250-2024.

FOR FURTHER INFORMATION CONTACT:

Joseph T. Reilly, Associate Administrator, National Agricultural Statistics Service, U.S. Department of Agriculture, (202) 720-4333.

SUPPLEMENTARY INFORMATION:

Title: Field Crop Production.

OMB Control Number: 0535-0002.

Expiration Date of Approval: March 31, 2007.

Type of Request: To revise and extend a currently approved information collection.

Abstract: The primary objective of the National Agricultural Statistics Service is to prepare and issue State and national estimates of crop and livestock production, prices, and disposition. The Field Crop Production program consists of probability field crop surveys and supplemental panel surveys. The panel surveys capture unique crop

characteristics such as the concentration of crops in localized geographical areas. These surveys are extremely valuable for commodities where acreage and yield are published at the county level.

The Field Crop Production Program was last approved by OMB in 2004 for a 3-year period. NASS intends to request that the survey be approved for another 3 years.

Authority: These data will be collected under authority of 7 U.S.C. 2204(a). Individually identifiable data collected under this authority are governed by Section 1770 of the Food Security Act of 1985, 7 U.S.C. 2276, which requires USDA to afford strict confidentiality to non-aggregated data provided by respondents. This Notice is submitted in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-113) and Office of Management and Budget regulations at 5 CFR part 1320 (60 FR 44978, August 29, 1995).

Estimate of Burden: Public reporting burden for this information collection is based on 19 individual surveys with expected responses of 10-80 minutes and frequency of 1-40 times per year. Estimated number of responses per respondent is 0.76.

Respondents: Farms.

Estimated Number of Respondents: 600,000.

Estimated Total Annual Burden on Respondents: 130,000 hours.

These data will be collected under the authority of 7 U.S.C. 2204(a). Individually identifiable data collected under this authority are governed by Section 1770 of the Food Security Act of 1985, 7 U.S.C. 2276, which requires USDA to afford strict confidentiality to non-aggregated data provided by respondents.

Copies of this information collection and related instructions can be obtained without charge from Ginny McBride, NASS Clearance Officer, at (202) 720-5778.

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 will have practical utility; (b) 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; (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 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.

All responses to this notice will become a matter of public record and be summarized in the request for OMB approval.

Carol House,
Deputy Administrator for Programs and Products.

[FR Doc. E6-20298 Filed 11-30-06; 8:45 am]

BILLING CODE 3410-20-P

DEPARTMENT OF AGRICULTURE

National Agricultural Statistics Service

Notice of Intent To Request Revision and Extension of a Currently Approved Information Collection

AGENCY: National Agricultural Statistics Service, USDA.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, this notice announces the intent of the National Agricultural Statistics Service (NASS) to request revision and extension of a currently approved information collection, the Supplemental Qualifications Statement. Revision to burden hours may be needed due to changes in the size of the target population, sampling design, and/or questionnaire length.

DATES: Comments on this notice must be received by January 30, 2007 to be assured of consideration.

ADDRESSES: You may submit comments, identified by docket number 0535-0209, by any of the following methods:

- E-mail: gmcbride@nass.usda.gov.
- Include docket number above in the subject line of the message.
- Fax: (202) 720-6396.
- Mail: Mail any paper, disk, or CD-ROM submissions to: Ginny McBride, NASS Clearance Officer, U.S. Department of Agriculture, Room 5336 South Building, 1400 Independence Avenue, SW., Washington, DC 20250-2024.
- Hand Delivery/Courier: Hand deliver to: Ginny McBride, NASS Clearance Officer, U.S. Department of Agriculture, Room 5336 South Building, 1400 Independence Avenue, SW., Washington, DC 20250-2024.

FOR FURTHER INFORMATION CONTACT: Joseph T. Reilly, Associate Administrator, National Agricultural Statistics Service, U.S. Department of Agriculture, (202) 720-4333.

SUPPLEMENTARY INFORMATION:

Title: Supplemental Qualifications Statement.

OMB Control Number: 0535-0209.

Expiration Date of Approval: March 31, 2007.

Type of Request: To revise and extend a currently approved information collection.

Abstract: Under Interagency Agreement Number DOA-1 between the Department of Agriculture and Office of Personnel Management, the USDA Administrative and Financial Management Staff examines, rates, and certifies applicants for Agricultural Statistician positions GS-1530 and Mathematical Statistician (Agricultural) GS-1529 positions within the National Agricultural Statistics Service. The Interagency Agreement was made under provisions of 5 U.S.C. 104, as amended by Pub. L. 104-52 (1995). Resumes, curriculum vitae, and the "Optional Application for Federal Employment" (OF-612) are general purpose forms used to evaluate applicants for positions in the Federal service. While these forms request specific information about an applicant, they do not always obtain details of the knowledge, skills, and abilities (KSA's) that are critical to the job. The Supplemental Qualifications Statement for agricultural statistician and mathematical statistician (agricultural) positions allows applicants the opportunity to describe their achievements or accomplishments as they relate to the required KSA's. The Supplemental Qualifications Statement was previously approved by OMB in 2004 for a 3-year period. NASS intends to request that the survey be approved for another 3 years.

Authority: These data will be collected under authority of 7 U.S.C. 2204(a). Individually identifiable data collected under this authority are governed by Section 1770 of the Food Security Act of 1985, 7 U.S.C. 2276, which requires USDA to afford strict confidentiality to non-aggregated data provided by respondents. This Notice is submitted in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-113) and Office of Management and Budget regulations at 5 CFR part 1320 (60 FR 44978, August 29, 1995).

Estimate of Burden: Public reporting burden for this collection of information is estimated to average 3 hours per response.

Respondents: Individual Job Applicants.

Estimated Number of Respondents: 50.

Estimated Total Annual Burden on Respondents: 150 hours.

Copies of this information collection and related instructions can be obtained without charge from Ginny McBride,

NASS Clearance Officer, at (202) 720-5778.

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 will have practical utility; (b) 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; (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 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.

All responses to this notice will become a matter of public record and be summarized in the request for OMB approval.

Carol House,

Deputy Administrator for Programs and Products.

[FR Doc. E6-20302 Filed 11-30-06; 8:45 am]

BILLING CODE 3410-20-P

DEPARTMENT OF AGRICULTURE

National Agricultural Statistics Service

Notice of Intent To Request Revision and Extension of a Currently Approved Information Collection

AGENCY: National Agricultural Statistics Service, USDA.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, this notice announces the intention of the National Agricultural Statistics Service (NASS) to request revision and extension of a currently approved information collection, the Cold Storage Survey. Revision to burden hours may be needed due to changes in the size of the target population, sampling design, and/or questionnaire length.

DATES: Comments on this notice must be received by January 30, 2007 to be assured of consideration.

ADDRESSES: You may submit comments, identified by docket number 0535-0001, by any of the following methods:

- E-mail: gmcbride@nass.usda.gov.
- Include docket number above in the subject line of the message.
- Fax: (202) 720-6396.
- Mail: Mail any paper, disk, or CD-ROM submissions to: Ginny McBride,

NASS Clearance Officer, U.S. Department of Agriculture, Room 5336, South Building, 1400 Independence Avenue, SW., Washington, DC 20250-2024.

- Hand Delivery/Courier: Hand deliver to: Ginny McBride, NASS Clearance Officer, U.S. Department of Agriculture, Room 5336 South Building, 1400 Independence Avenue, SW., Washington, DC 20250-2024.

FOR FURTHER INFORMATION CONTACT:

Joseph T. Reilly, Associate Administrator, National Agricultural Statistics Service, U.S. Department of Agriculture, (202) 720-4333.

SUPPLEMENTARY INFORMATION:

Title: Cold Storage Survey.
OMB Control Number: 0535-0001.
Expiration Date of Approval: March 31, 2007.

Type of Request: To revise and extend a currently approved information collection.

Abstract: The primary objective of the National Agricultural Statistics Service is to prepare and issue State and national estimates of crop and livestock production, prices, and disposition. The monthly Cold Storage Survey provides information on national supplies of food commodities in refrigerated storage facilities. A biennial survey of refrigerated warehouse capacity is also conducted to provide a benchmark of the capacity available for refrigerated storage of the nation's food supply. Information on stocks of food commodities facilitates proper price discovery and orderly marketing, processing, and distribution of agricultural products.

The Cold Storage Survey was previously approved by OMB in 2004 for a 3-year period. NASS intends to request that the survey be approved for another 3 years.

Authority: These data will be collected under authority of 7 U.S.C. 2204(a). Individually identifiable data collected under this authority are governed by Section 1770 of the Food Security Act of 1985, 7 U.S.C. 2276, which requires USDA to afford strict confidentiality to non-aggregated data provided by respondents. This Notice is submitted in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-113) and Office of Management and Budget regulations at 5 CFR part 1320 (60 FR 44978, August 29, 1995).

Estimate of Burden: Public reporting burden for this information collection is based on 5 individual surveys with expected responses of 10-30 minutes and frequency of 8-12 times per year. Estimated number of responses per respondent is 3.68.

Respondents: Refrigerated storage facilities.

Estimated Number of Respondents: 4,000.

Estimated Total Annual Burden on Respondents: 6,000 hours.

These data will be collected under the authority of 7 U.S.C. 2204(a).

Individually identifiable data collected under this authority are governed by Section 1770 of the Food Security Act of 1985, 7 U.S.C. 2276, which requires USDA to afford strict confidentiality to non-aggregated data provided by respondents.

Copies of this information collection and related instructions can be obtained without charge from Ginny McBride, NASS Clearance Officer, at (202) 720-5778.

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 will have practical utility; (b) 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; (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 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.

All responses to this notice will become a matter of public record and be summarized in the request for OMB approval.

Carol House,

Deputy Administrator for Programs and Products.

[FR Doc. E6-20303 Filed 11-30-06; 8:45 am]

BILLING CODE 3410-20-P

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

Clarification of Scope of Procurement List Additions; 2007 Commodities Procurement List

AGENCY: Committee for Purchase From People Who Are Blind or Severely Disabled.

ACTION: Clarification of scope of the procurement preference and sourcing requirements for commodities and other products on the Procurement List; Publication of commodities and related products with governmentwide

procurement preference (A List) as of January 1, 2007.

SUMMARY: The Committee for Purchase From People Who Are Blind or Severely Disabled (the Committee) is clarifying the scope of the procurement preference and sourcing requirements for commodities and other products on the Procurement List and publishing those which have been identified as satisfying Governmentwide requirements and thus subject to Governmentwide procurement preference for 2007. The full list of products with Governmentwide procurement preference is posted on www.jwod.gov. Changes to the list as published in the **Federal Register** on April 28, 2006 (71 FR 25136-25143) are identified in this notice.

DATES: The effective date for the 2007 A List is January 1, 2007.

ADDRESSES: Committee for Purchase From People Who Are Blind or Severely Disabled, Jefferson Plaza 2, Suite 10800, 1421 Jefferson Davis Highway, Arlington, Virginia 22202-3259.

FOR FURTHER INFORMATION CONTACT: Kimberly M. Zeich, Telephone: (703) 603-7740, Fax: (703) 603-0655, or e-mail Alist2007@jwod.gov.

SUPPLEMENTARY INFORMATION: The decentralized nature of today's Federal acquisition environment requires the Committee to more specifically consider and communicate the applicability of each Procurement List addition, depending on the type of product and scope of the associated requiring/contracting activities. There are effectively three categories of products furnished under the auspices of the Javits-Wagner-O'Day (JWOD) Program, each with a different level of procurement source preference.

The first category (the A List) contains commodity-type products that are commonly used in office and light industrial settings. These products, when furnished by the JWOD Program, are widely available through multiple Government and commercial distribution channels, and are delivered to customers in timeframes consistent with industry best practices. For most office supplies, this means on a next-day or two-day basis. For oversize office products (e.g., chair mats), or janitorial/sanitary products, delivery times may be three to five days after receipt of order.

"A List" products must be purchased by Federal employees whenever they are available within required timeframes and quantities. JWOD-authorized commercial distributors must stock the items, obtain them from approved wholesalers or, to the extent permitted,

coordinate nonprofit agency shipments, to make A List items available for quick delivery. Any "essentially the same" commercial equivalents to these products, as determined by the Committee, are identified to the Government and commercial distribution channels, and are excluded from contract sales to Federal employees in accordance with the Committee's regulations at 41 CFR 51-5.3(a). If a Federal customer orders an equivalent item, JWOD-authorized distributors are required to substitute and deliver the corresponding A List product instead. This effectively gives JWOD purchasing preference to each of the A List products across all entities of the Government, comparable to the Total Government Requirement scope previously extended to certain general Procurement List additions. A complete and updated copy of the A List will be maintained on the Committee's Web site at www.jwod.gov/distributors.

Examples of A List products include writing instruments, paper pads, desktop accessories, and general purpose cleaner in retail-sized bottles. The A List, previously updated annually in conjunction with print catalog cycles, will be updated quarterly by the Committee staff beginning April 1, 2007. Note: As with any proposed addition, new products must first go through a notice and comment-rulemaking process and receive the Committee's approval to be added to the Procurement List before being classified as or placed on the A List.

The second category (the B List) contains products that are not used in volume in most offices, but have broad applicability across multiple Federal agencies, and the demand for these items is aggregated by the General Services Administration (GSA). As such, GSA is the JWOD Program's responsible contracting activity for these items on behalf of the rest of the Federal Government, just as GSA fulfills this role for the A List items. However, given the B List items' less-than-universal demand, particularly in terms of office use, the B List items are not required to be available through all commercial distribution channels. The B List items are available through the Federal Supply System, as managed by GSA, and will be carried by authorized commercial distributors who carry comparable commercial product families. The JWOD purchasing preference extends to these items and applies to all entities of the Government when such items meet customers' needs and are available in the timeframe and quantities necessary.

Examples of B List items include inkjet large format paper and many cleaning supplies such as mops, chemical cleaning solutions and floor polishing pads. However, whether the commercial equivalents of such items will be excluded from contract sales to Federal employees will be decided by the Committee on a case-by-case analysis based on distribution channel and availability. This effectively gives JWOD purchasing preference to each of the B List products for the Broad Government Requirement.

The third category (the C List) contains specialized or niche products (i.e., adapted to a specific function or demand) that are most often designed and manufactured to meet the needs of a single Federal agency, or a group of customers with a unique requirement. These products, when furnished under the JWOD Program, are sponsored by and have procurement preference for the specific Federal agency or agencies that defined the requirement. The JWOD procurement preference does not apply to Federal agencies that are not identified on the Procurement List. Documentation for such items. Generally, C List items are only made available to Federal customers through the distribution channels authorized by the requiring office. If Federal agencies whose requirements are not specified on the Procurement List would like to purchase C List items, they must refer their request to the sponsoring contracting activity. Alternatively, Federal agencies may ask the Committee to change the Procurement List in order to add their agency as an additional contracting activity.

Examples of C List products include plastic mail trays added to the Procurement List for the specific requirements of the U.S. Postal Service, and tree marking paint sold by GSA for the exclusive use of the U.S. Forest Service. C List items may be labeled and marketed in a manner that associates them with the JWOD Program, but does not imply purchasing preference for either the Total Government Requirement (A List) or the Broad Government Requirement (B List).

In the future, when proposing to add a product to its Procurement List, the Committee's notices published in the **Federal Register** will identify the category group (A List, B List or C List) to which the product has been assigned, and thus identify the intended scope of the JWOD procurement preference.

Clerical corrections are hereby made to the following products and/or producing nonprofit agencies proposed for the 2007 A List as published in the

Federal Register Notice of April 28, 2006 (71 FR 25136-25143):

Nonprofit Agency: Susquehanna Association for the Blind and Visually Impaired, Lancaster, PA

Incorrect Noun Name: SKILCRAFT SAVVY Unreal Stop Remover

Correct Noun Name: SKILCRAFT SAVVY Unreal Spot Remover

NSN: 7930-01-517-6194

Nonprofit Agency: Louisiana Association for the Blind, Shreveport, LA

The following products are shared with Blind Industries & Services of Maryland, Baltimore, MD; but were only listed under BISM. The list should reflect Louisiana Association as an authorized producer.

Noun Name: Pad, Writing Paper

NSN: 7530-00-239-8479

NSN: 7530-01-372-3109

NSN: 7530-00-285-3090

NSN: 7530-01-372-3108

NSN: 7530-01-516-7573

NSN: 7530-01-516-7574

NSN: 7530-01-516-7578

NSN: 7530-01-516-7581

Nonprofit Agency: L.C. Industries for the Blind, Inc., Durham, NC

The following products are not assigned to LCI and should not be listed for this nonprofit agency. However, the NSNs remain on the A List for Outlook, Nebraska.

Noun Name: Paper, Toilet Tissue

NSN: 8540-01-380-0690

NSN: 8540-00-530-3770

The following products proposed for the 2007 A List were not approved for the January 1, 2007 effective date and thus do not have a Total Government Requirement scope at this time. These items may be considered by the Committee for the A List in the future.

The following items will be B List items:

NSN: 7045-01-365-2069

Disk, Flexible

NSN: 7045-01-442-1631

Disk, Flexible

NSN: 7045-01-470-3590

Greendisk

NSN: 7530-01-501-2688

Pad, Message, "While You Were Out"

NSN: 7530-00-NIB-0549

Folder, Classification

NSN: 7530-00-NIB-0551

Folder, Classification

NSN: 7520-00-NIB-1461

Pen, Gel Ink, Aristocrat (Black Ink)

NSN: 7530-00-NIB-0673

Folder, Classification, Pressboard—Legal

Size—1 Divider/4 Part—Red

NSN: 7530-00-NIB-0679

Folder, Classification, Pressboard—Letter

Size—2 Divider/6 Part—Gray/Green

NSN: 7510-00-NIB-0633

Skilcraft Toner Cartridge

NSN: 7510-00-NIB-0641

Skilcraft Toner Cartridge

NSN: 7510-00-NIB-0642

Skilcraft Toner Cartridge

NSN: 7510-00-NIB-0644

Skilcraft Toner Cartridge

NSN: 7530-00-NIB-0660

CD/DVD Label Kit

NSN: 7530-00-NIB-0688

CD/DVD Refills

NSN: 7530-01-463-3908

Envelope, Inter-Departmental

NSN: 7530-01-463-3910

Envelope, Inter-Departmental

NSN: 8110-01-443-8476

Tube, Mailing and Filing

NSN: 8115-01-455-4036

Box, Storage, File

NSN: 8115-01-455-4038

Box, Storage, File

NSN: 8460-01-433-8398

Briefcase, Black

NSN: 7510-01-431-6236

Binder, Loose-leaf

NSN: 7510-01-431-6244

Binder, Loose-leaf

NSN: 7510-01-431-6521

Inking Pad, Rubber Stamp

NSN: 7510-01-435-9775

Inking Pad

NSN: 7510-01-435-9776

Inking Pad

NSN: 7510-01-467-6738

Clip, Paper

NSN: 7520-01-431-6240

Perforator, Paper, Desk, 3-Hole, Heavy-

Duty, Black

NSN: 7520-01-431-6251

Perforator, Paper, Desk, 3-Hole, Heavy-

Duty, Black

NSN: 7520-01-457-0719

File, Horizontal Desk

NSN: 7520-01-457-0721

File, Horizontal Desk

NSN: 7520-01-457-0723

File, Horizontal Desk

NSN: 7520-01-457-0724

File, Horizontal Desk

NSN: 7520-01-457-0725

File, Horizontal Desk

NSN: 7520-01-457-0726

File, Horizontal Desk

NSN: 6545-01-433-8399

Kit, First Aid

The following item will remain as a proposed addition:

8455-00-NIB-0012

Retractable ID Badge Holder

Comments

Comments on this clarification of scope as published in the **Federal Register** on April 28, 2006 (71 FR 25136-25143) were received from 14 persons or organizations, 11 of which are nonprofit agencies participating in the JWOD Program. The nonprofit agencies comments consistently stated their general support for the timely addition of products to the Procurement List maintained by the Committee, characterizing it as critical to their success in generating and maintaining employment for people who are blind. Several also recommended the Committee's approval of specific products manufactured by their agencies that are included on the A List proposed in the **Federal Register** of April 28, 2006 (71 FR 25136-25143).

Combined comments were received from the Central Nonprofit Agencies designated to work with JWOD-participating nonprofit agencies. These comments included *de minimis* clerical changes to a few of the published A List products or associated nonprofit agencies, and requests that several additional items be added to the 2007 A List which were not included in the initial publication in the **Federal Register**. The current notice includes the clerical changes recommended. However, none of the newly suggested additional products or NSNs were added to the January 1, 2007 A List because the public was not provided an opportunity to comment. Instead, these items may be considered for future A List designation.

Two commenters from the above groups recommended that in the future, the Committee should only subject brand new items being proposed for Procurement List addition to the public notification process through the **Federal Register**, as the existing items have already been determined suitable by the Committee and are on the Procurement List via previous final rules. The Committee believes it is in the best interest of the JWOD Program and the public to give the maximum practicable visibility to the complete A List, which will have a total Government purchasing preference, and intends to continue publishing the A List in the **Federal Register** in its entirety, at least annually, for the foreseeable future.

Several comments received related to the B List as described in the initial publication. The purpose of the notice was to clarify the A List for the JWOD Program; however, distinction from the B List was a necessary part of the A List definition. The Committee has adopted some recommendations to better distinguish the B List from the A List, and in making such distinctions, the Committee has described a "C List" of products, as well. The current notice includes a parenthetical definition of the term "niche," as recommended. The Committee has clarified that B List items, and now C List items, may be labeled and marketed in a manner that associates them with the JWOD Program, but does not imply purchasing preference for the total Government requirement. The C List incorporates the R List for restricted items that was described in the earlier notice.

One commenter recommended that the Committee provide more descriptive information for the B List items, including size, color, or unit of issue, to better enable resellers or manufacturers to determine whether the addition of items to the B List would have a severe

adverse impact on their business. Another commenter recommended that the Committee abolish the B List and allow those products to be sold to the Federal Government by small businesses. As noted above, the purpose of the proposed policy is to clarify the A List. While the Committee is not considering substantive changes to the B List at this time, it may further clarify the B List in the future and will consider any recommendations (past or future) for the improvement of the B List.

One commenter from the reseller community requested the Committee's review and suspension of nine NSNs from the 2007 A List, which it states were still under contract when added to the Procurement List in 2005. The commenter claimed that these nine items were subsequently improperly purchased by GSA. The Committee investigated this concern and received documentation from GSA showing that each of the products' commercial contracts had expired before the Procurement List effective date and placement of initial orders under the auspices of the JWOD Program. This commenter also addressed the Committee's policy regarding commercial products that are "essentially the same" as JWOD preferred products. The Committee notes that the "essentially the same" policy is on its 2007 Regulatory Agenda, and comments will be solicited regarding that rule in the **Federal Register** at that time.

Comments were received from an industry association representing manufacturers and resellers of office supplies. In addition to addressing the B List as discussed above, this commenter requested that the Committee make public its impact analysis conducted on the current contractors for products that are proposed for addition to the Procurement List. The Committee does not believe such disclosure would be appropriate. Consistent with the Freedom of Information Act (FOIA), Exemption 4, 5 U.S.C. § 552(b)(4), the sales data obtained by the Committee and calculations based on such data are privileged, confidential commercial/financial information which is exempt from disclosure. Not only is this information submitted to the Committee in confidence, but its release would cause substantial harm to those organizations' respective competitive positions by affording their competitors information which could be used to the organizations' commercial disadvantage.

This commenter recommended that the Committee consider the impact of its

actions on the small business community and that it specifically consider impact on manufacturers as well as contract resellers. The Committee has and will continue to consider the impact of every Procurement List addition action on current contracts, as required by its regulatory suitability criteria. Based on substantial research, the Committee finds that the Federal Government spends approximately 5 percent of the amount spent for similar office products commercially. For cleaning products, this percentage drops to 2.4% of the commercial expenditure. Therefore, the maximum total market impact would be 5% or less on any given item, assuming a distributor or manufacturer had all of the Federal business and that the JWOD product subsequently captured all of that business. It is also noted that the Committee deletes products from the Procurement List as well as adding them. Further, authorized JWOD distributors can switch from offering the existing commercial products to selling the JWOD products, thereby keeping their revenue stream steady. The Committee's impact process has historically focused on the firm that has privity of contract with the Federal Government, rather than that firm's suppliers, who can be and are often changed at any time for a variety of business considerations.

Patrick Rowe,
Deputy Executive Director.
[FR Doc. E6-20328 Filed 11-30-06; 8:45 am]
BILLING CODE 6353-01-P

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

Procurement List; Proposed Additions and Deletions

AGENCY: Committee for Purchase From People Who Are Blind or Severely Disabled.

ACTION: Proposed Additions to and Deletions from Procurement List.

SUMMARY: The Committee is proposing to add to the Procurement List a service to be furnished by nonprofit agencies employing persons who are blind or have other severe disabilities, and to delete products and services previously furnished by such agencies.

Comments Must Be Received On Or Before: January 7, 2007.

ADDRESSES: Committee for Purchase From People Who Are Blind or Severely Disabled, Jefferson Plaza 2, Suite 10800, 1421 Jefferson Davis Highway, Arlington, Virginia 22202-3259.

FOR FURTHER INFORMATION OR TO SUBMIT COMMENTS CONTACT: Sheryl D. Kennerly, Telephone: (703) 603-7740, Fax: (703) 603-0655, or e-mail CMTEFedReg@jwod.gov.

SUPPLEMENTARY INFORMATION: This notice is published pursuant to 41 U.S.C. 47(a)(2) and 41 CFR 51-2.3. Its purpose is to provide interested persons an opportunity to submit comments on the proposed actions.

Additions

If the Committee approves the proposed additions, the entities of the Federal Government identified in this notice for each service will be required to procure the services listed below from nonprofit agencies employing persons who are blind or have other severe disabilities.

Regulatory Flexibility Act Certification

I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. If approved, the action will not result in any additional reporting, recordkeeping or other compliance requirements for small entities other than the small organizations that will furnish the services to the Government.

2. If approved, the action will result in authorizing small entities to furnish the services to the Government.

3. There are no known regulatory alternatives which would accomplish the objectives of the Javits-Wagner-O'Day Act (41 U.S.C. 46-48c) in connection with the services proposed for addition to the Procurement List.

Comments on this certification are invited. Commenters should identify the statement(s) underlying the certification on which they are providing additional information.

End of Certification

The following service is proposed for addition to Procurement List for production by the nonprofit agencies listed:

Services

Service Type/Location: Custodial Services/Juneau Ranger Station, Juneau Ranger Station, Admiralty Nat'l Monument, Mendenhall Glacier Visitor Ctr, 8465 Old Dairy Road, Juneau, AK.

NPA: REACH, Inc., Juneau, AK.

Contracting Activity: USDA, Forest Service, Region 10, Juneau, AK.

Deletions**Regulatory Flexibility Act Certification**

I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. If approved, the action may result in additional reporting, recordkeeping or other compliance requirements for small entities.

2. If approved, the action may result in authorizing small entities to furnish the products and services to the Government.

3. There are no known regulatory alternatives which would accomplish the objectives of the Javits-Wagner-O'Day Act (41 U.S.C. 46-48c) in connection with the products and services proposed for deletion from the Procurement List.

End of Certification

The following products and services are proposed for deletion from the Procurement List:

Products**Refill, Ballpoint Pen**

NSN: 7510-00-754-2689—Refill, Ballpoint Pen.

NSN: 7510-00-543-6793—Refill, Ballpoint Pen.

NPA: Industries for the Blind, Inc., West Allis, WI.

Contracting Activity: Office Supplies & Paper Products Acquisition Ctr, New York, NY.

Services

Service Type/Location: Custodial Services, USDA, Animal and Plant Health Inspection Service, (6901 West Sunrise Blvd), Plantation, FL.

NPA: Abilities, Inc. of Florida, Clearwater, FL.

Contracting Activity: USDA, Animal & Plant Health Inspection Service-PFQ, Minneapolis, MN.

Service Type/Location: Grounds Maintenance, Marine Corps Air Station, San Diego, CA.

NPA: The ARC of San Diego, San Diego, CA.

Contracting Activity: Department of the Navy.

Sheryl D. Kennerly,

Director, Information Management.

[FR Doc. EG-20363 Filed 11-30-06; 8:45 am]

BILLING CODE 6353-01-P

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED**Procurement List; Additions and Deletions**

AGENCY: Committee for Purchase From People Who Are Blind or Severely Disabled.

ACTION: Additions to and Deletions from Procurement List.

SUMMARY: This action adds to the Procurement List a service to be furnished by nonprofit agencies employing persons who are blind or have other severe disabilities, and deletes from the Procurement List services previously furnished by such agencies.

DATES: Effective Date: January 7, 2007.

ADDRESSES: Committee for Purchase From People Who Are Blind or Severely Disabled, Jefferson Plaza 2, Suite 10800, 1421 Jefferson Davis Highway, Arlington, Virginia 22202-3259.

FOR FURTHER INFORMATION CONTACT: Sheryl D. Kennerly, Telephone: (703) 603-7740, Fax: (703) 603-0655, or e-mail CMTEFedReg@jwod.gov.

SUPPLEMENTARY INFORMATION:**Additions**

On September 29, 2006, the Committee for Purchase From People Who Are Blind or Severely Disabled published notice (71 FR 57464) of proposed additions to the Procurement List.

After consideration of the material presented to it concerning capability of qualified nonprofit agencies to provide the services and impact of the additions on the current or most recent contractors, the Committee has determined that the services listed below are suitable for procurement by the Federal Government under 41 U.S.C. 46-48c and 41 CFR 51-2.4.

Regulatory Flexibility Act Certification

I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. The action will not result in any additional reporting, recordkeeping or other compliance requirements for small entities other than the small organizations that will furnish the services to the Government.

2. The action will result in authorizing small entities to furnish the services to the Government.

3. There are no known regulatory alternatives which would accomplish

the objectives of the Javits-Wagner-O'Day Act (41 U.S.C. 46-48c) in connection with the services proposed for addition to the Procurement List.

End of Certification

Accordingly, the following service is added to the Procurement List:

Services

Service Type/Location: Full Food Service, FBI & Drug Enforcement Administration Training Academies, Quantico, VA.

NPA: ServiceSource, Inc., Alexandria, VA.

Contracting Activity: Federal Bureau of Investigation, Dept of Justice, Washington, DC.

Comments were received for the above addition from an association which represents State licensing agencies for the Randolph-Sheppard program (SLAs) and from the Virginia SLA. The association stated that the Committee's proposal to add full food service at the FBI and DEA training academies in Quantico, VA to the Procurement List is a violation of the Randolph-Sheppard Act, 20 U.S.C. 107 *et seq.*, which the association believes establishes a "mandatory priority" for blind vendors to provide food services on Federal property.

The documentation submitted to the Committee as a basis for this proposed addition to the Procurement List included a document from the FBI which enclosed a statement from the Virginia SLA indicating that the SLA had reviewed the statement of work for the food service and was "not interested in submitting a proposal for these operations." The Committee's program is well known to the Virginia SLA and the rest of the Randolph-Sheppard community, and the FBI, the Committee, and the other parties involved in developing this proposed addition to the Procurement List all regarded the Virginia SLA's statement as a knowing waiver of the Randolph-Sheppard priority. Relying on this waiver, the Committee's nonprofit community selected a nonprofit agency to provide the food service. That nonprofit agency has gone to considerable trouble and expense to prepare to provide the food service, which will generate employment for a substantial number of people with severe disabilities.

In the Virginia SLA's comment on the proposed addition, the same State official who earlier waived the Randolph-Sheppard priority now says that should the FBI offer to directly negotiate a contract for the food service with the SLA or publish a solicitation

for the food service, the SLA "may" exercise its right to respond. The State official expressed surprise that the FBI had not offered to negotiate or solicit a contract after the SLA waived the Randolph-Sheppard priority.

According to the SLA comment, the FBI indicated that it considered the SLA's earlier waiver of its priority to be final, which would explain why no subsequent offer to negotiate or solicit for the food service was forthcoming. The Committee believes that allowing the SLA to ignore its own priority waiver at this late hour, when a capable nonprofit agency is ready to create many jobs by providing this food service and the SLA has identified no blind vendor ready and able to serve as an alternative provider, could not have been the intent of the Randolph-Sheppard Act. In the absence of the Randolph-Sheppard priority, the Committee sees no bar to adding the food service to the Procurement List.

Deletions

On September 29, 2006, the Committee for Purchase From People Who Are Blind or Severely Disabled published notice (70 FR 57464; 57465) of proposed deletions to the Procurement List.

After consideration of the relevant matter presented, the Committee has determined that the services listed below are no longer suitable for procurement by the Federal Government under 41 U.S.C. 46-48c and 41 CFR 51-2.4.

Regulatory Flexibility Act Certification

I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. The action may result in additional reporting, recordkeeping or other compliance requirements for small entities.
2. The action may result in authorizing small entities to furnish the services to the Government.
3. There are no known regulatory alternatives which would accomplish the objectives of the Javits-Wagner-O'Day Act (41 U.S.C. 46-48c) in connection with the services deleted from the Procurement List.

End of Certification

Accordingly, the following services are deleted from the Procurement List:

Services

Service Type/Location: Custodial Services, Denver Federal Center

(Buildings 41, 44, and 48), Denver, CO.

NPA: Aspen Diversified Industries, Inc., Colorado Springs, CO.

Contracting Activity: GSA, PBS Region 8, Denver, CO.

Service Type/Location: Janitorial/Custodial, Federal Records Center and USDA Laboratory, East Point, GA.

NPA: WORKTEC, Jonesboro, GA.

Contracting Activity: GSA, PBS.

Service Type/Location: Janitorial/Grounds and Related Services, Motor Pool Office and Garage, 450 N. Grande, Tucson, AZ.

NPA: Beacon Group SW, Inc., Tucson, AZ.

Contracting Activity: GSA, PBS—9PMFC, San Francisco, CA.

Service Type/Location: Repair of Small Hand Tools, Robins Air Force Base, Robins AFB, GA.

NPA: Epilepsy Association of Georgia, Warner Robins, GA.

Contracting Activity: Department of the Air Force.

Sheryl D. Kennerly,

Director, Information Management.

[FR Doc. E6-20364 Filed 11-30-06; 8:45 am]

BILLING CODE 6353-01-P

DEPARTMENT OF COMMERCE

Bureau of Industry and Security

Action Affecting Export Privileges; Data Physics Corporation, Data Physics China, Data Physics China, Sri Welaratna, Bill Chen

Data Physics Corporation, 2025 Gateway Place, Suite 260, San Jose, California 95110. Data Physics China, 1605B Westgate Tower, 1038 Nanjing Road West, Shanghai, P.R. China 200041. Data Physics China, RM. 1509, Building 2, Xinquan Jiayan, No. 5 Changchunqu Road, Haidian District, Beijing, P.R. China 100089. Sri Welaratna, President, Data Physics Corporation, 2025 Gateway Place, Suite 260, San Jose, California 95110. Bill Chen, Manager, AKA: Yuequan Chen, Data Physics China, RM. 1509, Building 2, Xinquan Jiayan, No. 5 Changchunqu Road, Haidian District, Beijing, P.R. China 100089, Respondents.

Order Renewing Order Temporarily Denying Export Privileges

Pursuant to section 766.24 of the Export Administration Regulations ("EAR"),¹ I hereby grant the Bureau of

¹ 15 CFR Parts 730-774 (2006). The EAR are issued under the Export Administration Act of 1979, as amended (50 U.S.C. app. 2401-2420 (2000)) ("EAA"). Since August 21, 2001, the EAA has been in lapse and the President, through Executive Order 13222 of August 17, 2001 (3 CFR, 2001 Comp. 783 (2002)), as extended most recently

Industry and Security's request for renewal of the Order Temporarily Denying the Export Privileges of Respondents, Data Physics Corporation, Data Physics China (Shanghai and Beijing Offices), Sri Welaratna and Bill Chen for 180 days as I find that renewal of the TDO is necessary in the public interest to prevent an imminent violation of the EAR.

I. Procedural History

On May 12, 2006, I signed an Order Temporarily Denying the Export Privileges of the Respondents for 180 days on the grounds that its issuance was necessary in the public interest to prevent an imminent violation of the EAR ("TDO"). Pursuant to Section 766.24(a), the TDO was issued *ex parte* and went into effect on May 23, 2006, the date it was published in the **Federal Register**. The TDO is valid through November 19, 2006.

On October 13, 2006, the Bureau of Industry and Security ("BIS"), through its Office of Export Enforcement, filed a written request for renewal of the TDO against the Respondents for 180 days and served a copy of its request on the Respondents in accordance with Section 766.5 of the EAR. On November 6, 2006, Data Physics Corporation, Data Physics China (Shanghai and Beijing Offices) and Sri Welaratna (collectively referred to hereinafter as "Data Physics Group") filed a written opposition to the request for renewal of the TDO. The Data Physics Group also requested the production of documents and a hearing. I approved Data Physics Group's two requests for production of documents as good cause was shown and I ordered that BIS produce the relevant nonprivileged documents by 1 p.m. on November 3, 2006. BIS served the Data Physics Group with its responses in a timely manner and a hearing on the record was held on the request for renewal on November 8, 2006 at the U.S. Department of Commerce in Washington, DC. BIS and the Data Physics Group each presented oral arguments.

II. Discussion

(A) Legal Standard

Pursuant to section 766.24(d)(3) of the EAR, the sole issue in determining whether to continue a TDO is whether the TDO should be renewed to prevent an imminent violation of the EAR. "A violation may be 'imminent' either in

by the Notice of August 3, 2006 (71 FR 44,551, (August 7, 2006)), has continued the EAR in effect under the International Emergency Economic Powers Act (50 U.S.C. 1701-1706 (2000)) ("IEEPA").

time or in degree of likelihood." 15 CFR 766.24(b)(3). This includes a violation that "is about to occur, or that the general circumstances of the matter under investigation or case under criminal or administrative charges demonstrate a likelihood of future violation." *Id.* Significant, deliberate, and covert violations are more probative of imminence and the likelihood of future violations than lesser technical ones. *Id.* A "lack of information establishing the precise time a violation may occur does not preclude a finding that a violation is imminent, so long as there is sufficient reason to believe the likelihood of a violation." *Id.*

(B) Arguments

BIS's request for renewal of the TDO was based upon the facts underlying the issuance of the initial TDO as well as evidence of continued actions by the Respondents that demonstrate a willingness to disregard U.S. export controls. The initial TDO was issued as a result of evidence that showed the Data Physics Corporation and Data Physics China (Shanghai and Beijing offices), with the knowledge of Data Physics' President Sri Welaratna, and manager, Bill Chen, engaged in conduct prohibited by the EAR by knowingly selling and exporting spherical couplings and a test shaker, items subject to the EAR, to China HaiYang Electro Mechanical Technology Academy (a.k.a. "3rd Academy" or "Beijing 3 yuan"), an entity engaged in the design, development, production and use of cruise missile systems, without an export license as required by Section 744.3 of the EAR. The evidence further showed that the Respondents attempted to conceal the identity of the end-user by using a false customer name—the "27th Locomotive Factory." The new evidence presented by BIS in support of the renewal of the TDO includes documents indicating that Data Physics Corporation exported to an entity in China after it had been informed by BIS's Office of Export Enforcement that the end-user was of missile proliferation concern, that the Data Physics Group may be soliciting an illegal transaction, failing to submit evidence to BIS in accordance with certain license conditions, and negotiating export transactions while the TDO was in effect.

In its opposition to the request for renewal of the TDO, the Data Physics Group challenges BIS's evidence that was the basis for the initial TDO as well as the new evidence that was included

in the request for renewal of the TDO.^{1a} Data Physics made multiple arguments opposing the basis for the initial TDO, including arguing that the 27th Locomotive was a legitimate end-user, that the transactions posed no traditional "red flags," the evidence supporting BIS's claim that it was exporting to the 3rd Academy is not credible as it is based on hearsay statements of a terminated employee who retracted his statements, and the documents obtained from a Data Physics computer were not probative of Data Physics and the President's knowledge. The Data Physics Group also presented evidence arguing that the new evidence submitted by BIS in support of the renewal (the export to Shanghai Xinyue Instruments Factory, that the Data Physics Group may be soliciting an illegal transaction, failing to submit evidence to BIS in accordance with certain license conditions and negotiating export transactions while the TDO was in effect) was not correct and/or was insufficient to prove that renewal of the TDO was appropriate.

III. Findings

As to the new evidence submitted by BIS in support of its request for renewal of the TDO, I find that the Data Physics Group, through its written submission and oral arguments, provided sufficient evidence to rebut a significant part of BIS's evidence concerning the issues that the Data Physics Group may be soliciting an illegal transaction, failing to submit evidence to BIS in accordance with certain license conditions, and negotiating export transactions while the TDO was in effect, and that BIS did not provide further evidence to rebut this evidence presented by the Data Physics Group.

However, I do find that the evidence presented by BIS in its renewal request as to Data Physics Corporation's export to the Shanghai Xinyue Instrument Factory is persuasive and credible evidence that proves that the TDO should be renewed to prevent an imminent violation of the EAR and that the Data Physics Group did not provide sufficient or persuasive evidence to rebut BIS's evidence. First, it is uncontested that Data Physics Corporation exported a vector vibration controller, an item subject to the EAR, in September 2005 to the Shanghai Xinyue Instrument Factory in China without a BIS export license or otherwise consulting with BIS after Data Physics and its President, Sri Welaratna, were advised by Special Agent in

Charge ("SAC") Salcido that the Shanghai Xinyue Instrument Factory was of missile proliferation concern. While the Data Physics Group tried to dispute the significance of this transaction by arguing that the notification by SAC Salcido occurred in 2002, the notification was in response to a March 2002 letter from Data Physics' President, Sri Welaratna, to OEE regarding sponsorship of three visitors from Shanghai Xinyue Instrument Factory by Data Physics, and BIS has not placed Shanghai Xinyue on the Entity List or any other list, I find those arguments unpersuasive and troubling as the evidence on this export further demonstrates the Respondents' willingness to knowingly export to entities of missile proliferation concern without seeking advice or authorization from the U.S. Government prior to exporting. Significantly, in between the time of SAC Salcido's E-mail notification to Mr. Welaratna and Data Physics that Shanghai Xinyue is of missile proliferation concern and the September 2005 export to Shanghai Xinyue by Data Physics, two significant events happened. First, the export occurred after OEE executed a search warrant on Data Physics Corporation in connection with believed illegal exports. In April 2005, OEE agents executed a search warrant at Data Physics and during execution of the search warrant, OEE agents found copies of Part 744 of the EAR in the office of the Data Physics manager who is responsible for export compliance. Second, this Data Physics manager attended a May 2005 BIS sponsored seminar on export training during which an OEE agent gave a presentation that focused on Part 744 of the EAR, the Enhanced Proliferation Control Initiative, and specifically recommended doing research on customers, including Internet searches, prior to exporting.² Notwithstanding these events, Data Physics still exported a vector vibration controller to the Shanghai Xinyue Instrument Factory, an entity of missile proliferation concern, without any consultation with BIS after having been notified by OEE that the end-user was of missile proliferation concern. Significantly, the evidence indicates that Data Physics only checked the BIS Entity List and other lists before exporting a vector vibration controller to Shanghai Xinyue. This limited action by Data Physics is

² The Data Physics Group contests that OEE recommended conducting Internet searches. The basis of this challenge was that the advice regarding conducting Internet searches was not included in the power point slides.

^{1a} None of the Respondents appealed the initial TDO.

particularly troubling as the uncontested facts prove that Data Physics and its President, SRI Welaratna, know that Data Physics sells and exports item that have military end-uses, including for the design, development and production of missiles, and were notified that Shanghai Xinyue was of missile proliferation concern. While, I find this evidence alone is a sufficient basis for renewal of the TDO against all Respondents, I also find that the evidence serving as the basis of the initial TDO is a further basis for renewal of the TDO against all Respondents.

As to the evidence underlying the initial TDO, I do not find the Data Physics Group provided sufficient credible evidence to rebut BIS's credible and persuasive evidence that Respondents knowingly participated in the sale and unauthorized exports of spherical couplings and a test shaker, items subject to the EAR, to the 3rd Academy, an entity engaged in the design, development, production and use of cruise missile systems, and took actions to conceal these transactions by using a false end-user name. This evidence is the basis of the TDO. I further find that the evidence before me, presented both in the written submissions and oral arguments, regarding the Respondents knowingly selling and exporting spherical couplings and a test shaker to the 3rd Academy without an export license reveals violative actions that were significant, deliberate and covert and indicate a likelihood of future violations absent continuation of the TDO. Hence, on this basis alone I find that renewal of the TDO is appropriate.

First, the Data Physics Group incorrectly contends that BIS is arguing that the 27th Locomotive does not exist, and that if it does exist, that it would not use the type of equipment at issue. The evidence submitted by BIS does not go to the existence of the 27th Locomotive but to the fact that the Respondents used the name of the 27th Locomotive in attempts to conceal the fact it was selling and exporting spherical couplings and a test shaker to the 3rd Academy, an entity engaged in the design, development, production and use of cruise missile systems. I find that these arguments raised by the Data Physics Group are not on point and unpersuasive.

The Data Physics Group further argues that there were no traditional "red flags" relating to exports to the 27th Locomotive as the 27th Locomotive is not on BIS's Entity List or any other such list. This argument too is unpersuasive as BIS is basing its charges

on Section 744.3 of the EAR and because of the internal Data Physics' e-mails that clearly and unequivocally provide that references for the customer Beijing 3 Yuan (a.k.a 3rd Academy) should be referred to as the 27th Locomotive. This evidence is persuasive and indicates that several Data Physics employees (not just Bill Chen) were aware of attempts to conceal the identity of the 3rd Academy. Further, Data Physics Corporation is a company of less than 40 employees and it knows that the items it sells, including spherical couplings and test shakers, have military end-uses. Hence, I find these arguments of the Data Physics Group to be unpersuasive.

The Data Physics Group also argues that a significant portion of BIS's evidence, statements from a disgruntled former Data Physics employee who was terminated and who subsequently retracted his statements, is not credible and is hearsay and, as such, is inadmissible. Again, the Data Physics Group's arguments fall short. The evidence submitted by BIS in support of its initial TDO clearly shows that there is independent evidence that corroborates the allegations from the former employee. Specifically, there is a series of e-mails between the former employee, Bill Chen, and at least two other current Data Physics employees that expressly provide that the customer name of the 27th Locomotive should be used when referring to the 3rd Academy or Beijing 3 Yuan. The evidence is admissible³ and based upon the corroborating evidence, I find the statements persuasive. In addition, the Data Physics Group also contended that Bill Chen was gone from the company and that any threat did not continue. I disagree. Bill Chen is on administrative leave from Data Physics and at least one of the employees involved in the e-mail exchange directing the 3rd Academy to be referred to as the 27th Locomotive is still with Data Physics.

Further, the Data Physics Group tried to argue that BIS's evidence that the 3rd Academy is engaged in design, development, production and use of cruise missile systems was not reliable as it consisted of searches from the Internet. These arguments also were not persuasive. Again the evidence is admissible and the Data Physics Group did not provide any evidence as to what types of activities the 3rd Academy is engaged in. Rather, their arguments focused on whether the 27th

³ The Federal Rules of Evidence do not apply and evidence that was relevant and material was entertained and given appropriate weight. 15 CFR 766.13.

Locomotive was a legitimate end-user. Hence, all the evidence on the 3rd Academy before me provides that the 3rd Academy is engaged in the design, development, production and use of cruise missile systems.

The Data Physics Group further argues that the e-mails and other documents reflecting communications between Bill Chen and other Data Physics employees which contained the statements that the 3rd Academy should be referred to as the 27th Locomotive were not known to any Data Physics employees in the United States and do not demonstrate an intent by certain Respondents to conceal the true identity of the end-user from BIS. I disagree. These e-mails were obtained from Bill Chen's Data Physics' lap top computer which was in the United States and Mr. Chen worked in the United States and China for Data Physics. Further, the exports to the 3rd Academy could not have been handled by just one or two persons. In fact, e-mails were seized at Data Physics California headquarters that had 27th Locomotive in the subject line but had "3 Yuan 3 * * *" hand written in the upper right hand corner.⁴ Further, the Data Physics Group did not provide any credible evidence to explain the statements directing the 3rd Academy be referred to as the 27th Locomotive. In fact, while several affidavits submitted by the Data Physics Group contained explicit statements that "I do not recall ever hearing any references to the customer 27th Locomotive using another entity name, nor do I recall seeing documentation that referred to this entity under another name;" the affidavit from an individual who was included in the e-mails does not contain a similar statement.

A find that the evidence presented by BIS demonstrates that the Respondents have violated the EAR, that such violations have been significant, deliberate and covert, and that there is a likelihood of future violations. As such a Temporary Denial Order ("TDO") is needed to give notice to persons and companies in the United States and abroad that they should continue to cease dealing with the Respondents in export transactions involving items subject to the EAR. Such a TDO is consistent with the public interest to preclude violations of the EAR.

Accordingly, I find that renewing the TDO naming Data Physics Corporation, its two offices in China, Sri Welaratna and Bill Chen should be continued for 180 days as it is necessary in the public

⁴ The Data Physics Group has submitted evidence that this is Bill Chen's handwriting.

interest to prevent an imminent violation of the EAR.

The Data Physics Group also requested that to the extent the TDO is renewed that it be limited to exports and reexports to China. Based upon the evidence, I disagree.

IV. ORDER

It Is Therefore Ordered:

FIRST, that the Respondents, DATA PHYSICS CORPORATION, 2025 Gateway Place, Suite 260, San Jose, California, 95110, and DATA PHYSICS CHINA, 1605B Westgate Tower, 1038 Nanjing Road West, Shanghai, P.R. China, 200041, and DATA PHYSICS CHINA, RM. 1509, Building 2, Xinquaduan Jiayan, No. 5 Changchunquia Road, Haidian District, Beijing, P.R. China, 100089, SRI WELARANTNA, President, Data Physics Corporation, 2025 Gateway Place, Suite 260, San Jose, California, 95110, and BILL CHEN, Manager, AKA: Yuequan Chen, Data Physics China, RM. 1509, Building 2, Xinquaduan Jiayan, No. 5 Changchunquia Road, Haidian District, Beijing, P.R. China, 100089 (collectively the "Denied Persons"), may not, directly or indirectly, participate in any way in any transaction involving any commodity, software or technology (hereinafter collectively referred to as "item") exported or to be exported from the United States that is subject to the Export Administration Regulations ("EAR"), or in any other activity subject to the EAR, including, but not limited to:

A. Applying for, obtaining, or using any license, License Exception, or export control document;

B. Carrying on negotiations concerning, or ordering, buying, receiving, using, selling, delivering, storing, disposing of, forwarding, transporting, financing, or otherwise servicing in any way, any transaction involving any item exported or to be exported from the United States that is subject to the EAR, or in any other activity subject to the EAR; or

C. Benefiting in any way from any transaction involving any item exported or to be exported from the United States that is subject to the EAR, or in any other activity subject to the EAR.

Second, that no person may, directly or indirectly, do any of the following:

A. Export or reexport to or on behalf of the Denied Persons any item subject to the EAR;

B. Take any action that facilitates the acquisition or attempted acquisition by the Denied Persons of the ownership, possession, or control of any item subject to the EAR that has been or will be exported from the United States, including financing or other support activities related to a transaction whereby the Denied Persons acquires or attempts to acquire such ownership, possession or control;

C. Take any action to acquire from or to facilitate the acquisition or attempted acquisition from the Denied Persons of any item subject to the EAR that has been exported from the United States;

D. Obtain from the Denied Persons in the United States any item subject to the EAR with knowledge or reason to know that the item will be, or is intended to be, exported from the United States; or

E. Engage in any transaction to service any item subject to the EAR that has been or will be exported from the United States and which is owned, possessed or controlled by the Denied Persons, or service any item, or whatever origin, that is owned, possessed or controlled by the Denied Persons if such service involves the use of any item subject to the EAR that has been or will be exported from the United States. For purposes of this paragraph, servicing means installation, maintenance, repair, modification or testing.

Third, that, after notice and opportunity for comment as provided in section 766.23 of the EAR, any other person, firm, corporation, or business organization related to any of the Denied Persons by affiliation, ownership, control, or position of responsibility in the conduct of trade or related services may also be made subject to the provisions of this Order.

Fourth, that this Order does not prohibit any export, reexport, or other transaction subject to the EAR where the only items involved that are subject to the EAR are foreign-produced direct product of U.S.-origin technology.

In accordance with the provisions of Section 766.24(e) of the EAR, the Respondents may, at any time, appeal this Order by filing a full written statement in support of the appeal with the Office of the Administrative Law Judge, U.S. Coast Guard ALJ Docketing Center, 40 South Gay Street, Baltimore, Maryland 21202-4022.

In accordance with the provisions of Section 766.24(d) of the EAR, BIS may seek renewal of this Order by filing a written request not later than 20 days

before the expiration date. The Respondents may oppose a request to renew this Order by filing a written submission with the Assistant Secretary of Commerce for Export Enforcement, which must be received not later than seven days before the expiration date of the Order.

A copy of this Order shall be served on the Respondents and shall be published in the **Federal Register**.

This Order is effective immediately and shall remain in effect for 180 days.

Entered this 17th day of November, 2006.

Darryl W. Jackson,

Assistant Secretary of Commerce, for Export Enforcement.

[FR Doc. 06-9419 Filed 11-30-06; 8:45 am]

BILLING CODE 3510-DT-M

DEPARTMENT OF COMMERCE

International Trade Administration

Antidumping or Countervailing Duty Order, Finding, or Suspended Investigation; Opportunity To Request Administrative Review

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

FOR FURTHER INFORMATION CONTACT: Sheila E. Forbes, Office of AD/CVD Operations, Office 4, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, NW., Washington, DC 20230, telephone: (202) 482-4697.

Background

Each year during the anniversary month of the publication of an antidumping or countervailing duty order, finding, or suspension of investigation, an interested party, as defined in section 771(9) of the Tariff Act of 1930, as amended, may request, in accordance with section 351.213 (2004) of the Department of Commerce (the Department) Regulations, that the Department conduct an administrative review of that antidumping or countervailing duty order, finding, or suspended investigation.

Opportunity to Request a Review: Not later than the last day of December 2006,¹ interested parties may request administrative review of the following orders, findings, or suspended investigations, with anniversary dates in December for the following periods:

¹ Or the next business day, if the deadline falls on a weekend, Federal holiday or any other day when the Department is closed.

	Period
Antidumping Duty Proceedings	
ARGENTINA: Honey, A-357-812	12/1/05-11/30/06
BRAZIL:	
Certain Carbon Steel Butt-Weld Pipe Fittings, A-351-602	12/1/05-11/30/06
Silicomanganese, A-351-824	12/1/05-11/30/06
CHILE: Certain Preserved Mushrooms, A-337-804	12/1/05-11/30/06
INDIA:	
Carbazole Violet Pigment 23, A-533-838	12/1/05-11/30/06
Certain Hot-Rolled Carbon Steel Flat Products, A-533-820	12/1/05-11/30/06
Stainless Steel Wire Rod, A-533-808	12/1/05-11/30/06
INDONESIA: Certain Hot-Rolled Carbon Steel Flat Products, A-560-812	12/1/05-11/30/06
JAPAN:	
High and Ultra-High Voltage Ceramic Station Post Insulators, A-588-862	12/1/05-11/30/06
Polychloroprene Rubber, A-588-046	12/1/05-11/30/06
P.C. Steel Wire Strand, A-588-068	12/1/05-11/30/06
Superalloy Degassed Chromium, A-588-866	8/18/05-11/30/06
Welded Large Diameter Line Pipe, A-588-857	12/1/05-11/30/06
REPUBLIC OF KOREA: Welded ASTM A-312 Stainless Steel Pipe, A-580-810	12/1/05-11/30/06
TAIWAN:	
Carbon Steel Butt-Weld Pipe Fittings, A-583-605	12/1/05-11/30/06
Porcelain-On-Steel Cooking Ware, A-583-508	12/1/05-11/30/06
Welded ASTM A-312 Stainless Steel Pipe, A-583-815	12/1/05-11/30/06
THE PEOPLE'S REPUBLIC OF CHINA:	
Carbazole Violet Pigment 23, A-570-892	12/1/05-11/30/06
Cased Pencils, A-570-827	12/1/05-11/30/06
Hand Trucks and Parts Thereof, A-570-891	12/1/05-11/30/06
Honey, A-570-863	12/1/05-11/30/06
Malleable Cast Iron Pipe Fittings, A-570-881	12/1/05-11/30/06
Porcelain-on-Steel Cooking Ware, A-570-506	12/1/05-11/30/06
Silicomanganese, A-570-828	12/1/05-11/30/06
Countervailing Duty Proceedings	
ARGENTINA: Honey, C-357-813	1/1/06-12/31/06
INDIA:	
Carbazole Violet Pigment 23, C-533-839	1/1/05-12/31/05
Certain Hot-Rolled Carbon Steel Flat Products, C-533-821	1/1/05-12/31/05
INDONESIA: Certain Hot-Rolled Carbon Steel Flat Products, C-560-813	1/1/05-12/31/05
SOUTH AFRICA: Certain Hot-Rolled Carbon Steel Flat Products, C-791-810	1/1/05-12/31/05
THAILAND: Certain Hot-Rolled Carbon Steel Flat Products, C-549-818	1/1/05-12/31/05
Suspension Agreements	
MEXICO: Fresh Tomatoes, A-201-820	12/1/05-11/30/06

In accordance with section 351.213(b) of the regulations, an interested party as defined by section 771(9) of the Act may request in writing that the Secretary conduct an administrative review. For both antidumping and countervailing duty reviews, the interested party must specify the individual producers or exporters covered by an antidumping finding or an antidumping or countervailing duty order or suspension agreement for which it is requesting a review, and the requesting party must state why it desires the Secretary to review those particular producers or exporters.² If the interested party intends for the Secretary to review sales of merchandise by an exporter (or a producer if that producer also exports merchandise from other suppliers)

² If the review request involves a non-market economy and the parties subject to the review request do not qualify for separate rates, all other exporters of subject merchandise from the non-market economy country who do not have a separate rate will be covered by the review as part of the single entity of which the named firms are a part.

which were produced in more than one country of origin and each country of origin is subject to a separate order, then the interested party must state specifically, on an order-by-order basis, which exporter(s) the request is intended to cover.

As explained in *Antidumping and Countervailing Duty Proceedings: Assessment of Antidumping Duties*, 68 FR 23954 (May 6, 2003), the Department has clarified its practice with respect to the collection of final antidumping duties on imports of merchandise where intermediate firms are involved. The public should be aware of this clarification in determining whether to request an administrative review of merchandise subject to antidumping findings and orders. See also the Import Administration Web site at <http://ia.ita.doc.gov>.

Six copies of the request should be submitted to the Assistant Secretary for Import Administration, International Trade Administration, Room 1870, U.S. Department of Commerce, 14th Street &

Constitution Avenue, NW., Washington, DC 20230. The Department also asks parties to serve a copy of their requests to the Office of Antidumping/Countervailing Duty Operations, Attention: Sheila Forbes, in room 3065 of the main Commerce Building. Further, in accordance with section 351.303(f)(1)(i) of the regulations, a copy of each request must be served on every party on the Department's service list.

The Department will publish in the *Federal Register* a notice of "Initiation of Administrative Review of Antidumping or Countervailing Duty Order, Finding, or Suspended Investigation" for requests received by the last day of December 2006. If the Department does not receive, by the last day of December 2006, a request for review of entries covered by an order, finding, or suspended investigation listed in this notice and for the period identified above, the Department will instruct the U.S. Customs and Border Protection to assess antidumping or countervailing duties on those entries at

a rate equal to the cash deposit of (or bond for) estimated antidumping or countervailing duties required on those entries at the time of entry, or withdrawal from warehouse, for consumption and to continue to collect the cash deposit previously ordered.

This notice is not required by statute but is published as a service to the international trading community.

Dated: November 21, 2006.

Susan H. Kuhbach,

Acting Deputy Assistant Secretary for Import Administration.

[FR Doc. E6-20360 Filed 11-30-06; 8:45 am]

BILLING CODE 3510-DS-P

DEPARTMENT OF COMMERCE

International Trade Administration

Antidumping or Countervailing Duty Order, Finding, or Suspended Investigation; Advance Notification of Sunset Reviews

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

ACTION: Notice of Upcoming Sunset Reviews.

SUPPLEMENTARY INFORMATION:

Background

Every five years, pursuant to section 751(c) of the Tariff Act of 1930, as amended, the Department of Commerce

("the Department") and the International Trade Commission automatically initiate and conduct a review to determine whether revocation of a countervailing or antidumping duty order or termination of an investigation suspended under section 704 or 734 would be likely to lead to continuation or recurrence of dumping or a countervailable subsidy (as the case may be) and of material injury.

Upcoming Sunset Reviews for January 2007

The following Sunset Reviews are scheduled for initiation in January 2007 and will appear in that month's Notice of Initiation of Five-year Sunset Reviews.

Antidumping Duty Proceedings	Department Contact
Uranium from France (A-427-818) Countervailing Duty Proceedings.	Dana Mermelstein (202) 482-1391
Uranium from France (C-427-819) Suspended Investigations.	Brandon Farlander (202) 482-0182
No suspended investigations are scheduled for initiation in January 2007..	

The Department's procedures for the conduct of Sunset Reviews are set forth in 19 CFR 351.218. Guidance on methodological or analytical issues relevant to the Department's conduct of Sunset Reviews is set forth in the Department's Policy Bulletin 98.3—Policies Regarding the Conduct of Five-year ("Sunset") Reviews of Antidumping and Countervailing Duty Orders; Policy Bulletin, 63 FR 18871 (April 16, 1998) ("Sunset Policy Bulletin"). The Notice of Initiation of Five-year ("Sunset") Reviews provides further information regarding what is required of all parties to participate in Sunset Reviews.

Pursuant to 19 CFR 351.103(c), the Department will maintain and make available a service list for these proceedings. To facilitate the timely preparation of the service list(s), it is requested that those seeking recognition as interested parties to a proceeding contact the Department in writing within 15 days of the publication of the Notice of Initiation.

Please note that if the Department receives a Notice of Intent to Participate from a member of the domestic industry within 15 days of the date of initiation, the review will continue. Thereafter, any interested party wishing to participate in the Sunset Review must provide substantive comments in response to the notice of initiation no

later than 30 days after the date of initiation.

This notice is not required by statute but is published as a service to the international trading community.

Dated: November 20, 2006.

Stephen J. Claeys,

Deputy Assistant Secretary for Import Administration.

[FR Doc. E6-20361 Filed 11-30-06; 8:45 am]

BILLING CODE 3510-DS-S

DEPARTMENT OF COMMERCE

International Trade Administration

Initiation of Five-year ("Sunset") Reviews

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

SUMMARY: In accordance with section 751(c) of the Tariff Act of 1930, as amended ("the Act"), the Department of Commerce ("the Department") is automatically initiating a five-year ("Sunset Review") of the antidumping duty order listed below. The International Trade Commission ("the Commission") is publishing concurrently with this notice its notice of *Institution of Five-year Review* which covers this same order.

EFFECTIVE DATE: December 1, 2006.

FOR FURTHER INFORMATION CONTACT: The Department official identified in the

Initiation of Review(s) section below at AD/CVD Operations, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th & Constitution Ave., NW, Washington, DC 20230. For information from the Commission contact Mary Messer, Office of Investigations, U.S. International Trade Commission at (202) 205-3193.

SUPPLEMENTARY INFORMATION:

Background

The Department's procedures for the conduct of Sunset Reviews are set forth in its *Procedures for Conducting Five-year ("Sunset") Reviews of Antidumping and Countervailing Duty Orders*, 63 FR 13516 (March 20, 1998) and 70 FR 62061 (October 28, 2005). Guidance on methodological or analytical issues relevant to the Department's conduct of Sunset Reviews is set forth in the Department's Policy Bulletin 98.3—*Policies Regarding the Conduct of Five-year ("Sunset") Reviews of Antidumping and Countervailing Duty Orders; Policy Bulletin*, 63 FR 18871 (April 16, 1998) ("Sunset Policy Bulletin").

Initiation of Reviews

In accordance with 19 CFR 351.218(c), we are initiating the Sunset Review of the following antidumping duty order:

DOC Case No.	ITC Case No.	Country	Product	Department Contact
A-570-866 Countervailing Duty Proceedings. No countervailing duty proceedings are scheduled for initiation in December 2006. Suspended Investigations. No suspended investigations are scheduled for initiation in December 2006.	731-TA-921	PRC	Folding Gift Boxes	Juanita Chen (202) 482-1904

Filing Information

As a courtesy, we are making information related to Sunset proceedings, including copies of the Department's regulations regarding Sunset Reviews (19 CFR 351.218) and *Sunset Policy Bulletin*, the Department's schedule of Sunset Reviews, case history information (*i.e.*, previous margins, duty absorption determinations, scope language, import volumes), and service lists available to the public on the Department's sunset Internet website at the following address: "<http://ia.ita.doc.gov/sunset/>." All submissions in these Sunset Reviews must be filed in accordance with the Department's regulations regarding format, translation, service, and certification of documents. These rules can be found at 19 CFR 351.303.

Pursuant to 19 CFR 351.103(c), the Department will maintain and make available a service list for these proceedings. To facilitate the timely preparation of the service list(s), it is requested that those seeking recognition as interested parties to a proceeding contact the Department in writing within 10 days of the publication of the Notice of Initiation. Because deadlines in Sunset Reviews can be very short, we urge interested parties to apply for access to proprietary information under administrative protective order ("APO") immediately following publication in the *Federal Register* of the notice of initiation of the sunset review. The Department's regulations on submission of proprietary information and eligibility to receive access to business proprietary information under APO can be found at 19 CFR 351.304-306.

Information Required from Interested Parties

Domestic interested parties (defined in section 771(9)(C), (D), (E), (F), and (G) of the Act and 19 CFR 351.102(b)) wishing to participate in these Sunset Reviews must respond not later than 15 days after the date of publication in the *Federal Register* of this notice of initiation by filing a notice of intent to participate. The required contents of the notice of intent to participate are set forth at 19 CFR 351.218(d)(1)(ii). In accordance with the Department's

regulations, if we do not receive a notice of intent to participate from at least one domestic interested party by the 15-day deadline, the Department will automatically revoke the orders without further review. See 19 CFR 351.218(d)(1)(iii).

For sunset reviews of countervailing duty orders, parties wishing the Department to consider arguments that countervailable subsidy programs have been terminated must include with their substantive responses information and documentation addressing whether the changes to the program were (1) limited to an individual firm or firms and (2) effected by an official act of the government. Further, a party claiming program termination is expected to document that there are no residual benefits under the program and that substitute programs have not been introduced. Cf. 19 CFR 351.526(b) and (d). If a party maintains that any of the subsidies countervailed by the Department were not conferred pursuant to a subsidy program, that party should nevertheless address the applicability of the factors set forth in 19 CFR 351.526(b) and (d). Similarly, parties wishing the Department to consider whether a company's change in ownership has extinguished the benefit from prior non-recurring, allocable, subsidies must include with their substantive responses information and documentation supporting their claim that all or almost all of the company's shares or assets were sold in an arm's length transaction, at a price representing fair market value, as described in the *Notice of Final Modification of Agency Practice Under Section 123 of the Uruguay Round Agreements Act*, 68 FR 37125 (June 23, 2003) (*Modification Notice*). See *Modification Notice* for a discussion of the types of information and documentation the Department requires.

If we receive an order-specific notice of intent to participate from a domestic interested party, the Department's regulations provide that *all parties* wishing to participate in the Sunset Review must file complete substantive responses not later than 30 days after the date of publication in the *Federal Register* of this notice of initiation. The

required contents of a substantive response, on an order-specific basis, are set forth at 19 CFR 351.218(d)(3). Note that certain information requirements differ for respondent and domestic parties. Also, note that the Department's information requirements are distinct from the Commission's information requirements. Please consult the Department's regulations for information regarding the Department's conduct of Sunset Reviews.¹ Please consult the Department's regulations at 19 CFR Part 351 for definitions of terms and for other general information concerning antidumping and countervailing duty proceedings of the Department.

This notice of initiation is being published in accordance with section 751(c) of the Act and 19 CFR 351.218(c).

Dated: November 20, 2006.

Stephen J. Claeys,

Deputy Assistant Secretary for Import Administration.

[FR Doc. E6-20362 Filed 11-30-06; 8:45 am]
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DEPARTMENT OF COMMERCE

International Trade Administration

A-570-875

Non-Malleable Cast Iron Pipe Fittings from the People's Republic of China: Final Results of Antidumping Duty Administrative Review

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

SUMMARY: The Department of Commerce ("the Department") published its preliminary results of administrative review of the antidumping duty order on non-malleable cast iron pipe fittings ("NMP fittings") from the People's Republic of China ("PRC") on May 25,

¹ In comments made on the interim final sunset regulations, a number of parties stated that the proposed five-day period for rebuttals to substantive responses to a notice of initiation was insufficient. This requirement was retained in the final sunset regulations at 19 CFR 351.218(d)(4). As provided in 19 CFR 351.302(b), however, the Department will consider individual requests for extension of that five-day deadline based upon a showing of good cause.

2006. See *Non-Malleable Cast Iron Pipe Fittings from the People's Republic of China: Preliminary Results of Antidumping Duty Administrative Review*, 71 FR 30116 (May 25, 2006) ("Preliminary Results"). The period of review ("POR") is April 1, 2004, through March 31, 2005. We invited interested parties to comment on our preliminary results. Based on our analysis of the comments received, we have made changes to our calculations. The final dumping margins for this review are listed in the "Final Results of Review" section below.

EFFECTIVE DATE: December 1, 2006

FOR FURTHER INFORMATION CONTACT:

Eugene Degnan, AD/CVD Operations, Office 8, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, NW, Washington, DC 20230; telephone: (202) 482-0414.

SUPPLEMENTARY INFORMATION:

Background

On April 7, 2003, the Department published in the *Federal Register* the antidumping duty order on NMP fittings from the PRC. See *Notice of Antidumping Duty Order: Non-Malleable Cast Iron Pipe Fittings From the People's Republic of China*, 68 FR 16765 (April 7, 2003). On April 1, 2005, the Department published a notice of opportunity to request an administrative review of the antidumping duty order on NMP fittings from the PRC for the period April 1, 2004, through March 31, 2005. See *Antidumping or Countervailing Duty Order, Finding, or Suspended Investigation: Opportunity to Request Administrative Review*, 70 FR 16799 (April 1, 2005). On April 25, 2005, Myland Industrial Co., Ltd. and Myland Buxin Foundry Ltd. (collectively "Myland") requested an administrative review of their sales to the United States during the POR of merchandise produced by Buxin and exported by Myland. On May 27, 2005, the Department published in the *Federal Register* a notice of the initiation of the antidumping duty administrative review of NMP fittings from the PRC for the period April 1, 2004, through March 31, 2005. See *Initiation of Antidumping and Countervailing Duty Administrative Reviews and Request for Revocation in Part*, 70 FR 30694 (May 27, 2005) ("Initiation Notice").

The Department published the preliminary results on May 25, 2006. See *Preliminary Results*, 71 FR at 30116. We invited parties to comment on our preliminary results. See *Preliminary*

Results, 71 FR at 30121. On June 23, 2006, Anvil International, Inc. and Ward Manufacturing ("Petitioners") submitted a case brief, and on June 27, 2006, Myland submitted a case brief. On June 30, 2006, Petitioner submitted a rebuttal brief and on July 3, 2006, Myland submitted a rebuttal brief.

On September 12, 2006, the Department published a notice in the *Federal Register* extending the time limit for the final results of review until October 23, 2006. See *Extension of Time Limit for the Final Results of the Antidumping Duty Administrative Review: Non-Malleable Cast Iron Pipe Fittings from the People's Republic of China*, 71 FR 53661 (September 12, 2006). Additionally, on October 30, 2006, the Department published a notice in the *Federal Register* further extending the time limit for the preliminary results of review until November 10, 2006. See *Non-Malleable Cast Iron Pipe Fittings from the People's Republic of China: Extension of Time Limit for the Final Results of the Antidumping Duty Administrative Review*, 71 FR 63285 (October 30, 2006). Further, on November 16, 2006, the Department published a notice in the *Federal Register* further extending the time limit for the preliminary results of review until November 21, 2006. See *Non-Malleable Cast Iron Pipe Fittings from the People's Republic of China: Extension of Time Limit for the Final Results of the Antidumping Duty Administrative Review*, 71 FR 66749 (November 16, 2006). We have conducted this administrative review in accordance with Section 751 of the Tariff Act of 1930, as amended ("the Act"), and 19 CFR 351.213.

Scope of Order

The products covered by the order are finished and unfinished non-malleable cast iron pipe fittings with an inside diameter ranging from 1/4 inch to 6 inches, whether threaded or unthreaded, regardless of industry or proprietary specifications. The subject fittings include elbows, ells, tees, crosses, and reducers as well as flanged fittings. These pipe fittings are also known as "cast iron pipe fittings" or "gray iron pipe fittings." These cast iron pipe fittings are normally produced to ASTM A-126 and ASME B.16.4 specifications and are threaded to ASME B1.20.1 specifications. Most building codes require that these products are Underwriters Laboratories (UL) certified. The scope does not include cast iron soil pipe fittings or grooved fittings or grooved couplings.

Fittings that are made out of ductile iron that have the same physical

characteristics as the gray or cast iron fittings subject to the scope above or which have the same physical characteristics and are produced to ASME B.16.3, ASME B.16.4, or ASTM A-395 specifications, threaded to ASME B1.20.1 specifications and UL certified, regardless of metallurgical differences between gray and ductile iron, are also included in the scope of the order. These ductile fittings do not include grooved fittings or grooved couplings. Ductile cast iron fittings with mechanical joint ends (MJ), or push on ends (PO), or flanged ends and produced to the American Water Works Association (AWWA) specifications AWWA C110 or AWWA C153 are not included.

Imports of subject merchandise are currently classifiable in the Harmonized Tariff Schedule of the United States (HTSUS) under item numbers 7307.11.00.30, 7307.11.00.60, 7307.19.30.60 and 7307.19.30.85. HTSUS subheadings are provided for convenience and customs purposes. The written description of the scope of this proceeding is dispositive.

Analysis of Comments Received

All issues raised in the post-preliminary comments by parties in this review are addressed in the Issues and Decision Memorandum, dated November 10, 2006 ("Decision Memo"), which is hereby adopted by this notice. A list of the issues which parties raised and to which we responded in the Decision Memo is attached to this notice as an appendix. The Decision Memo is a public document which is on file in the Central Records Unit ("CRU") in room B-099 in the main Department building, and is accessible on the Web at <http://www.ia.ita.doc.gov/frn>. The paper copy and electronic version of the memorandum are identical in content.

Surrogate Country

In the *Preliminary Results*, we stated that we treat the PRC as a non-market economy ("NME") country, and therefore, we calculated normal value in accordance with section 773(c) of the Act which applies to NME countries. Also, we stated that we had selected India as the appropriate surrogate country to use in this review for the following reasons: (1) it is a significant producer of comparable merchandise; and (2) provides contemporaneous publicly available data to value the factors of production, pursuant to section 773(c)(4) of the Act. See *Preliminary Results*. For the final results, we made no changes to our findings with respect to the selection of a surrogate country.

Separate Rates

In proceedings involving NME countries, the Department begins with a rebuttable presumption that all companies within the country are subject to government control and, thus, should be assigned a single antidumping duty deposit rate. It is the Department's policy to assign all exporters of merchandise subject to review in an NME country this single rate unless an exporter can demonstrate that it is free of *de jure* and *de facto* control over its export decisions, so as to be entitled to a separate rate.

In the *Preliminary Results*, we found that Myland demonstrated its eligibility for separate-rate status. For the final results, we continue to find that the evidence placed on the record of this administrative review by Myland demonstrates an absence of government control, both in law and in fact, with respect to its exports of the merchandise under review and thus determine Myland is eligible for separate-rate status.

Changes Since the Preliminary Results

Based on our analysis of comments received, we have made changes in the margin calculations for Myland. See Decision Memo at 4. In the preliminary results, the Department calculated a margin for Myland based on its reported data. However, for the final results, the Department has based its margin on total adverse facts available ("AFA"). See *Application of Adverse Facts Available for Myland Industrial Ltd. & Myland Buxin Foundry Ltd. in the Final Results of Antidumping Duty Administrative Review of Non-Malleable Cast Iron Pipe Fittings from the People's Republic of China Memorandum*, from Eugene Degnan, Analyst, through Wendy J. Frankel, Director, dated November 21, 2006 ("Myland AFA Memorandum").

Adverse Facts Available

Sections 776(a)(1) and (2) of the Act provide that the Department shall apply "facts otherwise available" if necessary information is not on the record or an interested party or any other person (A) withholds information that has been requested, (B) fails to provide information within the deadlines established, or in the form and manner requested by the Department, subject to subsections (c)(1) and (e) of section 782, (C) significantly impedes a proceeding, or (D) provides information that cannot be verified as provided by section 782(i) of the Act.

Where the Department determines that a response to a request for

information does not comply with the request, section 782(d) of the Act provides that the Department will so inform the party submitting the response and will, to the extent practicable, provide that party the opportunity to remedy or explain the deficiency. If the party fails to remedy the deficiency within the applicable time limits and subject to section 782(e) of the Act, the Department may disregard all or part of the original and subsequent responses, as appropriate. Section 782(e) of the Act provides that the Department "shall not decline to consider information that is submitted by an interested party and is necessary to the determination but does not meet all applicable requirements established by the administering authority" if the information is timely, can be verified, is not so incomplete that it cannot be used, and if the interested party acted to the best of its ability in providing the information. Where all of these conditions are met, the statute requires the Department to use the information if it can do so without undue difficulties.

Section 776(b) of the Act further provides that the Department may use an adverse inference in applying the facts otherwise available when a party has failed to cooperate by not acting to the best of its ability to comply with a request for information. Section 776(b) of the Act also authorizes the Department to use as AFA, information derived from the petition, the final determination, a previous administrative review, or other information placed on the record.

The Department finds that the information necessary to calculate an accurate and otherwise reliable margin is not available on the record with respect to Myland. In addition, the Department finds that Myland withheld information, failed to provide information requested by the Department in a timely manner and in the form required, and significantly impeded the Department's ability to calculate an accurate margin for Myland. Specifically, we determine that the application of facts available is necessary in this case because Myland did not report all of the inputs necessary to produce the subject merchandise (*i.e.*, record evidence indicates that raw material inputs have not been reported accurately because the total of Myland's reported raw material inputs is less than the finished quantity for certain products) and Myland's cost reconciliation is neither complete nor accurate. See Decision Memo at Comment 1; see also *Application of Adverse Facts Available for Myland Industrial Ltd. & Myland Buxin Foundry*

Ltd. in the Final Results of Antidumping Duty Administrative Review of Non-Malleable Cast Iron Pipe Fittings from the People's Republic of China Memorandum, from Eugene Degnan, Analyst, through Wendy J. Frankel, Director, dated November 21, 2006 ("Myland AFA Memorandum"). Therefore, pursuant to sections 776(a)(1) and (2)(A),(B) and (C) of the Act, the Department is resorting to facts otherwise available.

In addition, in accordance with section 776(b) of the Act, the Department is applying an adverse inference in selecting the facts available rate as it has determined that Myland did not act to the best of its ability to cooperate with the Department in this administrative review because it did not report all of its inputs of raw materials. See *Myland AFA Memorandum*. As AFA we are applying the highest rate from the history of this proceeding, 75.50 percent, the PRC-wide rate from the less-than-fair-value final determination. See *Notice of Final Determination of Sales at Less Than Fair Value: Non-Malleable Cast Iron Pipe Fittings from the People's Republic of China* 68 FR 7765 (February 18, 2003) ("Final Determination").

Corroboration

Section 776(c) of the Act provides that, when the Department relies on secondary information rather than on information obtained in the course of an investigation or review, it shall, to the extent practicable, corroborate that information from independent sources that are reasonably at its disposal. Secondary information is defined as information derived from the petition that gave rise to the investigation or review, the final determination concerning the subject merchandise, or any previous review under section 751 concerning the subject merchandise. See Statement of Administrative Action ("SAA") accompanying the Uruguay Round Agreements Act, H. Doc. No. 316, 103d Cong., 2d Sess. Vol.1 at 870 (1994). Corroborate means that the Department will satisfy itself that the secondary information to be used has probative value. See SAA at 870. To corroborate secondary information, the Department will, to the extent practicable, examine the reliability and relevance of the information to be used. The Department, however, need not prove that the selected facts available are the best alternative information. See SAA at 869.

To satisfy itself that the secondary information has probative the Department will, to the extent practicable, examine the reliability and

relevance of the information used. See *Tapered Roller Bearings and Parts Thereof, Finished and Unfinished from Japan, and Tapered Roller Bearings Four Inches or Less in Outside Diameter, and Components Thereof, from Japan: Preliminary Results of Antidumping Duty Administrative Reviews and Partial Termination of Administrative Reviews*, 61 Fed. Reg. 57391, 57392 (Nov. 6, 1996) (unchanged in the final determination). Independent sources used to corroborate such evidence may include, for example, published price lists, official import statistics and customs data, and information obtained from interested parties during the particular investigation. See *Notice of Preliminary Determination of Sales at Less Than Fair Value: High and Ultra-High Voltage Ceramic Station Post Insulators from Japan*, 68 FR 35627 (June 16, 2003) (unchanged in final determination); and *Notice of Final Determination of Sales at Less Than Fair Value: Live Swine From Canada*, 70 FR 12181 (March 11, 2005).

The reliability of the AFA rate was determined in the final determination of the investigation. See *Final Determination*. The Department has received no information to date that warrants revisiting the issue of the reliability of the rate calculation itself. See e.g., *Certain Preserved Mushrooms from the People's Republic of China: Final Results and Partial Rescission of the New Shipper Review and Final Results and Partial Rescission of the Third Antidumping Duty Administrative Review*, 68 FR 41304, 41307-41308 (July 11, 2003). No information has been presented in the current review that calls into question the reliability of this information. Thus, the Department finds that the information contained in the order is reliable.

With respect to the relevance aspect of corroboration, the Department will consider information reasonably at its disposal to determine whether a margin continues to have relevance. Where circumstances indicate that the selected margin is not appropriate as AFA, the Department will disregard the margin and determine an appropriate margin. For example, in *Fresh Cut Flowers from Mexico: Final Results of Antidumping Administrative Review*, 61 FR 6812 (February 22, 1996), the Department disregarded the highest margin in that case as adverse best information available (the predecessor to facts available) because the margin was based on another company's uncharacteristic business expense resulting in an unusually high margin. Similarly, the Department does not apply a margin

that has been discredited. See *D&L Supply Co. v. United States*, 113 F.3d 1220, 1221 (Fed. Cir. 1997) which ruled that the Department will not use a margin that has been judicially invalidated. Nothing in the record of this review calls into question the relevance of the margin selected as AFA. Further, the selected margin is currently the PRC-wide rate. Moreover, this rate has not been invalidated judicially. Thus, it is appropriate to use the selected rate as AFA in the instant review. Therefore, we determine that the rate from the *Final Determination* continues to be relevant for use in this administrative review.

As the recalculated *Final Determination* rate is both reliable and relevant, we determine that it has probative value. As a result, the Department determines that the *Final Determination* rate is corroborated for the purposes of this administrative review and may reasonably be applied to Myland as AFA. Accordingly, we determine that the *Final Determination* rate of 75.50 percent, which is the highest rate from any segment of this administrative proceeding, meets the corroboration criteria established in section 776(c) that secondary information have probative value.

Final Results of Review

We determine that the following percentage margin exists on exports of Non-Malleable Cast Iron Pipe Fittings from the PRC for the period April 1, 2004 through March 31, 2005:

NON-MALLEABLE CAST IRON PIPE FITTINGS FROM THE PRC

Producer/Manufacturer/ Exporter	Weighted-Average Margin (Percent)
Myland	75.50

Assessment Rates

The Department intends to issue assessment instructions to U.S. Customs and Border Protection ("CBP") 15 days after the date of publication of these final results of administrative review.

Cash Deposit Requirements

The following deposit requirements will be effective upon publication of this notice of final results of administrative review for all shipments of NMP fittings from the PRC entered, or withdrawn from warehouse, for consumption on or after the date of publication, as provided by section 751(a)(1) of the Act: (1) for Myland, which has a separate rate, the cash deposit rate will be the company-specific rate shown above; (2) for

previously reviewed or investigated companies not listed above that have a separate rate, the cash deposit rate will continue to be the company-specific rate published for the most recent period; (3) the cash deposit rate for all other PRC exporters will be 75.50 percent, the current PRC-wide rate; and (4) the cash deposit rate for all non-PRC exporters will be the rate applicable to the PRC exporter that supplied that exporter. These deposit requirements, when imposed, shall remain in effect until publication of the final results of the next administrative review.

Notification of Interested Parties

This notice also serves as a final reminder to importers of their responsibility under 19 CFR 351.402(f)(2) to file a certificate regarding the reimbursement of antidumping duties prior to liquidation of the relevant entries during this review period. Failure to comply with this requirement could result in the Secretary's presumption that reimbursement of the antidumping duties occurred and the subsequent assessment of double antidumping duties.

This notice also serves as a reminder to parties subject to administrative protective orders ("APOs") of their responsibility concerning the return or destruction of proprietary information disclosed under APO in accordance with 19 CFR 351.305, which continues to govern business proprietary information in this segment of the proceeding. Timely written notification of the return/destruction of APO materials or conversion to judicial protective order is hereby requested. Failure to comply with the regulations and terms of an APO is a violation which is subject to sanction.

We are issuing and publishing this determination and notice in accordance with sections 751(a)(1) and 777(i)(1) of the Act.

Dated: November 21, 2006.

David M. Spooner,

Assistant Secretary for Import Administration.

Appendix 1

Issues in the Decision Memorandum

Comment 1: Adverse Facts Available for Missing Factors of Production
Comment 2: Freight: Application of Sigma Rule
Comment 3: Treatment of Sand and Riverbed Sand in Normal Value
Comment 4: Treatment of Additional U.S. Inland Freight Revenues and Expenses

Comment 5: Clerical Error in the Calculation of the Cost of Freight on Incoming Materials
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DEPARTMENT OF COMMERCE

International Trade Administration

A-351-806

Silicon Metal From Brazil: Notice of Intent to Rescind Antidumping Duty Administrative Review

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

SUMMARY: In response to a request from Globe Metallurgical Inc. (Globe), a domestic producer of silicon metal, the Department of Commerce initiated an administrative review of the antidumping duty order on silicon metal from Brazil. The period of review covers July 1, 2005, through June 30, 2006. Because the respondents reported that they had no sales or shipments to the United States during the period of review, we intend to rescind the review of these companies.

EFFECTIVE DATE: December 1, 2006.

FOR FURTHER INFORMATION CONTACT:

Janis Kalnins at (202) 482-1392 or Minoo Hatten at (202) 482-1690, AD/CVD Operations, Office 5, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, NW, Washington, DC 20230.

SUPPLEMENTARY INFORMATION:

Background

The Department of Commerce (the Department) published an antidumping duty order on silicon metal from Brazil on July 31, 1991. See *Notice of Antidumping Duty Order: Silicon Metal from Brazil* 56 FR 36135 (July 31, 1991). On July 3, 2006, the Department published a notice of opportunity to request an administrative review of the antidumping duty order for the period of review covering July 1, 2005, through June 30, 2006. See *Notice of Opportunity to Request Administrative Review of Antidumping or Countervailing Duty Order, Finding, or Suspended Investigation*, 71 FR 37890 (July 3, 2006). In accordance with 19 CFR 351.213(b)(1), Globe requested an administrative review of this order with respect to the following respondents: Camarago Correa Metais S.A., Companhia Ferroligas de Minas Gerais-minasligas, Italmagnesio Nordeste S.A., and Ligas de Alumínio S.A.

The Department published the initiation of the administrative review of the antidumping duty order on silicon metal from Brazil on August 8, 2006. See *Initiation of Antidumping and Countervailing Duty Administrative Reviews and Requests for Revocation in Part*, 71 FR 51573 (August 30, 2006).

Scope of the Order

The merchandise covered by this order is silicon metal from Brazil containing at least 96.00 percent but less than 99.99 percent silicon by weight. Also covered by this order is silicon metal from Brazil containing between 89.00 and 96.00 percent silicon by weight but which contains more aluminum than the silicon metal containing at least 96.00 percent but less than 99.99 percent silicon by weight. Silicon metal is currently provided for under subheadings 2804.69.10 and 2804.69.50 of the Harmonized Tariff Schedule (HTS) as a chemical product but is commonly referred to as a metal. Semiconductor grade silicon (silicon metal containing by weight not less than 99.99 percent silicon and provided for in subheading 2804.61.00 of the HTS) is not subject to the order. Although the HTS item numbers are provided for convenience and customs purposes, the written description remains dispositive.

Intent to Rescind Administrative Review

The Department will rescind an administrative review with respect to an exporter or producer if the Department concludes that there were no entries, exports, or sales of the subject merchandise to the United States during the period of review. See 19 CFR 351.213(d)(3). In response to the Department's questionnaire, the respondents notified the Department that they had no entries, exports, or sales of the subject merchandise to the United States during the period of review. Globe submitted no information rebutting the respondent's responses.

The Department conducted a customs data query to ascertain whether there were suspended entries of subject merchandise. See November 22, 2006, Memorandum to File entitled "Silicon Metal from Brazil: Customs Data Query." Based on the data query, there is no evidence of entries or shipments of the subject merchandise by the respondents during the period of review. Therefore, we intend to rescind the review.

In accordance with the Department's clarification of its assessment policy (see *Antidumping and Countervailing Duty Proceedings: Assessment of Antidumping Duties*, 68 FR 23954 (May

6, 2003)), in the event any entries were made during the period of review through intermediaries under U.S. Customs and Border Protection (CBP) case numbers for these respondents, the Department will instruct CBP to liquidate such entries at the all-others rate in effect on the date of entry.

Public Comment

An interested party may request a hearing within 15 days of publication of this notice of intent to rescind. See 19 CFR 351.310(c). Any hearing, if requested, will be held 30 days after the date of publication, or the first working day thereafter. Interested parties may submit case briefs no later than 15 days after the date of publication of this notice of intent to rescind. See 19 CFR 351.309(c)(ii). Rebuttal briefs, limited to issues raised in case briefs, may be filed no later than five days after the time limit for filing the case brief. See 19 CFR 351.309(d). Parties who submit arguments are requested to submit with the argument (1) a statement of the issue, (2) a brief summary of the argument, and (3) a table of authorities. Further, parties submitting written comments should provide the Department with an additional copy of the public version of any such comments on diskette. The Department will issue the final notice, which will include the results of its analysis of issues raised in any such comments, or at a hearing, if requested, within 120 days of publication of this notice of intent to rescind.

This notice is issued and published in accordance with sections 751(a)(1) and 777(i)(1) of the Tariff Act of 1930, as amended, and 19 CFR 351.213(d).

Dated: November 27, 2006.

Stephen J. Claeys,

Deputy Assistant Secretary for Import Administration.

[FR Doc. E6-20368 Filed 11-30-06; 8:45 am]
BILLING CODE 3510-DS-S

DEPARTMENT OF COMMERCE

International Trade Administration

A-469-805

Stainless Steel Bar from Spain: Extension of Time Limit for Preliminary Results of Antidumping Duty Administrative Review

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

EFFECTIVE DATE: December 1, 2006.

FOR FURTHER INFORMATION CONTACT:

Dmitry Vladimirov or Minoo Hatten,

AD/CVD Operations, Office 5, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, NW, Washington, DC 20230; telephone: (202) 482-0665 and (202) 482-1690, respectively.

SUPPLEMENTARY INFORMATION:

Background

At the request of an interested party, the Department of Commerce (the Department) initiated an administrative review of the antidumping duty order on stainless steel bar from Spain for the period March 1, 2005, through February 28, 2006. See *Initiation of Antidumping and Countervailing Duty Administrative Reviews*, 71 FR 25145 (April 28, 2006). The preliminary results of this administrative review are currently due no later than December 1, 2006.

Extension of Time Limit for Preliminary Results of Antidumping Duty Administrative Review

Section 751(a)(3)(A) of the Tariff Act of 1930, as amended (the Act), requires the Department to make a preliminary determination within 245 days after the last day of the anniversary month of an order for which a review is requested and a final determination within 120 days after the date on which the preliminary determination is published. If it is not practicable to complete the review within these time periods, section 751(a)(3)(A) of the Act allows the Department to extend the time limit for the preliminary determination to a maximum of 365 days after the last day of the anniversary month.

We determine that it is not practicable to complete the preliminary results of this review by the current deadline of December 1, 2006. We require additional time to analyze supplemental questionnaire responses with respect to a number of cost issues in this administrative review. Therefore, in accordance with section 751(a)(3)(A) of the Act and 19 CFR 351.213(h)(2), we are extending the time period for issuing the preliminary results of this review by 75 days, to February 13, 2006.

This notice is published in accordance with sections 751(a)(3)(A) and 777 (i)(1) of the Act.

Dated: November 27, 2006.

Stephen J. Claeys,

Deputy Assistant Secretary for Import Administration.

[FR Doc. E6-20367 Filed 11-30-06; 8:45 am]

BILLING CODE 3510-DS-S

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 112706D]

Endangered and Threatened Species; Take of Anadromous Fish

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

ACTION: Notice of availability and request for comment.

SUMMARY: Notice is hereby given that NMFS has received an application from the Public Utility District No. 2 of Grant County (Grant PUD), the Washington Department of Fish and Wildlife (WDFW), and the Confederated Tribes and Bands of the Yakama Nation (YN) for a direct take permit pursuant to the Endangered Species Act of 1973, as amended (ESA). The duration of the proposed Permit is three years. This document serves to notify the public that the permit applications and the associated draft environmental assessment (EA) are available for comment before a final decision on whether to issue a Finding of No Significant Impact is made by NMFS for take of upper Columbia River spring-run chinook salmon and steelhead. All comments received will become part of the public record and will be available for review pursuant to the ESA.

DATES: Written comments on the application and draft EA must be received at the appropriate address or fax number (see **ADDRESSES**) no later than 5 p.m. Pacific standard time January 2, 2007.

ADDRESSES: Written comments on the application should be sent to Kristine Petersen, National Marine Fisheries Services, Salmon Recovery Division, 1201 N.E. Lloyd Boulevard, Suite 1100, Portland, OR 97232. Comments may also be submitted by e-mail to: whiteriver.nwr@noaa.gov. Include in the subject line of the e-mail comment the following identifier: "Comments on White River program". Comments may also be sent via facsimile (fax) to (503) 872-2737.

Requests for copies of the permit application should be directed to the National Marine Fisheries Services, Salmon Recovery Division, 1201 NE Lloyd Boulevard, Suite 1100, Portland, OR 97232. The documents are also available on the Internet at www.nwr.noaa.gov. Comments received will be available for public inspection by appointment during normal business hours by calling (503) 230-5409.

FOR FURTHER INFORMATION CONTACT:

Kristine Petersen at (503) 230-5409 or e-mail: kristine.petersen@noaa.gov.

SUPPLEMENTARY INFORMATION: This notice is relevant to the following species and evolutionarily significant units (ESUs) or distinct population segments (DPSs):

1. Chinook salmon (*O. tshawytscha*): endangered, upper Columbia River spring-run.

2. Steelhead (*Oncorhynchus mykiss*): threatened, naturally produced and artificially propagated Upper Columbia River.

Background

Section 9 of the ESA and Federal regulations prohibit the "taking" of a species listed as endangered or threatened. The term "take" is defined under the ESA to mean harass, harm, pursue, hunt, shoot, wound, kill, trap, capture, or collect, or to attempt to engage in any such conduct. NMFS may issue permits to take listed species for any act otherwise prohibited by section 9 for scientific purposes or to enhance the propagation or survival of the affected species, under section 10(a)(1)(A) of the ESA. NMFS regulations governing permits for threatened and endangered species are promulgated at 50 CFR 222.307.

NEPA requires Federal agencies to conduct an environmental analysis of their proposed actions to determine if the actions may affect the human environment. NMFS expects to take action on two ESA section 10(a)(1)(A) submittals received from the applicants. Therefore NMFS is seeking public input on the scope of the required NEPA analysis, including the range of reasonable alternatives and associated impacts of any alternatives.

In an application received on August 27, 2006, the Grant PUD submitted an application to NMFS for an ESA section 10(a)(1)(A) permit for the direct take of ESA-listed upper Columbia River spring Chinook salmon from the White River in Chelan County, in order to carry out an artificial propagation (hatchery) program to enhance the species. The purpose of this program is to prevent the extinction of, conserve, and ultimately restore the naturally spawning White River spring Chinook salmon spawning aggregate, which is part of the Wenatchee population within the upper Columbia River basin.

This notice is provided pursuant to section 10(c) of the ESA. NMFS will evaluate the application, associated documents, and comments submitted thereon to determine whether the application meets the requirements of

section 10(a)(1)(A) of the ESA. If it is determined that the requirements are met, a permit will be issued jointly to the Grant PUD, the WDFW, and the YN for the purpose of carrying out the enhancement program. NMFS will publish a record of its final action in the **Federal Register**.

The general effects on the environment considered include the impacts on the physical, biological, and socioeconomic environments of the upper Columbia River Basin, particularly in the Wenatchee River Subbasin in which the program is located.

Dated: November 28, 2006.

Angela Somma,

Chief, Endangered Species Division, Office of Protected Resources, National Marine Fisheries Service.

[FR Doc. E6-20377 Filed 11-30-06; 8:45 am]

BILLING CODE 3510-22-S

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 112706C]

Pacific Fishery Management Council; Public Meetings

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

ACTION: Notice of public meeting.

SUMMARY: The Pacific Fishery Management Council's (Council) Scientific and Statistical Committee is hosting a public workshop, which is open to the public, on December 18-20, 2006. The primary purpose of the meetings is to evaluate aspects of the Council's groundfish harvest policies and assessment methodologies.

DATES: The workshop is scheduled to begin at 9 a.m. on Monday, December 18, 2006 and conclude at 12 p.m. on Wednesday, December 20, 2006. The workshop will start at 9 a.m. each day and end at 5 p.m. on Monday and Tuesday, or as necessary to complete each day's business.

ADDRESSES: All meetings will be held at the National Marine Fisheries Service, Southwest Fisheries Science Center, 8604 La Jolla Shores Drive, La Jolla, CA 92037; telephone: (858) 546-7000.

Council address: Pacific Fishery Management Council, 7700 NE Ambassador Place, Suite 101, Portland, OR 97220-1384.

FOR FURTHER INFORMATION CONTACT: Mr. John DeVore, Pacific Fishery

Management Council; telephone: (503) 820-2280.

SUPPLEMENTARY INFORMATION: The workshop will address the following three issues: (1) Evaluate the performance of the 40-10 harvest policy for stocks with different life history and stock-recruit patterns, (2) Evaluate alternative methods to estimate proxies for initial or unfished biomass (B0) and the biomass that produces maximum sustainable yield (BMSY) and provide recommendations on their use, and (3) Provide recommendations on the use of priors for key assessment parameters in stock assessment models. Parameter for which priors could potentially be useful include natural mortality, stock-recruit, steepness, survey catchability, and recruitment variability. Workshop participants will develop guidance for stock assessment authors and provide recommendations for consideration by the Council and its advisory bodies. No management actions will be decided at this workshop.

Although non-emergency issues not contained in the meeting agendas may be discussed, those issues may not be the subject of formal action during these meetings. Advisory body action will be restricted to those issues specifically listed in this notice and any issues arising after publication of this notice that require emergency action under Section 305(c) of the Magnuson-Stevens Fishery Conservation and Management Act, provided the public has been notified of the intent to take final action to address the emergency.

Special Accommodations

This meeting is physically accessible to people with disabilities. Requests for sign language interpretation or other auxiliary aids should be directed to Ms. Carolyn Porter at (503) 820-2280 at least 5 days prior to the meeting date.

Dated: November 28, 2006.

Tracey L. Thompson,

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

[FR Doc. E6-20320 Filed 11-30-06; 8:45 am]

BILLING CODE 3510-22-S

DEPARTMENT OF EDUCATION

Office of Postsecondary Education; Overview Information; Ronald E. McNair Postbaccalaureate Achievement (McNair) Program; Notice Inviting Applications for New Awards for Fiscal Year (FY) 2007

Catalog of Federal Domestic Assistance (CFDA) Number: 84.217A.

Dates: Applications Available: December 1, 2006.

Deadline for Transmittal of Applications: January 31, 2007.

Deadline for Intergovernmental Review: April 2, 2007.

Eligible Applicants: Institutions of higher education and consortia of those institutions.

Estimated Available Funds: The Administration requested \$380,100,000 for the Federal TRIO Programs for FY 2007, \$41,900,000 of which we intend to use for new awards for the McNair Program. The actual level of funding, if any, depends on final congressional action. However, we are inviting applications to allow enough time to complete the grant process if Congress appropriates funds for this program.

Estimated Range of Awards: \$220,000-\$365,000.

Estimated Average Size of Awards: \$234,000.

Maximum Award: We will not fund any application at an amount exceeding the maximum amounts specified below for a single budget period of 12 months. We may choose not to further consider or review applications with budgets that exceed the maximum amounts specified below, if we conclude, during our initial review of the application, that the proposed goals and objectives cannot be obtained with the specified maximum amount.

- For an applicant who is not currently receiving a McNair Program grant, the maximum award amount is \$220,000 for a project that will serve a minimum of 25 participants.

- For an applicant who is currently receiving a McNair Program grant, the maximum award is the greater of (a) \$220,000 or (b) an amount equal to \$9,000 multiplied by the number of participants the applicant is proposing to serve, not to exceed 105 percent of the applicant's grant award amount for FY 2006.

Estimated Number of Awards: 180.

Note: The Department is not bound by any estimates in this notice.

Project Period: Four years except applicants whose peer review scores are within the highest ten percent of scores of all applicants receiving awards will receive five-year awards.

Full Text of Announcement

I. Funding Opportunity Description

Purpose of Program: The purpose of the McNair Program is to award grants to institutions of higher education for projects designed to provide disadvantaged college students with effective preparation for doctoral study.

Program Authority: 20 U.S.C. 1070a-11 and 1070a-15.

Applicable Regulations: (a) The Education Department General Administrative Regulations (EDGAR) in 34 CFR parts 74, 75, 77, 79, 82, 84, 85, and 86.

(b) The regulations for this program in 34 CFR part 647.

Note: The regulations in 34 CFR part 79 apply to all applicants except federally recognized Indian tribes.

Note: The regulations in 34 CFR part 86 apply to institutions of higher education only.

II. Award Information

Type of Award: Discretionary grants.

Estimated Available Funds: The Administration requested \$380,100,000 for the Federal TRIO Programs for FY 2007, \$41,900,000 of which we intend to use for new awards for the McNair Program. The actual level of funding, if any, depends on final congressional action. However, we are inviting applications to allow enough time to complete the grant process if Congress appropriates funds for this program.

Estimated Range of Awards: \$220,000–\$365,000.

Estimated Average Size of Awards: \$234,000.

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Estimated Number of Awards: 180.

Note: The Department is not bound by any estimates in this notice.

Project Period: Four years except applicants whose peer review scores are within the highest ten percent of scores of all applicants receiving awards will receive five-year awards.

III. Eligibility Information

1. *Eligible Applicants:* Institutions of higher education and consortia of those institutions.

2. *Cost Sharing or Matching:* This program does not involve cost sharing or matching.

IV. Application and Submission Information

1. *Address to Request Application Package:* Eileen S. Bland, U.S. Department of Education, 1990 K Street, NW., suite 7000, Washington, DC 20006–8510. Telephone: (202) 502–7600 or by e-mail: TRIO@ed.gov.

If you use a telecommunications device for the deaf (TDD), you may call the Federal Relay Service (FRS) at 1–800–877–8339.

Individuals with disabilities may obtain a copy of the application package in an alternative format (e.g., Braille, large print, audiotape, or computer diskette) by contacting the program contact person listed in this section.

2. *Content and Form of Application Submission:*

Requirements concerning the content of an application, together with the forms you must submit, are in the application package and instructions for this program.

Page Limit: The program narrative (Part III of the application) is where you, the applicant, address the selection criteria that reviewers use to evaluate your application. You must limit the program narrative (Part III) to the equivalent of no more than 50 pages, using the following standards:

- A "page" is 8.5" x 11", on one side only, with 1" margins at the top, bottom, and both sides. Page numbers and an identifier may be within the 1" margin.
- Double space (no more than three lines per vertical inch) all text in the application narrative, *except* titles, headings, footnotes, quotations, references, captions, and all text in charts, tables, and graphs, which may be single spaced.
- Use one of the following fonts: Times New Roman, Courier, Courier New, or Arial. Applications submitted in any other font (including Times Roman and Arial Narrow) will be rejected.
- Use not less than 12-point font.

The page limit does not apply to Part I, the Application for Federal Assistance (SF 424) and Department of Education Supplemental Information Required for SF 424; Part II, the Budget Information Summary Form (ED Form 524); Part III-A, McNair Program Profile; and Part IV, Department of Education Certifications and Assurances and Survey forms. The

page limit also does not apply to the General Education Provisions Act (GEPA) statement nor does it apply to a table of contents. If you include any attachments or appendices not specifically requested, these items will be counted as part of the program narrative (Part III) for purposes of the page limit requirement. You must include your complete response to the selection criteria in the program narrative (Part III).

We will reject your application if—

- You apply these standards and exceed the page limit; or
- You apply other standards and exceed the equivalent of the page limit.

3. *Submission Dates and Times:*

Applications Available: December 1, 2006.

Deadline for Transmittal of Applications: January 31, 2007.

Applications for grants under this program must be submitted electronically using the *Grants.gov* Apply site ([Grants.gov](http://www.Grants.gov)). For information (including dates and times) about how to submit your application electronically or by mail or hand delivery if you qualify for an exception to the electronic submission requirement, please refer to Section IV. 6. *Other Submission Requirements* in this notice.

We do not consider an application that does not comply with the deadline requirements.

Deadline for Intergovernmental Review: April 2, 2007.

4. *Intergovernmental Review:* This program is subject to Executive Order 12372 and the regulations in 34 CFR part 79. Information about Intergovernmental Review of Federal Programs under Executive Order 12372 is in the application package for this program.

5. *Funding Restrictions:* We reference regulations outlining funding restrictions in the *Applicable Regulations* section of this notice.

6. *Other Submission Requirements:* Applications for grants under this program must be submitted electronically unless you qualify for an exception to this requirement in accordance with the instructions in this section.

a. *Electronic Submission of Applications.*

Applications for grants under the McNair Program—CFDA Number 84.217A must be submitted electronically using the *Grants.gov* Apply site at: <http://www.Grants.gov>. Through this site, you will be able to download a copy of the application package, complete it offline, and then upload and submit your application.

You may not e-mail an electronic copy of a grant application to us.

We will reject your application if you submit it in paper format unless, as described elsewhere in this section, you qualify for one of the exceptions to the electronic submission requirement and submit, no later than two weeks before the application deadline date, a written statement to the Department that you qualify for one of these exceptions. Further information regarding calculation of the date that is two weeks before the application deadline date is provided later in this section under *Exception to Electronic Submission Requirement*.

You may access the electronic grant application for the McNair Program at: <http://www.Grants.gov>. You must search for the downloadable application package for this program by the CFDA number. Do not include the CFDA number's alpha suffix in your search (e.g., search for 84.326, not 84.326A).

Please note the following:

- When you enter the *Grants.gov* site, you will find information about submitting an application electronically through the site, as well as the hours of operation.

- Applications received by *Grants.gov* are date and time stamped. Your application must be fully uploaded and submitted, and must be date and time stamped by the *Grants.gov* system no later than 4:30 p.m., Washington, DC time, on the application deadline date. Except as otherwise noted in this section, we will not consider your application if it is date and time stamped by the *Grants.gov* system later than 4:30 p.m., Washington, DC time, on the application deadline date. When we retrieve your application from *Grants.gov*, we will notify you if we are rejecting your application because it was date and time stamped by the *Grants.gov* system after 4:30 p.m., Washington, DC time, on the application deadline date.

- The amount of time it can take to upload an application will vary depending on a variety of factors including the size of the application and the speed of your Internet connection. Therefore, we strongly recommend that you do not wait until the application deadline date to begin the submission process through *Grants.gov*.

- You should review and follow the Education Submission Procedures for submitting an application through *Grants.gov* that are included in the application package for this program to ensure that you submit your application in a timely manner to the *Grants.gov* system. You can also find the Education

Submission Procedures pertaining to *Grants.gov* at: <http://e-Grants.ed.gov/help/GrantsgovSubmissionProcedures.pdf>.

- To submit your application via *Grants.gov*, you must complete all the steps in the *Grants.gov* registration process (see http://www.grants.gov/applicants/get_registered.jsp). These steps include (1) registering your organization, a multi-part process that includes registration with the Central Contractor Registry (CCR); (2) registering yourself as an Authorized Organization Representative (AOR); and (3) getting authorized as an AOR by your organization. Details on these steps are outlined in the *Grants.gov* 3-Step Registration Guide (see <http://www.grants.gov/section910/Grants.govRegistrationBrochure.pdf>). You also must provide on your application the same D-U-N-S Number used with this registration. Please note that the registration process may take five or more business days to complete, and you must have completed all registration steps to allow you to submit successfully an application via *Grants.gov*. In addition you will need to update your CCR registration on an annual basis. This may take three or more business days to complete.

- You will not receive additional point value because you submit your application in electronic format, nor will we penalize you if you qualify for an exception to the electronic submission requirement, as described elsewhere in this section, and submit your application in paper format.

- You must submit all documents electronically, including all information you typically provide on the following forms: Application for Federal Assistance (SF 424), the Department of Education Supplemental Information for SF 424, Budget Information—Non-Construction Programs (ED 524), and all necessary assurances and certifications. Please note that two of these forms—the SF 424 and the Department of Education Supplemental Information for SF 424—have replaced the ED 424 (Application for Federal Education Assistance).

- You must attach any narrative sections of your application as files in a .DOC (document), .RTF (rich text), or .PDF (Portable Document) format. If you upload a file type other than the three file types specified in this paragraph or submit a password-protected file, we will not review that material.

- Your electronic application must comply with any page limit requirements described in this notice.

- After you electronically submit your application, you will receive from *Grants.gov* an automatic notification of

receipt that contains a *Grants.gov* tracking number. (This notification indicates receipt by *Grants.gov* only, not receipt by the Department.) The Department then will retrieve your application from *Grants.gov* and send a second notification to you by e-mail. This second notification indicates that the Department has received your application and has assigned your application a PR/Award number (an ED-specified identifying number unique to your application).

- We may request that you provide us original signatures on forms at a later date.

Application Deadline Date Extension in Case of Technical Issues with the Grants.gov System: If you are experiencing problems submitting your application through *Grants.gov*, please contact the *Grants.gov* Support Desk at 1-800-518-4726. You must obtain a *Grants.gov* Support Desk Case Number and must keep a record of it.

- If you are prevented from electronically submitting your application on the application deadline date because of technical problems with the *Grants.gov* system, we will grant you an extension until 4:30 p.m., Washington, DC time, the following business day to enable you to transmit your application electronically or by hand delivery. You also may mail your application by following the mailing instructions described elsewhere in this notice.

If you submit an application after 4:30 p.m., Washington, DC time, on the application deadline date, please contact the person listed elsewhere in this notice under **FOR FURTHER INFORMATION CONTACT** and provide an explanation of the technical problem you experienced with *Grants.gov*, along with the *Grants.gov* Support Desk Case Number. We will accept your application if we can confirm that a technical problem occurred with the *Grants.gov* system and that that problem affected your ability to submit your application by 4:30 p.m., Washington, DC time, on the application deadline date. The Department will contact you after a determination is made on whether your application will be accepted.

Note: The extensions to which we refer in this section apply only to the unavailability of, or technical problems with, the *Grants.gov* system. We will not grant you an extension if you failed to fully register to submit your application to *Grants.gov* before the application deadline date and time or if the technical problem you experienced is unrelated to the *Grants.gov* system.

Exception to Electronic Submission Requirement: You qualify for an

exception to the electronic submission requirement, and may submit your application in paper format, if you are unable to submit an application through the *Grants.gov* system because—

- You do not have access to the Internet; or
- You do not have the capacity to upload large documents to the *Grants.gov* system; and
- No later than two weeks before the application deadline date (14 calendar days or, if the fourteenth calendar day before the application deadline date falls on a Federal holiday, the next business day following the Federal holiday), you mail or fax a written statement to the Department, explaining which of the two grounds for an exception prevent you from using the Internet to submit your application.

If you mail your written statement to the Department, it must be postmarked no later than two weeks before the application deadline date. If you fax your written statement to the Department, we must receive the faxed statement no later than two weeks before the application deadline date.

Address and mail or fax your statement to: Linda Byrd-Johnson, U.S. Department of Education, 1990 K Street, NW., suite 7000, Washington, DC 20006-8510. FAX: (202) 219-7074.

Your paper application must be submitted in accordance with the mail or hand delivery instructions described in this notice.

b. *Submission of Paper Applications by Mail.*

If you qualify for an exception to the electronic submission requirement, you may mail (through the U.S. Postal Service or a commercial carrier) your application to the Department. You must mail the original and two copies of your application, on or before the application deadline date, to the Department at the applicable following address:

By mail through the U.S. Postal Service:

U.S. Department of Education,
Application Control Center,
Attention: (CFDA Number 84.217A),
400 Maryland Avenue, SW.,
Washington, DC 20202-4260; or

By mail through a commercial carrier:

U.S. Department of Education,
Application Control Center—Stop
4260, Attention: (CFDA Number
84.217A), 7100 Old Landover Road,
Landover, MD 20785-1506.

Regardless of which address you use, you must show proof of mailing consisting of one of the following:

- (1) A legibly dated U.S. Postal Service postmark.

(2) A legible mail receipt with the date of mailing stamped by the U.S. Postal Service.

(3) A dated shipping label, invoice, or receipt from a commercial carrier, or

(4) Any other proof of mailing acceptable to the Secretary of the U.S. Department of Education.

If you mail your application through the U.S. Postal Service, we do 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.

If your application is postmarked after the application deadline date, we will not consider your application.

Note: The U.S. Postal Service does not uniformly provide a dated postmark. Before relying on this method, you should check with your local post office.

c. *Submission of Paper Applications by Hand Delivery.*

If you qualify for an exception to the electronic submission requirement, you (or a courier service) may deliver your paper application to the Department by hand. You must deliver the original and two copies of your application, by hand, on or before the application deadline date, to the Department at the following address:

U.S. Department of Education,
Application Control Center,
Attention: (CFDA Number 84.217A),
550 12th Street, SW., Room 7041,
Potomac Center Plaza, Washington,
DC 20202-4260.

The Application Control Center accepts hand deliveries daily between 8 a.m. and 4:30 p.m., Washington, DC time, except Saturdays, Sundays, and Federal holidays.

Note for Mail or Hand Delivery of Paper Applications: If you mail or hand deliver your application to the Department:

(1) You must indicate on the envelope and—if not provided by the Department—in Item 11 of the SF 424 the CFDA number, including suffix letter, if any, of the competition under which you are submitting your application; and

(2) The Application Control Center will mail to you a notification of receipt of your grant application. If you do not receive this notification within 15 business days from the application deadline date, you should call the U.S. Department of Education Application Control Center at (202) 245-6288.

V. *Application Review Information*

1. *Selection Criteria:* The selection criteria for this program are from 34 CFR 647.21 and are listed in the application package for this competition.

Note: Under the "Objectives" selection criterion, in 34 CFR 647.21(b), applicants must provide data that address both process and outcome objectives as listed on the McNair Program Profile relative to the purpose of the McNair Program as described in 34 CFR 647.1.

The McNair Program Profile (Part III-A) in the application package details specific information that applicants must submit regarding four specific process and outcome objectives listed in the profile. Applicants may, but are not required to, develop additional objectives for their projects.

2. *Review and Selection Process:* The Secretary will select applications for funding in rank-order, based on each application's total score for the selection criteria and prior experience, pursuant to 34 CFR 647.20 through 647.22. If, after the approval of higher-ranked applications, there are insufficient funds for two or more applications with the same total scores, the Secretary will choose among the tied applications to achieve an equitable geographical distribution of all new projects.

VI. *Award Administration Information*

1. *Award Notices:* If your application is successful, we notify your U.S. Representative and U.S. Senators and send you a Grant Award Notice (GAN). We may also notify you informally.

If your application is not evaluated or not selected for funding, we notify you.

2. *Administrative and National Policy Requirements:* We identify administrative and national policy requirements in the application package and reference these and other requirements in the *Applicable Regulations* section of this notice.

We reference the regulations outlining the terms and conditions of an award in the *Applicable Regulations* section of this notice and include these and other specific conditions in the GAN. The GAN also incorporates your approved application as part of your binding commitments under the grant.

3. *Reporting:* At the end of your project period, you must submit a final performance report, including financial information as directed by the Secretary. If you receive a multi-year award, you must submit an annual performance report that provides the most current performance and financial expenditures information as specified by the Secretary in 34 CFR 75.118.

4. *Performance Measures:* The success of the McNair Program is measured by the increase in the percentage of McNair Program participants who enroll in and persist in graduate school. All McNair Program grantees will be required to

submit an annual performance report regarding this measure.

VII. Agency Contact

For Further Information Contact: Eileen S. Bland, U.S. Department of Education, 1990 K Street, NW., suite 7000, Washington, DC 20006-8510. Telephone: (202) 502-7600 or by e-mail: TRIO@ed.gov.

If you use a telecommunications device for the deaf (TDD), you may call the Federal Relay Service (FRS) at 1-800-877-8339.

Individuals with disabilities may obtain this document in an alternative format (e.g., Braille, large print, audiotape, or computer diskette) on request to the program contact person listed in this section.

VIII. Other Information

Electronic Access to This Document: You may view this document, as well as all other documents of this Department published in the **Federal Register**, in text or Adobe Portable Document Format (PDF) on the Internet at the following site: <http://www.ed.gov/news/fedregister>.

To use PDF you must have Adobe Acrobat Reader, which is available free at this site. If you have questions about using PDF, call the U.S. Government Printing Office (GPO), toll free, at 1-888-293-6498; or in the Washington, DC area at (202) 512-1530.

Note: The official version of this document is the document published in the **Federal Register**. Free Internet access to the official edition of the **Federal Register** and the Code of Federal Regulations is available on GPO Access at: <http://www.gpoaccess.gov/nara/index.html>.

Dated: November 28, 2006.

James F. Manning,

Acting Assistant Secretary for Postsecondary Education.

[FR Doc. E6-20370 Filed 11-30-06; 8:45 am]

BILLING CODE 4000-01-P

DEPARTMENT OF EDUCATION

Advisory Committee Student Financial Assistance: Hearing

AGENCY: Advisory Commission on Student Financial Assistance, Education.

ACTION: Notice of upcoming hearing.

SUMMARY: This notice sets forth the schedule and proposed agenda of a forthcoming hearing of the Advisory Committee on Student Financial Assistance (The Advisory Committee). Individuals who will need accommodations for a disability in order

to attend the hearing (i.e., interpreting services, assistive listening devices, and/or materials in alternative format) should notify the Advisory Committee no later than Monday, December 11, 2006, by contacting Ms. Hope Gray at (202) 219-2099 or via e-mail at Hope.Gray@ed.gov. We will attempt to meet requests after this date, but cannot guarantee availability of the requested accommodation. The hearing site is accessible to individuals with disabilities. This notice also describes the functions of the Advisory Committee. Notice of this hearing is required under Section 10(a)(2) of the Federal Advisory Committee Act. This document is intended to notify the general public.

DATES: Monday, December 18, 2006, beginning at 9:30 a.m. and ending at approximately 3:30 p.m.

ADDRESSES: The University of Illinois at Chicago, Student Service Building, Conference Room B/C, 1200 W. Harrison Street, Chicago, IL 60611.

FOR FURTHER INFORMATION CONTACT: Ms. Erin B. Renner, Director of Government Relations or Ms. Julie J. Johnson, Assistant Director, Advisory Committee on Student Financial Assistance, Capitol Place, 80 F Street, NW., Suite 413, Washington, DC 20202-7582, (202) 219-2099.

SUPPLEMENTARY INFORMATION: The Advisory Committee on Student Financial Assistance is established under Section 491 of the Higher Education Act of 1965 as amended by Public Law 100-50 (20 U.S.C. 1098). The Advisory Committee serves as an independent source of advice and counsel to the Congress and the Secretary of Education on student financial aid policy. Since its inception, the congressional mandate requires the Advisory Committee to conduct objectives, nonpartisan, and independent analyses on important aspects of the student assistance programs under Title IV of the Higher Education Act, and to make recommendations that will result in the maintenance of access to postsecondary education for low- and middle-income students. In addition, Congress expanded the Advisory Committee's mission in the Higher Education Amendments of 1998 to include several important areas: access, Title IV modernization, distance education, and early information and needs assessment. Specifically, the Advisory Committee is to review, monitor and evaluate the Department of Education's progress in these areas and report recommended improvements to Congress and the Secretary.

The Advisory Committee has scheduled the hearing on Monday, December 18 in Chicago, IL, to conduct activities related to its congressionally requested study to make textbooks more affordable (Textbook Study). This one-year study, which was requested by members of the Education and the Workforce Committee of the U.S. House of Representatives, will investigate further the problem of rising textbook prices; determine the impact of rising textbook prices on students' ability to afford a postsecondary education; and make recommendations to Congress, the Secretary, and other stakeholders on what can be done to make textbooks more affordable for students. Over the course of the study, the Committee will conduct three field hearings that will include testimony from stakeholders around the country who are currently working to make textbooks more affordable for students.

The proposed agenda includes expert testimony and discussions by prominent higher education community leaders, state representatives, and institutions who will share what they are doing to make textbooks more affordable for students. The Advisory Committee will also conduct a roundtable discussion among Advisory Committee members and panelists on its recently released report on the impact of financial barriers on bachelor's degree attainment, titled *Mortgaging Our Future: How Financial Barriers to College Undercut America's Global Competitiveness*. This report can be accessed at the following Web address: <http://www.ed.gov/about/bdscomm/list/acsfa/mof.pdf>.

The Advisory Committee invites the public to submit written comments on the Textbook Study to the following e-mail address: ACSFA@ed.gov. Information regarding the Textbook Study will also be available on the Advisory Committee's Web site, <http://www.ed.gov/ACSFA>. To be included in the hearing materials, we must receive your comments on or before Monday, December 11, 2006; additional comments should be provided to the Committee no later than January 29, 2007.

Space for the hearing is limited and you are encouraged to register early if you plan to attend. You may register by sending an e-mail to the following address: ACSFA@ed.gov or Tracy.Deanna.Jones@ed.gov. Please include your name, title, affiliation, complete address (including internet and e-mail address, if available), and telephone and fax numbers. If you are unable to register electronically, you may fax your registration information to the Advisory Committee staff office at

(202) 219-3032. You may also contact the Advisory Committee staff directly at (202) 219-2099. The registration deadline is Monday, December 11, 2006.

Records are kept for Advisory Committee proceedings, and are available for inspection at the Office of the Advisory Committee on Student Financial Assistance, Capitol Place, 80 F Street, NW.—Suite 413, Washington, DC from the hours of 9 am to 5:30 pm Monday through Friday, except Federal holidays. Information regarding the Advisory Committee is available on the Committee's Web site, <http://www.ed.gov/ACSFA>.

Dr. William J. Goggin,

Executive Director, Advisory Committee on Student Financial Assistance.

[FR Doc. 06-9478 Filed 11-30-06; 8:45 am]

BILLING CODE 4000-01-M

DEPARTMENT OF ENERGY

Environmental Management Site-Specific Advisory Board, Paducah, KY

AGENCY: Department of Energy (DOE).

ACTION: Notice of Open Meeting.

SUMMARY: This notice announces a meeting of the Environmental Management Site-Specific Advisory Board (EM SSAB), Paducah. The Federal Advisory Committee Act (Pub. L. No. 92-463, 86 Stat. 770) requires that public notice of this meeting be announced in the *Federal Register*.

DATES: Thursday, January 18, 2007 5:30 p.m.

ADDRESSES: 111 Memorial Drive, Barkley Centre, Paducah, Kentucky 42001.

FOR FURTHER INFORMATION CONTACT: Reinhard Knerr, Deputy Designated Federal Officer, Department of Energy Paducah Site Office, Post Office Box 1410, MS-103, Paducah, Kentucky 42001, (270) 441-6825.

SUPPLEMENTARY INFORMATION:

Purpose of the Board: The purpose of the Board is to make recommendations to DOE in the areas of environmental restoration, waste management and related activities.

Tentative Agenda

5:30 p.m.

Informal Discussion

6 p.m.

Call to Order

Introductions

Review of Agenda

Approval of November Minutes

6:15 p.m.

Deputy Designated Federal Officer's Comments

6:30 p.m.

Federal Coordinator's Comments

6:35 p.m.

Liaisons' Comments

6:45 p.m.

Review of Action Items

6:50 p.m.

Public Comments and Questions

7 p.m.

Presentations

- Site Management Plan

- Community Relations Plan

7:30 p.m.

Subcommittee Reports

- Water Disposition/Water Quality Subcommittee

- Community Outreach Subcommittee

- Long Range Strategy/Stewardship Subcommittee

- Executive Committee

7:45 p.m.

Public Comments and Questions

7:55 p.m.

Administrative Issues

- Budget Review

- Review of Work Plan

- Review of Next Agenda

8:05 p.m.

Final Comments

8:15 p.m.

- Adjourn

Public Participation: The meeting is open to the public. Written statements may be filed with the Board either before or after the meeting. Individuals who wish to make oral statements pertaining to agenda items should contact Reinhard Knerr at the address or telephone number listed above.

Requests must be received five days prior to the meeting and reasonable provision will be made to include the presentation in the agenda. The Deputy Designated Federal Officer is empowered to conduct the meeting in a fashion that will facilitate the orderly conduct of business. Individuals wishing to make public comment will be provided a maximum of five minutes to present their comments.

Minutes: The minutes of this meeting will be available for public review and copying at the U.S. Department of Energy's Freedom of Information Public Reading Room, 1E-190, Forrestal Building, 1000 Independence Avenue, SW, Washington, DC 20585 between 9 a.m. and 4 p.m., Monday-Friday, except Federal holidays. Minutes will also be available at the Department of Energy's Environmental Information Center and Reading Room at 115 Memorial Drive, Barkley Centre, Paducah, Kentucky between 8 a.m. and 5 p.m. on Monday through Friday or by writing to Reinhard Knerr, Department of Energy, Paducah Site Office, Post Office Box 1410, MS-103, Paducah, Kentucky

42001 or by calling him at (270) 441-6825.

Issued at Washington, DC on November 27, 2006.

Rachel M. Samuel,

Deputy Advisory Committee Management Officer.

[FR Doc. E6-20316 Filed 11-30-06; 8:45 am]

BILLING CODE 6450-01-P

DEPARTMENT OF ENERGY

Office of Energy Efficiency and Renewable Energy

State Energy Advisory Board

AGENCY: Department of Energy.

ACTION: Notice of Open Teleconference.

SUMMARY: This notice announces a teleconference of the State Energy Advisory Board (STEAB). The Federal Advisory Committee Act (Pub. L. 92-463; 86 Stat. 770) requires that public notice of these teleconferences be announced in the *Federal Register*.

DATES: December 21, 2006, from 2 p.m. to 3 p.m. EST.

FOR FURTHER INFORMATION CONTACT: Gary Burch, STEAB Designated Federal Officer, Assistant Manager, Intergovernmental Projects & Outreach, Golden Field Office, U.S. Department of Energy, 1617 Cole Boulevard, Golden, CO 80401, Telephone 303/275-4801.

SUPPLEMENTARY INFORMATION:

Purpose of the Board: To make recommendations to the Assistant Secretary for Energy Efficiency and Renewable Energy regarding goals and objectives, programmatic and administrative policies, and to otherwise carry out the Board's responsibilities as designated in the State Energy Efficiency Programs Improvement Act of 1990 (Pub. L. 101-440).

Tentative Agenda: Update members on routine business matters.

Public Participation: The teleconference is open to the public. Written statements may be filed with the Board either before or after the meeting. Members of the public who wish to make oral statements pertaining to agenda items should contact Gary Burch at the address or telephone number listed above. Requests to make oral comments must be received five days prior to the conference call; reasonable provision will be made to include requested topic(s) on the agenda. The Chair of the Board is empowered to conduct the call in a fashion that will facilitate the orderly conduct of business.

Notes: The notes of the teleconference will be available for public review and copying within 60 days at the Freedom of Information Public Reading Room, 1E-190, Forrestal Building, 1000 Independence Avenue, SW., Washington, DC, between 9 a.m. and 4 p.m., Monday through Friday, except Federal holidays. The notes will also be made available for downloading on the STEAB Web site, www.steab.org, within 60 days.

Issued at Washington, DC, on November 27, 2006.

Rachel Samuel,

Deputy Advisory Committee Management Officer.

[FR Doc. E6-20318 Filed 11-30-06; 8:45 am]

BILLING CODE 6450-01-P

ENVIRONMENTAL PROTECTION AGENCY

[EPA-HQ-OAR-2003-0171, FRL-8250-2]

Agency Information Collection Activities: Proposed Collection; Comment Request; Recordkeeping and Reporting Requirements Regarding the Sulfur Content of Motor Vehicle Gasoline Under the Tier 2 Rule, EPA ICR No.1907.04, OMB Control No. 2060-0437

AGENCY: Environmental Protection Agency.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) (44 U.S.C. 3501 *et seq.*), this document announces that EPA is planning to submit a request to renew an existing approved Information Collection Request (ICR) to the Office of Management and Budget (OMB). This ICR is scheduled to expire on 4/30/07. Before submitting the ICR to OMB for review and approval, EPA is soliciting comments on specific aspects of the proposed information collection as described below.

DATES: Comments must be submitted on or before January 30, 2007.

ADDRESSES: Submit your comments, identified by Docket ID No. EPA-HQ-2003-0171, by one of the following methods:

- <http://www.regulations.gov>: Follow the on-line instructions for submitting comments.
- E-mail: a-and-r-docket@epa.gov
- Mail: Office of Air and Radiation Docket, Environmental Protection Agency, Mailcode: 6102T, 1200 Pennsylvania Ave., NW., Washington, DC 20460.
- Hand Delivery: Air and Radiation Docket in the EPA Docket Center (EPA/DC), EPA West, Room B102, 3334

Constitution Ave., NW., Washington, DC 20460. Such deliveries are only accepted during the Docket's normal hours of operation, and special arrangements should be made for deliveries of boxed information.

Instructions: Direct your comments to Docket ID No. EPA-HQ-2003-0171. EPA's policy is that all comments received will be included in the public docket without change and may be made available online at <http://www.regulations.gov>, including any personal information provided, unless the comment includes information claimed to be Confidential Business Information (CBI) or other information whose disclosure is restricted by statute. Do not submit information that you consider to be CBI or otherwise protected through <http://www.regulations.gov> or e-mail. The <http://www.regulations.gov> Web site is an "anonymous access" system, which means EPA will not know your identity or contact information unless you provide it in the body of your comment. If you send an e-mail comment directly to EPA without going through <http://www.regulations.gov> your e-mail address will be automatically captured and included as part of the comment that is placed in the public docket and made available on the Internet. If you submit an electronic comment, EPA recommends that you include your name and other contact information in the body of your comment and with any disk or CD-ROM you submit. If EPA cannot read your comment due to technical difficulties and cannot contact you for clarification, EPA may not be able to consider your comment. Electronic files should avoid the use of special characters, any form of encryption, and be free of any defects or viruses. For additional information about EPA's public docket visit the EPA Docket Center homepage at <http://www.epa.gov/epahome/dockets.htm>.

FOR FURTHER INFORMATION CONTACT: Marilyn Bennett, Office of Transportation and Air Quality, Mail Code 6406J, Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460; telephone number: (202) 343-9624; fax number: (202) 343-2803; e-mail address: bennett.marilyn@epa.gov.

SUPPLEMENTARY INFORMATION:

How Can I Access the Docket and/or Submit Comments?

EPA has established a public docket for this ICR under Docket ID No. EPA-HQ-2003-0171, which is available for online viewing at <http://www.regulations.gov>, or in person

viewing at the Air and Radiation Docket in the EPA Docket Center (EPA/DC), EPA West, Room B102, 1301 Constitution Ave., NW., Washington, DC. The EPA/DC Public Reading Room is open from 8 a.m. to 4:30 p.m., Monday through Friday, excluding legal holidays. The telephone number for the Reading Room is 202-566-1744, and the telephone number for the Air and Radiation Docket, is 202-566-1742.

Use <http://www.regulations.gov> to obtain a copy of the draft collection of information, submit or view public comments, access the index listing of the contents of the docket, and to access those documents in the public docket that are available electronically. Once in the system, select "search," then key in the docket ID number identified in this document.

What Information Is EPA Particularly Interested in?

Pursuant to section 3506(c)(2)(A) of the PRA, EPA specifically solicits comments and information to enable it 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. In particular, EPA is requesting comments from very small businesses (those that employ less than 25) on examples of specific additional efforts that EPA could make to reduce the paperwork burden for very small businesses affected by this collection.

What Should I Consider When I Prepare My Comments for EPA?

You may find the following suggestions helpful for preparing your comments:

1. Explain your views as clearly as possible and provide specific examples.
2. Describe any assumptions that you used.

3. Provide copies of any technical information and/or data you used that support your views.

4. If you estimate potential burden or costs, explain how you arrived at the estimate that you provide.

5. Offer alternative ways to improve the collection activity.

6. Make sure to submit your comments by the deadline identified under DATES.

7. To ensure proper receipt by EPA, be sure to identify the docket ID number assigned to this action in the subject line on the first page of your response. You may also provide the name, date, and Federal Register citation.

What Information Collection Activity or ICR Does This Apply to?

Affected entities: Entities potentially affected by this action are those who manufacture, import, distribute and sell gasoline.

Title: Recordkeeping and Reporting Requirements Regarding the Sulfur Content of Motor Vehicle Gasoline Under the Tier 2 Rule.

ICR numbers: EPA ICR No.1907.04, Control No. 2060-0437.

ICR status: This ICR is currently scheduled to expire on 4/30/07. 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 in title 40 of the CFR, after appearing in the **Federal Register** when approved, are listed in 40 CFR part 9, are displayed either by publication in the **Federal Register** or by other appropriate means, such as on the related collection instrument or form, if applicable. The display of OMB control numbers in certain EPA regulations is consolidated in 40 CFR part 9.

Abstract: The requirements covered under this ICR are included in the final Tier 2 rule, published on the February 10, 2000 (65 FR 6698). A minor additional ICR requirement was added to the Tier 2 rule on June 12, 2002 (67 FR 40169).

The scope of the recordkeeping and reporting requirements for each type of party in the gasoline distribution system, and therefore the cost to that party, reflects the party's opportunity to create, control or alter the sulfur content of gasoline. As a result, refiners and importers have significant requirements, which are necessary both for their own tracking and that of downstream parties, and for EPA enforcement, while parties downstream from the gasoline production or import point, such as distributors and pipelines, have

minimal burdens under the rule. Many of the reporting and recordkeeping requirements for refiners and importers regarding the sulfur content of gasoline on which the Tier 2 sulfur program relies currently exist under EPA's reformulated gasoline (RFG) and conventional gasoline (CG) anti-dumping programs. The ICR for the RFG/CG programs covered the majority of the start-up costs associated with the reporting of gasoline sulfur content. Consequently, much of the cost associated with the sulfur-control requirements under the sulfur program has already been accounted for under the ICR for the RFG/CG programs.

The information under this ICR will be collected by EPA's Transportation and Regional Programs Division, Office of Transportation and Air Quality, Office of Air and Radiation (OAR), and by EPA's Air Enforcement Division, Office of Regulatory Enforcement, Office of Enforcement and Compliance Assurance (OECA). The information collected will be used by EPA to evaluate compliance with the gasoline sulfur control requirements under the Tier 2 rule. This oversight by EPA is necessary to ensure attainment of the air quality goals of the Tier 2 program. Proprietary information will be submitted by refiners and importers for demonstrating compliance with the sulfur standards. Confidentiality is handled in accordance with the Freedom of Information Act and EPA regulations at 40 CFR Part 2.

Burden Statement: The annual public reporting and recordkeeping burden for this collection of information is estimated to average 1.024 hours per response. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements which have subsequently changed; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

The ICR provides a detailed explanation of the Agency's estimate, which is only briefly summarized here:

Estimated total number of potential respondents: 80 refiners; 39 importers; 1200 terminals; 60 pipelines.

Frequency of response: Annual and periodic.

Estimated total average number of responses for each respondent: 405 per refiner; 27 per importer; 3 per terminal; 12 per pipeline.

Estimated total annual burden hours: 38,742 hours.

Estimated total annual costs: \$2,405,185. There are no capital investment or maintenance and operational costs associated with this rule.

Are There Changes in the Estimates from the Last Approval?

EPA does not anticipate any changes in the estimates from the last ICR approval.

What is the Next Step in the Process for this ICR?

EPA will consider the comments received and amend the ICR as appropriate. The final ICR package will then be submitted to OMB for review and approval pursuant to 5 CFR 1320.12. At that time, EPA will issue another **Federal Register** notice pursuant to 5 CFR 1320.5(a)(1)(iv) to announce the submission of the ICR to OMB and the opportunity to submit additional comments to OMB. If you have any questions about this ICR or the approval process, please contact the technical person listed under **FOR FURTHER INFORMATION CONTACT**.

Dated: November 27, 2006.

Margo Tsigotis Oge,

Director, Office of Transportation and Air Quality.

[FR Doc. E6-20352 Filed 11-30-06; 8:45 am]

BILLING CODE 6560-50-P

ENVIRONMENTAL PROTECTION AGENCY

[EPA-HQ-OAR-2006-0894; FRL-8250-3]

Agency Information Collection Activities; Proposed Collection; Comment Request; Registration of Fuels and Fuel Additives—Requirements for Manufacturers; EPA ICR No. 309.12, OMB Control No. 2060-0150

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) (44 U.S.C. 3501 *et seq.*), this document announces that EPA is planning to submit a request to renew an existing

approved Information Collection Request (ICR) to the Office of Management and Budget (OMB). This ICR is scheduled to expire on March 31, 2007. Before submitting the ICR to OMB for review and approval, EPA is soliciting comments on specific aspects of the proposed information collection as described below.

DATES: Comments must be submitted on or before January 30, 2007.

ADDRESSES: Submit your comments, identified by Docket ID No. EPA-HQ-OAR-2006-0894, by one of the following methods:

- <http://www.regulations.gov>: Follow the on-line instructions for submitting comments.

- E-mail: a-and-r-docket@epa.gov.

- Fax: (202) 566-1741.

- Mail: Air and Radiation Docket, Docket ID No. EPA-HQ-OAR-2006-0894, Environmental Protection Agency, Mailcode: 6102T, 1200 Pennsylvania Avenue, NW., Washington, DC 20460.

- Hand Delivery: EPA Docket Center, Room 3334, EPA West Building, 1301 Constitution Avenue, NW., Washington, DC 20460. Such deliveries are only accepted during the Docket's normal hours of operation, and special arrangements should be made for deliveries of boxed information.

Instructions: Direct your comments to Docket ID No. EPA-HQ-OAR-2006-0894. EPA's policy is that all comments received will be included in the public docket without change and may be made available online at www.regulations.gov, including any personal information provided, unless the comment includes information claimed to be Confidential Business Information (CBI) or other information whose disclosure is restricted by statute. Do not submit information that you consider to be CBI or otherwise protected through <http://www.regulations.gov> or e-mail. The <http://www.regulations.gov> Web site is an "anonymous access" system, which means EPA will not know your identity or contact information unless you provide it in the body of your comment. If you send an e-mail comment directly to EPA without going through <http://www.regulations.gov> your e-mail address will be automatically captured and included as part of the comment that is placed in the public docket and made available on the Internet. If you submit an electronic comment, EPA recommends that you include your name and other contact information in the body of your comment and with any disk or CD-ROM you submit. If EPA cannot read your comment due to technical difficulties and cannot contact

you for clarification, EPA may not be able to consider your comment. Electronic files should avoid the use of special characters, any form of encryption, and be free of any defects or viruses. For additional information about EPA's public docket visit the EPA Docket Center homepage at <http://www.epa.gov/epahome/dockets.htm>.

FOR FURTHER INFORMATION CONTACT: James W. Caldwell, Office of Transportation and Air Quality, Mailcode: 6406J, Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460; telephone number: (202) 343-9303; fax number: (202) 343-2802; e-mail address: caldwell.jim@epa.gov.

SUPPLEMENTARY INFORMATION:

How Can I Access the Docket and/or Submit Comments?

EPA has established a public docket for this ICR under Docket ID No. EPA-HQ-OAR-2006-0894, which is available for online viewing at <http://www.regulations.gov>, or in person viewing at the Air and Radiation Docket in the EPA Docket Center (EPA/DC), EPA West, Room B102, 1301 Constitution Avenue, NW., Washington, DC. The EPA/DC Public Reading Room is open from 8 a.m. to 4:30 p.m., Monday through Friday, excluding legal holidays. The telephone number for the Reading Room is 202-566-1744, and the telephone number for the Air and Radiation Docket is 202-566-1742.

Use www.regulations.gov to obtain a copy of the draft collection of information, submit or view public comments, access the index listing of the contents of the docket, and to access those documents in the public docket that are available electronically. Once in the system, select "search," then key in the docket ID number identified in this document.

What Information Is EPA Particularly Interested in?

Pursuant to section 3506(c)(2)(A) of the PRA, EPA specifically solicits comments and information to enable it 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. In particular, EPA is requesting comments from very small businesses (those that employ less than 25) on examples of specific additional efforts that EPA could make to reduce the paperwork burden for very small businesses affected by this collection.

What Should I Consider When I Prepare My Comments for EPA?

You may find the following suggestions helpful for preparing your comments:

1. Explain your views as clearly as possible and provide specific examples.
2. Describe any assumptions that you used.
3. Provide copies of any technical information and/or data you used that support your views.
4. If you estimate potential burden or costs, explain how you arrived at the estimate that you provide.
5. Offer alternative ways to improve the collection activity.
6. Make sure to submit your comments by the deadline identified under DATES.
7. To ensure proper receipt by EPA, be sure to identify the docket ID number assigned to this action in the subject line on the first page of your response. You may also provide the name, date, and Federal Register citation.

What Information Collection Activity or ICR Does This Apply to?

Affected entities: Entities potentially affected by this action are the manufacturers of motor-vehicle gasoline, motor-vehicle diesel fuel, and additives for those fuels.

Title: Registration of Fuels and Fuel Additives—Requirements for Manufacturers.

ICR numbers: EPA ICR No. 309.12, OMB Control No. 2060-0150.

ICR status: This ICR is currently scheduled to expire on March 31, 2007. 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 in title 40 of the CFR, after appearing in the Federal Register when approved, are listed in 40 CFR part 9, are displayed either by publication in the Federal Register or by other appropriate means, such as on the related collection instrument or

form, if applicable. The display of OMB control numbers in certain EPA regulations is consolidated in 40 CFR part 9.

Abstract: In accordance with the regulations at 40 CFR 79, Subparts A, B, C, and D, Registration of Fuels and Fuel Additives, manufacturers (including importers) of motor-vehicle gasoline, motor-vehicle diesel fuel, and additives for those fuels, are required to have these products registered by the EPA prior to their introduction into commerce. Registration involves providing a chemical description of the fuel or additive, and certain technical, marketing, and health-effects information. The development of health-effects data, as required by 40 CFR 79, Subpart F, is covered by a separate information collection. Manufacturers are also required to submit periodic reports (annually for additives, quarterly and annually for fuels) on production volume and related information. The information is used to identify products whose evaporative or combustion emissions may pose an unreasonable risk to public health, thus meriting further investigation and potential regulation. The information is also used to ensure that gasoline additives comply with EPA requirements for protecting catalytic converters and other automotive emission controls. The data have been used to construct a comprehensive data base on fuel and additive composition. The Mine Safety and Health Administration of the Department of Labor restricts the use of diesel additives in underground coal mines to those registered by EPA. Most of the information is confidential.

Burden Statement: The annual public reporting and recordkeeping burden for this collection of information is estimated to average two hours per response. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements which have subsequently changed; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

The ICR provides a detailed explanation of the Agency's estimate, which is only briefly summarized here:

Estimated total number of potential respondents: 1050.

Frequency of response: On occasion, quarterly, annually.

Estimated total average number of responses for each respondent: 8.

Estimated total annual burden hours: 17,150.

Estimated total annual costs: \$1.4 million. This includes an estimated burden cost of \$1.37 million and an estimated cost of \$0.04 million for capital investment or maintenance and operational costs.

Are There Changes in the Estimates from the Last Approval?

There is an increase of 2,340 hours in the total estimated annual respondent burden compared with that identified in the ICR currently approved by OMB. This increase reflects EPA's updating of burden estimates. The increase is due to an increase in the number of fuel manufacturers producing new fuels, particularly biodiesel.

What is the Next Step in the Process for this ICR?

EPA will consider the comments received and amend the ICR as appropriate. The final ICR package will then be submitted to OMB for review and approval pursuant to 5 CFR 1320.12. At that time, EPA will issue another **Federal Register** notice pursuant to 5 CFR 1320.5(a)(1)(iv) to announce the submission of the ICR to OMB and the opportunity to submit additional comments to OMB. If you have any questions about this ICR or the approval process, please contact the technical person listed under **FOR FURTHER INFORMATION CONTACT**.

Dated: November 27, 2006.

Margo Tsirigotis Oge,

Director, Office of Transportation and Air Quality.

[FR Doc. E6-20353 Filed 11-30-06; 8:45 am]

BILLING CODE 6560-50-P

ENVIRONMENTAL PROTECTION AGENCY

[ER-FRL-6681-7]

Environmental Impact Statements and Regulations; Availability of EPA Comments

Availability of EPA comments prepared pursuant to the Environmental Review Process (ERP), under section 309 of the Clean Air Act and Section 102(2)(c) of the National Environmental

Policy Act as amended. Requests for copies of EPA comments can be directed to the Office of Federal Activities at 202-564-7167. An explanation of the ratings assigned to draft environmental impact statements (EISs) was published in FR dated April 7, 2006 (71 FR 17845).

Draft EISs

EIS No. 20060204, ERP No. D-AFS-L65512-OR, Mt. Hood National Forest and Columbia River Gorge National Scenic Area, Site-Specific Invasive Plant Treatments, Forest Plan Amendments #16, Mt. Hood National Forest and Columbia River Gorge National Scenic Area, Clackamas, Hood River, Multnomah and Wasco Counties, OR.

Summary: EPA expressed environmental concerns about the mix of options presented in the DEIS for controlling invasive, and suggested there be more consideration of IPM, biological controls and the use of prescribed fire and careful consideration when using herbicides.

Rating EC1.

EIS No. 20060218, ERP No. D-FHW-C40167-NY, Williamsville Toll Barrier Improvement Project, Improvements from New York Thruway, Interstate 90 between Interchange 48A and 50, Funding, Erie and Genesee Counties, NY.

Summary: EPA has environmental concerns about wetlands and water quality impacts, and recommends an expanded cumulative effects analysis.

Rating EC2.

EIS No. 20060239, ERP No. D-NPS-L65515-WA, Olympic National Park General Management Plan, Implementation, Clallam, Grays Harbor, Jefferson and Mason Counties, WA.

Summary: While EPA has no objections to the proposed action, but requested that future monitoring include more quantitative measures of water quality.

Rating LO.

EIS No. 20060286, ERP No. D-BLM-L65518-ID, Eastside Township Fuels and Vegetation Project, Address the Forest Health, Fuels, Safety, and Watershed Issues, Elk City, Idaho County, ID.

Summary: EPA expressed environmental concerns about water quality impacts, and requested that the assessment of cumulative impacts include other watershed restoration activities.

Rating EC1.

EIS No. 20060345, ERP No. D-AFS-L65521-WA, Buckhorn Access Project, To Utilize the Marias Creek

Route to Construct and Reconstruct Roads, Funding, NPDES Permit and U.S. Army COE Section 404 Permit, Okanogan and Wenatchee National Forests, Tonasket Ranger District, Okanogan County, WA.

Summary: EPA expressed environmental concerns about water resource impacts, and requested that information about water resources be updated. EPA is also expressed concern about monitoring and mitigation issues. Rating EC2.

EIS No. 20060347, ERP No. D-BLM-L70014-ID, Cottonwood Resource Management Plan, Implementation, Latah, Clearwater, Nez Perce, Lewis, Idaho and Adams Counties, ID.

Summary: EPA expressed environmental concerns about water quality/source water protection impacts and monitoring/maintaining old growth forest habitat. EPA supports the higher level of resource protection and improvement activities described in Alternative C.

Rating EC2.

EIS No. 20060372, ERP No. D-COE-F67004-MN, East Reserve Project, Construct and Operate an Open Pit Taconite Mine between the Towns of Biwabik and McKinley, St. Louis County, MN.

Summary: EPA expressed environmental objections to potential environmental impacts and requested additional analysis regarding project alternatives, wetland mitigation, water quality impacts, cumulative effects, impacts to Tribal rights, and impacts from the potential presence of asbestos and asbestiform material.

Rating EO2.

EIS No. 20060383, ERP No. D-NPS-E61078-00, South Florida and Caribbean Parks Exotic Plant Management Plan, Manage and Control Exotic Plants in Nine Parks, Five in South Florida Parks: Big Cypress National Preserve, Biscayne National Park, Canaveral National Seashore, Dry Tortugas National Park, Everglades National Park and Four in Caribbean Parks: Buck Island Reef National Monument, Christiansted National Historic Site, Salt River Bay National Historic Park and Ecological Preserve and Virgin Islands National Park, Florida and Caribbean.

Summary: EPA does not object to the Preferred Alternative as the most effective solution for controlling invasive plant species, and recommended monitoring to determine if pesticide residues are accumulating in selected indicator species.

Rating LO.

EIS No. 20060399, ERP No. D-USA-D11040-VA, Fort Lee, Virginia and Fort A. P. Hill, Virginia Project, Implementation of Base Closure and Realignment (BRAC) Recommendations and Other Army Actions, Prince George County, Petersburg, Virginia Hopewell, Virginia; Caroline County, Essex County, VA.

Summary: EPA expressed environmental concern about wetlands, natural habitats, wildlife, noise, and water resources impacts at Fort Lee.

Rating EC2.

EIS No. 20060416, ERP No. D-NOA-E91017-00, Gulf of Mexico Red Snapper Total Allowable Catch and Reduce Bycatch in the Gulf of Mexico Directed and Shrimp Trawl Fisheries, To Evaluate Alternatives, Gulf of Mexico.

Summary: EPA does not object to the proposed action.

Rating LO.

Final EISs

EIS No. 20060341, ERP No. F-AFS-L65483-ID, Three Basins Timber Sale Project, Proposal to Treat 760 Acres of Mature Forest, Implementation, Caribou-Targhee National Forest, Montpelier Ranger District, Bearlake and Caribou Counties, ID.

Summary: EPA's previous issues have been resolved; therefore, EPA does not object to the proposed action.

EIS No. 20060417, ERP No. F-COE-C40162-NJ, NJ-92 Project, New Jersey Turnpike Authority, Transportation Improvement from East-West Highway Link connecting U.S. Route 1 in South Brunswick Township with the New Jersey Turnpike at Interchange 8A in Monroe Township, Middlesex County, NJ.

Summary: EPA recommended that the Corps consider several issues in its upcoming permitting evaluation and decision document, *i.e.*, issues regarding the alternatives screening process, impacts to surface water, wetlands mitigation and air quality regional emissions analysis.

EIS No. 20060421, ERP No. F-AFS-L65487-OR, Blue Mountain Land Exchange—Oregon Project, Proposed Exchange of Federal and Non-Federal Lands, Malheur, Umatilla, and Wallowa-Whitman National Forests, Baker, Grant, Morrow, Umatilla, Union and Wallowa Counties, OR.

Summary: The Final EIS addressed EPA's concerns; therefore, EPA does not object to the proposed action.

Dated: November 28, 2006.

Dawn R. Roberts,
Management Analyst, Office of Federal Activities.

[FR Doc. E6-20350 Filed 11-30-06; 8:45 am]

BILLING CODE 6560-50-P

ENVIRONMENTAL PROTECTION AGENCY

[ER-FRL-6681-6]

Environmental Impacts Statements; Notice of Availability

Responsible Agency: Office of Federal Activities, General Information (202) 564-7167 or <http://www.epa.gov/compliance/nepa/>.

Weekly receipt of Environmental Impact Statements

Filed 11/20/2006 Through 11/24/2006 Pursuant to 40 CFR 1506.9.

Emergency Comments:

EIS No. 20060486, Draft EIS, NPS, MD, White-Tailed Deer Management Plan, Implementation, Catocin Mountain Park, Frederick and Washington Counties, MD, *Comment Period Ends:* 01/29/2007, *Contact:* Donna Swauger, 301-416-0135.

EIS No. 20060487, Final EIS, AFS, CA, South Yuba Canal Maintenance Project, Hazardous Trees Removal, Implementation, Tahoe National Forest, Nevada County, CA, *Wait Period Ends:* 01/17/2007, *Contact:* Dennis W. Stevens, 530-478-6253.

EIS No. 20060488, Final EIS, BLM, WY, Atlantic Rim Natural Gas Field Development Project, Proposed Natural Gas Development to 2000 Wells, 1800 to Coal Beds and 200 to Other Formations, Carbon County, WY, *Wait Period Ends:* 01/02/2007, *Contact:* David Simons, 307-328-4328.

EIS No. 20060489, Final EIS, COE, 00, Lock and Dam 3 Mississippi River Navigation Safety and Embankments, To Reduce Related Navigation Safety and Embankment Problems, Upper Mississippi River, Goodhue County, MN and Pierce County, WI, *Wait Period Ends:* 01/02/2007, *Contact:* Daniel Wilcox, 651-290-5276.

EIS No. 20060490, Draft EIS, OSM, 00, Black Mesa Project, Revisions to the Life-of-Mine Operation and Reclamation for the Kayenta and Black Mesa Surface-Coal Mining Operations, Right-of-Way Grant, Mohave, Navajo, Coconino and Yavapai Counties, AZ and Clark County, NV, *Comment Period Ends:* 01/22/2007, *Contact:* Peter A. Rutledge, 303-844-1400 Ext. 1440.

EIS No. 20060491, Second Final EIS (Tiering), FHW, WA, WA-167

Freeway Project, Construction, from 161 (Meridan Street North) in the City of Puyallup to the WA-509 Freeway in the City of Tacoma, Funding, U.S. Coast Guard, NPDES, U.S. Army COE Section 10 and 404 Permits, Cities of Puyallup, Fife, Edgewood, Milton, and Tacoma, Pierce County, WA, *Wait Period Ends: 01/02/2007* Contact: Megan Hall, 360-753-8079.

EIS No. 20060492, Final EIS, BIA, OR, Coyote Business Park, Confederated Tribes of the Umatilla Indian Reservation, Proposes to Develop, Build and Manage a Light Industrial Commercial Business Park, Umatilla County, OR, *Wait Period Ends: 01/02/2007*, Contact: Jerry Lauer, 541-278-3786.

EIS No. 20060493, Draft EIS, IBR, CA, Folsom Dam Safety and Flood Damage Reduction Project, Addressing Hydrologic, Seismic, Static, and Flood Management Issues, Sacramento, El Dorado and Placer Counties, CA, *Comment Period Ends: 01/16/2007*, Contact: Shawn Oliver, 916-989-7256.

EIS No. 20060494, Draft EIS, DOE, WV, Western Greenbier Co-Production Demonstration Project, Construction and Demonstration of a 98 megawatt (MWe) Net Power Plant and Ash Byproduct Manufacturing Facility, Rainelle, WV, *Comment Period Ends: 01/17/2007*, Contact: Roy Spears 304-285-5460.

EIS No. 20060495, Final EIS, FHWA, WA, WA-28 Eastside Corridor Project, Proposal to Improve WA-28 (Sunset Highway) Corridor from WA-2-97 (Ocdabashian Bridge) to 9th Street N.E. in East Wenatchee, City of East Wenatchee, Douglas County, WA, *Wait Period Ends: 01/02/2007*, Contact: Steve Saxton, 360-753-9411.

EIS No. 20060496, Final EIS, SFW, AL, Gulf Highlands Condominium and Beach Club West Residential/Recreational Condominium Projects, Application for Two Incidental Take Permits for the Construction and Occupancy, Fort Morgan Peninsula, Baldwin County, AL, *Wait Period Ends: 01/02/2007*, Contact: Aaron Valenta, 404-679-4144.

EIS No. 20060497, Final EIS, FRC, MS, Clean Energy Liquefied Natural Gas (LNG) Import Terminal and Natural Gas Pipeline Facilities, Construction and Operation, U.S. Army COE Section 10 and 404 Permits, (FERC/EIS-0192D), Port of Pascagoula, Jackson County, MS, *Wait Period Ends: 01/02/2007*, Contact: Bryan Lee, 1-866-208-3372.

Amended Notices

EIS No. 20060401, Draft EIS, FRC, CA, Oroville Facilities Project, Issuing an New Federal License to Continue Hydroelectric Power (FERC No. 2100), Feather River, Sierra Nevada, Butte County, CA, *Comment Period Ends: 12/19/2006*, Contact: James Fargo, 202-502-6095. Revision to FR Notice Published on 10/06/2006: Extending Comment Period from 11/20/2006 to 12/19/2006.

EIS No. 20060414, Draft EIS, USA, CO, Pinon Canyon Maneuver Site (PCMS) Transformation Program, Implementation, Base Realignment and Closure Activities, Fort Carson, Las Animas, Otero and Huerfano Counties, CO, *Comment Period Ends: 01/11/2007*, Contact: Karen Wilson, 703-602-2861. Revision to FR Notice Published 10/13/2006: Extending Comment Period from 11/27/2006 to 01/11/2007.

EIS No. 20060415, Draft EIS, USA, CO, Fort Carson Transformation Program, Implementation, Base Realignment and Closure Activities, Fort Carson, El Paso, Pueblo and Fremont Counties, CO, *Comment Period Ends: 01/11/2007*, Contact: Karen Wilson, 703-602-2861. Revision to FR Notice Published 10/13/2006: Extending Comment Period from 11/27/2006 to 01/11/2007.

EIS No. 20060434, Draft Supplement, AFS, AK, Kenai Winter Access Project, Updated Information on New Alternative, Develop a Winter Access Management Plan for 2006/2007 Winter Season, Implementation, Seward Ranger District, Chugach National Forest, Located on the Kenai Peninsula in Southcentral, AK, *Comment Period Ends: 12/18/2006*, Contact: Sharon Randall, 907-743-9497. Revision to FR Notice Published on 10/20/2006: Extending Comment Period from 12/04/2006 to 12/18/2006.

Dated: November 28, 2006.

Robert W. Hargrove,

Director, NEPA Compliance Division, Office of Federal Activities.

[FR Doc. E6-20349 Filed 11-30-06; 8:45 am]

BILLING CODE 6560-50-P

ENVIRONMENTAL PROTECTION AGENCY

[FRL-8250-4]

State Innovation Grant Program, Notice of Availability of Solicitation for 2007 Awards

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: The U.S. Environmental Protection Agency's National Center for Environmental Innovation (NCEI) is giving notice of the availability of its solicitation for pre-proposals for the 2007 "State Innovation Grant Program," an assistance agreement program to support innovation by state environmental regulatory agencies.

Only the principal environmental regulatory agency within each state, U.S. territory, or the District of Columbia (generally, where delegated authorities for federal environmental regulations exist) is eligible to receive funding under this solicitation.

DATES: Eligible agencies will have until January 18, 2007 to respond with a pre-proposal, budget, and project narrative. Eligible agencies from the fifty (50) states, four (4) U.S. territories, and Washington, DC were notified of the solicitation's availability by e-mail and transmittals on November 27 and November 28, 2006.

ADDRESSES: Copies of this solicitation can be downloaded from EPA's State Innovation Grant Web site at: <http://www.epa.gov/innovation/stategrants/solicitation2007.pdf>. Copies of this solicitation may also be requested from the Agency by telephone ((202)-566-2186), by e-mail (innovation_state_grants@epa.gov), or by mail (see below).

Applicants are requested to apply electronically through <http://www.grants.gov>, as explained in Section IV of the solicitation. Applicants must submit all information, as explained in Section IV of the solicitation, with their application package. Questions concerning the solicitation, and/or questions about responding to this notice may be submitted in writing via:

E-mail to: innovation_state_grants@epa.gov; Fax to: (202) 566-2220; or USPS mail to: State Innovation Grants Program, National Center for Environmental Innovation, Office of the Administrator, U.S. Environmental Protection Agency (MC 1807T), 1200 Pennsylvania Ave., NW., Washington, DC 20460; or EPA will respond to all questions in writing, and all questions and responses will be posted on the EPA State Innovation Grant Web site at <http://www.epa.gov/innovation/stategrants/>.

SUPPLEMENTARY INFORMATION: The U.S. Environmental Protection Agency (EPA) is soliciting pre-proposals for the "State Innovation Grant Program," an assistance agreement program, in an effort to support innovation by state environmental regulatory agencies. In

April 2002, EPA issued its plan for future innovation efforts, published as *Innovating for Better Environmental Result: A Strategy to Guide the Next Generation of Innovation at EPA* (EPA 100-R-02-002; <http://www.epa.gov/innovation/pdf/strategy.pdf>). This assistance agreement program strengthens the EPA's partnership with the states by assisting state innovation that supports EPA's Strategy. EPA would like to help states build on previous experience and undertake strategic innovation projects that promote larger-scale models for "next generation" environmental protection and that promise better environmental results. EPA is interested in funding projects that: (1) Go beyond a single facility experiment to promote change that is "systems-oriented," (2) provide better results from a program, process, or sector-wide innovation, and (3) promote integrated (multi-media) environmental management with high potential for transfer to other states, U.S. territories, and tribes.

"Innovation in Permitting" is again the theme for the 2007 State Innovation Grants solicitation. Under this theme, EPA is interested in pre-proposals for projects that:

- Support the development of state Environmental Results Programs (ERPs);
- Involve the application of Environmental Management Systems (EMS), including those that explore the relationship of EMS to permitting or otherwise promote the use of EMS to improve environmental performance beyond permit requirements (see *EPA's Strategy for Determining the Role of EMS in Regulatory Programs* at <http://www.epa.gov/ems> or http://www.epa.gov/ems/docs/EMS_and_the_Reg_Structure_41204Fpdf); or
- Implement National Environmental Performance Track Programs, or similar state performance-based environmental leadership programs, particularly including the development and implementation of incentives.

EPA interprets "innovation in permitting" broadly to include permitting programs, pesticide licensing programs, and other alternatives or supplements to permitting programs. EPA is interested in creative approaches for both: (1) Achieving mandatory federal and state standards; and (2) encouraging performance and addressing environmental issues above and beyond minimum requirements.

This solicitation begins the fifth State Innovation Grant competition. Of State Innovation Grant Program awards made in prior rounds under the theme of "Innovation in Permitting" (including those with pending awards): Fifteen (15)

were provided for development of Environmental Results Programs, seven (7) were related to Environmental Management Systems and permitting, five (5) were to enhance Performance-Based Environmental Leadership programs, two (2) were for Watershed-based permitting, and one (1) was for an information technology innovation for the application of Geographic Information Systems (GIS) and a web-based portal to a permitting process. For more information on the prior State Innovation Grant Program solicitations and awards, please see the "Highlights of Previous Awards" attachment to this solicitation, or see the EPA State Innovation Grants Web site at <http://www.epa.gov/innovation/stategrants>.

Dated: October 30, 2006.

Elizabeth Shaw,

Director, Office of Environmental Policy Innovation.

[FR Doc. E6-20351 Filed 11-30-06; 8:45 am]

BILLING CODE 6560-50-P

ENVIRONMENTAL PROTECTION AGENCY

[FRL-8249-9]

An Inventory of Sources and Environmental Releases of Dioxin-Like Compounds in the United States for the Years 1987, 1995 and 2000

AGENCY: Environmental Protection Agency.

ACTION: Notice of availability.

SUMMARY: The U.S. Environmental Protection Agency (EPA) is announcing the availability of a final report titled, "An Inventory of Sources and Environmental Releases of Dioxin-Like Compounds in the United States for the Years 1987, 1995 and 2000" (EPA/600/P-03/002F), which was prepared by the National Center for Environmental Assessment (NCEA) within EPA's Office of Research and Development (ORD).

DATES: This document will be available on or about December 1, 2006.

ADDRESSES: The document will be available electronically through the NCEA Web site at <http://www.epa.gov/ncea>. A limited number of paper copies will be available from the EPA's National Service Center for Environmental Publications (NSCEP), P.O. Box 42419, Cincinnati, OH 45242; telephone: 1-800-490-9198; facsimile: 302-604-3408; e-mail: nscep@hps-lmit.com. Please provide your name, your mailing address, the title and the EPA number of the requested publication.

FOR FURTHER INFORMATION CONTACT: The Technical Information Staff, National Center for Environmental Assessment/ Washington Office (8623D), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW., Washington, DC 20460. Telephone: 202-564-3261; fax: 202-565-0050; e-mail: nceadc.comment@epa.gov.

SUPPLEMENTARY INFORMATION: The purpose of this report is to present a comprehensive inventory and overview of sources and environmental releases of dioxin-like compounds in the United States. The major identified sources of environmental releases of dioxin-like compounds are grouped into six broad categories: Combustion sources, metals smelting, refining and process sources, chemical manufacturing sources, natural sources, and environmental reservoirs. Estimates of annual releases to land, air, and water are presented for each source category and summarized for reference years 1987, 1995 and 2000. The quantitative results are expressed in terms of the toxicity equivalent (TEQ) of the mixture of polychlorinated dibenzop-dioxin (CDD) and polychlorinated dibenzofuran (CDF) compounds present in environmental releases using a procedure sanctioned by the World Health Organization (WHO) in 1998. This TEQ procedure translates the complex mixture of CDDs and CDFs characteristic of environmental releases into an equivalent toxicity concentration of 2,3,7,8-tetrachlorodibenzo-p-dioxin (2,3,7,8-TCDD), the most toxic member of this class of compounds. Using this WHO procedure, the annual releases of TEQ_{D/F}-WHO₉₈ to the U.S. environment over the three reference years are 13,965 g in 1987, 3,444 g in 1995, and 1,422 g in 2000. This analysis indicates that between reference years 1987 and 2000, there was approximately a 90% reduction in the releases of dioxin-like compounds to the circulating environment of the United States from all known sources combined. In 1987 and 1995, the leading source of dioxin emissions to the U.S. environment was municipal waste combustion; however, because of reductions in dioxin emissions from municipal waste combustors, it dropped to the fourth ranked source in 2000. Burning of domestic refuse in backyard burn barrels remained fairly constant over the years, but in 2000, it emerged as the largest source of dioxin emissions to the U.S. environment.

Dated: November 22, 2006.

George Alapas,

Deputy Director, National Center for Environmental Assessment.

[FR Doc. E6-20294 Filed 11-30-06; 8:45 am]

BILLING CODE 6560-50-P

FEDERAL DEPOSIT INSURANCE CORPORATION

Notice of Agency Meeting

Pursuant to the provisions of the "Government in the Sunshine Act" (5 U.S.C. 552b), notice is hereby given that the Federal Deposit Insurance Corporation's Board of Directors will meet in open session at 10 a.m. on Tuesday, December 5, 2006, to consider the following matters:

Summary Agenda

No substantive discussion of the following items is anticipated. These matters will be resolved with a single vote unless a member of the Board of Directors requests that an item be moved to the discussion agenda.

Disposition of minutes of previous Board of Directors' meetings.

Summary reports, status reports, and reports of actions taken pursuant to authority delegated by the Board of Directors.

Memorandum and resolution re: Proposed FDIC Corporate Investment Policy.

Memorandum and resolution re: Amendments to Part 313 to Authorize the FDIC to Refer Delinquent Criminal Restitution Debt to the Treasury Offset Program for Collection.

Discussion Agenda

Memorandum and resolution re: Notice of Proposed Rulemaking Regarding Risk-Based Capital Guidelines; Capital Maintenance: Domestic Capital Modifications.

Memorandum and resolution re: Extension of Comment Period for Basel II and Market Risk Notices of Proposed Rulemaking and the Proposed Reports Notices for those Rulemakings.

Memorandum and resolution re: Proposed 2007 Corporate Operating Budget.

Memorandum and resolution re: Advance Notice of Proposed Rulemaking on Large-Bank Deposit Insurance Determination Modernization.

The meeting will be held in the Board Room on the sixth floor of the FDIC Building located at 550 17th Street, NW., Washington, DC.

The FDIC will provide attendees with auxiliary aids (e.g., sign language interpretation) required for this meeting. Those attendees needing such assistance should call (703) 562-6067 (Voice or TTY), to make necessary arrangements.

Requests for further information concerning the meeting may be directed to Mr. Robert E. Feldman, Executive Secretary of the Corporation, at (202) 898-7122.

Dated: November 28, 2006.

Federal Deposit Insurance Corporation.

Robert E. Feldman,

Executive Secretary.

[FR Doc. 06-9496 Filed 11-29-06; 11:33 am]

BILLING CODE 6715-01-M

FEDERAL DEPOSIT INSURANCE CORPORATION

Notice of Agency Meeting

Pursuant to the provisions of the "Government in the Sunshine Act" (5 U.S.C. 552b), notice is hereby given that at 10:30 a.m. on Tuesday, December 5, 2006, the Federal Deposit Insurance Corporation's Board of Directors will meet in closed session, pursuant to section 552b(c)(2), (c)(4), (c)(6), (c)(8), (9)(A)(ii), and (c)(9)(B), Title 5, United States Code, to consider matters relating to the Corporation's supervisory and corporate activities.

The meeting will be held in the Board Room on the sixth floor of the FDIC Building located at 550 17th Street, NW., Washington, DC.

Requests for further information concerning the meeting may be directed to Mr. Robert E. Feldman, Executive Secretary of the Corporation, at (202) 898-7122.

Dated: November 28, 2006.

Federal Deposit Insurance Corporation.

Robert E. Feldman,

Executive Secretary.

[FR Doc. 06-9497 Filed 11-29-06; 11:33 am]

BILLING CODE 6715-01-M

FEDERAL LABOR RELATIONS AUTHORITY

No FEAR Act Notice

AGENCY: Federal Labor Relations Authority.

ACTION: Notice.

SUMMARY: The Federal Labor Relations Authority (FLRA) is publishing this notice in accordance with Title II of the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002 (Pub. L. 107-174) (No FEAR

Act). Section 202 of the No FEAR Act requires the FLRA and other Federal agencies to notify all employees, former employees, and applicants for employment of the rights and remedies available to them under the Federal Antidiscrimination and Whistleblower Protection Laws.

DATES: December 1, 2006.

FOR FURTHER INFORMATION CONTACT:

Bridget Sisson, Director, EEO Complaints; Federal Labor Relations Authority; 1400 K Street, NW.; Washington DC 20424-0001; (202) 218-7919.

SUPPLEMENTARY INFORMATION: By final rule effective September 18, 2006, the Office of Personnel Management (OPM) issued regulations implementing the notice obligations contained in section 202 of the No FEAR Act. OPM's regulations, at 5 CFR 724.202, provide that agencies must publish the initial notice required by the No FEAR Act in the *Federal Register*.

No FEAR Act Notice

On May 15, 2002, Congress enacted the "Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002," which is now known as the No FEAR Act. One purpose of the Act is to "require that Federal agencies be accountable for violations of antidiscrimination and whistleblower protection laws." Public Law 107-174, Summary. In support of this purpose, Congress found that "agencies cannot be run effectively if those agencies practice or tolerate discrimination." Public Law 107-174, Title I, General Provisions, section 101(1).

The Act also requires this agency to provide this notice to Federal employees, former Federal employees and applicants for Federal employment to inform you of the rights and protections available to you under Federal antidiscrimination and whistleblower protection laws.

Antidiscrimination Laws

A Federal agency cannot discriminate against an employee or applicant with respect to the terms, conditions or privileges of employment on the basis of race, color, religion, sex, national origin, age, disability, marital status or political affiliation. Discrimination on these bases is prohibited by one or more of the following statutes: 5 U.S.C. 2302(b)(1), 29 U.S.C. 206(d), 29 U.S.C. 631, 29 U.S.C. 633a, 29 U.S.C. 791 and 42 U.S.C. 2000e-16.

If you believe that you have been the victim of unlawful discrimination on the basis of race, color, religion, sex, national origin or disability, you must

contact an Equal Employment Opportunity (EEO) counselor within 45 calendar days of the alleged discriminatory action, or, in the case of a personnel action, within 45 calendar days of the effective date of the action, before you can file a formal complaint of discrimination with your agency. *See, e.g.,* 29 CFR 1614. If you believe that you have been the victim of unlawful discrimination on the basis of age, you must either contact an EEO counselor as noted above or give notice of intent to sue to the Equal Employment Opportunity Commission (EEOC) within 180 calendar days of the alleged discriminatory action. If you are alleging discrimination based on marital status or political affiliation, you may file a written complaint with the U.S. Office of Special Counsel (OSC) (*see* contact information below). In the alternative (or in some cases, in addition), you may pursue a discrimination complaint by filing a grievance through your agency's administrative or negotiated grievance procedures, if such procedures apply and are available.

Whistleblower Protection Laws

A Federal employee with authority to take, direct others to take, recommend or approve any personnel action must not use that authority to take or fail to take, or threaten to take or fail to take, a personnel action against an employee or applicant because of disclosure of information by that individual that is reasonably believed to evidence violations of law, rule or regulation; gross mismanagement; gross waste of funds; an abuse of authority; or a substantial and specific danger to public health or safety, unless disclosure of such information is specifically prohibited by law and such information is specifically required by Executive order to be kept secret in the interest of national defense or the conduct of foreign affairs.

Retaliation against an employee or applicant for making a protected disclosure is prohibited by 5 U.S.C. 2302(b)(8). If you believe that you have been the victim of whistleblower retaliation, you may file a written complaint (Form OSC-11) with the U.S. Office of Special Counsel at 1730 M Street NW., Suite 218, Washington, DC 20036-4505 or online through the OSC Web site—<http://www.osc.gov>.

Retaliation for Engaging in Protected Activity

A Federal agency cannot retaliate against an employee or applicant because that individual exercises his or her rights under any of the Federal antidiscrimination or whistleblower

protection laws listed above. If you believe that you are the victim of retaliation for engaging in protected activity, you must follow, as appropriate, the procedures described in the Antidiscrimination Laws and Whistleblower Protection Laws sections or, if applicable, the administrative or negotiated grievance procedures in order to pursue any legal remedy.

Disciplinary Actions

Under the existing laws, each agency retains the right, where appropriate, to discipline a Federal employee for conduct that is inconsistent with Federal Antidiscrimination and Whistleblower Protection Laws up to and including removal. If OSC has initiated an investigation under 5 U.S.C. 1214, however, according to 5 U.S.C. 1214(f), agencies must seek approval from the Special Counsel to discipline employees for, among other activities, engaging in prohibited retaliation. Nothing in the No FEAR Act alters existing laws or permits an agency to take unfounded disciplinary action against a Federal employee or to violate the procedural rights of a Federal employee who has been accused of discrimination.

Additional Information

For further information regarding the No FEAR Act regulations, refer to 5 CFR part 724, as well as the appropriate offices within your agency (e.g., EEO/civil rights office, human resources office or legal office). Additional information regarding Federal antidiscrimination, whistleblower protection and retaliation laws can be found at the EEOC Web site—<http://www.eeoc.gov> and the OSC Web site—<http://www.osc.gov>.

Existing Rights Unchanged

Pursuant to section 205 of the No FEAR Act, neither the Act nor this notice creates, expands or reduces any rights otherwise available to any employee, former employee or applicant under the laws of the United States, including the provisions of law specified in 5 U.S.C. 2302(d).

Dated: November 24, 2006.

Jill M. Crumacker,

Executive Director.

[FR Doc. E6-20330 Filed 11-30-06; 8:45 am]

BILLING CODE 6727-01-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. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at www.ffiec.gov/nic/.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than December 28, 2006.

A. Federal Reserve Bank of Kansas City (Donna J. Ward, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. *First Fidelity Bancorp*, Oklahoma City, Oklahoma; to acquire 100 percent of the voting shares of Western Security Holding, Co., Ltd., and thereby indirectly acquire Western Security Bank, both of Scottsdale, Arizona.

Board of Governors of the Federal Reserve System, November 28, 2006.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E6-20322 Filed 11-30-06; 8:45 am]

BILLING CODE 6210-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) allow the proposed information collection project: "Evaluation of a Medication Therapy Management Program to Improve Patient Safety in Medicare Beneficiaries." In accordance with the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by January 30, 2007.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, 540 Gaither Road, Room #5036, Rockville, MD 20850.

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from AHRQ's Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ, Reports Clearance Officer, (301) 427-1477.

SUPPLEMENTARY INFORMATION:

Proposed Project

"Evaluation of a Medication Therapy Management Program (MTMP) To Improve Patient Safety in Medicare Beneficiaries"

The Medicare Modernization Act of 2003 (MMA) requires Medicare

prescription drug plans to have a MTMP that is developed in cooperation with licensed and practicing pharmacists and physicians for targeted beneficiaries. MTMP is defined in the MMA as a program of drug therapy management that is designed to assure, with respect to targeted beneficiaries, that covered part D drugs are appropriately used to optimize therapeutic outcomes through improved medication use, and to reduce the risk of adverse events, including adverse drug interactions.

The proposed MTMP research project will prospectively evaluate the effects of a specific drug therapy management program on health outcomes and patient safety in a group of research subjects aged 65 or older, living with multiple chronic health conditions and taking multiple part D medications. The evaluation will be designed as a randomized, controlled study with subjects recruited from multiple ambulatory care or family practice medical clinics in the States of Illinois, North Carolina, and Texas. The study will be coordinated by clinical scientists, physicians, and pharmacists affiliated with AHRQ, Baylor Health Care System, Duke University, RTI International, and the University of Illinois at Chicago.

The study protocol and data collection procedures for the MTMP research evaluation will be reviewed by the official Institutional Review Boards at each participating study site. The study will be conducted in accordance with the rules and regulations of the Health Insurance Protection and Portability Act and with the "Guidelines for the Conduct of Research Involving Human Subjects." An informed consent will be obtained (see Table below) prior to subject enrollment in the study. For individuals who consent to participate, confidential identifiable information will be collected as described in the informed consent document. Subjects will be asked to provide information about medication use, adherence to prescription instructions, health

services use, health status, adverse drug events, satisfaction with the MTMP, and demographics. Study pharmacists will assess subjects' medication use, the appropriateness of each prescribed medication using a validated scale, and will provide information about their own satisfaction with the MTMP. All study information will be entered and maintained in a secure, password-protected database and will be protected in accordance with AHRQ's confidentiality statute, Section 934(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)).

Methods of Collection

The data will be collected using several methods at study entry and at the end of the study. Questionnaire data will be obtained via direct patient interview by clinical investigators who will record the information on a paper form. In addition, a self-administered paper patient survey will be collected during scheduled patient study visits in both the intervention and control arms to assess the effects of participation in the medication therapy management program. All survey forms will be entered and maintained in a secure, password-protected database. Patient health, medication history, and hospitalization information will be obtained through a review of the subjects' electronic or paper medical records. Information on prescriptions filled (e.g., number of tablets, directions, date filled) and refill frequency will be obtained through electronic pharmacy records, when these records are available and when access is authorized by the subject.

Estimated Annual Respondent Burden

The Table below indicates the total time burden required to obtain all of the data required to meet the study's objectives. The Table does not include time required to analyze the data and prepare it for statistical reporting, analysis and publication.

Respondents and response type	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden (hours)
Study Participants/Informed Consent	400	1	0.25	100
Study Participants/Patient Survey	400	2	0.75	600
Study Investigators and Personnel/Informed Consent	400	1	0.25	100
Study Investigators and Personnel/Patient Survey	400	2	0.75	600
Study Investigators and Personnel/Medical Chart Review and Abstraction.	400	2	1	800
Study Investigators and Personnel/Preparing Electronic Pharmacy Records.	4 (from 4 different sites).	2	4	32
Total				2232

Estimated Costs to the Federal Government

The cost estimate to the federal government is \$1,400,000.

Request for Comments

In accordance with the above-cited legislation, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of health care research and information dissemination functions of AHRQ, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: November 20, 2006.

Carolyn M. Clancy,

Director.

[FR Doc. 06-9485 Filed 11-30-06; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Notice of Meeting

In accordance with section 10(d) of the Federal Advisory Committee Act (5 U.S.C., Appendix-2), announcement is made of a Health Care Policy and Research Special Emphasis Panel (SEP) meeting.

A Special Emphasis Panel is a group of experts in fields related to health care research who are invited by the Agency for Healthcare Research and Quality

(AHRQ), and agree to be available, to conduct on an as needed basis, scientific reviews of applications for AHRQ support. Individual members of the Panel do not attend regularly scheduled meetings and do not serve for fixed terms or a long period of time. Rather, they are asked to participate in particular review meetings which require their type of expertise.

Substantial segments of the upcoming SEP meeting listed below will be closed to the public in accordance with the Federal Advisory Committee Act, section 10(d) of 5 U.S.C., Appendix 2 and 5 U.S.C. 552b(c)(6). Grant applications for the Announcement of Availability of Funds for Grants regarding Adolescent Family Life (AFL) Research are to be reviewed and discussed at this meeting. This program is sponsored by the Office of Population Affairs. These discussions are likely to reveal personal information concerning individuals associated with the applications. This information is exempt from mandatory disclosure under the above-cited statutes.

SEP Meeting on: Announcement of Availability of Funds for Grants regarding Adolescent Family Life (AFL) Research.

Date: December 11, 2006 (Open on December 11 from 8:30 a.m. to 8:45 a.m. and closed for the remainder of the meeting).

Place: John M. Eisenberg Building, AHRQ Conference Center, 540 Gaither Road, Rockville, Maryland 20850.

Contact Person: Anyone wishing to obtain a roster of members, agenda or minutes of the non-confidential portions of this meeting should contact Mrs. Bonnie Campbell, Committee Management Officer, Office of Extramural Research, Education and Priority Populations, AHRQ, 540 Gaither Road, Room 2038, Rockville, Maryland 20850, Telephone (301) 427-1554.

Agenda items for this meeting are subject to change as priorities dictate.

Dated: November 20, 2006.

Carolyn M. Clancy,

Director.

[FR Doc. 06-9486 Filed 11-30-06; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Itemized Undistributed Collections (Schedule UDC).

OMB No.: 0970-0268.

Description: State agencies administering the Child Support Enforcement Program under Title IV-D of the Social Security Act are required to provide information each fiscal quarter to the Office of Child Support Enforcement (OCSE) concerning administrative expenditures and the receipt and disposition of child support payments from non-custodial parents (Forms OCSE-396A and OCSE-34A--OMB NO. 0970-0181). Together with a third quarterly report, "Itemized Undistributed Collections," these forms provide information from each State that is used to compute the quarterly grant awards, the annual incentive payments and provide valuable information on program finances. This information is also included in a published annual statistical and financial report, available to the general public.

Public Law 109-171, the Deficit Reduction Act of 2005, contains a number of provisions that will impact the States' completion and submission of these quarterly financial reports. These changes become effective in fiscal years 2006, 2007 and 2008. These changes require revisions to some of the data entry lines and reporting instructions currently contained on these forms. In addition, a periodic review of the data currently requested on these forms will assure that OCSE collects the information needed in the most efficient format feasible.

Respondents: State agencies administering the Child Support Enforcement Program.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Schedule UDC	54	4	4	864

Estimated Total Annual Burden Hours: 864.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comments on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail: infocollection.acf.hhs.gov. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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)

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 within 60 days of this publication.

Dated: November 28, 2006.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 06-9487 Filed 11-30-06; 8:45 am]

BILLING CODE 4184-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: National Directory of New Hires.

ANNUAL BURDEN ESTIMATES:

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
New Hire: Employers Reporting Manually	5,166,000	3.484	.025	449,959
New Hire: Employers Reporting Electronically	1,134,000	33.272	.00028	10,565
New Hire: States	54	83.333	66.7	300,150
Quarterly Wage & Unemployment Compensation	54	8	.033	14
Multistate Employers' Notification Form	2,808	1	.050	140

Estimated Total Annual Burden Hours: 760,828.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: infocollection@acf.hhs.gov. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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 within 60 days of this publication.

Dated: November 28, 2006.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 06-9488 Filed 11-30-06; 8:45 am]

BILLING CODE 4184-01-M

OMB No.: 0970-0166.

Description: Public Law 104-193, the "Personal Responsibility and Work Opportunity Reconciliation Act of 1996," requires the Office of Child Support Enforcement (OCSE) to operate a National Directory of New Hires (NDNH) to improve the ability of State child support enforcement agencies to locate noncustodial parents and collect child support across-State lines. The law requires employers to report newly hired employees to States. States are then required to periodically transmit new hire data received from employers to the NDNH, and to transmit wage and unemployment compensation claims data to the NDNH on a quarterly basis. Federal agencies are required to report new hires and quarterly wage data directly to the NDNH. All data is transmitted to the NDNH electronically.

Respondents: Employers, State Child Support Enforcement Agencies, State Workforce Agencies, Federal Agencies.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2006N-0277]

Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Food Labeling; Notification Procedures for Statements on Dietary Supplements

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a proposed collection of information has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995. **DATES:** Fax written comments on the collection of information by January 2, 2007.

ADDRESSES: To ensure that comments on the information collection are received, OMB recommends that written comments be faxed to the Office of Information and Regulatory Affairs, OMB, Attn: FDA Desk Officer, FAX: 202-395-6974.

FOR FURTHER INFORMATION CONTACT: Jonna Capezzuto, Office of the Chief Information Officer (HFA-250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-4659.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, FDA has submitted the following proposed collection of information to OMB for review and clearance.

Food Labeling; Notification Procedures for Statements on Dietary Supplements—(OMB Control Number 0910-0331)—Extension

Section 403(r)(6) of the Federal Food, Drug, and Cosmetic Act (the act) (21

U.S.C 343(r)(6)) requires that FDA be notified by manufacturers, packers, and distributors of dietary supplements that they are marketing a dietary supplement product that bears on its label or in its labeling a statement provided for in section 403(r)(6) of the act. Section 403(r)(6) of the act requires that FDA be notified, with a submission about such statements, no later than 30 days after the first marketing of the dietary supplement. Information that is required in the submission includes the following: (1) The name and address of the manufacturer, packer, or distributor of the dietary supplement product; (2) the text of the statement that is being made; (3) the name of the dietary ingredient or supplement that is the subject of the statement; (4) the name of the dietary supplement (including the brand name); and (5) a signature of a responsible individual who can certify the accuracy of the information presented, and who must certify that the

information contained in the notice is complete and accurate, and that the notifying firm has substantiation that the statement is truthful and not misleading.

FDA established § 101.93 (21 CFR 101.93) as the procedural regulation for this program. Section 101.93 provides details of the procedures associated with the submission and identifies the information that must be included in order to meet the requirements of section 403 of the act.

Description of Respondents: Businesses or other for-profit organizations.

In the *Federal Register* of July 24, 2006 (71 FR 41818), FDA published a 60-day notice requesting public comment on the information collection provisions. No comments were received before the comment period closed.

TABLE 1.—ESTIMATED ANNUAL REPORTING BURDEN¹

21 CFR Section	No. of respondents	Annual frequency per response	Total annual responses	Hours per response	Total hours
101.93	2,500	1	2,500	.75	1,875

¹There are no capital costs or operating and maintenance costs associated with this collection of information.

FDA believes that there will be minimal burden on the industry to generate information to meet the requirements of section 403 of the act in submitting information regarding section 403(r)(6) of the act statements on labels or in labeling of dietary supplements. FDA is requesting only information that is immediately available to the manufacturer, packer, or distributor of the dietary supplement that bears such a statement on its label or in its labeling. This estimate is based on the average number of notification submissions received by FDA in the preceding 12 months.

Dated: November 21, 2006.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. E6-20307 Filed 12-01-06; 8:45 am]

BILLING CODE 4160-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Navajo Area Indian Health Service (GFJ); Organization, Functions, and Delegations of Authority

Office of the Area Director (GFJ1)

(1) Plans, develops and directs the Area Program within the framework of Indian Health Service (IHS) policy in pursuit of the IHS mission; (2) delivers and ensures the delivery of high quality comprehensive health services; (3) coordinates the IHS activities and resources internally and externally with those of other governmental and nongovernmental programs; (4) promotes optimum utilization of health care services through management and delivery of services to American Indians and Alaska Natives; (5) encourages the full application of the principles of Indian preference and Equal Employment Opportunity (EEO); and (6) provides Indian Tribes and other Indian community groups with optional ways of participating in the Indian Health programs including an opportunity to participate in developing the mission, values and goals for the Navajo Area Indian Health Service (NAIHS).

Equal Employment Opportunity Staff (GFJ1)

(1) Advises the Area Director and other key management officials in the execution of their IHS responsibilities; (2) provides program direction and leadership for the Area EEO program and procedures; and (3) ensures the elimination of discrimination practices in employment, promotion, training, treatment of applicants, and employees, because of race, color, religion, national origin, sex, age, and handicapping conditions.

Office of Administration and Management (GFJ2)

(1) Plans, directs, and coordinates NAIHS activities in the areas of policy, internal controls reviews, financial management, personnel management, third-party reimbursements; contract health services (CHS) funds; contracts management, procurement, personal property accountability/management, and administrative services; (2) serves as the Navajo Area principal advisor on all Area organization and management policy activities; and (3) provides guidance and assistance to service units in the overall development, planning and implementation of administrative functions.

Third-Party Resources Staff (GFJ2)

(1) Establishes liaison and coordinates Medicare/Medicaid activities with States agencies; (2) plans and coordinates the third-party activities of NAIHS facilities, develops policy pertaining to third-party activities, and coordinates and develops overall policy and plans for the implementation of Title IV, Public Law (Pub. L.) 94-437, Indian Health Care Improvement Act; and (3) provides technical assistance and guidance to service unit third-party staff.

Contract Health Services Branch (GFJ21)

(1) Establishes and provides organization, coordination, and implementation of policies and procedures for CHS operations, utilizing managed care concepts; (2) coordinates the development of an annual budget, with advice of allowance, for CHS fund control activities; (4) coordinates and evaluates medical, preventive, and hospital services provided through formal contractual procedures; (5) implements and administers a CHS quality assurance program that is data based and verifiable, for monitoring the quality of CHS; (6) establishes strategic CHS plans that are developed to support organizations, issues, or work processes; (7) coordinates and implements information resource related processes that integrates selected techniques/methods with CHS systems to solve processes/problems; and (8) coordinates and analyzes appeal cases, high cost care cases, and deferred CHS services.

Division of Financial Management (GFJ22)

(1) Provides direction for the organization, coordination, and execution of all budget and financial operations of the Area; (2) monitors fund control operations of service units, and program offices; (3) develops and implements budget, fiscal, and accounting procedures; (4) conducts reviews and analyses to ensure compliance with Area policy; (5) interprets policies, guidelines, manual issuances, Office of Management and Budget (OMB) circulars, directives and other instructions issued by IHS, Health Resources Services Administration (HRSA), Public Health Service (PHS), Department of Health Human Services (HHS), OMB, and Congress as it related to the formulation of Area and service units budgets and budget execution; (6) develops and makes recommendations of Area budget execution by service unit; (7) establishes and maintains memorandum accounts of obligations for allowances through use of

commitment registers; and (8) monitors and ensure proper obligation of prior year funds.

Travel and Debt Management (GFJ22)

(1) Provides interpretation and ensure compliance with operating policies, procedures, guidelines via Federal Travel Regulations, Federal Property Management Regulations, Joint Travel Regulations, HHS Travel Manual, Indian Health Manual—Travel Management, etc.; and (2) develops and implements Area-wide internal controls and ensures compliance with established policies, procedures and regulations.

Budget Branch (GFJ221)

(1) Ensures that accurate and current information is available at all times for the Navajo Area Executive Staff, Division Chiefs, and service unit management teams; and (2) ensures that funds are allotted properly and accounted for in line with acceptable Federal accounting practices. Analyzes obligation trends and prepares periodic reports.

Accounting Branch (GFJ222)

(1) Provides advice and guidance to Area and service unit staff in the areas of collection, imprest funds, accounts receivable, and internal audit. Advises Area and service unit staff on the interpretation of accounting data and reports received from IHS Headquarters (HQ); and (2) assures that accounting transactions are entered properly and prepares periodic or special purpose reports and financial statements for Area Divisions and service units.

Division of Administrative Services (GFJ23)

(1) Plans, develops, coordinates, and provides internal audit activities, office services, records management and delegation/directives control, personal property management, and other administrative services in support of Area programs; (2) provides guidance to service units in the operation and evaluation of procurement and acquisition of equipment, office services, telecommunications (voice), and transportation; (3) develops and executes administrative management systems, methods, and techniques designed to organize, maintain, monitor, evaluate, and report on the administrative aspects of the Area-wide supply management program in support of requirements and authorities of IHS, PHS, and HHS; (4) serves as the administrative authority on Federal personal property management laws, rules, regulations, policies, procedures, and practices; and (5) organizes,

maintains, monitors, evaluates, and reports on the acquisition, control, utilization, and disposition of personal property.

*Directives Controls—Delegations & Records Management**Directives and Delegations Control*

(1) Advises staff on the procedures for the development, revision, or cancellation of Area-issued directives and delegations; (2) ensures that Area and service unit personnel are afforded the opportunity to comment on draft IHS and NAIHS directives; (3) provides policy interpretation of Area-issued directives and delegations; and (4) maintains complete sets of IHS and NAIHS directives and delegations.

Records Management

(1) Must ensure comprehensive knowledge of regulatory and statutory requirements associated with the three records management processes of creation, maintenance, and disposition of records; (2) plans, develops, and implements uniform records management practices, training, and compliance reviews; (3) provides technical assistance as requested at individual file stations; (4) assists in the transfer and retrieval of Area and service unit records with the National Archives and Records Administration and other Federal agencies; and (5) ensures that the maintenance and disposition of records is in accordance with records schedules approved by the Archivist of the United States.

Office Services

(1) Provides leadership, direction, and supervision in the planning, development, and operation of printing/duplicating management, security management, vehicle management, mail systems management, telecommunications management (voice); (2) ensures transportation management for household goods (HHG) protocols are followed specific to regulatory requirements for both commissioned corps and civil service employees by providing guidance on HHG practices, training, and reviews; (3) maintains inventories of office supplies at the Gallup Regional Supply Service Center (GRSSC); and (4) provides forms/correspondence management and monitors form accountability in conjunction with the GRSSC.

Internal Audit Branch

(1) Plans, implements, coordinates and monitors all audit functions applicable to programs and operations; (2) provides annually an assessment on

the adequacy and effectiveness of processes for controlling activities and managing risks in program areas; (3) reports significant issues related to the processes for controlling the activities of the Area and its affiliates, including potential improvements to those processes, and provides information concerning such issues through resolution; (4) periodically provides information on the status and results of an annual audit plan and the sufficiency of department resources; (5) coordinates with other control and monitoring functions (risk management, compliance, security, legal, ethics, environmental, external audit); and (6) performs evaluations, development, implementation, technical assistance and consultation in accordance with audit standards established by Comptroller and Office of Inspector General for audits of Federal organizations, program activities, and functions.

Property Management Branch (GFJ232)

(1) Provides leadership, direction and overall management of all personal property in key areas of accountability, utilization, control, and disposal; (2) provides guidance on Area property management procedures including property accounting and reporting instructions; (3) executes physical inventories including the reconciliation of inventory reports and standard general ledger accounts; (4) documents all transactions affecting personal property; and (5) provides technical assistance Area-wide on property software packages, e.g. Sunflower Assets, FoxPro.

Supply Management Branch (GRSSC) (GFJ234)

(1) Provides overall management of expendable supplies to include reliability, timeliness, quality, service and cost effectiveness; (2) directs and supplies pharmaceutical, laboratory, dental, medical, administrative, subsistence, and general supply items; (3) plans, develops, and manages the supply budget (operational stores and prime vendor); and (4) provides technical and staff assistance to Area and service units on matters related to the acquisition, utilization, disposition, and accountability of supplies.

Division of Acquisition Management and Contracts (GFJ24)

(1) Plans, develops, and coordinates the execution of administrative systems, methods, and techniques for Area procurement activities; (2) provides guidance to service units on the administrative aspects of Federal

contracting, procurement, and grant requirements; (3) participates with Tribes in developing administrative structures, procedures, and skills related to contract, procurement, and grants management; (4) serves as the principle focus for liaison activities regarding the administrative aspects of procurements; intra and inter-agency agreements, collaborative agreements, memorandum of agreements (MOA) and memorandum of understanding (MOU), etc.; (5) determines and delegates procurement authority; and (6) administers the International Merchant Purchase Authorization Card (IMP AC) program.

Business Policy Staff

(1) Plans, develops, and coordinates the execution of administrative systems, methods, and techniques for both Area Office and service unit procurement activities; (2) audits in-progress and completed work of Area Office and service units; (3) prepares and issues internal and field policies and guidance; (4) provides acquisition support through cost/price analysis and proposal and bid evaluation; (5) serves as staff advisor/auditor for Area Office on all service related acquisitions and other; (6) serves as NAIHS Ombudsman for development and fostering of contractual relationships; (7) reviews and processes other agreements, including intra and inter-agency agreements, collaborative agreements, MOA and MOU, etc.; (8) reviews and processes justifications for other than full and open competition; (9) reviews and processes ratifications; (10) assists in administration of the IMPAC program; and (11) reviews and processes protests.

Small Purchase Staff

(1) Awards and monitors procurement actions for supplies and services below the simplified acquisition threshold; (2) provides technical assistance to non-acquisition personnel in the Government and private sector; (3) ensures compliance with applicable Federal regulations and statutes; (4) prepares closeout documentation, reviews and processes claims, disputes, and termination actions; and (5) coordinates and prepares necessary acquisition reports.

Contract Performance and Evaluation (GFJ24)

Pre-Award: (1) Establishes quality assurance provisions and surveillance systems for supply and service contracts; (2) coordinates site visits for developing future contracts; (3) assists Project Officers in developing statements of work; (4) serves as a technical expert for performance-based

service acquisitions; and (5) ensures independent Government cost estimates are supported by historical data or other factual information.

Post Award: (1) Oversees contractual terms pertaining to quality assurance and quality control; (2) performs field inspections to ensure compliance with contractual terms; (3) evaluates contractor performance on a wide variety of contractual issues and obligations; (4) maintains contractor past performance databases; and (5) assists with administration of performance-based contracts (PBC) to ensure proper application of PBC deductions or incentives.

General Acquisition Branch (GFJ242)

(1) Awards and monitors formally advertised and negotiated contracts for supplies and services; (2) provides technical assistance to non-acquisition personnel in the Government and private sector; (3) ensures compliance with applicable Federal regulations and statutes; (4) prepares closeout documentation on all contracts, reviews and processes claims, disputes, and termination actions; (5) coordinates and prepares necessary acquisition reports; and (6) conducts on-site acquisition program reviews in accordance with current HHS standards.

Medical Contracts and Other Agreements Branch (GFJ243)

(1) Coordinates the award and administration of all formally advertised and negotiated medical contracts; (2) provides planning, direction, monitoring, and evaluation assistance to service units on procurement functions; (3) ensures compliance with applicable Federal regulations and statutes; (4) prepares closeout documentation on all contracts, review and process claims, disputes, and termination actions; and (5) evaluates and administers compliance and closeout of contracts.

Division of Human Resources (GFJ25)

(1) Provides the full range of personnel management and personnel administrative services including manpower planning and utilization, staffing, recruitment, compensation and classification, training, career development, labor and employee relations; (2) provides advice, consultation, and assistance to Navajo Area Office and service unit managers, and Tribal officials on personnel policy issues associated with the implementation of Pub. L. 93-638; (3) develops Area/Service Unit level training programs; and (4) represents NAIHS in personnel management

matters within and outside the Navajo Area.

Public Law 93-638 Staff Support

(1) Implements personnel servicing responsibilities for the Pub. L. 93-638 human resources programs covered by the Area's appointing authority; (2) processes personnel actions and appointing of all civil service and commissioned corps employees; (3) implements the application of the principles, practices and techniques of personnel recruitment, examination, selection and/or placement; and (4) advises management regarding merit promotion principles and various Federal personnel regulations, as well as Indian preference law/policies, basic personnel management concepts in determining career patterns, identifying promotional and reassignment opportunities.

Staffing Branch (GFJ252)

(1) Implements personnel servicing responsibilities for the NAIHS human resources programs covered by the Area's appointing authority; (2) processes personnel actions and appointing of all civil service and commissioned corps employees; (3) implements the application of the principles, practices and techniques of personnel recruitment, examination, selection and/or placement; and (4) advises management regarding merit promotion principles and various Federal personnel regulations, as well as Indian preference law/policies, basic personnel management concepts in determining career patterns, identifying promotional and reassignment opportunities.

Classification and Training Branch (GFJ253).

Classification

(1) Establishes and maintains the Area Position Classification Program assuring positions are classified according to Office of Personnel Management classification standards, techniques, and guides; (2) conducts regulatory classification reviews and provides technical guidance and assistance on special position reviews for service unit managers; and (3) provides advice to managers on position management techniques and practices.

Training

(1) Assesses organizational training needs; (2) conducts or coordinates training of Area/Service Unit staff; (3) manages clearances of training requests for the NAIHS and manages nominations for long-term training; (4) coordinates applications for Pub. L. 93-

437 scholarships and monitors student progress after scholarship award; and (5) evaluates training and career development activities throughout the Navajo Area.

Employee, Labor Relations and Benefits Branch (GFJ254)

(1) Provides guidance, consultation, and assistance to management and employees on employee relations matters (i.e., life insurance, health insurance, retirement, leave), on grievances and appeals, adverse actions, employee discipline, and related matters; (2) provides advice on employee performance plans, incentive awards; and (3) represents management in meetings with labor organizations, and before third-party officials.

Division of Management Information Systems (GFJ26)

(1) Provides direction, supervision and management of all activities related to data processing, word processing, networking, video-conferencing, digital imaging transmission, computer security, telecommunications and archiving; (2) provides direct services through operation and management of associated automated data processing (ADP) hardware and software; (3) provides technical assistance in related activities involving systems design, development, implementation, testing and training throughout the NAIHS, including staff assistance to Area and service unit staff; (4) provides data processing services, including computer operations, and information retrieval and analysis for operational data systems within the NAIHS; and (5) performs systems analysis, computer programming, computer systems security, system implementation and user training for the Area's data systems.

Systems Administration Branch (GFJ261)

(1) Provides overall system administration support functions for the Navajo Area Office and service unit Resource and Patient Management System, NT, Win 2k, Unix and Commercial Off The Shelf operating systems; (2) plans, develops, and manages the NAIHS Web site; (3) monitors and ensures all Security requirements are met or exceeded; (4) develops applications for administrative, financial and clinical reporting requirements; and (5) evaluates new technologies and internet services.

Policy Planning and Management Branch (GFJ262)

(1) Coordinates and promotes the NAIHS information technology (IT) strategic planning initiatives; (2) monitors, develops and manages the NAIHS information systems policies and procedures; (3) consults with administrative services and management regarding information systems initiatives and provides IT support; (4) maintains, monitors and coordinates the RPMS system-wide data elements requirements; and (5) assembles performance improvement measurements required by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or Centers for Medicare and Medicaid Services (CMS).

Information Systems Security Branch (GFJ263)

(1) Develops and monitors information systems security requirements for NAIHS; (2) plans, develops, and monitors security policies, procedures and requirements for the Area Office and service units; (3) installs, manages and monitors security systems to protect patient privacy and confidentiality; (4) plans, designs and implements network and telecommunications systems to provide optimum voice, video and data transmission; and (5) manages and monitors wide area network and local area networks for optimum digital imaging/telehealth utilization and availability.

Office of Environmental Health and Engineering (GFJ3)

(1) Establishes policies related to NAIHS health care and sanitation facilities planning, construction, operations, and maintenance; (2) provides leadership, guidance and coordination to the overall Navajo facilities management programs; (3) develops and coordinates program requirements for planning, design and evaluation of health care and sanitation facilities; (4) develops, coordinates, and evaluates technical standards, guides, plans and requirements for health care and sanitation facilities constructing requirements within the Navajo Area; (5) provides leadership, guidance, and coordination to the overall Area Biomedical Engineering Program, and the Occupational Health and Safety Management Programs; and (6) allocates appropriation funds to all Office of Environmental Health and Engineering programs and projects.

Division of Environmental Health Services (GFJ32)

(1) Plans, develops and appraises Area-wide environmental health services programs; (2) provides technical assistance to the service units and the Tribes on the implementation of comprehensive environmental health programs and services among Indian families and communities; (3) provides technical assistance on environmental health including institutional environmental health and plan reviews, vector control, epidemiology, sanitary facilities, and food sanitation to the IHS, Tribes and other State and Federal agencies; (4) plans and implements an integrated Area-wide injury prevention and control program designed to reduce injury deaths and hospitalizations; (5) coordinates environmental responses to emerging diseases with Tribes, States, and other Federal agencies; and (6) manages and administers a Web-based environmental health database that helps determine resource requirement allocations.

Division of Sanitation Facilities Construction Services (GFJ33)

(1) Administers the Indian Sanitation Facilities Construction Program through Pub. L. 86-121; (2) plans, develops, coordinates, appraises and evaluates Area-wide sanitation facilities construction activities conducted in cooperation with Tribal groups and other agencies; (3) provides engineering consultation regarding environmentally related public health programs; and (4) provides technical liaison with other Governmental agencies, foundations and groups relative to public health engineering and environmental health. As part of the Pub. L. 86-121 program, the Division provides the following:

- Personnel staffing, training, orientation, and development.
- Professional/technical/environmental standards compliance and support.
- National Environmental Policy Act (NEP A) compliance documentation, approval, and support.
- Right-of-way easement documents, approval, and support.
- Specialty use/construction permits, approval, and support.
- Project funding document preparation, production, approval, and support.
- Multi-agency funded projects coordination, procurement, and task tracking.
- Procurement/warehousing/inventory of office and special order project materials/ equipment/services.
- Project services, materials, equipment, and construction via

MOA638 contracts with Navajo Engineering Consulting Association and Navajo Tribal Utility Association.

- Vehicle fleet maintenance, management, and support.
- Project electrical design, services, and support.
- Project accounting and payment services and/or support.
- Project final inspection/transfer process documentation, tracking, approval, and support.
- Technical support for writing, completion, and distribution of project final reports.
- Coordination of feasibility studies related to Tribal, chapter, and outside agency requests.

Division of Facilities Management and Engineering (GFJ34)

(1) Develops and coordinates program requirements for planning, design and evaluation of health care facilities in the Navajo Area; (2) develops, coordinates, and evaluates technical standards, guidelines, plans, and requirements for health care facilities construction requirements within IHS, HRSA and PHS; (3) develops and coordinates facility construction programs; (4) provides technical assistance and monitors Navajo Area and Tribal facilities planning and construction programs; (5) coordinates interagency requirements for shared or cooperative projects with agencies such as Department of Defense, Department of Veterans Affairs, State, Tribal, and regional planning bodies; (6) provides technical assistance and consultation to the Tribal government to assist and brief those organizations on the progress of planning, design and construction projects; (7) ensures compliance with NEP A and other environmental regulations in planning, design and construction of health care facilities, support buildings, major renovations/expansion to existing facilities and staff quarters; (8) responsible for real property asset accountability of all IHS government property; and (9) responsible for budget accounting for all construction projects for all funding sources.

Division of Biomedical Engineering (GFJ35)

(1) Plans, develops, coordinates, appraises and evaluates Area-wide biomedical engineering programs; (2) assesses service unit biomedical engineering needs and develops appropriate action programs and modification to existing program functions; (3) coordinates staff assignments, designs medical equipment training and education

programs for hospital and clinical staff and career development activities for the NAIHS; (4) provides engineering and technical assistance and consultation on biomedical engineering and telemedicine equipment, purchases, modifications, installation and hospital renovation and construction projects; (5) coordinates safety and emergency response planning activities; (6) ensures compliance with regulatory requirements and agencies imposed on IHS such as National Fire Protection Agency, Association for the Advancement of Medical Instrumentation, JCAHO, Food and Drug Administration, etc.; (7) coordinates the modification, installation and design of medical, dental, and radiology equipment; (8) assesses and minimizes the clinical and physical risk of equipment use on patients and clinical staff through equipment maintenance, inspection, testing and quality assurance and risk management programs; (9) supports direct patient care programs by maintaining and certifying the operation and safety of all medical equipment; (10) provides specialized biomedical engineering equipment repair for all dental, medical, and radiology equipment; (11) coordinates and monitors complex medical and laboratory contracts Area-wide; (12) provides design and engineering of Picture Archiving and Communications System for radiology functions and recommends telemedicine applications for the applications for the clinical need and mission of IHS; and (13) specifies and designs telecommunications requirements for telemedicine to ensure sufficient bandwidth is available for the telemedicine programs.

Division of Occupational Health and Safety Management (GFJ36)

(1) Performs industrial hygiene activities including: Compliance surveys of radiographic equipment; assessment of radiation exposure to patients; quality assurance assessment of medical imaging processing; surveys of occupational exposure to nitrous oxide, ethylene oxide, anesthetic gases, mercury and other chemical hazards; evaluation of ventilation systems in negative pressure isolation rooms, operating rooms and dental operations; ergonomic analyses of workstations and high risk occupations; (2) coordinates safety and infection control program development and evaluation to include training and consultative assistance for safety officers and infection control practitioners; compliance reviews of existing policies and procedures; development of model policies and

procedures; safety and infection control program accreditation compliance reviews; occupational safety and infection control training for service unit staff; (3) coordinates environmental sampling to include sample collection and analysis of suspected asbestos-containing materials; sample collection and analysis of suspected lead-based paint; quantification of indoor air contaminants; (4) conducts environmental assessments which include surveys to determine service unit compliance with Federal, State and local environmental regulations; and (5) develops and coordinates facilities management to conduct life safety code (building fire safety component) surveys; conduct construction plan reviews for new construction and renovation and consult with and advocate for facility managers on life safety code compliance issues.

Office of Program Planning and Evaluation (GFJ4)

Serves as the Area's primary staff element and principal source of advice on program planning and evaluation activities to include: (1) Strategic planning coordination at the Area level, including planning, implementing, and monitoring progress on the achievement of the Area Strategic Plan; (2) facilities planning, including the development of program justification documents, program of requirements, quarters justifications, and other required facilities planning and construction documents; (3) staffing requirements and projections for service units, facilities projects, and other needs; (4) statistical and epidemiological reporting, analysis, and monitoring, and design/development to compile, analyze, report, and monitor health status, morbidity, mortality, patient care, health services, health systems, population, demographic, and other health related data for the Area, service units, Tribes, States, health programs, universities, researchers, and the general public and develop and implement data quality improvements and strategies; (5) resource allocation methodologies—updating and providing technical support for resource allocation to the OAD and the Navajo Area Management Council; (6) other program planning and health systems planning activities and technical support to the OAD—prepares briefings, issue papers, and other analyses for the OAD and assists local entities in health systems program development, implantation, and evaluation activities; (7) public affairs—coordinates media affairs and IRS clearance on media and publications; (8) urban coordination—

coordinates and serves as liaison between the local urban health program and the IRS HQ office and complying with requirements of the Indian Health Care Improvement Act provisions; (9) GPRA coordination—coordinates the implementation and reporting of Government Performance Results Act performance measurements in the Area; and (10) coordination of research and evaluation activities—including Institutional Review Board (IRB).

Office of Health Programs (GFJ5)

(1) Provides consultation and technical assistance to all operating and management levels of the NAIHS and Indian Tribes in the design and implementation of health management delivery system; (2) provides guidance and support to all field activities related to the day to day delivery of health care; (3) provides Area-wide leadership in health programs in relation to the IHS goals, objectives, policies, and priorities; (4) directs the development and implementation of health care administration and direct and contract health services, standards, quality control and quality assurance, operational planning activities and program reviews of health programs; and (5) provides leadership, guidance, and coordination of the health manpower and training programs.

Division of Clinical Services and Health Promotion (GFJ52)

(1) Provides direction for the operation of the health delivery activities of the NAIHS; (2) handles all logistics associated with the conduct of program reviews of service units; (3) advises on assessment findings for potential implications for NAIHS policy, plans, programs and operations; (4) develops quality of care evaluation criteria, standards of care, and guidance for the maintenance of the quality assurance programs of the NAIHS; and (5) conducts monitoring activities to assess the quality of care provided by the NAIHS.

Behavioral Health

(1) Plans, develops, and coordinates a comprehensive behavioral health program for the NAIHS in relation to stated goals and objectives and changing needs; (2) provides liaison with medical, alcohol, social services and other IHS disciplines regarding behavioral health issues; (3) provides technical consultation to Tribal and Urban groups and NAIHS staff; (4) coordinates and plans with service units, State, Federal, Tribal, professional, private and community organizations in identification,

development and use of alternate resources for services; and (5) is a central source of information and communication on behavioral health needs and services within the NAIHS; (6) plans, directs, and evaluates the effective implementation of Service Unit Alcohol and Substance Abuse Services; (7) assures service unit and all contracts or grants for alcohol/substance abuse services are responsive to and based on an assessment of Indian community needs (that meet the physical, emotional, and spiritual needs of the service population with optimal use of available resources); and (8) coordinates services with other IHS and Federal agencies, State, Tribal and community programs.

Dental Health and Performance Improvement

(1) Develops, coordinates, and evaluates oral health programs; (2) establishes standards for staffing, technical procedures, use of facilities, and dental contracts; (3) coordinates professional recruitment, assignment and development for the Area; and (4) improves quality and efficiency of the Dental Program.

Performance Improvement

(1) Plans, develops and coordinates the Navajo Area Performance Improvement Program; (2) assists in the promotion and maintenance of the quality of patient care and staff training to assure the application of appropriate standards for health care provided; and (3) advises service units on matters pertaining to accreditation, quality assurance and performance improvement programs.

Health Promotion Disease Prevention

(1) Plans, coordinates, and integrates Health Promotion and Disease Prevention Services with other NAIHS programs and services; (2) promotes community and preventive health services to improve the health and well being of beneficiaries with optimal use of available resources; (3) provides Area-wide leadership in preventive health services in relation to IHS goals, objectives, policies, and priorities; and (4) coordinates the development and implementation of preventive health services, standards, quality control and quality assurance; operational planning activities and program reviews of preventive health programs.

Health Informatics

(1) Plans, coordinates and assists in implementation of new software/hardware packages to support clinical

care. Assists in deployment of electronic health records and associated IT programs and systems will be an essential function; (2) provides a liaison function to promote communication and coordination between clinical staff, IT staff and administration; (3) analyzes and evaluates processes related to patient data flow, patient data quality and promotes changes for improved patient care; and (4) provides or acquires appropriate knowledge and training for both end users of clinical applications as well as IT and administrative staff.

Diabetes and Other Chronic Diseases Branch (GFJ521)

(1) Provides medical staff and other health professional/paraprofessionals state-of-the-art clinical care and treatment disease management guidelines emphasizing a team approach and comprehensive care; (2) provides materials and information on patient and family diabetes education and nutritional counseling; (3) provides technical assistance to Tribal and community based programs; (4) provides cultural and literacy appropriate diabetes education materials to community members and to staff; (5) conducts annual diabetes medical chart audit at ITV facilities; (6) networks with other Area and National Diabetes Program staff; (7) serves as project officer for IHS HQ awarded diabetes grant programs; (8) responsible for success of and reports on GPRA elements regarding outcomes of care relating to diabetes; and (9) responsible for taking best practice models for prevention and treatment of chronic diseases other than diabetes and fostering their application in health care settings where care is provided by the NAIHS.

Division of Nursing Services (GFJ54)

(1) Works with service unit Directors of Nurses to determine standards, develop, monitor, and evaluate nursing care services for the NAIHS; (2) provides professional guidance to service units and formulates guides, policies, and procedures; (3) coordinates nursing recruitment, assignments, and career development for the Navajo Area; and (4) assesses NAIHS professional staffing needs and provides consultation and technical assistance in the initiation of Area training programs for ancillary personnel and continuing education of paraprofessional and professional nursing staff members.

Hospital and Ambulatory Nursing (GFJ5)

(1) Coordinates the development and evaluation of ambulatory care activities; (2) coordinates professional staff recruitment, assignments, and development opportunities; (3) develops and disseminates appropriate standards for quality assurance; (4) collaborates with national health organizations, other IHS Areas, and service unit staff to promote and improve ambulatory care services; (5) coordinates the development and evaluation of inpatient care activities; (6) coordinates professional staff recruitment, assignments, and development opportunities; and (7) develops and disseminates appropriate standards for quality assurance.

Nurse Recruitment

(1) Collaborates with NAIHS managers to assess nursing manpower needs; (2) assesses the professional staffing needs; and (3) coordinates activities with NAIHS and HQ staff to recruit, assign and retain nursing care professionals.

Division of Professional Staff and Recruitment (GFJ55)

(1) Develops the NAIHS program to recruit, assign and retain health care professionals; (2) assesses the professional staffing needs and coordinates the development of strategies to satisfy these needs, and to increase the morale and retention of all professionals; (3) provides liaison with commissioned corps activities; and (4) maintains contact with related professional societies, educational institutions, and other Federal, State and local agencies.

Office of Indian Self-Determination (GFJ6)

(1) Plans, coordinates and implements all tasks relative to contracting activities pursuant to the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638; (2) coordinates and effectuates respectful and positive relations with Tribal, State and Federal Governments and agencies, and intra-agency departments at local and national offices; (3) develops supportive relationships with local Tribal Governments and Tribal Organizations (contractors); (4) provides advice on the effect and impact of IHS policies, plans, programs and operations on Tribal operations and relationships; (5) advises on new methods and techniques for Indian community participation in, and management of their health programs; (6) provides technical assistance in such areas as

financial resource management (inter/intra-agency), health board and staff training; (7) organizes, collaborates, promotes and maintains effective Tribal consultation with NAIHS Health Boards, Tribal Government Programs, Tribal Organizations and Tribal Leaders; (8) coordinates activities with IHS HQ and NAIHS on relevant Tribal activities (9) coordinates, assists and monitors intergovernmental and legislative activity and functions; (10) monitors and provides liaison for the maintenance of an effective financial management system on all aspects of contract funding; (11) responsible for Contracting Officer's functions as it relates to Pub. L. 93-638 contract functions for NAIHS including contract development, execution, administration, and maintenance of contract files; (12) assists, establishes and maintains effective contract administration service policies and procedures, regulations for all Tribal contracts and grants under Pub. L. 93-638; (13) advises and reports pertinent data/information to the Area Director, Executive Committee, Pub. L. 93-638 Negotiation Team, service unit Chief Executive Officers, Tribal Governments, and Tribal Organizations relative to contracting activities; (14) compiles Area Director Report to Navajo Nation legislature on a quarterly basis; (15) collaborates with Area Program Offices, Pub. L. 93-638 contractors and IHS HQ on budget and program issues; (16) provides technical support to the Office of the General Counsel on Pub. L. 93-638 issues; (17) provides technical assistance and conducts monthly meeting on reconciliation and related tasks; and (18) assists with all administrative tasks in the operation of all Office of Indian Self-Determination programs, functions, services and activities.

Contracting Staff

(1) Assists, establishes and maintains effective contract administration service policies and procedures, regulations for all Tribal contracts and grants under Pub. L. 93-638; and (2) advises service units and the Tribe on matters pertaining to contracting under Pub. L. 93-638.

Project Management Staff

(1) Collaborates with Tribes and promotes effective Tribal consultation through liaison with NAIHS Health Boards, Tribal Government Programs, and Tribal Leaders; and (2) coordinates activities with NAIHS on all Tribal activities.

Finance and Budget Branch (GF)61

(1) Provides liaison for the maintenance of an effective financial management system on all aspects of Title I contract funding; and (2) provides technical assistance and consultation to Tribal programs on financial matters.

Navajo Area Office Service Units

Navajo Area Indian Health Service is the primary health care provider on the Navajo Indian reservation. The goal of the NAIHS health program is to provide for, and improve upon, the efficient delivery of high quality, comprehensive health care to the Navajo people. Comprehensive health care is provided through inpatient, outpatient and community health (preventive) programs centered around 6 hospitals, 7 health centers and 12 health stations and school clinics. The goal is to provide high quality, comprehensive preventive health care to the Navajo people, including prenatal care, immunizations, well-baby clinics, family planning, health education, and chronic disease follow-up. Service units in the NAIHS are as follows:

Chinle Service Unit (GFJA); Crownpoint Service Unit (GFJB); Fort Defiance Service Unit (GFJC); Gallup Indian Medical Center (GFJD); Kayenta Service Unit (GFJE); Shiprock Service Unit (GFJJ).

Dated: November 15, 2006.

Robert G. McSwain,

Deputy Director, Indian Health Service.

[FR Doc. 06-9476 Filed 11-30-06; 8:45 am]

BILLING CODE 4165-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES**National Institutes of Health****Submission for OMB review; comment request; National Institute of Diabetes and Digestive and Kidney Diseases Information Clearinghouses Customer Satisfaction Survey**

SUMMARY: Under the provisions of section 3507(a) (1)(D) of the Paperwork Reduction Act of 1995, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the *Federal Register* on August 14, 2006, page 46486 and allowed 60-days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection

Title: NIDDK Information Clearinghouses Customer Satisfaction Survey.

Type of Information Requested: Revision of a previously approved collection for which approval has expired. The OMB control number

0925-0480 will expire on November 30, 2006.

Need and Use of Information Collection: NIDDK is conducting a survey to assess the efficiency and effectiveness of services provided by NIDDK's three clearinghouses: the National Diabetes Information Clearinghouse (NIDC); the National Digestive Diseases Information Clearinghouse (NDDIC); and the National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC). The survey responds to Executive Order 12821, "Setting Customer Service Standards," which requires agencies and departments to identify and survey their "customers to determine the kind and quality of service they want and their level of satisfaction with existing services."

Frequency of Response: On occasion.

Affected Public: Individuals or households; business and for profit organizations; not-for-profit agencies.

Type of Respondents: Physicians, health care professionals, patients, family and friends of patients.

The annual reporting burden is as follows:

Estimated Number of Respondents: 5,112.

Estimated Number of Responses per Respondent: 1.

Average Burden Hours per Response: 0.025.

Estimated Total Annual Burden Hours Requested: 128.

The annualized costs to respondents is estimated at \$6,400.00. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

BURDEN TABLE

Number of respondents	Frequency of response	Average time per response	Annual hour burden	Average hourly wage rate	Respondent cost
5,112	1.00	0.025	128	\$50.00	\$6,400.00

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the

information to be collected; and (4) Ways to minimize the burden of the collection of the information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of

Regulatory Affairs, New Executive Office Building, Room 10235, Washington DC 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection reports and instrument, contact Kathy Kranzfelder, Project Officer, NIDDK Information Clearinghouses, NID, Building 31, Room 9A04, MSC2560, Bethesda, MD 20852, or e-mail your request, including your address to: kranzfeldk@hq.nidDK.nih.gov.

Comments Due Date: Comments regarding this information collection are

best assured of having their full effect if received within 30 days of the date of this publication.

Dated: November 27, 2006.

Lynell Nelson,

NIDDK Project Clearance Liaison, National Institutes of Health.

[FR Doc. E6-20373 Filed 11-30-06; 8:45 am]

BILLING CODE 4167-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of the National Cancer Institute Clinical Trials Advisory Committee.

The meeting will be open to the public, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

Name of Committee: National Cancer Institute Clinical Trials Advisory Committee.

Date: January 10, 2007.

Time: 8:30 a.m. to 4 p.m.

Agenda: Ethics overview for CTAC members and update on the Clinical Trials Working Group (CTWG) Implementation Plan and role of CTAC members.

Place: National Institutes of Health, Building 31, 31 Center Drive, 6th Floor, C-Wing, Conference Room 10, Bethesda, MD 20892.

Contact Person: Sheila A. Prindiville, MD, Director, Coordinating Center for Clinical Trials, Office of the Director, National Cancer Institute, National Institutes of Health, 6116 Executive Blvd., Suite 109, Bethesda, MD 20892. 301-451-5041. prindivs@mail.nih.gov.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention

Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: November 22, 2006.

David Clary,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 06-9480 Filed 11-30-06; 8:45 am]

BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Mental Health; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Mental Health Special Emphasis Panel; Youth Interventions

Date: December 11, 2006.

Time: 12 p.m. to 2 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Rockville, MD 20852. (Telephone Conference Call).

Contact Person: David I. Sommers, PhD, Scientific Review Administrator, Division of Extramural Activities, National Institute of Mental Health, National Institutes of Health, 6001 Executive Blvd., Room 6154, MSC 9609, Bethesda, MD 20892-9606. 301-443-7861. dsommers@mail.nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.242, Mental Health Research Grants; 93.281, Scientist Development Award, Scientist Development Award for Clinicians, and Research Scientist Award; 93.282, Mental Health National Research Service Awards for Research Training, National Institutes of Health, HHS)

Dated: November 27, 2006.

David Clary,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 06-9481 Filed 11-30-06; 8:45 am]

BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Alcohol Abuse and Alcoholism; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute on Alcohol Abuse and Alcoholism Special Emphasis Panel; Clinical and Treatment Subcommittee Member Conflict.

Date: January 12, 2007.

Time: 1:30 p.m. to 2:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institute on Alcohol Abuse and Alcoholism, 5635 Fishers Lane, Bethesda, MD 20892. (Telephone Conference Call).

Contact Person: Abraham P. Bautista, PhD, Chief, Extramural Project Branch Review, National Institute on Alcohol Abuse & Alcoholism, National Institutes of Health, 5635 Fishers Lane, Rm. 3039, Rockville, MD 20852. 301-443-9743. bautistaa@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.271, Alcohol Research Career Development Awards for Scientists and Clinicians; 93.272, Alcohol National Research Service Awards for Research Training; 93.273, Alcohol Research Programs; 93.891, Alcohol Research Center Grants, National Institutes of Health, HHS)

Dated: November 27, 2006.

Anna Snouffer,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 06-9482 Filed 11-30-06; 8:45 am]

BILLING CODE 4410-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES**National Institutes of Health****National Institute of Arthritis and Musculoskeletal and Skin Diseases; Notice of Closed Meetings**

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Arthritis and Musculoskeletal and Skin Diseases Special Emphasis Panel; Small Research Grants Review

Date: December 4, 2006.

Time: 8:30 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, One Democracy Plaza, 6701 Democracy Boulevard, Bethesda, MD 20892. (Telephone Conference Call.)

Contact Person: Eric H. Brown, PhD, Scientific Review Administrator, National Institute of Arthritis and Musculoskeletal Skin Diseases, National Institutes of Health, 6701 Democracy Boulevard, Room 824, MSC 4872, Bethesda, MD 20892-4874. (301) 594-4955. browner@mail.nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: National Institute of Arthritis and Musculoskeletal and Skin Diseases Special Emphasis Panel; Clinical Trial Outcomes Instrument Development Grant Program.

Date: December 11, 2006.

Time: 7:30 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: Hyatt Regency Bethesda, One Bethesda Metro Center, 7400 Wisconsin Avenue, Bethesda, MD 20814.

Contact Person: Kan Ma, PhD, Scientific Review Administrator, NIH/NIAMS, EP Review Branch, One Democracy Plaza, Suite 800, Bethesda, MD 20892-4872. 301-594-4952. mak2@mail.nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.846, Arthritis,

Musculoskeletal and Skin Diseases Research, National Institutes of Health, HHS)

Dated: November 27, 2006.

David Clary,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 06-9483 Filed 11-30-06; 8:45 am]

BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES**National Institutes of Health****National Institute of Nursing Research; Notice of Closed Meetings**

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Nursing Research Special Emphasis Panel; Review of New Predoctoral Fellowship Application(s).

Date: November 29, 2006.

Time: 1 p.m. to 2 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, One Democracy Plaza, 6701 Democracy Boulevard, Bethesda, MD 20892. (Telephone Conference Call.)

Contact Person: Jeffrey M. Chernak, Ph.D., Scientific Review Administrator, Office of Review, Division of Extramural Activities, National Institute of Nursing Research/NIH, 6701 Democracy Plaza, Suite 712, MSC 4870, Bethesda, MD 20817. (301) 402-6959. chernak@nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: National Institute of Nursing Research Special Emphasis Panel; Review of Predoctoral Fellowship Application(s).

Date: November 29, 2006.

Time: 3 p.m. to 4 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, One Democracy Plaza, 6701 Democracy Boulevard, Bethesda, MD 20892. (Telephone Conference Call.)

Contact Person: Jeffrey M. Chernak, Ph.D., Scientific Review Administrator, Office of

Review, Division of Extramural Activities, National Institute of Nursing Research/NIH, 6701 Democracy Plaza, Suite 712, MSC 4870, Bethesda, MD 20817. (301) 402-6959. chernak@nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.361, Nursing Research, National Institutes of Health, HHS)

Dated: November 27, 2006.

David Clary,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 06-9484 Filed 11-30-06; 8:45 am]

BILLING CODE 4140-01-M

DEPARTMENT OF HOMELAND SECURITY**Coast Guard**

[USCG-2006-26377]

Collection of Information Under Review by Office of Management and Budget: OMB Control Number 1625-0056

AGENCY: Coast Guard, DHS.

ACTION: Request for comments.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, the U.S. Coast Guard intends to submit an Information Collection Request (ICR) to the Office of Management and Budget (OMB) to request a revision for the following currently approved collection of information: 1625-0056, Labeling Requirements in 33 CFR parts 181 and 183 and 46 CFR 25.10-3. Before submitting the ICR to OMB, the Coast Guard is inviting comments on them as described below.

DATES: Comments must reach the Coast Guard on or before January 30, 2007.

ADDRESSES: To make sure that your comments and related material do not enter the docket [USCG-2006-26377] more than once, please submit them by only one of the following means:

(1) By mail to the Docket Management Facility, U.S. Department of Transportation (DOT), room PL-401, 400 Seventh Street SW., Washington, DC 20590-0001.

(2) By delivery to room PL-401 on the Plaza level of the Nassif Building, 400 Seventh Street SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The telephone number is 202-366-9329.

(3) By fax to the Docket Management Facility at 202-493-2251.

(4) Electronically through the Web Site for the Docket Management System at <http://dms.dot.gov>.

The Docket Management Facility maintains the public docket for this notice. Comments and material received from the public, as well as documents mentioned in this notice as being available in the docket, will become part of this docket and will be available for inspection or copying at room PL-401 on the Plaza level of the Nassif Building, 400 Seventh Street SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. You may also find this docket on the Internet at <http://dms.dot.gov>.

A copy of the completed ICR is available through this docket on the Internet at <http://dms.dot.gov>, and also from Commandant (CG-611), U.S. Coast Guard Headquarters, room 10-1236 (Attn: Mr. Arthur Requina), 2100 2nd Street SW., Washington, DC 20593-0001. The telephone number is 202-475-3523.

FOR FURTHER INFORMATION CONTACT: Mr. Arthur Requina, Office of Information Management, telephone 202-475-3523, or fax 202-475-3929, for questions on these documents; or telephone Ms. Renee V. Wright, Program Manager, Docket Operations, 202-493-0402, for questions on the docket.

SUPPLEMENTARY INFORMATION:

Public Participation and Request for Comments

We encourage you to respond to this request by submitting comments and related materials. We will post all comments received, without change, to <http://dms.dot.gov>; they will include any personal information you have provided. We have an agreement with DOT to use the Docket Management Facility. Please see the paragraph on DOT's "Privacy Act Policy" below.

Submitting comments: If you submit a comment, please include your name and address, identify the docket number [USCG-2006-26377], indicate the specific section of the document to which each comment applies, and give the reason for each comment. You may submit your comments and material by electronic means, mail, fax, or delivery to the Docket Management Facility at the address under **ADDRESSES**; but please submit them by only one means. If you submit them by mail or delivery, submit them in an unbound format, no larger than 8½ by 11 inches, suitable for copying and electronic filing. If you submit them by mail and would like to know that they reached the Facility, please enclose a stamped, self-addressed postcard or envelope. We will consider

all comments and material received during the comment period. We may change the documents supporting this collection of information or even the underlying requirements in view of them.

Viewing Comments and Documents:

To view comments, as well as documents mentioned in this notice as being available in the docket, go to <http://dms.dot.gov> at any time and conduct a simple search using the docket number. You may also visit the Docket Management Facility in room PL-401 on the Plaza level of the Nassif Building, 400 Seventh Street SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

Privacy Act: Anyone can search the electronic form of all comments received in dockets by the name of the individual submitting the comment (or signing the comment, if submitted on behalf of an association, business, labor union, etc.). You may review the Privacy Act Statement of DOT in the **Federal Register** published on April 11, 2000 (65 FR 19477), or you may visit <http://dms.dot.gov>.

Information Collection Request

Title: Labeling Requirements in 33 CFR parts 181 and 183 and 46 CFR 25.10-3.

OMB Control Number: 1625-0056.

Summary: Title 46 U.S.C. 4310 gives the Coast Guard the authority to require manufacturers of recreational boats and certain items of associated equipment to comply with Coast Guard regulations. Parts 181 and 183 of 33 CFR, and 46 CFR 25.10-3 contain the regulations and safety standards authorized by the statutes which apply to manufacturers of recreational boats, uninspected commercial vessels and associated equipment. The regulations and safety standards contain information collections, which require boat and associated equipment manufacturers, importers and the boating public to apply for serial numbers and to display various labels evidencing compliance.

Need: The Coast Guard needs the information required by 33 CFR parts 181 and 183 and 46 CFR 25.10-3 displayed on the labels to identify the manufacturer of each recreational boat manufactured or imported; to provide the prospective owners/operators of certain recreational boats and uninspected commercial vessels information concerning safe loading and/or safe powering information; to alert the operators of recreational boats and uninspected commercial vessels with permanently installed gasoline engines about the need to ventilate the

engine compartment before starting the engine; and to ensure that associated equipment used on recreational boats and uninspected commercial vessels meets applicable Coast Guard safety standards.

Respondents: Manufacturers of recreational boats and associated equipment.

Frequency: One time per boat.

Burden Estimate: The estimated burden has increased from 385,408 hours to 395,107 hours a year.

Dated: November 17, 2006.

R. T. Hewitt,

Rear Admiral, Assistant Commandant for Command, Control, Communications, Computers and Information Technology.

[FR Doc. E6-20356 Filed 11-30-06; 8:45 am]

BILLING CODE 4910-15-P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

[USCG-2006-26115]

Ship Security Alert System Notices

AGENCY: Coast Guard, DHS.

ACTION: Notice.

SUMMARY: The Coast Guard announces a change in the e-mail address that U.S. vessels equipped with a Ship Security Alert System (SSAS) can use to send emergency notices to the Coast Guard when their security is threatened. In these emergencies, a vessel notifies the Coast Guard of the incident directly or through a third party. The SSAS notice may be communicated through various media. If it is sent as an e-mail, it must be sent to the new address: ssas@uscg.mil.

DATES: The new e-mail address is already functional. The current e-mail address will continue to accept Ship Security Alert System notices in the near term. All equipment must use the new e-mail address before May 2007.

FOR FURTHER INFORMATION CONTACT: If you have questions regarding this notice, call LT Frances Fazio, U.S. Coast Guard, telephone 202-372-1235 or via e-mail frances.fazio@uscg.mil.

SUPPLEMENTARY INFORMATION: Certain U.S. vessels must comply with the requirement of the International Convention of Safety of Life at Sea (SOLAS), Regulation XI-2/6, that the vessel must be fitted with an SSAS. The Coast Guard provides guidance on implementing this requirement, in Enclosure 5 of Navigation and Vessel Information Circular (NVIC) 04-03, available on the Internet at <http://>

www.uscg.mil/hq/g-m/nvic/03/NVIC_04-03_CH-1.pdf. SSAS notices can be provided through various media. The Coast Guard recently upgraded some of its internal communication systems, and as part of the upgrade, SSAS notices sent via e-mail will be redundantly routed so that a notice will reach the Coast Guard even if one Coast Guard computer network fails. The upgrade also required the revision of all Coast Guard e-mail addresses. Any vessel owner or operator whose SSAS relies on e-mail must make sure their equipment is updated with the new address, ssas@uscg.mil, and must correct the address ("pen and ink" will suffice) in the vessel's approved vessel security plan or SSAS annex. Include the new e-mail address in your next plan or SSAS annex submission to the Coast Guard's Marine Safety Center; but if this is the only change you are making to an approved plan or annex, you do not need to resubmit the plan or annex for re-approval, solely for that reason.

Dated: November 28, 2006.

J.G. Lantz,

Director of National and International Standards, Assistant Commandant for Prevention.

[FR Doc. E6-20357 Filed 11-30-06; 8:45 am]

BILLING CODE 4910-15-P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[FEMA-1668-DR]

Louisiana; Amendment No. 2 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster for the State of Louisiana (FEMA-1668-DR), dated November 2, 2006, and related determinations.

EFFECTIVE DATE: November 8, 2006.

FOR FURTHER INFORMATION CONTACT: Magda Ruiz, Recovery Division, Federal Emergency Management Agency, Washington, DC 20472, (202) 646-2705.

SUPPLEMENTARY INFORMATION: Notice is hereby given that the incident period for this disaster is closed effective November 8, 2006.

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund Program; 97.032, Crisis

Counseling; 97.033, Disaster Legal Services Program; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance; 97.048, Individuals and Households Housing; 97.049, Individuals and Households Disaster Housing Operations; 97.050 Individuals and Households Program-Other Needs, 97.036, Public Assistance Grants; 97.039, Hazard Mitigation Grant Program.)

R. David Paulison,

Under Secretary for Federal Emergency Management, and Director of FEMA.

[FR Doc. E6-20331 Filed 11-30-06; 8:45 am]

BILLING CODE 9110-10-P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-5045-N-48]

Federal Property Suitable as Facilities to Assist the Homeless

AGENCY: Office of the Assistant Secretary for Community Planning and Development, HUD.

ACTION: Notice.

SUMMARY: This Notice identifies unutilized, underutilized, excess, and surplus Federal property reviewed by HUD for suitability for possible use to assist the homeless.

EFFECTIVE DATE: December 1, 2006.

FOR FURTHER INFORMATION CONTACT:

Kathy Ezzell, Department of Housing and Urban Development, Room 7262, 451 Seventh Street SW., Washington, DC 20410; telephone (202) 708-1234; TTY number for the hearing- and speech-impaired (202) 708-2565, (these telephone numbers are not toll-free), or call the toll-free Title V information line at 1-800-927-7588.

SUPPLEMENTARY INFORMATION: In accordance with the December 12, 1988 court order in *National Coalition for the Homeless v. Veterans Administration*, No. 88-2503-OG (D.D.C.), HUD publishes a Notice, on a weekly basis, identifying unutilized, underutilized, excess and surplus Federal buildings and real property that HUD has reviewed for suitability for use to assist the homeless. Today's Notice is for the purpose of announcing that no additional properties have been determined suitable or unsuitable this week.

Dated: November 22, 2006.

Mark R. Johnston,

Acting Deputy Assistant Secretary for Special Needs.

[FR Doc. 06-9433 Filed 11-30-06; 8:45 am]

BILLING CODE 4210-67-M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[CO-921-06-1320-EL; COC 68590]

Notice of Competitive Coal Lease Offering by Sealed Bid, Colorado

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice.

SUMMARY: Notice is hereby given that the United States Department of the Interior, Bureau of Land Management (BLM), Colorado State Office, will offer certain coal resources in Moffat County, Colorado, hereinafter described as Federal coal lease application (LBA) COC 68590 for competitive lease by sealed bid in accordance with the provisions for competitive lease sales in 43 CFR 3422.2(a), and the Mineral Leasing Act of 1920, as amended and supplemented (30 U.S.C. 181 *et seq.*).

DATES: The lease sale will be held at 11 a.m., Tuesday, December 19, 2006. Sealed bids must be sent by certified mail, return receipt requested, or be hand delivered to the address indicated below, and must be received on or before 10 a.m., Tuesday, December 19, 2006. The cashier will issue a receipt for each hand delivered sealed bid. Any bid received after the time specified will not be considered and will be returned. The outside of the sealed envelope containing the bid must clearly state that the envelope contains a bid for Coal Lease Sale COC 68590, and is not to be opened before the date and hour of the sale.

ADDRESSES: The lease sale will be held in the BLM Colorado State Office, Conference Room, Fourth Floor, 2850 Youngfield Street, Lakewood, Colorado. Sealed bids must be submitted, hand delivered or mailed to the Cashier, BLM Colorado State Office, 2850 Youngfield Street, Lakewood, Colorado 80215.

FOR FURTHER INFORMATION CONTACT: Karen Zurek at BLM Colorado State Office, 2850 Youngfield Street, Lakewood, Colorado 80215 or telephone 303-239-3795.

SUPPLEMENTARY INFORMATION: The coal resource to be offered consists of recoverable coal reserves in the X through G seams mined by surface mining methods in the following lands:

T. 3 N., R. 94 W., 6th P.M.

Sec. 1, lots 7, 8, SW $\frac{1}{4}$ NW $\frac{1}{4}$,

N $\frac{1}{2}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$, SW $\frac{1}{4}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$,

N $\frac{1}{2}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$, and SW $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$;

Sec. 2, lots 5 to 8, inclusive, S $\frac{1}{2}$ N $\frac{1}{2}$,

SW $\frac{1}{4}$, N $\frac{1}{2}$ SE $\frac{1}{4}$, SW $\frac{1}{4}$ SE $\frac{1}{4}$,

N $\frac{1}{2}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$, and SW $\frac{1}{4}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$;

Sec. 3, lot 5, E $\frac{1}{2}$ W $\frac{1}{2}$ NE $\frac{1}{4}$, SE $\frac{1}{4}$ NE $\frac{1}{4}$, and

E $\frac{1}{2}$ SE $\frac{1}{4}$;

Sec. 10, NE $\frac{1}{4}$ NE $\frac{1}{4}$;

Sec. 11, NW $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$, N $\frac{1}{2}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$,
SW $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$, NW $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$;
N $\frac{1}{2}$ NW $\frac{1}{4}$, NE $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$, and
N $\frac{1}{2}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$.

T. 4 N., R. 94 W., 6th P.M.

Sec. 34, S $\frac{1}{2}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$, SE $\frac{1}{4}$ NE $\frac{1}{4}$,
E $\frac{1}{2}$ W $\frac{1}{2}$ SE $\frac{1}{4}$, and E $\frac{1}{2}$ SE $\frac{1}{4}$.

Containing approximately 1,406.71 acres in Moffat County, Colorado.

Total recoverable reserves are estimated to be 92 million tons. The surface minable coal is ranked as sub-bituminous B coal. The estimated coal quality on an as-received basis for the seams are as follows:

X THROUGH G SEAMS

BTU	10,549 BTU/lb (percent)
Volatile Matter	33.52
Moisture	15.90
Fixed Carbon	44.92
Sulfur Content	0.48
Ash Content	5.66

The tract will be leased to the qualified bidder of the highest cash amount, provided that the high bid meets the fair market value (FMV) for the tract as determined by the authorized officer after the Sale. The Department of the Interior has established a minimum bid of \$100 per acre or fraction thereof for Federal coal tracts. The minimum bid is not intended to represent FMV. In the event identical high sealed bids are received, the tying high bidders will be requested to submit follow-up bids until a high bid is received. All tie-breaking sealed bids must be submitted within 15 minutes following the Sale Official's announcement at the sale that identical high bids have been received.

The lease issued as a result of this offering will provide for payment of an annual rental of \$3.00 per acre or fraction thereof and a royalty payable to the United States of 12.5 percent of the value of the coal mined by surface mine methods and 8 percent of the value of coal mined by underground methods. The value of the coal will be determined in accordance with 30 CFR 206.250.

Bidding instructions for the offered tract are included in the Detailed Statement of Coal Lease Sale. Copies of the Detailed Statement and the proposed coal lease are available upon request in person or by mail from the Colorado State Office at the address given above. The case file is available for inspection in the Public Reference Room, Colorado State Office, during

normal business hours at the address given above.

Karen Zurek,

*Solid Minerals Staff, Division of Energy,
Lands and Minerals.*

[FR Doc. E6-20299 Filed 11-30-06; 8:45 am]

BILLING CODE 4310-JB-P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[WY-030-1310-DB]

Notice of Availability of Final Environmental Impact Statement for the Atlantic Rim Natural Gas Development Project; Wyoming

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of Availability of a Final Environmental Impact Statement (FEIS) for the Atlantic Rim Natural Gas Development Project, Rawlins, Wyoming.

SUMMARY: The Bureau of Land Management (BLM) announces the availability of the Atlantic Rim Natural Gas Development Project FEIS. The FEIS analyzes the environmental consequences of a proposed natural gas development and production operations on the 270,080 acre Atlantic Rim project area. The area is located within the administrative jurisdiction of the BLM Rawlins Field Office, and runs in an arc between Rawlins and Baggs in:

Tps. 12 to 20 N., Rs. 89 to 93 W.,

Sixth Principal Meridian, Carbon County, Wyoming

ADDRESSES: A copy of the FEIS has been sent to affected Federal, State, and local government agencies and to interested parties. The document is available electronically on the following Web site: <http://www.wy.blm.gov/rfo/nepa.htm>. If you are interested in viewing material referenced or posted to the BLM Web site, please contact the Rawlins Field Office.

Copies of the FEIS will be available for public inspection at the following locations:

- Bureau of Land Management, Wyoming State Office, 5353 Yellowstone Road, Cheyenne, Wyoming 82003.
- Bureau of Land Management, Rawlins Field Office, 1300 N. Third Street, Rawlins, Wyoming 82301.

FOR FURTHER INFORMATION CONTACT: Mr. David Simons, Project Lead, BLM Rawlins Field Office, 1300 N. Third Street, Rawlins, WY 82301. Requests for information may be sent electronically

to: atlantic_rim_eis_wymail@blm.gov. Mr. Simons may also be reached at (307) 328-4328.

SUPPLEMENTARY INFORMATION: Anadarko E & P Company, LP, is the lead proponent for a proposal to explore for and develop natural gas resources in the Atlantic Rim project area. Double Eagle Petroleum and Mining Company and Warren Resources, Inc., are also participating in this proposal. The Operators propose to drill up to 2,000 wells—1,800 completed to coal formations and 200 to other geologic targets for natural gas. Drilling would occur within the Atlantic Rim Project Area over the next 20 years with life-of-project expected to be 30 to 50 years. Well density completed in coal formations would be up to eight wells per 640-acre section of land; wells in other geologic formations would be spaced no tighter than four wells per section.

The proposal arises from the results of exploratory drilling under an interim drilling plan. Prior to preparation of the Atlantic Rim EIS, six exploratory plans of development (PODs) of up to 24 wells each were completed in areas believed to have potential for commercial quantities of natural gas within the project area. Approximately 325 oil and gas wells have been drilled or approved for drilling within the Atlantic Rim project area.

On June 26, 2001, the BLM published the Notice of Intent to prepare an EIS for the Atlantic Rim Natural Gas Development Project in the **Federal Register**. Based on issues and concerns identified during scoping and throughout the NEPA process, the Atlantic Rim FEIS focuses on impacts to air quality, biological and physical resources, transportation, socio-economics, and cumulative effects. In compliance with Section 7(c) of the Endangered Species Act, as amended, the FEIS includes a biological assessment for the purpose of identifying endangered or threatened species which may be affected by the Proposed Action.

On December 16, 2005, BLM published its Notice of Availability of the Draft EIS for this project in the **Federal Register**. The 60-day public comment period ended on February 16, 2006. Over 60,000 comments were received on the Draft EIS.

The Atlantic Rim FEIS analyzes four alternatives in detail:

1. The Proposed Action Alternative;
2. Alternative A—The No Action Alternative, which means the project as proposed would be rejected by the BLM;
3. Alternative B—See discussion below;

4. Alternative C—Special protection of sensitive resources; and,

5. Alternative D—Natural gas development with disturbance limitations.

The agency's preferred alternative is Alternative D.

Based on comments received to the draft EIS, the effects of long delays on allowable oil and gas development on leaseholders and mineral rights, and the need for BLM to allow reasonable access across Federal lands for mineral development on private and State lands, Alternative B in the Draft EIS was dropped from further consideration.

The Atlantic Rim FEIS analyzes the impacts of the Proposed Action (development of 2,000 natural gas wells), principally including the construction of access roads, pipelines, and other ancillary facilities (gas processing plant, compressor stations, water disposal sites, etc.). In Alternative A, the No Action Alternative, BLM would reject the proposed action as submitted. For Alternative C, disturbance would be reduced compared to the proposed action and would be intensively mitigated or limited where sensitive resource values exist or overlap. Examples of sensitive resources include threatened, endangered, and sensitive wildlife; fish and plant species; fragile soils; and unique cultural features. Comments received on the Draft EIS indicated the level of disturbance and number of well pad restrictions may render the project unfeasible under this alternative. Alternative D is similar to the Proposed Action, but would limit surface disturbance to a percentage of the project area at any one time.

Dated: September 8, 2006.

Donald A. Simpson,
Acting State Director.

[FR Doc. E6-20376 Filed 11-30-06; 8:45 am]
BILLING CODE 4310-22-P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[NV-010-1430-ES; N-79079; 6-08807]

Notice of Realty Action: Recreation and Public Purposes Act Classification in Elko County, NV

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of Realty Action.

SUMMARY: The Bureau of Land Management (BLM) has examined and found suitable for classification for lease and subsequent conveyance under the

provisions of the Recreation and Public Purposes (R&PP) Act, as amended, approximately 124.67 acres of public lands in Elko County, Nevada. The City of West Wendover proposes to use the lands for public buildings, including a new town hall and a convention center, parks and recreation, parking, and other public uses.

DATES: Interested parties may submit written comments regarding the proposed lease/conveyance or classification of the lands until January 16, 2007.

ADDRESSES: Mail written comments to the Elko Field Manager, Bureau of Land Management, Elko Field Office, 3900 E. Idaho, Elko, NV 89801.

FOR FURTHER INFORMATION CONTACT: Kirk Laird, Geologist, BLM Elko Field Office, (775) 753-0272.

SUPPLEMENTARY INFORMATION: The following described public lands in Elko County, Nevada have been examined and found suitable for lease and subsequent conveyance under the provisions of the R&PP Act, as amended (43 U.S.C. 869 *et seq.*) and are hereby classified accordingly. The lands include 124.67 acres within the City limits of West Wendover in 5 parcels described by metes and bounds which fall within:

Mount Diablo Meridian, Nevada

T. 33 N., R 70 E.
Sec. 8, S $\frac{1}{2}$ SW $\frac{1}{4}$ and S $\frac{1}{2}$ SE $\frac{1}{4}$;
Sec. 9, SW $\frac{1}{4}$ SW $\frac{1}{4}$;
Sec. 16, NW $\frac{1}{4}$ NW $\frac{1}{4}$.

The proposed developments in section 8 include a hospital, open space, and the Victory Highway Trail. Section 9 will include the proposed city hall and civic plaza. Section 16 will include the proposed public parking, open space, amphitheatre, convention center, city park, and performing arts center. The exact metes and bounds descriptions of the five parcels can be obtained from the BLM Elko Field Office, 3900 E. Idaho, Elko, NV, (775) 753-0200. The land is not needed for Federal purposes. The proposed actions are consistent with the BLM Wells Resource Management Plan, approved on July 16, 1985, and would be in the public interest. The Elko Field Office has received from the city of West Wendover an R&PP Act application, together with the requisite filing fee and supporting documents required by 43 CFR 2741.5. The City plans to use the lands for public buildings, including a new town hall and a convention center, parks and recreation, parking, interpretive walking trail, museum, hospital, library, civic center, amphitheatre performing arts center,

and open space. Because the now abandoned Victory Highway runs through the parcels, the City of West Wendover has committed to minimizing damage to this historic property, constructing informational kiosks, and incorporating the remnants of the highway into a city recreational trails plan.

The lease/conveyance, when issued, will be subject to the provisions of the R&PP Act and applicable regulations of the Secretary of the Interior, and will contain the following reservations to the United States:

1. A right-of-way for ditches and canals constructed by the authority of the United States, Act of August 30, 1890 (43 U.S.C. 945); and
2. All mineral deposits in the land leased or patented, and to it, or persons authorized by it, the right to prospect for, mine, and remove such deposits from the lands under applicable law and regulations to be established by the Secretary of the Interior.

The lease/conveyance will be subject to:

1. All valid existing rights;
2. A right-of-way for telephone and telegraph lines granted to Beehive Telephone Company, by right-of-way NVE 001655 (Elko 1655), pursuant to the Act of October 21, 1976 (43 U.S.C.1761);
3. A right-of-way for interstate energy facilities granted to Wells Rural Electric, by right-of-way N-39088, pursuant to the Act of October 21, 1976 (43 U.S.C.1761);
4. A right-of-way for fiber optic facilities granted to Beehive Telephone Company, by right-of-way N-047793, pursuant to the Act of October 21, 1976 (43 U.S.C.1761);
5. A right-of-way for power lines granted to Wells Rural Electric, by right-of-way N-52413, pursuant to the Act of October 21, 1976 (43 U.S.C.1761); and
6. A right-of-way for power lines granted to Wells Rural Electric, by right-of-way N-064049, pursuant to the Act of October 21, 1976 (43 U.S.C. 1761).

Upon publication of this notice in the **Federal Register**, the lands will be segregated from all forms of appropriation under the public land laws, including the general mining laws, except for lease or conveyance under the R&PP Act, leasing under the mineral leasing laws, and disposals under the mineral material laws.

Detailed information concerning the proposed lease/conveyance, including conditions, planning and environmental documents, is available for inspection at the BLM Elko Field Office at the address stated above in this notice.

Classification Comments: Interested parties may submit written comments regarding the proposed classification of the lands to the BLM Elko Field Office, for a period of 45 days following publication of this notice in the **Federal Register**. Facsimiles, telephone calls, and electronic mail will not be considered acceptable submissions by the authorized officer.

Comments on the classification are restricted to four subjects:

- (1) Whether the lands are physically suited for the proposal;
- (2) whether the use will maximize the future use or uses of the lands;
- (3) whether the use is consistent with local planning and zoning; or
- (4) whether the use is consistent with State and Federal programs.

Application Comments: Interested parties may submit written comments regarding the specific uses proposed in the application and plan of development, whether the BLM followed proper administrative procedures in reaching the decision, or any other factor not directly related to the suitability of the lands for the requested R&PP uses. Facsimiles, telephone calls, and electronic mail will not be considered acceptable submissions by the authorized officer.

Comments received during this process, including respondent's name, address, and other contact information will be available for public review. Individual respondents may request confidentiality. If you wish to request that BLM consider withholding your name, address, and other contact information from public review or disclosure under the Freedom of Information Act, you must state this prominently at the beginning of your comment. The BLM will honor requests for confidentiality on a case-by-case basis to the extent allowed by law. The BLM will make available for public review, in their entirety, all comments submitted by businesses or organizations, including comments by individuals in their capacity as an official or representative of a business or organization.

Any adverse comments will be reviewed by the State Director. In the absence of any adverse comments, this classification action will become the final determination of the Department of the Interior January 30, 2007. The lands will not be available for lease/conveyance until after the classification becomes effective.

(Authority: 43 CFR 2741.5)

Dated: August 30, 2006.

Helen Hankins,

Manager, Elko Field Office.

[FR Doc. E6-20308 Filed 11-30-06; 8:45 am]

BILLING CODE 4310-HC-P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[NM220-7130-ES; NM-50340-02]

Recreation and Public Purposes (R&PP) Act Classification; New Mexico

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of realty action.

SUMMARY: The Bureau of Land Management (BLM) has determined land located in Santa Fe County, New Mexico is suitable for classification for conveyance to Santa Fe County, under authority of the Recreation and Public Purposes Act, as amended (43 U.S.C. 869 *et seq.*) and 43 CFR subpart 2743.

DATES: Interested parties may submit comments to the BLM Taos Field Office Manager at the address below. Comments must be received by no later than January 16, 2007. Only written comments will be accepted.

ADDRESSES: Address all written comments concerning this Notice to Sam DesGeorges, BLM Taos Field Office Manager, 226 Cruz Alta Road, Taos, New Mexico 87571.

FOR FURTHER INFORMATION CONTACT: Lora Yonemoto, Realty Specialist, at the above address or (505) 758-8851.

SUPPLEMENTARY INFORMATION: The land is located at:

New Mexico Principal Meridian
T. 14 N., R. 9 E.,
Sec. 18, within S $\frac{1}{2}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$.

The area described contains 5 acres, more or less, in Santa Fe County.

The site has been leased by Santa Fe County from the BLM and developed and used for solid waste disposal purposes since 1983. In 1989 sanitary landfill operations ceased, the landfill was closed, and the site was converted to a small solid waste transfer station. The transfer station is currently active. Santa Fe County has determined that retaining the existing 5-acre site is in their best economic interest and would provide an acceptable facility for use as a solid waste transfer site. Conveying title to the affected public land is consistent with current BLM land use planning.

The conveyance, when issued, would be subject to the following terms, conditions and reservations:

1. Provisions of the Recreation and Public Purposes Act and to all applicable regulations of the Secretary of the Interior.

2. A right-of-way for ditches and canals constructed by the authority of the United States.

3. The United States will reserve all minerals together with the right to prospect for, mine, and remove the minerals.

Additional detailed information concerning this Notice of Realty Action is available for review at the BLM Taos Field Office at the address listed above.

Upon publication of this notice in the **Federal Register**, the lands will be segregated from all other forms of appropriation under the public land laws, including the mining and mineral leasing laws, except for lease or conveyance under the Recreation and Public Purposes Act. Comments may be submitted regarding the proposed classification or conveyance of the land to the Field Office Manager, BLM Taos Field Office, for a period of 45 days from the date of publication of this notice in the **Federal Register**. You may submit comments regarding the suitability of the lands for a solid waste transfer station site. Comments on the classification are restricted to four subjects:

- (1) Whether the land is physically suited for the proposal;
- (2) whether the use will maximize the future use or uses of the land;
- (3) whether the use is consistent with local planning and zoning; and
- (4) if the use is consistent with State and Federal programs.

Comments may be submitted regarding the specific use proposed in the application and plan of development, and whether the BLM followed proper administrative procedures in reaching the decision.

Comments received during this process, including respondent's name, address, and other contact information, will be available for public review. Individual respondents may request confidentiality. If you wish to request that BLM consider withholding your name, address, and other contact information from public review or disclosure under the Freedom of Information Act, you must state this prominently at the beginning of your comment. The BLM will honor requests for confidentiality on a case-by-case basis to the extent allowed by law. The BLM will make available for public review, in their entirety, all comments submitted by businesses or organizations, including comments by individuals in their capacity as an

official or representative of a business or organization.

The State Director will review any adverse comments. If no adverse comments are received, the classification will become effective 60 days from the date of publication of this notice in the **Federal Register**. The land will not be available for conveyance until after the classification becomes effective.

(Authority: 43 CFR part 2741).

Sam DesGeorges,

Field Office Manager.

[FR Doc. E6-20305 Filed 11-30-06; 8:45 am]

BILLING CODE 4310-FB-P

DEPARTMENT OF THE INTERIOR

National Park Service

National Register of Historic Places; Notification of Pending Nominations and Related Actions

Nominations for the following properties being considered for listing or related actions in the National Register were received by the National Park Service before November 18, 2006. Pursuant to section 60.13 of 36 CFR part 60, written comments concerning the significance of these properties under the National Register criteria for evaluation may be forwarded by United States Postal Service, to the National Register of Historic Places, National Park Service, 1849 C St., NW., 2280, Washington, DC 20240; by all other carriers, National Register of Historic Places, National Park Service, 1201 Eye St., NW., 8th floor, Washington DC 20005; or by fax, 202-371-6447. Written or faxed comments should be submitted by December 16, 2006.

John W. Roberts,

Acting Chief National Register/National Historic Landmarks Program.

CALIFORNIA

San Diego County

Ginty, John, House, 1568 Ninth Ave., San Diego, 06001157

Santa Cruz County

Grace Episcopal Church, 12547 CA 9, Boulder Creek, 06001158

COLORADO

Denver County

Bonfils Memorial Theater, 1475 Elizabeth St., Denver, 06001160

DISTRICT OF COLUMBIA

District of Columbia

Chesapeake and Potomac Telephone Company Warehouse and Repair Facility, (Telecommunications Resources of

Washington DC MPS) 1111 N. Capitol St., NE., Washington, 06001159

IOWA

Clarke County

Cowles, George H. and Alice Spaulding, House, 229 W. Cass St., Osceola, 06001161

Polk County

Taft-West Warehouse, 216-222 Court Ave., Des Moines, 06001162

KANSAS

Chase County

Cedar Point Mill, Jct. of Main and First Sts., Cedar Point, 06001166

Fox Creek Stone Arch Bridge, (Masonry Arch Bridges of Kansas TR) 1/2 mi. N and 3/4 mi. W of jct. of U.S. 50 and Cottonwood St., Strong City, 06001164

Douglas County

Stony Point Evangelical Lutheran Church, 1575 N. 600 Rd., Baldwin City, 06001168

Geary County

Brown, George T., House, 222 S. Jefferson St., Junction City, 06001167

Russell County

Banks—Waudby Building, 719 N. Main St., Russell, 06001172

First National Bank—Waudby Building, 713 N. Main St., Russell, 06001174

Saline County

Roosevelt-Lincoln Junior High School, (Public Schools of Kansas MPS) 210 W. Mulberry St., Salina, 06001169

Sedgwick County

Clapp, R.D.W., House, 320 N. Belmont, Wichita, 06001173

Mohr Barn, 14920 W. 21st St. N, Wichita, 06001170

Shawnee County

Dillon House, 404 W. Ninth St., Topeka, 06001171

Smith County

First National Bank Building, 100 N. Main, Smith Center, 06001163

MARYLAND

Baltimore County

Central Catonsville and Summit Park Historic District, Bet. Frederick Rd., S. Rolling Rd. and Mellor Ave., Catonsville, 06001186

Baltimore Independent City

East Baltimore Historic District, Old, Generally Bounded by Janes Falls, Greenmount Cemetery, North Ave., Broadway, and Madison, Ashland and Eager Sts., Baltimore (Independent City), 06001175

Pigtown Historic District, Roughly bounded by McHenry St. and Ramsay St., W. Barre, S. Paca, Ostend and Wicomico Sts., Bush and Bayard Sts., and RR, Baltimore (Independent City), 06001177

Kent County

Radcliffe Mill, 860 High St., Chestertown, 06001165

MASSACHUSETTS

Bristol County

Bourne Mill, 844 State Ave., Fall River, 06001190

MINNESOTA

Carlton County

Oldenburg, Henry C., House, 604 Chestnut St., Carlton, 06001183

Hennepin County

Hagel Family Farm, 11475 Tilton Trail S, Hassan Township, 06001182

Todd County

Christie, Dr. George R., House, 15 1st St. S, Long Prairie, 06001184
Hewitt Public School, 514 N. Wisconsin St., Hewitt, 06001181

MISSISSIPPI

Jefferson Davis County

Wilkes, Stephen H., House, 1522 S. Williamsburg Rd., Bassfield, 06001176

MONTANA

Flathead County

McCarthy-Pederson Farm Historic District, 820 Riverside Rd., Kalispell, 06001188

Gallatin County

B-K Ranch, 750 Lone Mountain Ranch Rd., Big Sky, 06001185
Watkins Creek Ranch, 1207 Firehole Ranch Rd., West Yellowstone, 06001180

Lewis and Clark County

Spalding—Gunn House, 433 Clarke St., Helena, 06001187

Lincoln County

Theodore Roosevelt Memorial Bridge, Crossing the Kootenai R. at Riverside Dr., Troy, 06001178
Troy Jail, 316 E. Yaak Ave., Troy, 06001179

RHODE ISLAND

Newport County

Bourne Mill, 844 State Ave., Tiverton, 06001189

Providence County

Bridgeton School, 16 Laurel Hill Ave., Burrillville, 06001191

UTAH

Cache County

Hatch's Camp, 8.3 mi. E from mouth of Logan Canyon, Cache National Forest, 06001192

WISCONSIN

Fond Du Lac County

Sisson's Peony Gardens, 207 N. Main St., Rosendale, 06001193

[FR Doc. E6-20348 Filed 11-30-06; 8:45 am]

BILLING CODE 4312-51-P

INTERNATIONAL TRADE COMMISSION

[Investigation No. 731-TA-921 (Review)]

Folding Gift Boxes From China

AGENCY: United States International Trade Commission.

ACTION: Institution of a five-year review concerning the antidumping duty order on folding gift boxes from China.

SUMMARY: The Commission hereby gives notice that it has instituted a review pursuant to section 751(c) of the Tariff Act of 1930 (19 U.S.C. 1675(c)) (the Act) to determine whether revocation of the antidumping duty order on folding gift boxes from China would be likely to lead to continuation or recurrence of material injury. Pursuant to section 751(c)(2) of the Act, interested parties are requested to respond to this notice by submitting the information specified below to the Commission;¹ to be assured of consideration, the deadline for responses is January 22, 2007. Comments on the adequacy of responses may be filed with the Commission by February 13, 2007. For further information concerning the conduct of this review and rules of general application, consult the Commission's Rules of Practice and Procedure, part 201, subparts A through E (19 CFR part 201), and part 207, subparts A, D, E, and F (19 CFR part 207).

EFFECTIVE DATE: December 1, 2006.

FOR FURTHER INFORMATION CONTACT: Mary Messer (202-205-3193), Office of Investigations, U.S. International Trade Commission, 500 E Street, SW., Washington, DC 20436. Hearing-impaired persons can obtain information on this matter by contacting the Commission's TDD terminal on 202-205-1810. Persons with mobility impairments who will need special assistance in gaining access to the Commission should contact the Office of the Secretary at 202-205-2000. General information concerning the Commission may also be obtained by accessing its Internet server (<http://www.usitc.gov>). The public record for this review may be viewed on the Commission's electronic docket (EDIS) at <http://edis.usitc.gov>.

¹ No response to this request for information is required if a currently valid Office of Management and Budget (OMB) number is not displayed; the OMB number is 3117-0016/USITC No. 07-5-164, expiration date June 30, 2008. Public reporting burden for the request is estimated to average 10 hours per response. Please send comments regarding the accuracy of this burden estimate to the Office of Investigations, U.S. International Trade Commission, 500 E Street, SW., Washington, DC 20436.

SUPPLEMENTARY INFORMATION:

Background

On January 8, 2002, the Department of Commerce issued an antidumping duty order on imports of folding gift boxes from China (67 FR 864). The Commission is conducting a review to determine whether revocation of the order would be likely to lead to continuation or recurrence of material injury to the domestic industry within a reasonably foreseeable time. It will assess the adequacy of interested party responses to this notice of institution to determine whether to conduct a full review or an expedited review. The Commission's determination in any expedited review will be based on the facts available, which may include information provided in response to this notice.

Definitions

The following definitions apply to this review:

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

(2) *The Subject Country* in this review is China.

(3) *The Domestic Like Product* is the domestically produced product or products which are like, or in the absence of like, most similar in characteristics and uses with, the *Subject Merchandise*. In its original determination, the Commission defined the *Domestic Like Product* as certain folding gift boxes for resale, coextensive with Commerce's scope, and not including give-away gift boxes. One Commissioner defined the *Domestic Like Product* differently.

(4) *The Domestic Industry* is the U.S. producers as a whole of the *Domestic Like Product*, or those producers whose collective output of the *Domestic Like Product* constitutes a major proportion of the total domestic production of the product. In its original determination, the Commission defined the *Domestic Industry* as all domestic producers of certain folding gift boxes for resale. One Commissioner defined the *Domestic Industry* differently.

(5) *The Order Date* is the date that the antidumping duty order under review became effective. In this review, the *Order Date* is January 8, 2002.

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

Participation in the Review and Public Service List

Persons, including industrial users of the *Subject Merchandise* and, if the merchandise is sold at the retail level, representative consumer organizations, wishing to participate in the review as parties must file an entry of appearance with the Secretary to the Commission, as provided in section 201.11(b)(4) of the Commission's rules, no later than 21 days after publication of this notice in the **Federal Register**. The Secretary will maintain a public service list containing the names and addresses of all persons, or their representatives, who are parties to the review.

Former Commission employees who are seeking to appear in Commission five-year reviews are reminded that they are required, pursuant to 19 CFR 201.15, to seek Commission approval if the matter in which they are seeking to appear was pending in any manner or form during their Commission employment. The Commission's designated agency ethics official has advised that a five-year review is the "same particular matter" as the underlying original investigation for purposes of 19 CFR 201.15 and 18 U.S.C. 207, the post employment statute for Federal employees. Former employees may seek informal advice from Commission ethics officials with respect to this and the related issue of whether the employee's participation was "personal and substantial." However, any informal consultation will not relieve former employees of the obligation to seek approval to appear from the Commission under its rule 201.15. For ethics advice, contact Carol McCue Verratti, Deputy Agency Ethics Official, at 202-205-3088.

Limited Disclosure of Business Proprietary Information (BPI) Under an Administrative Protective Order (APO) and APO Service List

Pursuant to section 207.7(a) of the Commission's rules, the Secretary will make BPI submitted in this review available to authorized applicants under the APO issued in the review, provided that the application is made no later than 21 days after publication of this notice in the **Federal Register**.

Authorized applicants must represent interested parties, as defined in 19 U.S.C. 1677(9), who are parties to the review. A separate service list will be maintained by the Secretary for those parties authorized to receive BPI under the APO.

Certification

Pursuant to section 207.3 of the Commission's rules, any person submitting information to the Commission in connection with this review must certify that the information is accurate and complete to the best of the submitter's knowledge. In making the certification, the submitter will be deemed to consent, unless otherwise specified, for the Commission, its employees, and contract personnel to use the information provided in any other reviews or investigations of the same or comparable products which the Commission conducts under Title VII of the Act, or in internal audits and investigations relating to the programs and operations of the Commission pursuant to 5 U.S.C. Appendix 3.

Written Submissions

Pursuant to section 207.61 of the Commission's rules, each interested party response to this notice must provide the information specified below. The deadline for filing such responses is January 22, 2007. Pursuant to section 207.62(b) of the Commission's rules, eligible parties (as specified in Commission rule 207.62(b)(1)) may also file comments concerning the adequacy of responses to the notice of institution and whether the Commission should conduct an expedited or full review. The deadline for filing such comments is February 13, 2007. All written submissions must conform with the provisions of sections 201.8 and 207.3 of the Commission's rules and any submissions that contain BPI must also conform with the requirements of sections 201.6 and 207.7 of the Commission's rules. The Commission's rules do not authorize filing of submissions with the Secretary by facsimile or electronic means, except to the extent permitted by section 201.8 of the Commission's rules, as amended, 67 Fed. Reg. 68036 (November 8, 2002). Also, in accordance with sections 201.16(c) and 207.3 of the Commission's rules, each document filed by a party to the review must be served on all other parties to the review (as identified by either the public or APO service list as appropriate), and a certificate of service must accompany the document (if you are not a party to the review you do not need to serve your response).

Inability To Provide Requested Information

*Pursuant to section 207.61(c) of the Commission's rules, any interested party that cannot furnish the information requested by this notice in the requested form and manner shall

notify the Commission at the earliest possible time, provide a full explanation of why it cannot provide the requested information, and indicate alternative forms in which it can provide equivalent information. If an interested party does not provide this notification (or the Commission finds the explanation provided in the notification inadequate) and fails to provide a complete response to this notice, the Commission may take an adverse inference against the party pursuant to section 776(b) of the Act in making its determination in the review.

Information To Be Provided in Response to This Notice of Institution

As used below, the term "firm" includes any related firms.

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

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

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

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

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

(6) A list of all known and currently operating U.S. importers of the *Subject Merchandise* and producers of the *Subject Merchandise* in the *Subject Country* that currently export or have exported *Subject Merchandise* to the United States or other countries since the *Order Date*.

(7) If you are a U.S. producer of the *Domestic Like Product*, provide the following information on your firm's operations on that product during calendar year 2005 (report quantity data in pieces and value data in U.S. dollars, f.o.b. plant). If you are a union/worker group or trade/business association, provide the information, on an aggregate basis, for the firms in which your workers are employed/which are members of your association.

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

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

(c) the quantity and value of U.S. internal consumption/company transfers of the *Domestic Like Product* produced in your U.S. plant(s).

(8) If you are a U.S. importer or a trade/business association of U.S. importers of the *Subject Merchandise* from the *Subject Country*, provide the following information on your firm's(s') operations on that product during calendar year 2005 (report quantity data in pieces and value data in U.S. dollars). If you are a trade/business association, provide the information, on an aggregate basis, for the firms which are members of your association.

(a) The quantity and value (landed, duty-paid but not including antidumping duties) of U.S. imports and, if known, an estimate of the percentage of total U.S. imports of *Subject Merchandise* from the *Subject Country* accounted for by your firm's(s') imports;

(b) the quantity and value (f.o.b. U.S. port, including antidumping duties) of U.S. commercial shipments of *Subject Merchandise* imported from the *Subject Country*; and

(c) the quantity and value (f.o.b. U.S. port, including antidumping duties) of U.S. internal consumption/company transfers of *Subject Merchandise* imported from the *Subject Country*.

(9) If you are a producer, an exporter, or a trade/business association of producers or exporters of the *Subject Merchandise* in the *Subject Country*, provide the following information on your firm's(s') operations on that product during calendar year 2005 (report quantity data in pieces and value data in U.S. dollars, landed and duty-paid at the U.S. port but not including antidumping duties). If you are a trade/business association, provide the information, on an aggregate basis, for

the firms which are members of your association.

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

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

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

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

Authority: This review is being conducted under authority of title VII of the Tariff Act of 1930; this notice is published pursuant to section 207.61 of the Commission's rules.

By order of the Commission.

Issued: November 27, 2006.

Marilyn R. Abbott,

Secretary to the Commission.

[FR Doc. E6-20281 Filed 11-30-06; 8:45 am]

BILLING CODE 7020-02-P

INTERNATIONAL TRADE COMMISSION

[Investigation No. 332-481]

Industrial Biotechnology: Development and Adoption by the U.S. Chemical and Biofuel Industries

AGENCY: United States International Trade Commission.

ACTION: Institution of investigation.

EFFECTIVE DATE: November 27, 2006.

SUMMARY: Following receipt on November 2, 2006, of a request from the Committee on Finance of the U.S. Senate (Committee) under section 332(g) of the Tariff Act of 1930 (19 U.S.C. 1332(g)), the U.S. International Trade Commission (Commission) instituted investigation No. 332-481, Industrial Biotechnology: Development and Adoption by the U.S. Chemical and Biofuel Industries.

Background: As requested by the Committee, the Commission will institute an investigation under section 332(g) with respect to the competitive conditions affecting certain industries that are developing and adopting new biotechnology processes and products. The Commission will transmit its report to the Committee by July 2, 2008.

As requested by the Committee, the Commission's report will focus—to the extent practicable—on firms in the U.S. chemical industry that are developing bio-based products (e.g., fibers and plastics) and renewable chemical platforms, as well as U.S. producers of liquid biofuels. The Commission will—

1. Describe and compare government policies in the United States and key competitor countries throughout the world relating to the development of products by these industries;

2. Analyze the extent of business activity in these industries, including, but not limited to, trends in production, financial performance, investment, research and development, and impediments to development and trade;

3. Examine factors affecting the development of bio-based products, including liquid biofuels, and renewable chemical platforms being developed by the U.S. chemical industry, including, but not limited to, globalization of supply chains, capital investment sources, strategic alliances, intellectual property rights, and technology transfer mechanisms;

4. Determine, to the extent feasible, how the adoption of industrial biotechnology processing and products impacts the productivity and competitiveness of firms in these industries; and

5. Assess how existing U.S. government programs may affect the production and utilization of agricultural feedstocks for liquid biofuels as well as bio-based products and renewable chemical platforms being developed by the U.S. chemical industry.

FOR FURTHER INFORMATION, CONTACT:

Project Leader, David Lundy (202-205-3439 or david.lundy@usitc.gov)

Deputy Project Leader, Elizabeth R. Nesbitt (202-205-3355 or elizabeth.nesbitt@usitc.gov)

Deputy Project Leader, Laura Polly (202-205-3408 or laura.polly@usitc.gov)

Industry-specific information may be obtained from the above persons. For more information on legal aspects of the investigation, contact William Gearhart of the Commission's Office of the General Counsel at 202-205-3091 or william.gearhart@usitc.gov. The media should contact Margaret O'Laughlin, Office of External Relations at 202-205-1819 or margaret.olaughlin@usitc.gov. Hearing impaired individuals are advised that information on this matter can be obtained by contacting the TDD terminal on 202-205-1810. General information concerning the Commission may also be obtained by accessing its Internet server (<http://www.usitc.gov>).

The public record for these investigations may be viewed on the Commission's electronic docket (EDIS-ONLINE) at <http://edis.usitc.gov/hvwebex>.

Public Hearing: A public hearing in connection with this investigation is scheduled to begin at 9:30 a.m. on April 24, 2007, at the U.S. International Trade Commission Building, 500 E Street, SW., Washington, DC. Requests to appear at the public hearing should be filed with the Secretary no later than 5:15 p.m., April 3, 2007, in accordance with the requirements in the "Submissions" section below. In the event that, as of the close of business on April 3, 2007, no witnesses are scheduled to appear, the hearing will be canceled. Any person interested in attending the hearing as an observer or nonparticipant may call the Secretary (202-205-2000) after April 3, 2007, to determine whether the hearing will be held.

Request for Certain Information: The Commission is interested in receiving information regarding the five topics in the "Background" section of this notice above, and any other relevant information relating to the development and adoption of industrial biotechnology products and processes by the U.S. chemical and biofuels industries, and requests that interested

parties provide such information in their hearing testimony and pre- and posthearing briefs and other submissions, to the extent they can.

Statements and Briefs: In lieu of or in addition to participating in the hearing, interested parties are invited to submit written statements or briefs concerning this investigation in accordance with the requirements in the "Submissions" section below. Any pre-hearing briefs or statements should be filed not later than 5:15 p.m., April 10, 2007; the deadline for filing post-hearing briefs or statements is 5:15 p.m., May 2, 2007.

Submissions: All written submissions, including requests to appear at the hearing, statements, and briefs, should be addressed to the Secretary, United States International Trade Commission, 500 E Street, SW., Washington, DC 20436. All written submissions must conform with the provisions of section 201.8 of the Commission's Rules of Practice and Procedure (19 CFR 201.8); any submission that contains confidential business information must also conform with the requirements of section 201.6 of the Commission's Rules of Practice and Procedure (19 CFR 201.6). Section 201.8 of the rules require that a signed original (or a copy designated as an original) and fourteen (14) copies of each document be filed. In the event that confidential treatment of the document is requested, at least four (4) additional copies must be filed, in which the confidential information must be deleted. Section 201.6 of the rules requires that the cover of the document and the individual pages be clearly marked as to whether they are the "confidential" or "nonconfidential" version, and that the confidential business information be clearly identified by means of brackets. All written submissions, except for confidential business information, will be made available for inspection by interested parties.

In its request letter, the Committee stated that it intends to make the Commission's report available to the public in its entirety, and asked that the Commission not include any confidential business or national security confidential information in the report it sends to the Committee. The report that the Commission sends to the Committee will not contain any such information. Any confidential business information received by the Commission in this investigation and used in preparing the report will not be published in a manner that would reveal the operations of the firm supplying the information.

Persons with mobility impairments who will need special assistance in

gaining access to the Commission should contact the Secretary at 202-205-2000.

By order of the Commission.
Issued: November 28, 2006.

Marilyn R. Abbott,

Secretary to the Commission.

[FR Doc. E6-20374 Filed 11-30-06; 8:45 am]

BILLING CODE 7020-02-P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Importer of Controlled Substances; Notice of Registration

By Notice dated August 15, 2006 and published in the *Federal Register* on August 22, 2006, (71 FR 48946-48947), Almac Clinical Services Incorporated (ACSI) formerly known as Clinical Trial Services, 2661 Audubon Road, Audubon, Pennsylvania 19403, made application by renewal to the Drug Enforcement Administration (DEA) to be registered as an importer of the basic classes of controlled substances listed in schedule II:

Drug	Schedule
Oxycodone (9143)	II
Fentanyl (9801)	II

The company plans to import small quantities of the listed controlled substances in dosage form to conduct clinical trials.

No comments or objections have been received. DEA has considered the factors in 21 U.S.C. 823(a) and § 952(a) and determined that the registration of Almac Clinical Services Incorporated (ACSI) to import the basic classes of controlled substances is consistent with the public interest and with United States obligations under international treaties, conventions, or protocols in effect on May 1, 1971, at this time. DEA has investigated Almac Clinical Services Incorporated (ACSI) to ensure that the company's registration is consistent with the public interest. The investigation has included inspection and testing of the company's physical security systems, verification of the company's compliance with state and local laws, and a review of the company's background and history. Therefore, pursuant to 21 U.S.C. 952(a) and 958(a), and in accordance with 21 CFR 1301.34, the above named company is granted registration as an importer of the basic classes of controlled substances listed.

Dated: November 21, 2006.

Joseph T. Rannazzisi,

Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.

[FR Doc. E6-20337 Filed 11-30-06; 8:45 am]

BILLING CODE 4410-09-P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Manufacturer of Controlled Substances; Notice of Application

Pursuant to § 1301.33(a) of Title 21 of the Code of Federal Regulations (CFR), this is notice that on April 25, 2006, Chatten Chemicals, Inc., 3801 St. Elmo Avenue, Building 18, Chattanooga, Tennessee 37409, made application by renewal to the Drug Enforcement Administration (DEA) to be registered as a bulk manufacturer of the basic classes of controlled substances listed in schedule I and II:

Drug	Schedule
N-Ethylamphetamine (1475)	I
2,5-Dimethoxyamphetamine (7396)	I
4-Methoxyamphetamine (7411)	I
Difenoxin (9168)	II
Dihydromorphine (9145)	II
Amphetamine (1100)	II
Methamphetamine (1105)	II
Methylphenidate (1724)	II
Pentobarbital (2270)	II
Secobarbital (2315)	II
Codeine (9050)	II
Dihydrocodeine (9120)	II
Oxycodone (9143)	II
Hydromorphone (9150)	II
Diphenoxylate (9170)	II
Hydrocodone (9193)	II
Meperidine (9230)	II
Dextropropoxyphene, bulk (non-dosage forms) (9273)	II
Morphine (9300)	II
Thebaine (9333)	II
Opium Extracts (9610)	II
Opium Fluid Extract (9620)	II
Opium Tincture (9630)	II
Opium, Granulated (9640)	II
Oxymorphone (9652)	II
Noroxymorphone (9668)	II
Opium, Powdered (9639)	II
Alfentanil (9737)	II
Sufentanil (9740)	II
Fentanyl (9801)	II

The company plans to manufacture the listed controlled substances in bulk for distribution to its customers.

Any other such applicant and any person who is presently registered with DEA to manufacture such a substance may file comments or objections to the issuance of the proposed registration pursuant to 21 CFR § 1301.33(a).

Any such written comments or objections being sent via regular mail should be addressed, in quintuplicate, to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, Attention: DEA Federal Register Representative/ODL; or any being sent via express mail should be sent to DEA Headquarters, Attention: DEA Federal Register Representative/ODL, 2401 Jefferson-Davis Highway, Alexandria, Virginia 22301; and must be filed no later than January 30, 2007.

Dated: November 21, 2006.

Joseph T. Rannazzisi,

Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.

[FR Doc. E6-20339 Filed 11-30-06; 8:45 am]

BILLING CODE 4410-09-P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Importer of Controlled Substances; Notice of Application

Pursuant to 21 U.S.C. 958(i), the Attorney General shall, prior to issuing a registration under this Section to a bulk manufacturer of a controlled substance in schedule I or II and prior to issuing a regulation under 21 U.S.C. 952(a)(2)(B) authorizing the importation of such a substance, provide manufacturers holding registrations for the bulk manufacture of the substance an opportunity for a hearing.

Therefore, in accordance with 21 CFR 1301.34(a), this is notice that on September 27, 2006, Formulation Technologies LLC, 11400 Burnet Road, Suite 4010, Austin, Texas 78758, made application to the Drug Enforcement Administration (DEA) to be registered as an importer of Fentanyl (9801), a basic class of controlled substance listed in schedule II.

The company plans to import the listed controlled substance for clinical trials, research, analytical purposes, and distribution to its customers.

Any manufacturer who is presently, or is applying to be, registered with DEA to manufacture such basic class of controlled substances may file comments or objections to the issuance of the proposed registration and may, at the same time, file a written request for a hearing on such application pursuant to 21 CFR 1301.43 and in such form as prescribed by 21 CFR 1316.47.

Any such written comments or objections being sent via regular mail should be addressed, in quintuplicate, to the Deputy Assistant Administrator,

Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, Attention: DEA Federal Register Representative/ODL; or any being sent via express mail should be sent to DEA Headquarters, Attention: DEA Federal Register Representative/ODL, 2401 Jefferson-Davis Highway, Alexandria, Virginia 22301; and must be filed no later than January 2, 2007.

This procedure is to be conducted simultaneously with and independent of the procedures described in 21 CFR 1301.34(b),(c),(d),(e) and (f). As noted in a previous notice published in the **Federal Register** on September 23, 1975, (40 FR 43745-46), all applicants for registration to import a basic class of any controlled substance listed in schedule I or II are, and will continue to be required to demonstrate to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, that the requirements for such registration pursuant to 21 U.S.C. 958(a), 21 U.S.C. 823(a), and 21 CFR 1301.34(b),(c),(d),(e) and (f) are satisfied.

Dated: November 21, 2006.

Joseph T. Rannazzisi,

Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.

[FR Doc. E6-20336 Filed 11-30-06; 8:45 am]

BILLING CODE 4410-09-P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Importer of Controlled Substances; Notice of Application

Pursuant to 21 U.S.C. § 958(i), the Attorney General shall, prior to issuing a registration under this Section to a bulk manufacturer of a controlled substance in schedule I or II, and prior to issuing a regulation under 21 U.S.C. 952(a)(2)(B) authorizing the importation of such a substance, provide manufacturers holding registrations for the bulk manufacture of the substance an opportunity for a hearing.

Therefore, in accordance with 21 CFR 1301.34(a), this is notice that on September 12, 2006, Hospira, Inc., 1776 North Centennial Drive, McPherson, Kansas 67460-1247, made application by renewal to the Drug Enforcement Administration (DEA) to be registered as an importer of Remifentanyl (9739), a basic class of controlled substance listed in schedule II.

The company plans to import Phenylacetone to manufacture Amphetamine.

Any manufacturer who is presently, or is applying to be, registered with DEA to manufacture such basic class of controlled substance may file comments or objections to the issuance of the proposed registration and may, at the same time, file a written request for a hearing on such application pursuant to 21 CFR 1301.43 and in such form as prescribed by 21 CFR 1316.47.

Any such written comments or objections being sent via regular mail should be addressed, in quintuplicate, to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, Attention: DEA Federal Register Representative/ODL; or any being sent via express mail should be sent to DEA Headquarters, Attention: DEA Federal Register Representative/ODL, 2401 Jefferson-Davis Highway, Alexandria, Virginia 22301; and must be filed no later than January 2, 2007.

This procedure is to be conducted simultaneously with and independent of the procedures described in 21 CFR 1301.34(b), (c), (d), (e) and (f). As noted in a previous notice published in the **Federal Register** on September 23, 1975, (40 FR 43745-46), all applicants for registration to import a basic class of any controlled substance listed in schedule I or II are, and will continue to be, required to demonstrate to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, that the requirements for such registration pursuant to 21 USC 958(a), 21 U.S.C. § 823(a), and 21 CFR 1301.34(b), (c), (d), (e) and (f) are satisfied.

Dated: November 21, 2006.

Joseph T. Rannazzisi,

Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.

[FR Doc. E6-20335 Filed 11-30-06; 8:45 am]

BILLING CODE 4410-09-P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Manufacturer of Controlled Substances; Notice of Application

Pursuant to § 1301.33(a) of Title 21 of the Code of Federal Regulations (CFR), this is notice that on August 16, 2006, ISP Freetown Fine Chemicals, Inc., 238 South Main Street, Assonet, Massachusetts 02702, made application by renewal to the Drug Enforcement Administration (DEA) to be registered as a bulk manufacturer of the basic classes of controlled substances listed in schedule I and II:

Drug	Schedule
2,5-Dimethoxyamphetamine (7396)	I
Amphetamine (1100)	II
Phenylacetone (8501)	II

The company plans to manufacture Phenylacetone to be used in the manufacture of Amphetamine for distribution to its customers. The bulk 2,5-Dimethoxyamphetamine will be used for conversion into non-controlled substances.

Any other such applicant and any person who is presently registered with DEA to manufacture such substances may file comments or objections to the issuance of the proposed registration pursuant to 21 CFR 1301.33(a).

Any such written comments or objections being sent via regular mail should be addressed, in quintuplicate, to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, Attention: DEA Federal Register Representative/ODL; or any being sent via express mail should be sent to DEA Headquarters, Attention: DEA Federal Register Representative/ODL, 2401 Jefferson-Davis Highway, Alexandria, Virginia 22301; and must be filed no later than January 30, 2007.

Dated: November 21, 2006.

Joseph T. Rannazzisi,

Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.

[FR Doc. E6-20347 Filed 11-30-06; 8:45 am]

BILLING CODE 4410-09-P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Importer of Controlled Substances; Notice of Application

Pursuant to 21 U.S.C. § 958(i), the Attorney General shall, prior to issuing a registration under this Section to a bulk manufacturer of a controlled substance in schedule I or II and prior to issuing a regulation under 21 U.S.C. 952(a)(2)(B) authorizing the importation of such a substance, provide manufacturers holding registrations for the bulk manufacture of the substance an opportunity for a hearing.

Therefore, in accordance with 21 CFR 1301.34(a), this is notice that on October 3, 2006, JFC Technologies LLC., 100 West Main Street, P.O. Box 669, Bound Brook, NJ 08805, made application by renewal to the Drug Enforcement Administration (DEA) to be registered as an importer of Meperidine intermediate-

B (9233), a basic class of controlled substance listed in schedule II.

The company plans to import the basic class of controlled substance for the production of controlled substances for distribution to its customers.

Any manufacturer who is presently, or is applying to be, registered with DEA to manufacture such basic class of controlled substance may file comments or objections to the issuance of the proposed registration and may, at the same time, file a written request for a hearing on such application pursuant to 21 CFR 1301.43 and in such form as prescribed by 21 CFR 1316.47.

Any such written comments or objections being sent via regular mail should be addressed, in quintuplicate, to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, Attention: DEA Federal Register Representative/ODL; or any being sent via express mail should be sent to DEA Headquarters, Attention: DEA Federal Register Representative/ODL, 2401 Jefferson-Davis Highway, Alexandria, VA 22301; and must be filed no later than January 2, 2007.

This procedure is to be conducted simultaneously with and independent of the procedures described in 21 CFR 1301.34(b), (c), (d), (e) and (f). As noted in a previous notice published in the *Federal Register* on September 23, 1975, (40 FR 43745-46), all applicants for registration to import a basic class of any controlled substance listed in schedule I or II are, and will continue to be required to demonstrate to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, that the requirements for such registration pursuant to 21 U.S.C. § 958(a), 21 U.S.C. 823(a), and 21 CFR 1301.34(b), (c), (d), (e) and (f) are satisfied.

Dated: November 21, 2006.

Joseph T. Rannazzisi,

Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.

[FR Doc. E6-20346 Filed 11-30-06; 8:45 am]

BILLING CODE 4410-09-P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Manufacturer of Controlled Substances; Notice of Application

Pursuant to § 1301.33(a) of Title 21 of the Code of Federal Regulations (CFR), this is notice that on September 28, 2006, JFC Technologies, LLC., 100 W. Main Street, Bound Brook, New Jersey

08805, made application by renewal to the Drug Enforcement Administration (DEA) to be registered as a bulk manufacturer of the basic classes of controlled substances listed in schedule II:

Drug	Schedule
Diphenoxylate (9170)	II
Hydrocodone (9193)	II

The company plans to manufacture the listed controlled substances in bulk for distribution to its customers.

Any other such applicant and any person who is presently registered with DEA to manufacture such a substance may file comments or objections to the issuance of the proposed registration pursuant to 21 CFR 1301.33(a).

Any such written comments or objections being sent via regular mail should be addressed, in quintuplicate, to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, Attention: DEA Federal Register Representative/ODL; or any being sent via express mail should be sent to DEA Headquarters, Attention: DEA Federal Register Representative/ODL, 2401 Jefferson-Davis Highway, Alexandria, Virginia 22301; and must be filed no later than January 30, 2007.

Dated: November 21, 2006.

Joseph T. Rannazzisi,

Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.

[FR Doc. E6-20338 Filed 11-30-06; 8:45 am]

BILLING CODE 4410-09-P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Importer of Controlled Substances; Notice of Application

Pursuant to 21 U.S.C. 958(i), the Attorney General shall, prior to issuing a registration under this Section to a bulk manufacturer of a controlled substance in schedule I or II and prior to issuing a regulation under 21 U.S.C. 952(a)(2)(B) authorizing the importation of such a substance, provide manufacturers holding registrations for the bulk manufacture of the substance an opportunity for a hearing.

Therefore, in accordance with 21 CFR 1301.34(a), this is notice that on September 20, 2006, Johnson Matthey, Inc., Pharmaceutical Materials, 2003 Nolte Drive, West Deptford, NJ 08066-1742, made application by renewal to the Drug Enforcement Administration (DEA) to be registered as an importer of

the basic classes of controlled substances listed in schedule II:

Drug	Schedule
Phenylacetone (8501)	II
Raw Opium (9600)	II
Concentrate of Poppy Straw (9670).	II

The company plans to import the listed controlled substances as raw materials for use in the manufacture of bulk controlled substances for distribution to its customers.

Any manufacturer who is presently, or is applying to be, registered with DEA to manufacture such basic classes of controlled substances may file comments or objections to the issuance of the proposed registration and may, at the same time, file a written request for a hearing on such application pursuant to 21 CFR 1301.43 and in such form as prescribed by 21 CFR 1316.47.

Any such written comments or objections being sent via regular mail should be addressed, in quintuplicate, to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, Attention: DEA Federal Register Representative/ODL; or any being sent via express mail should be sent to DEA Headquarters, Attention: DEA Federal Register Representative/ODL, 2401 Jefferson-Davis Highway, Alexandria, VA 22301; and must be filed no later than January 2, 2007.

This procedure is to be conducted simultaneously with and independent of the procedures described in 21 CFR 1301.34(b), (c), (d), (e) and (f). As noted in a previous notice published in the **Federal Register** on September 23, 1975, (40 FR 43745-46), all applicants for registration to import a basic class of any controlled substance listed in schedule I or II are, and will continue to be required to demonstrate to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, that the requirements for such registration pursuant to 21 USC 958(a), 21 U.S.C. 823(a), and 21 CFR 1301.34(b), (c), (d), (e) and (f) are satisfied.

Dated: November 21, 2006.

Joseph T. Rannazzisi,

Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.

[FR Doc. E6-20333 Filed 11-30-06; 8:45 am]

BILLING CODE 4410-09-P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Manufacturer of Controlled Substances; Notice of Application

Pursuant to § 1301.33(a) of Title 21 of the Code of Federal Regulations (CFR), this is notice that on September 28, 2006, and October 25, 2006, Johnson Matthey Inc., Custom Pharmaceuticals Department, 2003 Nolte Drive, West Deptford, New Jersey 08066, made application by letter to the Drug Enforcement Administration (DEA) to be registered as a bulk manufacturer of the basic classes of controlled substances listed in schedule I and II:

Drug	Schedule
Methadone (9250)	II
Methadone Intermediate (9254) ...	II

The company plans to use the Methadone Intermediate to produce the Methadone HCL for sale to its customers who are final dosage manufacturers.

Any other such applicant and any person who is presently registered with DEA to manufacture such a substance may file comments or objections to the issuance of the proposed registration pursuant to 21 CFR 1301.33(a).

Any such written comments or objections being sent via regular mail should be addressed, in quintuplicate, to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, Attention: DEA Federal Register Representative/ODL; or any being sent via express mail should be sent to DEA Headquarters, Attention: DEA Federal Register Representative/ODL, 2401 Jefferson-Davis Highway, Alexandria, Virginia 22301; and must be filed no later than January 30, 2007.

Dated: November 21, 2006.

Joseph T. Rannazzisi,

Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.

[FR Doc. E6-20343 Filed 11-30-06; 8:45 am]

BILLING CODE 4410-09-P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Manufacturer of Controlled Substances; Notice of Application

Pursuant to § 1301.33(a), Title 21 of the Code of Federal Regulations (CFR), this is notice that on November 7, 2006, Johnson Matthey, Inc., Custom Pharmaceuticals Department, 2003

Nolte Drive, West Deptford, NJ 08066, made application by renewal to the Drug Enforcement Administration (DEA) to be registered as a bulk manufacturer of the basic classes of controlled substances listed in schedule I and II:

Drug	Schedule
Tetrahydrocannabinols (7370)	I
Dihydromorphine (9145)	I
Difenoxin (9168)	I
Propiram (9649)	I
Amphetamine (1100)	II
Methamphetamine (1105)	II
Methylphenidate (1724)	II
Codeine (9050)	II
Dihydrocodeine (9120)	II
Oxycodone (9143)	II
Hydromorphone (9150)	II
Hydrocodone (9193)	II
Meperidine (9230)	II
Morphine (9300)	II
Thebaine (9333)	II
Oxymorphone (9652)	II
Alfentanil (9737)	II
Sufentanil (9740)	II
Fentanyl (9801)	II

The company plans to manufacture the listed controlled substances in bulk for sale to its customers.

Any other such applicant and any person who is presently registered with DEA to manufacture such substances may file comments or objections to the issuance of the proposed registration pursuant to 21 CFR 1301.33(a).

Any such written comments or objections being sent via regular mail should be addressed, in quintuplicate, to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, Attention: DEA Federal Register Representative/ODL; or any being sent via express mail should be sent to DEA Headquarters, Attention: DEA Federal Register Representative/ODL, 2401 Jefferson-Davis Highway, Alexandria, VA 22301; and must be filed no later than January 30, 2007.

Dated: November 21, 2006.

Joseph T. Rannazzisi,

Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.

[FR Doc. E6-20344 Filed 11-30-06; 8:45 am]

BILLING CODE 4410-09-P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Manufacturer of Controlled Substances; Notice of Application

Pursuant to § 1301.33(a) of Title 21 of the Code of Federal Regulations (CFR),

this is notice that on September 6, 2006, National Center for Natural Products Research-NIDA MProject, University of Mississippi, 135 Coy Waller Lab Complex, University, Mississippi 38677, made application by renewal to the Drug Enforcement Administration (DEA) to be registered as a bulk manufacturer of the basic classes of controlled substances listed in schedules I:

Drug	Schedule
Marihuana (7360)	I
Tetrahydrocannabinols (7370)	I

The company plans to cultivate marihuana for the National Institute of Drug Abuse for research approved by the Department of Health and Human Services.

Any other such applicant and any person who is presently registered with DEA to manufacture such a substance may file comments or objections to the issuance of the proposed registration pursuant to 21 CFR 1301.33(a).

Any such written comments or objections being sent via regular mail should be addressed, in quintuplicate, to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, Attention: DEA Federal Register Representative/ODL; or any being sent via express mail should be sent to DEA Headquarters, Attention: DEA Federal Register Representative/ODL, 2401 Jefferson-Davis Highway, Alexandria, Virginia 22301; and must be filed no later than January 30, 2007.

Dated: November 21, 2006.

Joseph T. Rannazzisi,

Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.

[FR Doc. E6-20342 Filed 11-30-06; 8:45 am]

BILLING CODE 4410-09-P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Manufacturer of Controlled Substances; Notice of Application

Pursuant to § 1301.33(a) of Title 21 of the Code of Federal Regulations (CFR), this is notice that on September 22, 2006, Norac, Inc., 405 S. Moter Avenue, P.O. Box 577, Azusa, California 91702, made application by renewal to the Drug Enforcement Administration (DEA) to be registered as a bulk manufacturer of Tetrahydrocannabinols (7370), a basic class of controlled substance listed in schedule I.

The company plans to manufacture the listed controlled substance in bulk for formulation into the pharmaceutical controlled substance Marinol®.

Any other such applicant and any person who is presently registered with DEA to manufacture such a substance may file comments or objections to the issuance of the proposed registration pursuant to 21 CFR 1301.33(a).

Any such written comments or objections being sent via regular mail should be addressed, in quintuplicate, to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, Attention: DEA Federal Register Representative/ODL; or any being sent via express mail should be sent to DEA Headquarters, Attention: DEA Federal Register Representative/ODL, 2401 Jefferson-Davis Highway, Alexandria, Virginia 22301; and must be filed no later than January 30, 2007.

Dated: November 21, 2006.

Joseph T. Rannazzisi,

Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.

[FR Doc. E6-20340 Filed 11-30-06; 8:45 am]

BILLING CODE 4410-09-P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Manufacturer of Controlled Substances; Notice of Application

Pursuant to § 1301.33(a), Title 21 of the Code of Federal Regulations (CFR), this is notice that on June 27, 2006, Noramco Inc., 1440 Olympic Drive, Athens, Georgia 30601, made application by letter to the Drug Enforcement Administration (DEA) to be registered as a bulk manufacturer of Oxymorphone (9652), a basic class of controlled substance listed in schedule II.

The company plans to manufacture for in-house dosage form production and for sales to other dosage form manufacturers.

Any other such applicant and any person who is presently registered with DEA to manufacture such a substance may file comments or objections to the issuance of the proposed registration pursuant to 21 CFR 1301.33(a).

Any such written comments or objections being sent via regular mail should be addressed, in quintuplicate, to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, Attention: DEA Federal Register Representative/ODL; or

any being sent via express mail should be sent to DEA Headquarters, Attention: DEA Federal Representative/ODL, 2401 Jefferson-Davis Highway, Alexandria, Virginia 22301; and must be filed no later than January 30, 2007.

Dated: November 21, 2006.

Joseph T. Rannazzisi,

Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.

[FR Doc. E6-20341 Filed 11-30-06; 8:45 am]

BILLING CODE 4410-09-P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Manufacturer of Controlled Substances; Notice of Application

Pursuant to § 1301.33(a) of Title 21 of the Code of Federal Regulations (CFR), this is notice that on September 20, 2006, Organix Inc., 240 Salem Street, Woburn, Massachusetts 01801, made application by renewal to the Drug Enforcement Administration (DEA) to be registered as a bulk manufacturer of Cocaine (9041), a basic class of controlled substance listed in schedule II.

The company plans to manufacture a chemical that is a derivative of cocaine that will be sold to their customer for research purposes.

Any other such applicant and any person who is presently registered with DEA to manufacture such a substance may file comments or objections to the issuance of the proposed registration pursuant to 21 CFR 1301.33(a).

Any such written comments or objections being sent via regular mail should be addressed, in quintuplicate, to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, Attention: DEA Federal Register Representative/ODL; or any being sent via express mail should be sent to DEA Headquarters, Attention: DEA Federal Register Representative/ODL, 2401 Jefferson-Davis Highway, Alexandria, Virginia 22301; and must be filed no later than January 30, 2007.

Dated: November 21, 2006.

Joseph T. Rannazzisi,

Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.

[FR Doc. E6-20332 Filed 11-30-06; 8:45 am]

BILLING CODE 4410-09-P

DEPARTMENT OF LABOR**Employee Benefits Security Administration**

ZRIN 1210-ZA11

Model Notice of Pending Election of Multiemployer Plan Status**AGENCY:** Employee Benefits Security Administration, Labor.**ACTION:** Notice.

SUMMARY: This document contains a Model Notice of Pending Election of Multiemployer Plan Status. The Pension Protection Act of 2006 (PPA), Public Law 109-280, permits certain plans that would otherwise be treated as multiemployer plans to elect to revoke a prior election to be treated as single-employer plans, and certain other plans to elect to be treated as multiemployer plans. The PPA requires plan administrators to provide notice of such an election to each plan participant and beneficiary, each labor organization representing such participants or beneficiaries, and each employer that has an obligation to contribute to the plan, and further requires the Secretary of Labor to prescribe a model notice.

FOR FURTHER INFORMATION CONTACT:

David Lurie, Employee Benefits Security Administration (EBSA), U.S. Department of Labor, (202) 693-8510. This is not a toll-free number.

SUPPLEMENTARY INFORMATION: Section 1106 of the PPA added subparagraph (G) to section 3(37) of the Employee Retirement Income Security Act of 1974 (ERISA) and paragraph (6) to section 414(f) of the Internal Revenue Code of 1986 (the Code). The new provisions permit a plan that had made an election under subparagraph (E) of section 3(37) of ERISA and paragraph (5) of section

414(f) of the Code to be treated as a single-employer plan to elect to revoke such election within one year following the date of enactment of the PPA pursuant to procedures prescribed by the Pension Benefit Guaranty Corporation (PBGC), provided certain conditions are satisfied. In addition, the new provisions permit certain other plans to elect to be treated as a multiemployer plan for all purposes under ERISA and the Code, pursuant to procedures prescribed by the PBGC. Any election under 3(37)(G) is effective starting with the first plan year ending after August 17, 2006. An eligible plan is (1) a plan that either (A) is maintained pursuant to one or more collective bargaining agreements and to which more than one employer is required to contribute, or (B) is described as having been established in Chicago, Illinois on August 12, 1881, and is sponsored by an organization described in section 501(c)(5) of the Code and exempt from tax under section 501(a) of the Code, and (2) the plan meets the following requirements: (A) For each of the three plan years immediately before the date of enactment of the PPA the plan satisfied the above conditions or is so described, (B) substantially all of the employer contributions for each of those plan years were made or required to be made by organizations that were exempt from tax under section 501 of the Code, and (C) the plan was established prior to September 2, 1974.

Section 3(37)(G)(v)(I) further provides that the plan administrator of a plan making an election pursuant to section 3(37)(G) shall provide notice of the pending election no later than 30 days before the election is made to each plan participant and beneficiary, each labor organization representing such participants or beneficiaries, and each

employer that has an obligation to contribute to the plan, describing the principal differences between the guarantee programs under Title IV and the benefit restrictions under Title I for single-employer and multiemployer plans, along with such other information the plan administrator chooses to include.

Section 3(37)(G)(v)(II) requires the Secretary of Labor to prescribe a model notice for this purpose within 180 days of the date of enactment of the PPA. In order to satisfy this directive, the Department is publishing this Notice, which contains a Model Notice of Pending Election of Multiemployer Plan Status. The Department will consider that plan administrators who use the Model Notice to notify participants, beneficiaries, labor organizations, and employers of their plan's change of status no later than 30 days before an election is made to have satisfied their obligations under section 3(37)(G)(v)(I). The Model Notice is also available on EBSA's Web site at <http://www.dol.gov/ebsa>.

The Department has consulted with the PBGC in connection with the development of the Model Notice. The PBGC has advised that it will establish procedures and provide guidance for making the election provided for in section 3(37)(G). The Department is of the view that no election under 3(37)(G) is effective unless made pursuant to such procedures, including certification by the plan administrator that it has complied with the notice requirements in section 3(37)(G)(v)(I). In this regard, section 3(37)(G)(v)(III) provides the Secretary of Labor with authority to assess civil penalties for a failure to provide such a notice.

BILLING CODE 4510-29-P

NOTICE OF PENDING ELECTION OF MULTIEMPLOYER PLAN STATUS

For
[Insert name of pension plan]

Introduction

This notice is to inform you that [insert pension plan name] (Plan) will be submitting to the Pension Benefit Guaranty Corporation (PBGC) an election to be treated as a multiemployer pension plan for purposes of federal law. This election will be made pursuant to the Pension Protection Act of 2006. A plan's status as a single-employer plan or a multiemployer plan determines how your pension benefits will be guaranteed by the PBGC, a federal agency, should the plan terminate without enough money to pay pension benefits. This notice, required by federal law, describes the principal differences between the two guarantee programs and benefit restrictions for single and multiemployer plans.

Benefit Payments Guaranteed by the PBGC for Single-employer Plans

If a single-employer pension plan terminates without enough money to pay all benefits, the PBGC will take over the plan and pay pension benefits through its insurance program. Most participants and beneficiaries receive all of the pension benefits they would have received under their plan, but some people may lose certain benefits that are not guaranteed.

The PBGC pays pension benefits up to certain maximum limits.

The maximum guaranteed benefit is [insert appropriate amount from PBGC website] per month, or [insert appropriate amount from PBGC website] per year, payable in the form of a straight life annuity, for a 65-year-old person in a plan that terminates in [insert applicable plan year]. The maximum benefit may be reduced for an individual who is younger than age 65. [If the Plan does not provide for commencement of benefits before age 65, you may omit this sentence.] The maximum benefit will also be reduced when a benefit is provided to a survivor of a plan participant.

The PBGC guarantees "basic benefits" earned before a plan is terminated, which includes [Include the following guarantees that apply to benefits available under the Plan.]:

- pension benefits at normal retirement age;
- most early retirement benefits;
- annuity benefits for survivors of plan participants; and
- disability benefits for a disability that occurred before the date the plan terminated.

The PBGC does not guarantee certain types of benefits [Include the following guarantee limits that apply to the benefits available under the Plan.]:

- The PBGC does not guarantee benefits for which you do not have a vested right when a plan terminates, usually because you have not worked enough years for the company.
- The PBGC does not guarantee benefits for which you have not met all age, service, or other requirements at the time the plan terminates.
- Benefit increases and new benefits that have been in place for less than one year are not guaranteed. Those that have been in place for less than five years are only partly guaranteed.

- Early retirement payments that are greater than payments at normal retirement age may not be guaranteed. For example, a supplemental benefit that stops when you become eligible for Social Security may not be guaranteed.
- Benefits other than pension benefits, such as health insurance, life insurance, death benefits, vacation pay, or severance pay, are not guaranteed.
- The PBGC generally does not pay lump sums exceeding \$5,000.

Even if certain benefits are not guaranteed, participants and beneficiaries still may receive some of those benefits from the PBGC depending on how much money the terminated plan has and how much the PBGC collects from the employer.

Benefit Payments Guaranteed by the PBGC for Multiemployer Plans

If a financially troubled multiemployer plan becomes insolvent, it must reduce benefit payments to the highest level that can be paid from the plan's available financial resources. A plan is insolvent for a plan year if its available financial resources are not sufficient to pay benefits when due for the plan year. If such resources are not enough to pay benefits at a level specified by law, the plan must apply to the PBGC for financial assistance. The PBGC, by law, will loan the plan the amount necessary to pay benefits at the guaranteed level.

The maximum benefit that the PBGC guarantees is set by law. Only vested benefits are guaranteed. Specifically, the PBGC guarantees a monthly benefit payment equal to 100 percent of the first \$11 of the Plan's monthly benefit accrual rate, plus 75 percent of the next \$33 of the accrual rate, times each year of credited service. The PBGC's maximum guarantee, therefore, is \$35.75 per month times a participant's years of credited service.

Example 1: If a participant with 10 years of credited service has an accrued monthly benefit of \$500, the accrual rate for purposes of determining the PBGC guarantee would be determined by dividing the monthly benefit by the participant's years of service ($\$500/10$), which equals \$50. The guaranteed amount for a \$50 monthly accrual rate is equal to the sum of \$11 plus \$24.75 ($.75 \times \$33$), or \$35.75. Thus, the participant's guaranteed monthly benefit is \$357.50 ($\35.75×10).

Example 2: If the participant in Example 1 has an accrued monthly benefit of \$200, the accrual rate for purposes of determining the guarantee would be \$20 (or $\$200/10$). The guaranteed amount for a \$20 monthly accrual rate is equal to the sum of \$11 plus \$6.75 ($.75 \times \$9$), or \$17.75. Thus, the participant's guaranteed monthly benefit would be \$177.50 ($\17.75×10).

The PBGC guarantees pension benefits payable at normal retirement age and some early retirement benefits. In calculating a person's monthly payment, the PBGC will disregard any benefit increases that were made under the plan within 60 months before the earlier of the plan's termination or insolvency. Similarly, the PBGC does not guarantee pre-retirement death benefits to a spouse or beneficiary (e.g., a qualified pre-retirement survivor annuity) if the participant dies after the plan terminates, benefits above the normal retirement benefit, disability benefits not in pay status, or non-pension benefits, such as health insurance, life insurance, death benefits, vacation pay, or severance pay.

Summary of Benefit Payments Guaranteed by PBGC

	Single-Employer Plan	Multiemployer Plan
PBGC Guaranteed Benefit (benefit must be vested)	Participant's accrued benefit under plan, subject to limitations	100% of first \$11 monthly benefit rate, plus 75% of next \$33, x years of credited service
Statutory Guarantee Limitations:		
Maximum Guarantee	\$47,659 / year in 2006 (indexed) (adjusted for age and benefit form)	\$35.75 / month x years credited service (not indexed) If 10 years of service - \$4,290 / year If 30 years of service - \$12,870 / year
Benefit increase by plan amendment	If increase is less than 5 years old at date of plan termination, guarantee is phased-in at 20% / year (For monthly benefit increase of \$100 or less, phase-in rate is \$20 / year)	No guarantee for benefit increase in effect less than 5 years before plan termination or insolvency

New Benefit Restrictions Based on Plan's Funding Status

Due to a recent change in federal law, significantly underfunded pension plans will be subject to corrective measures, without regard to PBGC involvement. The type of corrective measure will depend on how underfunded the plan is, as well as the type of plan. Generally, beginning in 2008, single-employer plans that are less than 60% funded may not pay lump sum benefits or shutdown benefits and must freeze future benefit accruals; plans that are less than 80% funded may pay partial lump sums and may not adopt certain benefit improvements. Generally, beginning in 2008, multiemployer plans that are less than 65% funded, or meet other liquidity or funding shortfalls, must adopt new benefit and contribution structures that will improve the plan's funded status within a specified period of time, may reduce previously earned benefits (but not less than the participant's accrued benefit payable at normal retirement age), and may not pay lump sum benefits in excess of \$5,000; plans that are less than 80% funded, or meet other funding shortfalls, must adopt new benefit and contribution structures to meet specified funded benchmarks, and may increase benefits only with the actuary's certification that such benefits are paid for out of contributions not required to meet the benchmarks.

Where to Get More Information

For more information about this notice, you may contact [enter name of plan administrator], at [enter phone number and address]. For more information about the PBGC and benefit guarantees, go to PBGC's website, <http://www.pbpc.gov>, or call PBGC toll-free at 1-800-400-7242 (TTY/TDD users may call the Federal relay service toll free at 1-800-877-8339 and ask to be connected to 1-800-400-7242).

Signed at Washington, DC, this 28th day of November, 2006.

Bradford P. Campbell,

Acting Assistant Secretary, Employee Benefits Security Administration, Department of Labor.

[FR Doc. 06-9491 Filed 11-30-06; 8:45 am]

BILLING CODE 4510-29-C

NATIONAL FOUNDATION ON THE ARTS AND HUMANITIES

Study of IMLS Funded Digital Collections and Content, Collections Registry Survey, Submission for OMB Clearance

AGENCY: Institute of Museum and Library Services, National Foundation on the Arts and Humanities.

ACTION: Submission to OMB for Clearance.

SUMMARY: The Institute of Museum and Library Services announces the following information collection has been submitted to the Office of Management and Budget 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 this proposed form, with applicable supporting documentation, may be obtained by calling the Institute of Museum and Library Services, Director of Research and Technology, Rebecca Danvers at (202) 653-4680. IMLS seeks OMB clearance for study of IMLS Funded Digital Collections and Content, Collections Registry Survey.

DATES: Comments must be received by January 2, 2007. 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.

ADDRESSES: For a copy of the form contact: Rebecca Danvers, Director of Research and Technology, Institute of Museum and Library Services, 1800 M St., NW., 9th floor, Washington, DC 20036, telephone 202-653-4680, fax 202-653-4625, e-mail rdanvers@imls.gov.

SUPPLEMENTARY INFORMATION:

I. Background

The Institute of Museum and Library Services is an independent Federal grant-making agency authorized by the Museum and Library Services Act, Public Law 104-208, as amended. The IMLS provides a variety of grant programs to assist the nation's museums and libraries in improving their operations and enhancing their services to the public. Museums and libraries of all sizes and types may receive support from IMLS programs. The Museum and Library Services Act, 20 U.S.C. Section 9101, *et seq.* authorizes the Director of the Institute of Museum and Library Services to make grants to museums and other entities as the Director considers appropriate. In the National Leadership Grant program, IMLS funds the digitization of library and museum collections. The survey is a Web-based form to collect electronically collection level data about digitization projects funded by the Institute of Museum and Library Services through the National Leadership and Grants to State Libraries programs.

II. Current Actions

To collect information from grantee institutions that received IMLS digitization grants since 2005.

Agency: Institute of Museum and Library Services.

Title: Museum Grants for African American History and Culture Program Guidelines.

OMB Number: 3137-051.

Agency Number: 3137.

Frequency: Once.

Affected Public: museums and libraries that created digital collections with IMLS funding.

Number of Respondents: 50.

Estimated Time Per Respondent: .5 hours.

Total Burden Hours: 25.

Total Annualized capital/startup costs: \$0.

Total Annual costs: \$625.

Contact: Comments should be sent to Office of Information and Regulatory Affairs, Attn.: OMB Desk Officer for Education, Office of Management and Budget, Room 10235, Washington, DC 20503, (202) 395-7316.

Dated: November 27, 2006.

Rebecca Danvers,

Director Research and Technology.

[FR Doc. E6-20369 Filed 11-30-06; 8:45 am]

BILLING CODE 7036-01-P

NUCLEAR REGULATORY COMMISSION

[Docket Nos. STN 50-454, STN 50-455, STN 50-456 AND STN 50-457]

Exelon Generation Company, LLC Byron Station, Unit Nos. 1 and 2; Braidwood Station, Unit Nos. 1 and 2; Exemption

1.0 Background

Exelon Generation Company, LLC (EGC, or the licensee) is the holder of Facility Operating Licenses NPF-37, NPF-66, NPF-72, and NPF-77, which authorize operation of Byron Station, Unit Nos. 1 and 2 (Byron), and Braidwood Station, Unit Nos. 1 and 2 (Braidwood), respectively. The licenses provide, among other things, that the facilities are subject to all rules, regulations, and orders of the Nuclear Regulatory Commission (NRC, the Commission) now or hereafter in effect.

The Byron facility consists of two pressurized-water reactors located in Ogle County in Illinois. The Braidwood facility consists of two pressurized-water reactors located in Will County in Illinois.

2.0 Request/Action

Title 10 of the *Code of Federal Regulations* (10 CFR), Part 50, Appendix G, requires that pressure-temperature (P-T) limits be established for reactor pressure vessels (RPVs) during normal operating and hydrostatic or leak rate testing conditions. Specifically, 10 CFR Part 50, Appendix G states, "[t]he minimum temperature requirements * * * pertain to the controlling material, which is either the material in the closure flange or the material in the beltline region with the highest reference temperature * * * [T]he minimum temperature requirements and the controlling material depend on the operating condition (i.e., hydrostatic pressure and leak tests, or normal operation including anticipated operational occurrences), the vessel pressure, whether fuel is in the vessel, and whether the core is critical. The metal temperature of the controlling material, in the region of the controlling material which has the least favorable combination of stress and temperature, must exceed the appropriate minimum temperature requirement for the condition and pressure of the vessel

specified in Table 1 [of 10 CFR Part 50, Appendix G]." Footnote 2 to Table 1 of 10 CFR Part 50, Appendix G, specifies that RPV minimum temperature requirements related to RPV closure flange considerations shall be based on "[t]he highest reference temperature of the material in the closure flange region that is highly stressed by bolt preload."

In order to conform to certain provisions of proposed amendments that would modify the Byron and Braidwood Technical Specifications (TS) to revise the pressure-temperature limits report (PTLR) methodology for each unit, EGC requested in its application dated October 3, 2005, that the NRC staff exempt Byron and Braidwood from the specific requirements of 10 CFR Part 50, Appendix G, as they pertain to the establishment of minimum temperature requirements, for all modes of operation addressed by 10 CFR Part 50, Appendix G, based on the material properties of the material of the RPV closure flange region that is highly stressed by the bolt preload. The requirements from which EGC requested that Byron and Braidwood be exempted shall be referred to, for the purpose of this exemption as, "those requirements related to the application of footnote (2) to Table 1 of 10 CFR Part 50, Appendix G."

EGC's technical basis was submitted to the NRC by letter dated October 3, 2005, which included as an attachment Westinghouse Report WCAP-16143-P, "Reactor Closure Head/Vessel Flange Requirements Evaluation for Byron/Braidwood Units 1 and 2." WCAP-16143-P included a fracture mechanics analysis of postulated flaws in the Byron and Braidwood RPV closure flange regions under boltup, 100 °F/hr heatup, 100 °F/hr cooldown, and steady-state conditions, with the heatup and cooldown transients being modeled in accordance with what would be permissible using P-T limit curves based on Byron and Braidwood beltline materials. Westinghouse performed finite element modeling to calculate the stresses present at critical locations within the flange region and determined that the 100 °F/hr heatup transient was the most severe condition, with the upper head-to-flange weld being the most limiting location. With these stresses, Westinghouse calculated the applied stress intensity ($K_{I \text{ applied}}$) for semi-elliptical, outside diameter initiated, surface breaking flaws with an aspect ratio (length vs. depth) of 6:1, and with depths ranging from 0 to 90 percent of the thickness of the component wall. The $K_{I \text{ applied}}$ values were calculated in accordance with the

American Society of Mechanical Engineers *Boiler and Pressure Vessel Code* (ASME Code) Section XI, Appendix G, Subparagraph G-2220 requirements for the analysis of flange locations. Westinghouse then compared these $K_{I \text{ applied}}$ values to ASME Code lower-bound static crack initiation fracture toughness (K_{IC}) values determined from the nil-ductility transition reference temperature (RT_{NDT}) values for the Byron and Braidwood RPV closure flange materials. Westinghouse also provided an assessment of the potential for changes in the material RT_{NDT} values for the Byron and Braidwood RPV closure flange materials due to thermal aging resulting from exposure to the RPV operating environment.

The use of ASME Code K_{IC} as the material property for the fracture mechanics analysis represents the most significant change between the analysis provided in WCAP-16143-P and the analysis that was performed as the basis for establishing the minimum temperature requirements in 10 CFR Part 50, Appendix G. The minimum temperature requirements related to footnote 2 to Table 1 of 10 CFR Part 50, Appendix G were incorporated into the *Code of Federal Regulations* in the early 1980s and were based on analyses that used ASME Code lower-bound crack arrest/dynamic test fracture toughness (K_{IA}) as the parameter for characterizing a material's ability to resist crack initiation and propagation. The use of ASME Code K_{IA} is always conservative with respect to the use of ASME Code K_{IC} for fracture mechanics evaluations, and its use in the evaluations that established the requirements in 10 CFR Part 50, Appendix G was justified based on the limited knowledge of RPV material behavior that was available in the early 1980s. However, the use of ASME Code K_{IC} is more consistent with the actual physical processes that would govern flaw initiation under conditions of normal RPV operation, including RPV heatup, cooldown, and hydrostatic and leak testing. Based on its current understanding of the behavior of RPV materials, the NRC staff has routinely approved the use of ASME Code K_{IC} by licensees as the basis for evaluating RPV beltline materials; licensees have previously demonstrated compliance with the intent of 10 CFR Part 50, Appendix G through the use of the ASME Code, first as Code Cases N-640 and N-641, and now via ASME Code, Section XI, Appendix G, which has been revised to use K_{IC} in lieu of K_{IA} .

The minimum K_{IC} value given in the ASME Code for RPV steel, regardless of the material RT_{NDT} value or

temperature, is 33.2 ksi $\sqrt{\text{in}}$. This value represents the "lower shelf" of the ASME Code K_{IC} curve. Based on information in WCAP-16143-P, it is apparent that the $K_{I \text{ applied}}$ for any flaw up to $\frac{1}{4}$ of the wall thickness ($\frac{1}{4} T$) at the limiting location (refer to WCAP-16143-P, Figure 4-2), would not exceed 33.2 ksi $\sqrt{\text{in}}$ (even taking into account the NRC staff's consideration of ASME Code structural factors), until between 1 and 2 hours into the 100 °F/hr heatup transient. The temperature at the tip of postulated flaws up to $\frac{1}{4} T$ size would be adequate at that time to ensure that the limiting Byron and Braidwood flange materials would exhibit fracture toughness properties in excess of ASME Code "lower shelf" behavior.

The NRC staff has determined that the analysis provided in WCAP-16143-P has demonstrated, for the most limiting transient addressed by 10 CFR Part 50, Appendix G, that the combination of factors that would have to exist for brittle failure to occur (high stresses in the RPV flange region along with low temperature at the metal of the flange region) cannot exist simultaneously, and based on consideration of Byron and Braidwood's beltline materials, the structural integrity of the Byron and Braidwood RPV closure flange materials will not be challenged by facility operation in accordance with P-T limit curves. Therefore, the more conservative minimum temperature requirements related to footnote 2 to Table 1 of 10 CFR Part 50, Appendix G are not necessary to meet the underlying intent of 10 CFR Part 50, Appendix G, to protect the Byron and Braidwood RPVs from brittle failure during normal operation under both core critical and core non-critical conditions and RPV hydrostatic and leak test conditions.

3.0 Discussion

Pursuant to 10 CFR 50.12, the Commission may, upon application by any interested person or upon its own initiative, grant exemptions from the requirements of 10 CFR Part 50, when (1) the exemptions are authorized by law, will not present an undue risk to public health or safety, and are consistent with the common defense and security; and (2) when special circumstances are present. Special circumstances are present whenever, according to 10 CFR 50.12(a)(2):

- (i) Application of the regulation in the particular circumstances conflicts with other rules or requirements of the Commission; or
- (ii) Application of the regulation in the particular circumstances would not serve the underlying purpose of the rule or is not necessary to achieve the underlying purpose of the rule; or

(iii) Compliance would result in undue hardship or other costs that are significantly in excess of those contemplated when the regulation was adopted, or that are significantly in excess of those incurred by others similarly situated; or

(iv) The exemption would result in benefit to the public health and safety that compensates for any decrease in safety that may result from the grant of the exemption; or

(v) The exemption would provide only temporary relief from the applicable regulation and the licensee or applicant has made good faith efforts to comply with the regulation; or

(vi) There is present any other material circumstance not considered when the regulation was adopted for which it would be in the public interest to grant an exemption. If such condition is relied on exclusively for satisfying paragraph (a)(2) of this section, the exemption may not be granted until the Executive Director for Operations has consulted with the Commission.

The NRC staff finds that special circumstances exist pursuant to 10 CFR 50.12(a)(2)(ii) in that the application of the regulation is not necessary to achieve the underlying purpose of the rule. As stated in Section 2.0 above, the more conservative minimum temperature requirements related to footnote 2 to Table 1 of 10 CFR Part 50, Appendix G are not necessary to meet the underlying intent of 10 CFR Part 50, Appendix G, to protect the Byron and Braidwood RPVs from brittle failure during normal operation under both core critical and core non-critical conditions and RPV hydrostatic and leak test conditions.

Authorized by Law

This exemption would allow the use of an alternative methodology in calculating the RPV P-T limits for Byron and Braidwood in lieu of 10 CFR Part 50, Appendix G, paragraph IV.A.2.c. As stated above, 10 CFR 50.12 allows the NRC to grant exemptions from the requirement of 10 CFR Part 50. Furthermore, Section 50.60(b) to 10 CFR Part 50 allows the use of alternatives to 10 CFR Part 50, Appendices G and H, when an exemption is granted by the NRC under 10 CFR 50.12. Therefore, this exemption is authorized by law.

No Undue Risk to Public Health and Safety

The underlying purpose of 10 CFR Part 50, Appendix G, paragraph IV.A.2.c, is to maintain the appropriate fracture margin in the RPV closure head region.

The proposed methodology for the Byron and Braidwood P-T limits relies, in part, on ASME Code, Section XI, Appendix G, which allows the use of the K_{IC} fracture toughness curve rather

than the K_{IA} curve. P-T limits developed using the K_{IC} fracture toughness curve permit a much higher allowable pressure through the entire range of temperatures.

The benefit is negated at temperatures below $RT_{NDT} + 120$ °F because of the additional flange requirement of 10 CFR Part 50, Appendix G. Using the K_{IC} fracture toughness curve, the analyses presented in WCAP-16143-P show that there is significant margin between the applied stress intensity factor at boltup and the material fracture toughness at cracks postulated to exist in the highest stress region of the closure head/flange region. The analyses also show that the boltup temperature requirement for Byron and Braidwood could be satisfied at 60 °F or higher, easily justifying boltup at ambient temperature.

Based on its review, the NRC staff finds that the results presented in WCAP-16143-P demonstrate that the 10 CFR Part 50, Appendix G RPV closure head flange requirement can be eliminated and appropriate fracture margins would still be maintained.

Based on the above, no new accident precursors are created by using an alternative methodology in calculating the RPV P-T limits; thus, the probability of postulated accidents is not increased. Also, based on the above, the consequences of postulated accidents are not increased. Therefore, there is no undue risk to public health and safety.

Consistent with Common Defense and Security

The proposed exemption would allow the use of an alternative methodology in calculating the RPV P-T limits, in lieu of 10 CFR Part 50, Appendix G, paragraph IV.A.2.c. This change has no relation to security issues. Therefore, the common defense and security is not impacted by this exemption.

Special Circumstances

Special circumstances, in accordance with 10 CFR 50.12(a)(2), are present whenever application of the regulation in the particular circumstances would not be necessary to achieve the underlying purpose of the rule. The underlying purpose of 10 CFR Part 50, Appendix G, paragraph IV.A.2.c is to maintain the appropriate fracture margin in the RPV closure head region.

The NRC staff examined the licensee's rationale to support the exemption request and, based on its independent review of the information provided in WCAP-16143-P and in EGC's October 3, 2005, application, the NRC staff agrees that an acceptable technical basis has been established to exempt Byron and Braidwood from requirements

related to the application of footnote 2 to Table 1 of 10 CFR Part 50, Appendix G. The NRC staff finds that the technical basis provided by EGC demonstrates that an adequate margin of safety against brittle failure would continue to be maintained for Byron and Braidwood RPVs without the application of those requirements related to the application of footnote 2 to Table 1 of 10 CFR Part 50, Appendix G, for normal operation under both core critical and core non-critical conditions and RPV hydrostatic and leak test conditions. The NRC staff concludes, pursuant to 10 CFR 50.12(a)(2)(ii), that the underlying purpose of 10 CFR Part 50, Appendix G will be achieved for Byron and Braidwood without the application of those requirements related to the application of footnote 2 to Table 1 of 10 CFR Part 50, Appendix G.

Therefore, since the underlying purpose of 10 CFR Part 50, Appendix G is achieved, the special circumstances required by 10 CFR 50.12(a)(2) for the granting of an exemption from those requirements related to the application of footnote 2 to Table 1 of 10 CFR Part 50, Appendix G, exist.

4.0 Conclusion

Accordingly, the Commission has determined that, pursuant to 10 CFR 50.12(a), the exemption is authorized by law, will not present an undue risk to the public health and safety, and is consistent with the common defense and security. Also, special circumstances are present. Therefore, the Commission hereby grants EGC an exemption from those requirements related to the application of footnote 2 to Table 1 of 10 CFR Part 50, Appendix G, for Byron and Braidwood.

Pursuant to 10 CFR 51.32, the Commission has determined that the granting of this exemption will not have a significant effect on the quality of the human environment (71 FR 57577).

This exemption is effective upon issuance.

Dated at Rockville, Maryland, this 22nd day of November 2006.

For the Nuclear Regulatory Commission.

Catherine Haney,

Director, Division of Operating Reactor Licensing, Office of Nuclear Reactor Regulation.

[FR Doc. E6-20319 F] filed 11-30-06; 8:45 am

BILLING CODE 7590-01-P

NUCLEAR REGULATORY COMMISSION

[Docket No. 030-34506]

Notice of Availability of Environmental Assessment and Finding of No Significant Impact for License Amendment to Byproduct Materials License No. 45-25404-01, for Termination of the License and Unrestricted Release of the Insmed Pharmaceuticals, Incorporated Facility Located in Glen Allen, VA**AGENCY:** Nuclear Regulatory Commission.**ACTION:** Issuance of Environmental Assessment and Finding of No Significant Impact for License Amendment.**FOR FURTHER INFORMATION CONTACT:**Betsy Ullrich, Senior Health Physicist, Commercial and R&D Branch, Division of Nuclear Materials Safety, Region I, 475 Allendale Road, King of Prussia, Pennsylvania; telephone (610) 337-5040; fax number (610) 337-5269; or by e-mail: exu@nrc.gov.**SUPPLEMENTARY INFORMATION:****I. Introduction**

The U.S. Nuclear Regulatory Commission (NRC) is considering the issuance of a license amendment to Byproduct Materials License No. 45-25404-01. This license is held by Insmed Pharmaceuticals, Incorporated (the Licensee), for its facility located at 4851 Lake Brook Drive in Glen Allen, Virginia (the Facility). Issuance of the amendment would authorize release of the Facility for unrestricted use and termination of the NRC license. The Licensee requested this action in a letter dated September 30, 2006. The NRC has prepared an Environmental Assessment (EA) in support of this proposed action in accordance with the requirements of Title 10, Code of Federal Regulations (CFR), part 51 (10 CFR part 51). Based on the EA, the NRC has concluded that a Finding of No Significant Impact (FONSI) is appropriate with respect to the proposed action. The amendment will be issued to the Licensee following the publication of this FONSI and EA in the Federal Register.

II. Environmental Assessment*Identification of Proposed Action*

The proposed action would approve the Licensee's September 30, 2006, license amendment request, resulting in release of the Facility for unrestricted use and the termination of its NRC materials license. License No. 45-25404-01 was issued on December 10,

1997, pursuant to 10 CFR part 30, and has been amended periodically since that time. This license authorized the Licensee to use unsealed byproduct material for purposes of conducting research and development activities on laboratory bench tops and in hoods.

The Facility is situated in a 70,000 square-foot office park building, and consists of office space and laboratories. The Facility is located in a suburban area. Within the Facility, use of licensed materials was confined to three laboratories having a total area of approximately 3,000 square feet.

On September 28, 2006, the Licensee ceased licensed activities and initiated a survey and decontamination of the Facility. Based on the Licensee's historical knowledge of the site and the conditions of the Facility, the Licensee determined that only routine decontamination activities, in accordance with their NRC-approved, operating radiation safety procedures, were required. The Licensee was not required to submit a decommissioning plan to the NRC because worker cleanup activities and procedures are consistent with those approved for routine operations. The Licensee conducted surveys of the Facility and provided information to the NRC to demonstrate that it meets the criteria in Subpart E of 10 CFR part 20 for unrestricted release and for license termination.

Need for the Proposed Action

The Licensee has ceased conducting licensed activities at the Facility, and seeks the unrestricted use of its Facility and the termination of its NRC materials license. Termination of its license would end the Licensee's obligation to pay annual license fees to the NRC.

Environmental Impacts of the Proposed Action

The historical review of licensed activities conducted at the Facility shows that such activities involved use of the following radionuclides with half-lives greater than 120 days: hydrogen-3 and carbon-14. Prior to performing the final status survey, the Licensee conducted decontamination activities, as necessary, in the areas of the Facility affected by these radionuclides.

The Licensee conducted a final status survey on September 28, 2006. This survey covered all three laboratories used for licensed activities. The final status survey report was attached to the Licensee's amendment request dated September 30, 2006. The Licensee elected to demonstrate compliance with the radiological criteria for unrestricted release as specified in 10 CFR 20.1402 by using the screening approach

described in NUREG-1757, "Consolidated NMSS Decommissioning Guidance," Volume 2. The Licensee used the radionuclide-specific derived concentration guideline levels (DCGLs), developed there by the NRC, which comply with the dose criterion in 10 CFR 20.1402. These DCGLs define the maximum amount of residual radioactivity on building surfaces, equipment, and materials, and in soils, that will satisfy the NRC requirements in Subpart E of 10 CFR part 20 for unrestricted release. The Licensee's final status survey results were below these DCGLs and are in compliance with the As Low As Reasonably Achievable (ALARA) requirement of 10 CFR 20.1402. The NRC thus finds that the Licensee's final status survey results are acceptable.

Based on its review, the staff has determined that the affected environment and any environmental impacts associated with the proposed action are bounded by the impacts evaluated by the "Generic Environmental Impact Statement in Support of Rulemaking on Radiological Criteria for License Termination of NRC-Licensed Nuclear Facilities" (NUREG-1496) Volumes 1-3 (ML042310492, ML042320379, and ML042330385). The staff finds there were no significant environmental impacts from the use of radioactive material at the Facility. The NRC staff reviewed the docket file records and the final status survey report to identify any non-radiological hazards that may have impacted the environment surrounding the Facility. No such hazards or impacts to the environment were identified. The NRC has identified no other radiological or non-radiological activities in the area that could result in cumulative environmental impacts.

The NRC staff finds that the proposed release of the Facility for unrestricted use and the termination of the NRC materials license is in compliance with 10 CFR 20.1402. Based on its review, the staff considered the impact of the residual radioactivity at the Facility and concluded that the proposed action will not have a significant effect on the quality of the human environment.

Environmental Impacts of the Alternatives to the Proposed Action

Due to the largely administrative nature of the proposed action, its environmental impacts are small. Therefore, the only alternative the staff considered is the no-action alternative, under which the staff would leave things as they are by simply denying the amendment request. This no-action alternative is not feasible because it

conflicts with 10 CFR 30.36(d), requiring that decommissioning of byproduct material facilities be completed and approved by the NRC after licensed activities cease. The NRC's analysis of the Licensee's final status survey data confirmed that the Facility meets the requirements of 10 CFR 20.1402 for unrestricted release and for license termination. Additionally, denying the amendment request would result in no change in current environmental impacts. The environmental impacts of the proposed action and the no-action alternative are therefore similar, and the no-action alternative is accordingly not further considered.

Conclusion

The NRC staff has concluded that the proposed action is consistent with the NRC's unrestricted release criteria specified in 10 CFR 20.1402. Because the proposed action will not significantly impact the quality of the human environment, the NRC staff concludes that the proposed action is the preferred alternative.

Agencies and Persons Consulted

NRC provided a draft of this Environmental Assessment to the Commonwealth of Virginia for review on October 17, 2006. On October 24, 2006, the Commonwealth of Virginia, Division of Radiological Health and Safety Regulation, responded by e-mail. The Commonwealth agreed with the conclusions of the EA, and otherwise had no comments.

The NRC staff has determined that the proposed action is of a procedural nature, and will not affect listed species or critical habitat. Therefore, no further consultation is required under Section 7 of the Endangered Species Act. The NRC staff has also determined that the proposed action is not the type of activity that has the potential to cause effects on historic properties. Therefore, no further consultation is required under Section 106 of the National Historic Preservation Act.

III. Finding of No Significant Impact

The NRC staff has prepared this EA in support of the proposed action. On the basis of this EA, the NRC finds that there are no significant environmental impacts from the proposed action, and that preparation of an environmental impact statement is not warranted. Accordingly, the NRC has determined that a Finding of No Significant Impact is appropriate.

IV. Further Information

Documents related to this action, including the application for license amendment and supporting documentation, are available electronically at the NRC's Electronic Reading Room at <http://www.nrc.gov/reading-rm/adams.html>. From this site, you can access the NRC's Agencywide Document Access and Management System (ADAMS), which provides text and image files of NRC's public documents. The documents related to this action are listed below, along with their ADAMS accession numbers.

1. Letters dated September 30, 2006, (ML062770396) and October 16, 2006, (ML062900505);

2. NUREG-1757, "Consolidated NMSS Decommissioning Guidance;"

3. Title 10 Code of Federal Regulations, Part 20, Subpart E, "Radiological Criteria for License Termination;"

4. Title 10, Code of Federal Regulations, Part 51, "Environmental Protection Regulations for Domestic Licensing and Related Regulatory Functions;"

5. NUREG-1496, "Generic Environmental Impact Statement in Support of Rulemaking on Radiological Criteria for License Termination of NRC-Licensed Nuclear Facilities."

If you do not have access to ADAMS, or if there are problems in accessing the documents located in ADAMS, contact the NRC Public Document Room (PDR) Reference staff at 1-800-397-4209, 301-415-4737, or by e-mail to pdr@nrc.gov. These documents may also be viewed electronically on the public computers located at the NRC's PDR, O 1 F21, One White Flint North, 11555 Rockville Pike, Rockville, MD 20852. The PDR reproduction contractor will copy documents for a fee.

Dated at 475 Allendale Road, King of Prussia, Pennsylvania this 20th day of November 2006.

For The Nuclear Regulatory Commission.
James P. Dwyer,
Chief Commercial and R&D Branch, Division
of Nuclear Materials Safety, Region 1.
[FR Doc. E6-20327 Filed 11-30-06; 8:45 am]
BILLING CODE 7590-01-P

PENSION BENEFIT GUARANTY CORPORATION

PBGC Flat Premium Rates

AGENCY: Pension Benefit Guaranty Corporation.

ACTION: Notice of flat premium rates.

SUMMARY: This notice informs the public of the PBGC flat premium rates for

premium payment years beginning in 2007. These rates can be derived from information published elsewhere but are published in this notice for the convenience of the public.

DATES: The flat premium rates apply to premium payment years beginning in 2007.

FOR FURTHER INFORMATION CONTACT: Catherine B. Klion, Manager, Regulatory and Policy Division, Legislative and Regulatory Department, Pension Benefit Guaranty Corporation, 1200 K Street, NW., Washington, DC 20005, 202-326-4024. (TTY/TDD users may call the Federal relay service toll-free at 1-800-877-8339 and ask to be connected to 202-326-4024.)

SUPPLEMENTARY INFORMATION: The Pension Benefit Guaranty Corporation (PBGC) administers the pension plan termination insurance program under Title IV of the Employee Retirement Income Security Act of 1974 (ERISA). Pension plans covered by Title IV must pay premiums to PBGC. Section 4006 of ERISA deals with premium rates.

The Deficit Reduction Act of 2005 (Pub. L. 109-171) (DRA 2005) amends section 4006 of ERISA. DRA 2005 changes the per-participant flat premium rate for plan years beginning in 2006 from \$19 to \$30 for single-employer plans and from \$2.60 to \$8 for multiemployer plans and provides for inflation adjustments to the flat rates for future years. The adjustments are based on changes in the national average wage index as defined in section 209(k)(1) of the Social Security Act, with a two-year lag—for example, for 2007, the 2005 index is compared to the baseline (the 2004 index). The new provisions are written in such a way that the premium rate can never go down; if the change in the national average wage index is negative, the premium rate remains the same as in the preceding year. Also, premium rates are rounded to the nearest whole dollar.

The baseline national average wage index, the 2004 index, was \$35,648.55. The 2005 index is \$36,952.94. The ratio of the 2005 index to the 2004 index is 1.03659. Multiplying this ratio by \$30.00 gives \$31.10 which rounds to \$31.00. Multiplying the ratio by \$8.00 gives \$8.29, which rounds to \$8.00. Thus, the 2007 flat premium rates for PBGC's two insurance programs will be \$31.00 per participant for single-employer plans and \$8.00 per participant for multiemployer plans.

The PBGC will publish the flat premium rates annually for the convenience of the public.

Issued in Washington, DC, on this 17th day of November 2006.

Vincent K. Snowbarger,

Interim Director, Pension Benefit Guaranty Corporation.

[FR Doc. E6-20386 Filed 11-30-06; 8:45 am]

BILLING CODE 7709-01-P

RAILROAD RETIREMENT BOARD

Proposed Collection; Comment Request

SUMMARY: In accordance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 which provides opportunity for public comment on new or revised data collections, the Railroad Retirement Board (RRB) will publish periodic summaries of proposed data collections.

Comments are invited on: (a) Whether the proposed information collection is necessary for the proper performance of the functions of the agency, including whether the information has practical utility; (b) the accuracy of the RRB's estimate of the burden of the collection of the information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden related to the collection of information on respondents, including the use of automated collection techniques or other forms of information technology.

Title and purpose of information collection: Appeal Under the Railroad Retirement and Railroad Unemployment Insurance Act; OMB 3220-0007 Under Section 7(b)(3) of the Railroad Retirement Act (RRA), and section 5(c) of the Railroad Unemployment Insurance Act (RUIA) any person aggrieved by a decision on his or her application for an annuity or benefit under that Act has the right to appeal to the RRB. This right is prescribed in 20 CFR 260 and 20 CFR 320. The notification letter sent to the individual at the time of the original action on the application informs the applicant of such right. When an individual protests a decision, the concerned bureau reviews the entire file and any additional evidence submitted and sends the applicant a letter explaining the basis of the determination. The applicant is then notified that if he or she wishes to protest further, they can appeal to the RRB's Bureau of Hearings and Appeals. The procedure pertaining to the filing of such an appeal is prescribed in 20 CFR 260.5 and 260.9 and 20 CFR 320.12 and 320.38.

The form prescribed by the RRB for filing an appeal under the RRA or RUIA is form HA-1, *Appeal Under the*

Railroad Retirement Act or Railroad Unemployment Insurance Act. The form asks the applicant to furnish the basis for the appeal and what additional evidence, if any, is to be submitted. Completion is voluntary, however if the information is not provided the RRB cannot process the appeal.

The RRB proposes no changes to Form HA-1. The completion time for the HA-1 is estimated at 20 minutes per response. The RRB estimates that approximately 650 Form HA-1's are completed annually.

Additional Information or Comments: To request more information or to obtain a copy of the information collection justification, forms, and/or supporting material, please call the RRB Clearance Officer at (312) 751-3363 or send an e-mail request to Charles.Mierzwa@RRB.GOV. Comments regarding the information collection should be addressed to Ronald J. Hodapp, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092 or send an e-mail to Ronald.Hodapp@RRB.GOV. Written comments should be received within 60 days of this notice.

Charles Mierzwa,
Clearance Officer.

[FR Doc. E6-20345 Filed 11-30-06; 8:45 am]

BILLING CODE 7905-01-P

SECURITIES AND EXCHANGE COMMISSION

[File No. 22-28824]

Application and Opportunity for Hearing: Software Brokers of America, Inc.

November 27, 2006.

The Securities and Exchange Commission gives notice that Software Brokers of America, Inc. has filed an application under Section 304(d) of the Trust Indenture Act of 1939. Software Brokers of America asks the Commission to exempt from the certificate or opinion delivery requirements of Section 314(d) of the 1939 Act certain provisions of an indenture dated August 25, 2005, as supplemented by an indenture dated October 31, 2006, between Intcomex, Inc., Software Brokers of America, Intcomex Holdings, LLC, Intcomex Holdings SPC-I, LLC, and The Bank of New York, as trustee. The indenture relates to 11¾% Second Priority Senior Secured Notes due 2011.

Section 304(d) of the 1939 Act, in part, authorizes the Commission to exempt conditionally or unconditionally any indenture from one

or more provisions of the 1939 Act. The Commission may provide an exemption under Section 304(d) if it finds that the exemption is necessary or appropriate in the public interest and consistent with the protection of investors and the purposes fairly intended by the 1939 Act.

Section 314(d) requires the obligor to furnish to the indenture trustee certificates or opinions of fair value from an engineer, appraiser or other expert upon any release of collateral from the lien of the indenture. The engineer, appraiser or other expert must opine that the proposed release will not impair the security under the indenture in contravention of the provisions of the indenture. The application requests an exemption from Section 314(d) for specified dispositions of collateral that are made in Software Brokers of America's ordinary course of business.

In its application, Software Brokers of America alleges that:

1. The indenture permits Software Brokers of America to dispose of collateral in the ordinary course of its business;

2. Intcomex will deliver to the trustee annual consolidated financial statements audited by certified independent accountants; and

3. Software Brokers of America will deliver to the trustee a semi-annual certificate stating that all dispositions of collateral during the relevant six-month period occurred in Software Brokers of America's ordinary course of business and that all of the proceeds were used as permitted by the indenture.

Any interested persons should look to the application for a more detailed statement of the asserted matters of fact and law. The application is on file in the Commission's Public Reference Section, File Number 22-28824, 100 F Street, NE., Washington, DC 20549.

The Commission also gives notice that any interested persons may request, in writing, that a hearing be held on this matter. Interested persons must submit those requests to the Commission no later than December 27, 2006. Interested persons must include the following in their request for a hearing on this matter:

- The nature of that person's interest;
- the reasons for the request; and
- the issues of law or fact raised by the application that the interested person desires to refute or request a hearing on.

The interested person should address this request for a hearing to: Nancy M. Morris, Secretary, Securities and Exchange Commission, 100 F Street, NE., Washington, DC 20549-1090. At

any time after December 27, 2006, the Commission may issue an order granting the application, unless the Commission orders a hearing.

For the Commission, by the Division of Corporation Finance, pursuant to delegated authority.

Nancy M. Morris,
Secretary.

[FR Doc. E6-20310 Filed 11-30-06; 8:45 am]

BILLING CODE 8011-01-P

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34-54816; File No. SR-NSCC-2006-09]

Self-Regulatory Organizations; National Securities Clearing Corporation; Order Approving Proposed Rule Change To Allow Cash, Next Day, and Seller's Option Equity Trades To Be Processed in the Continuous Net Settlement System and To Modify the Clearing Fund Formula To Mitigate the Risk Associated With the Shorter Settlement Cycle of Cash and Next Day Settling Trades

November 27, 2006.

I. Introduction

On July 24, 2006, the National Securities Clearing Corporation ("NSCC") filed with the Securities and Exchange Commission ("Commission") proposed rule change SR-NSCC-2006-09 pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 ("Act").¹ Notice of the proposal was published in the *Federal Register* on September 29, 2006.² The Commission received no comment letters. For the reasons discussed below, the Commission is approving the proposed rule change.

II. Description

NSCC seeks to modify its procedures for equity trade processing to enable cash,³ next day,⁴ and seller's option⁵ equity trades received on a locked-in basis from self-regulatory organizations ("SROs") and Qualified Special Representatives ("QSRs") to be processed in NSCC's Continuous Net

Settlement ("CNS") system.⁶ NSCC is also proposing to add a new element to its clearing fund formula to cover trades, such as cash and next day settling CNS trades, that settle in less than three days.⁷

A. Cash, Next Day, and Seller's Option Equity Trades Processed in CNS

Currently, cash, next day, and seller's option equity trades are recorded or compared, as applicable, and are reported by NSCC to its members but are not settled through NSCC's facilities. Instead these trades currently settle on a trade-for-trade basis directly between counterparties.

When NSCC updated and revised CNS in 2004 (referred to as the "CNS Rewrite"), a major aspect included a new platform for the system that accommodates real-time updates, including the capacity to add trades to the settlement process on a real-time basis for late input into CNS until noon of settlement day.⁸ At that time, rule changes were made to permit as-of regular way equity trades, *i.e.*, trades settling on a T+3 basis that are either recorded or compared after trade date, to be submitted to NSCC up to the cut-off time designated by NSCC on T+3 for processing in CNS for settlement on their originally designated settlement dates. Given the system's real-time capabilities, members would now also like to have cash, next day, and seller's option equity trades in CNS-eligible CUSIPs made eligible for processing in CNS. This would provide members with the benefits of netting, automated trade processing, and NSCC's trade guaranty. Accordingly, NSCC proposes to amend its Procedure II (Trade Comparison and Recording Service) to permit cash, next day, and seller's option equity transactions submitted by SROs and QSRs on behalf of members to be processed for settlement through the facilities of NSCC.

Cash trades submitted after the cut-off time designated by NSCC, which is currently 11:30 a.m., would only be recorded and reported by NSCC and would, as is the current situation, have to be settled directly between the parties

outside of NSCC.⁹ Next day as-of trades if received prior to the applicable cut-off time, would be processed for settlement on their originally designated settlement date.¹⁰ If such trades were received after the applicable cut-off time, the trade would be assigned the next settlement day for settlement. Seller's option equity trades would be accepted for processing so long as the parties' designated settlement date is not more than 180 days beyond the trade date. Finally, trades that are (i) designated "special trades,"¹¹ (ii) in non-CNS eligible securities, (iii) in securities undergoing corporate actions, or (iv) scheduled to settle between the ex-dividend date and the record date would continue to be processed on a trade-for-trade basis outside NSCC's facilities.

Conforming changes as needed are also being made to Procedure IV (Special Representative Service), Procedure V (Balance Order Accounting Operation), and Procedure VII (CNS Accounting Operation).

B. Shortened Process Trade Component in the Clearing Fund Formula

NSCC is also proposing to modify its clearing fund formula (Procedure XV) by including an additional component that is intended to mitigate the risk associated with trades that are processed on a settlement cycle shorter than three days such as cash and next day settling CNS trades. Because NSCC's trade guaranty would attach to these trades prior to the scheduled collection of clearing fund monies, the proposed new additional component is intended to mitigate risk by calculating an average clearing fund requirement for this type of activity (referred to in the proposed rules and this release as "Specified Activity") based upon historical activity.¹²

Specified Activity positions would be isolated and a charge would be applied using not less than two standard deviations. The new component would equal the average of a member's charges for Specified Activity on the three highest days with the Special Activity charges calculated over the most recent

⁹ NSCC announced the 11:30 a.m. cut-off time in its Important Notice A#6220, P&S#5790 (March 23, 2006), which is the same as the current cut-off time for receipt of next day as-of trade input. Any changes to the cut-off times would be announced by NSCC through an Important Notice.

¹⁰ *Id.*

¹¹ A "special trade" is defined in NSCC's rules to mean a transaction reported to NSCC involving a security either which the parties thereto agree to settle on a member-to-member basis or which NSCC designates as settling on a member-to-member basis.

¹² This component is also being added to Appendix 1.

¹ 15 U.S.C. 78s(b)(1).

² Securities Exchange Act Release No. 54482 (September 22, 2006), 71 FR 57588.

³ A "cash trade" is a trade that settles on the same day as the trade.

⁴ A "next day trade" is a trade that settles on the day after the trade ("T+1").

⁵ A "seller's option trade" is a trade that gives the seller the right to deliver the securities on a specified date ranging from not less than two but not more than 180 days after the trade.

⁶ Cash and next day trades in debt securities are compared but are not settled through NSCC. NSCC is not at this time seeking to make such trades eligible for CNS.

⁷ NSCC plans to implement the proposed rule change in the first quarter of 2007. NSCC will notify the Commission and issue an Important Notice when it is prepared to implement the proposed rule change.

⁸ Securities Exchange Act Release No. 50026 (July 15, 2004), 69 FR 43650 [File No. SR-NSCC-2004-01].

20-day period. Specified Activity includes cash trades, next day settling trades, as-of trades compared or recorded on T+3 (including trades received after the applicable T+2 cut-off time), and other similar transactions.

III. Discussion

Section 19(b) of the Act directs the Commission to approve a proposed rule change of a self-regulatory organization if it finds that such proposed rule change is consistent with the requirements of the Act and the rules and regulations thereunder applicable to such organization. Section 17A(b)(3)(F) of the Act requires that the rules of a clearing agency be designed to promote the prompt and accurate clearance and settlement of securities transactions and to assure the safeguarding of securities and funds which are in its custody or control or for which it is responsible.¹³ The Commission believes that NSCC's rule change is consistent with this section because it should facilitate the prompt and accurate clearance and settlement of securities by expanding the types of trades eligible for inclusion in settlement through CNS. In addition, the proposed rule change should help assure the safeguarding of securities and funds in NSCC's custody or control or for which it is responsible by enabling NSCC to more accurately determine and collect collateral to cover the potential additional exposures resulting from trades that are processed on a settlement cycle shorter than three days.

IV. Conclusion

On the basis of the foregoing, the Commission finds that the proposed rule change is consistent with the requirements of the Act and in particular section 17A of the Act and the rules and regulations thereunder.

It is therefore ordered, pursuant to section 19(b)(2) of the Act, that the proposed rule change (File No. SR-NSCC-2006-09) be and hereby is approved.

For the Commission by the Division of Market Regulation, pursuant to delegated authority.¹⁴

Nancy M. Morris,
Secretary.

[FR Doc. E6-20309 Filed 11-30-06; 8:45 am]

BILLING CODE 8011-01-P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

[Summary Notice No. PE-2006-42]

Petitions for Exemption; Summary of Petitions Received

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of petitions for exemption received.

SUMMARY: Pursuant to FAA's rulemaking provisions governing the application, processing, and disposition of petitions for exemption part 11 of Title 14, Code of Federal Regulations (14 CFR), this notice contains a summary of certain petitions seeking relief from specified requirements of 14 CFR. The purpose of this notice is to improve the public's awareness of, and participation in, this aspect of FAA's regulatory activities. Neither publication of this notice nor the inclusion or omission of information in the summary is intended to affect the legal status of any petition or its final disposition.

DATES: Comments on petitions received must identify the petition docket number involved and must be received on or before December 21, 2006.

ADDRESSES: You may submit comments [identified by DOT DMS Docket Number FAA-2006-24982] by any of the following methods: Web site: <http://dms.dot.gov>. Follow the instructions for submitting comments on the DOT electronic docket site. Fax: 1-202-493-2251. Mail: Docket Management Facility; U.S. Department of Transportation, 400 Seventh Street, SW., Nassif Building, Room PL-401, Washington, DC 20590-001. Hand Delivery: Room PL-401 on the plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

Docket: For access to the docket to read background documents or comments received, go to <http://dms.dot.gov> at any time or to Room PL-401 on the plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: Tim Adams (202) 267-8033, Tyneka L. Thomas (202) 267-7626, or Frances Shaver (202) 267-9681, Office of Rulemaking (ARM-1), Federal Aviation Administration, 800 Independence Avenue, SW., Washington, DC 20591. This notice is published pursuant to 14 CFR 11.85 and 11.91.

Issued in Washington, DC, on November 27, 2006.

Pamela Hamilton-Powell,
Director, Office of Rulemaking.

Petitions For Exemption

Docket No.: FAA-2006-24982.

Petitioner: The Lightship Group.

Section of 14 CFR Affected: Part 121 appendices I and J.

Description of Relief Sought: The Lightship Group is seeking relief from part 121 appendices I and J to allow Lightship employees that perform in international events to be exempt from random drug testing due to the difficulty in reaching an approved lab within the allotted time.

[FR Doc. E6-20354 Filed 11-30-06; 8:45 am]

BILLING CODE 4910-13-P

DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

[Docket No. FMCSA-2006-24925]

Establishment of the Commercial Driver's License (CDL) Advisory Committee

AGENCY: Federal Motor Carrier Safety Administration (FMCSA), DOT.

ACTION: Notice; Request for applications for membership.

SUMMARY: The FMCSA announces establishment of the Commercial Driver's License (CDL) Advisory Committee. Section 4135 of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) requires creation of a "task force" to study and address current impediments and foreseeable challenges to the CDL Program's effectiveness and measures needed to realize the full safety potential of the Program. The FMCSA is chartering an advisory committee under the Federal Advisory Committee Act (FACA) to satisfy this SAFETEA-LU requirement. This Notice provides background and details about the purpose and functions of the CDL Advisory Committee, in accordance with FACA, and discusses the issues the CDL Advisory Committee will study and address. The Secretary of Transportation will appoint to the CDL Advisory Committee 15 individuals, representing stakeholders. The CDL Advisory Committee will begin work by the end of calendar year 2006.

DATES: Applications must be received by January 2, 2007. FMCSA will periodically call for applications, as necessary.

¹³ 15 U.S.C. 78q-1(b)(3)(F).

¹⁴ 17 CFR 200.30-3(a)(12).

FOR FURTHER INFORMATION CONTACT: Mr. Lloyd Goldsmith, Office of State Programs, CDL Division, Federal Motor Carrier Safety Administration, Department of Transportation, 400 Seventh Street, SW., Washington, DC 20590-0001. Telephone: (202) 366-2964. E-mail: Lloyd.Goldsmith@dot.gov. Office hours are from 8 a.m. to 5 p.m., e.t., Monday through Friday, except Federal holidays.

SUPPLEMENTARY INFORMATION:

Background

Congress found that one of the leading factors operating against commercial motor vehicle (CMV) safety is the possession of multiple licenses by commercial drivers. Drivers with multiple licenses spread their traffic violations over a number of licenses to maintain a "good driver" rating regardless of the number of violations they may have acquired in one or more States. In response to States' concerns, the Commercial Motor Vehicle Safety Act (CMVSA) of 1986 (49 U.S.C. 31311(a)) directed the Department of Transportation (DOT) to establish, through the CDL Program, Federal minimum standards for licensing, testing, qualification, and classification of commercial drivers. The goal of CMVSA was to improve highway safety by ensuring that drivers of large trucks and buses were qualified to operate those vehicles and removing unsafe and unqualified drivers from the highways. CMVSA retained the State's right to issue a driver's license but established minimum national standards which States must meet when licensing CMV drivers.

The established standards are based on CMVSA and were designed to: Prohibit commercial drivers from possessing more than one commercial license; require that commercial drivers pass meaningful written and driving tests; require special qualifications for hazardous materials drivers; and establish disqualifications and penalties for drivers convicted of the traffic violations specified in 49 CFR 383.51. States that fail to comply with the requirements imposed by DOT are subject to withholding of a percentage of their highway funds. To enable the States to fully implement the provisions of CMVSA, Congress required DOT to create a national Commercial Driver's License Information System (CDLIS) to enable States to communicate and exchange driver license information.

FMCSA provides grant funds to States to support CDL Program activities. CMVSA authorized DOT, working in partnership with the States, to help implement the CDL Program by

expending \$60 million in order to meet the goals established by Congress. These funds were to be used to develop the knowledge and skills tests; create a CDLIS telecommunications network connecting all State Departments of Motor Vehicles (DMVs); create national computer software to support each State in sharing information among the DMVs; implement the testing and licensing procedures of each State; and implement in each State an information system that would support the Program. Congress has provided additional funding to continue to improve the Program, and to implement new program initiatives and systems enhancements mandated by subsequent legislation.

FMCSA conducts compliance reviews to ensure that States comply with the provisions of section 12009(a) of CMVSA.

CDL Advisory Committee

Section 4135 of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) (Pub. L. 109-59, August 10, 2005, 119 Stat. 1736) directed the Secretary of Transportation to establish a "task force" to study and address current impediments and foreseeable challenges to the CDL Program's effectiveness. The FMCSA is chartering an advisory committee under the Federal Advisory Committee Act (FACA) to satisfy this SAFETEA-LU requirement.

The CDL Advisory Committee will examine a number of issues, including the following:

- (1) State enforcement practices;
- (2) Operational procedures to detect and deter fraud;
- (3) Needed improvements for seamless information sharing between states;
- (4) Effective methods for accurately sharing electronic data between States;
- (5) Adequate proof of citizenship;
- (6) Updated technology; and
- (7) Timely notification from judicial bodies concerning traffic and criminal convictions of CDL holders.

Request for Applications

FMCSA seeks applications for membership on the CDL Advisory Committee from interested persons who have education, training or experience in CDL issues. Specifically we seek applications from the following: State motor vehicle administrators, organizations representing government agencies or officials, members of the Judicial Conference, representatives of the trucking industry, representatives of labor organizations, safety advocates, and other significant stakeholders. To be

eligible for appointment, members must be able to attend three to four meetings each year in the Washington, DC area and spend approximately five hours per month providing additional consultation. Interested individuals should have a commitment to transportation safety. For application information, please contact Mr. Lloyd Goldsmith at (202) 366-2964, or via e-mail at Lloyd.Goldsmith@dot.gov.

Conclusion

The Department and the Agency are committed to making our Nation's highways safer by implementing and enforcing commercial driver's license program effectiveness measures.

Issued on: November 27, 2006.

John H. Hill,
Administrator.

[FR Doc. E6-20304 Filed 11-30-06; 8:45 am]
BILLING CODE 4910-EX-P

DEPARTMENT OF TRANSPORTATION

Federal Railroad Administration

Safety Advisory 2006-05

AGENCY: Federal Railroad Administration (FRA), Department of Transportation (DOT).

ACTION: Notice of Safety Advisory; Passenger Train Safety—Passengers Boarding or Alighting from Trains.

SUMMARY: FRA is issuing Safety Advisory 2006-05 recommending that each railroad operating passenger trains assess the rules, instructions, and procedures used to ensure that a train will not depart a station until all passengers successfully board or alight from the train, and ensure compliance with such rules, instructions, and procedures.

FOR FURTHER INFORMATION CONTACT: Brenda Moscoso, Operations Research Analyst, Grade Crossing Division (RRS-23), FRA Office of Safety Analysis, 1120 Vermont Avenue, NW., Washington, DC 20590, telephone: (202) 493-6282 or Anna Winkle, Trial Attorney, FRA Office of Chief Counsel, 1120 Vermont Avenue, NW., Washington, DC 20590, telephone: (202) 493-6166.

SUPPLEMENTARY INFORMATION: Although the safety of passengers traveling by rail compares extremely favorably to other modes of transportation, the recent fatality of a passenger who apparently became caught in the doors of a train from which he was alighting and was dragged as the train departed the station emphasizes the need for close adherence to certain railroad safety procedures and rules. The November 21,

2006, incident, which occurred in Bradley Beach, New Jersey on the New Jersey Transit (NJT) railroad, is currently under investigation by the FRA, and state and local agencies. The cause and contributing factors, if any, have not been established; nothing in this Safety Advisory should be construed as placing blame or responsibility for the incident on the acts or omissions of any person. FRA notes that managers and employees of NJT have cooperated in FRA's investigation of the incident and that NJT has responded positively to FRA's suggested course of action following the incident, including issuing written instructions regarding checking of seals on door bypass switches and the location of train crewmembers when trains are leaving stations.

The electrically-operated doors on the passenger car involved in this incident are equipped with flexible edges that are designed to sense an obstruction when closing. If an obstruction is detected, the door reopens. If a door does not close properly, the engineer will not be able to draw power to move the train. This safety feature can be overridden by operating a bypass switch which is located in the locomotive or control car. This switch is normally sealed until used. However, FRA is aware of instances on various railroads when this type of seal has been improperly applied and has therefore been loose enough that the switch could be operated without breaking the seal. This could result in the unintentional use or intentional misuse of the bypass switch, creating a potentially dangerous operating condition where a passenger train would be able to depart with a passenger caught in a door.

FRA also notes that there is a difference among railroads as to when this type of bypass switch may be used. Some railroads require that permission be obtained from the train dispatcher prior to using the switch; others allow crewmembers to operate the switch and then inform a designated railroad employee at some point during the tour of duty. Railroads are encouraged to review their procedures to ensure that they provide an adequate level of safety for a railroad's particular operating characteristics.

Additionally, in the event that an obstruction sensor fails or is bypassed, it is important that railroads ensure that each crewmember knows and carries out his or her role in recognizing potential door obstructions and in providing an equivalent level of safety for passengers.

An additional opportunity to assure safety of boarding and alighting

passengers is provided by an employee assigned to observe the station platform while the train departs. Many commuter railroads, including NJT, have a rule or instruction requiring employees to perform this task. It is imperative that employees comply with such a rule or instruction and that railroads take appropriate steps to ensure compliance.

As a result of this incident, NJT has issued a Supplemental Bulletin Order that includes a review of the rule addressing the location of train crews when making a station stop, as well as the rule concerning sealing of protective devices. NJT also issued a notice to their mechanical staff, placing special emphasis on ensuring that the seals on all appliances are properly applied.

Recommended Action: In recognition of the need to assure railroad passenger safety, FRA recommends that railroads operating passenger equipment:

(1) Assess the current railroad rules, instructions, and procedures intended to reduce the likelihood that death or injury will result when passengers attempt to board or alight from trains at station stops. FRA recommends that this assessment include, but not necessarily be limited to assessing the adequacy of current railroad rules, instructions, and procedures:

(a) Designed to ensure passenger safety when boarding or alighting from trains;

(b) governing the override of safety systems, such as the bypass of an electrically-powered door safety device, including each crewmember's role in assessing whether to override the safety device as well as any additional steps necessary to ensure continued passenger safety following activation of the safety override device; and

(c) governing crewmember observation of boarding and alighting passengers to ensure it is safe to depart a station.

(2) Assess the extent to which compliance with the rules, instructions, and procedures in recommendations (1)(a), (1)(b), and (1)(c) are measured and recorded in the railroad's test and observation program required by 49 CFR § 217.9;

(3) Ensure compliance with the rules, instructions, and procedures in recommendations (1)(a), (1)(b), and (1)(c); and

(4) Inspect all sealed door-bypass switches on a daily basis.

Railroads operating passenger equipment are encouraged to voluntarily take action in accordance with these recommendations. If circumstances so warrant, FRA reserves the right to take other corrective action, including: modifying this Safety

Advisory 2006-05; issuing additional safety advisories; taking regulatory action; or taking other appropriate action necessary to ensure the highest level of safety on the nation's passenger railroads.

Issued in Washington, DC on November 22, 2006.

Jo Strang,

Associate Administrator for Safety.

[FR Doc. E6-20359 Filed 11-30-06; 8:45 am]

BILLING CODE 4910-06-P

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

[NHTSA Docket No. NHTSA-2006-26459]

Meeting Notice

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

SUMMARY: NHTSA announces a meeting of the Federal Interagency Committee on Emergency Medical Services to be held in Washington, DC. This notice announces the date, time and location of the meeting, which will be open to the public.

DATES: The meeting will be held on December 8, 2006, from 1:30 p.m. to 3:30 p.m.

ADDRESSES: The meeting will be held at the Federal Aviation Administration (FAA), 800 Independence Avenue, SW., the MacCracken Room, 10th Floor, Washington, DC 20591.

FOR FURTHER INFORMATION CONTACT: Drew Dawson, Director, Office of Emergency Medical Services, National Highway Traffic Safety Administration, 400 Seventh Street, SW. Telephone number (202) 366-9966; E-mail Drew.Dawson@dot.gov.

SUPPLEMENTARY INFORMATION: Section 10202 of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), Public Law 109-59, required the Secretary of Transportation, the Secretary of Health and Human Services, and the Under Secretary of Homeland Security, acting through the Under Secretary for Emergency Preparedness and Response, to establish a Federal Interagency Committee on Emergency Medical Services (FICEMS). SAFETEA-LU provided that the FICEMS consist of several officials from Federal agencies as well as a State emergency medical services director appointed by the Secretary of Transportation. SAFETEA-LU directed the Administrator of NHTSA, in cooperation with the Administrator of

the Health Resources and Services Administration of the Department of Health and Human Services and the Director of the Preparedness Division, Directorate of Emergency Preparedness and Response of the Department of Homeland Security, to provide administrative support to the Interagency Committee, including scheduling meetings, setting agendas, keeping minutes and records, and producing reports.

SAFETEA-LU set forth six purposes of the FICEMS: (A) Ensuring coordination among the Federal agencies involved with State, local, tribal, or regional emergency medical services and 9-1-1 systems; (B) identifying State, local, tribal, or regional emergency medical services and 9-1-1 needs; (C) recommending new or expanded programs, including grant programs, for improving State, local, tribal, or regional emergency medical services and implementing improved emergency medical services communications technologies, including wireless 9-1-1; (D) identifying ways to streamline the process through which Federal agencies support State, local, tribal or regional emergency medical services; (E) assisting State, local, tribal or regional emergency medical services in setting priorities based on identified needs; and (F) advising, consulting and making recommendations on matters relating to the implementation of the coordinated State emergency medical services programs.

This inaugural meeting of the FICEMS will focus on organizational matters (including the selection of the FICEMS chairperson) and opportunities for collaboration among the key Federal agencies involved in emergency medical services.

This meeting will be open to the public. Individuals wishing to register must provide their name, affiliation, phone number, and e-mail address to Drew Dawson by e-mail at Drew.Dawson@dot.gov or by telephone at (202) 366-9966 no later than December 6, 2006. Pre-registration is necessary to comply with security procedures. Picture I.D. must also be provided to enter the FAA Building and it is suggested that visitors arrive 45 minutes early in order to facilitate entry. The Visitor entrance is on the C Street side of the building.

Minutes of the FICEMS Meeting will be available to the public online through the DOT Document Management System (DMS) at: <http://dms.dot.gov> under the docket number listed at the beginning of this notice.

Issued on: November 27, 2006.

Brian M. McLaughlin,

Senior Associate Administrator for Traffic Injury Control.

[FR Doc. E6-20311 Filed 11-30-06; 8:45 am]

BILLING CODE 4910-59-P

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

[STB Finance Docket No. 34810]

Washington County, OR—Acquisition Exemption—Certain Assets of the Union Pacific Railroad Company

Washington County, OR (County), a noncarrier, has filed a verified notice of exemption under 49 CFR 1150.31 to acquire from Union Pacific Railroad Company (UP) certain right-of-way and trackage, totaling approximately 5 miles, in Washington County. The rail line (the Subject Line) extends between milepost 749.95 in Tigard and milepost 755.43 in Beaverton.¹

County certifies that its projected annual revenues as a result of the transaction will not exceed those that would qualify it as a Class III rail carrier. The parties state that they intended to consummate this transaction on or before November 27, 2006. Whether or not the parties will be able to consummate by that date depends upon receipt of favorable Board action on several related requests.

County states that it will acquire UP's right, title and interest in the right-of-way, trackage and other physical assets associated with the Subject Line, but will not acquire the right or obligation to conduct any rail freight operations thereon. UP will retain an exclusive, permanent easement for freight operations, but will transfer the easement to Portland & Western Railroad, Inc. (P&W), which will conduct freight operations on the Subject Line.²

If the notice contains false or misleading information, the exemption

¹ In STB Finance Docket No. 34791, *Tri-County Metropolitan Transportation District of Oregon—Acquisition Exemption—Certain Assets of Washington County, OR*, Tri-County Metropolitan Transportation District of Oregon (TriMet) has simultaneously filed a verified notice of exemption to acquire County's interests in the Subject Line. County and TriMet have also filed a joint motion to dismiss their notices on jurisdictional grounds. That request will be handled in a separate Board decision.

² P&W currently provides freight rail service on the Subject Line pursuant to a lease with UP. On October 27, 2006, P&W filed a notice to acquire UP's easement. STB Finance Docket No. 34792, *Portland & Western Railroad, Inc.—Acquisition and Operation Exemption—Union Pacific Railroad Company*.

is void *ab initio*. Petitions to reopen the proceeding to revoke the exemption under 49 U.S.C. 10502(d) may be filed at any time. The filing of a petition to revoke will not automatically stay the transaction.

An original and 10 copies of all pleadings, referring to STB Finance Docket No. 34791, must be filed with the Surface Transportation Board, 1925 K Street, NW., Washington, DC 20423-0001. In addition, a copy of each pleading must be served on Janie Sheng, 1601 K Street, NW., Washington, DC 20006.

Board decisions and notices are available on our Web site at <http://www.stb.dot.gov>.

Decided: November 22, 2006.

By the Board, David M. Konschnik, Director, Office of Proceedings.

Vernon A. Williams,
Secretary.

[FR Doc. E6-20244 Filed 11-30-06; 8:45 am]

BILLING CODE 4915-01-P

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

[STB Finance Docket No. 34791]

Tri-County Metropolitan Transportation District of Oregon—Acquisition Exemption—Certain Assets of Washington County, OR

Tri-County Metropolitan Transportation District of Oregon (TriMet),¹ a noncarrier, has filed a verified notice of exemption under 49 CFR 1150.31 to acquire from Washington County, OR (County), certain right-of-way and trackage, totaling approximately 5 miles, in Washington County. The rail line (the Subject Line) extends between milepost 749.95 in Tigard and milepost 755.43 in Beaverton.²

TriMet certifies that its projected annual revenues as a result of the transaction will not exceed those that would qualify it as a Class III rail carrier. The parties state that they intended to consummate this transaction on or before November 27, 2006. Whether or not the parties will be

¹ TriMet is a municipal corporation that provides public transportation for three counties in the Portland, OR metropolitan area.

² In STB Finance Docket No. 34810, *Washington County, OR—Acquisition Exemption—Certain Assets of the Union Pacific Railroad Company*, County has simultaneously filed a verified notice of exemption to acquire the same interests in the Subject Line from Union Pacific Railroad Company (UP) before conveying it to TriMet. TriMet and County have also filed a joint motion to dismiss their notices on jurisdictional grounds. That request will be handled in a separate Board decision.

able to consummate by that date depends upon receipt of favorable Board action on several related requests.

TriMet states that it will acquire County's right, title and interest in the right-of-way, trackage and other physical assets associated with the Subject Line, but will not acquire the right or obligation to conduct any rail freight operations thereon. Freight operations on the Subject Line will be conducted by Portland & Western Railroad, Inc. (P&W) pursuant to an easement to be transferred from UP.³

If the notice contains false or misleading information, the exemption is void *ab initio*. Petitions to reopen the proceeding to revoke the exemption under 49 U.S.C. 10502(d) may be filed at any time. The filing of a petition to revoke will not automatically stay the transaction.

An original and 10 copies of all pleadings, referring to STB Finance Docket No. 34791, must be filed with the Surface Transportation Board, 1925 K Street, NW., Washington, DC 20423-0001. In addition, a copy of each pleading must be served on Janie Sheng, 1601 K Street, NW., Washington, DC 20006.

Board decisions and notices are available on our Web site at <http://www.stb.dot.gov>.

Decided: November 22, 2006.

By the Board, David M. Konschnick, Director, Office of Proceedings.

Vernon A. Williams,
Secretary.

[FR Doc. E6-20245 Filed 11-30-06; 8:45 am]

BILLING CODE 4915-01-P

DEPARTMENT OF THE TREASURY

Office of Foreign Assets Control

Additional Designation of Persons Pursuant to Executive Order 12978

AGENCY: Office of Foreign Assets Control, Treasury.

ACTION: Notice.

SUMMARY: The Treasury Department's Office of Foreign Assets Control ("OFAC") is publishing the names of twenty-seven newly-designated persons whose property and interests in property are blocked pursuant to Executive Order 12978 of October 21,

1995, "Blocking Assets and Prohibiting Transactions with Significant Narcotics Traffickers." In addition, OFAC is publishing changes to the identifying information associated with eighteen persons previously designated pursuant to Executive Order 12978.

DATES: The designation of the twenty-seven persons identified in this notice pursuant to Executive Order 12978 is effective on November 28, 2006. In addition, the changes to the listings of the eighteen persons previously designated pursuant to Executive Order 12978 are also effective on November 28, 2006.

FOR FURTHER INFORMATION CONTACT: Assistant Director, Compliance Outreach & Implementation, Office of Foreign Assets Control, Department of the Treasury, Washington, DC 20220, tel.: 202/622-2490.

SUPPLEMENTARY INFORMATION:

Electronic and Facsimile Availability

This document and additional information concerning OFAC are available from OFAC's Web site (<http://www.treas.gov/ofac>) or via facsimile through a 24-hour fax-on-demand service, tel.: (202) 622-0077.

Background

On October 21, 1995, the President, invoking the authority, *inter alia*, of the International Emergency Economic Powers Act (50 U.S.C. 1701-1706) ("IEEPA"), issued Executive Order 12978 (60 FR 54579, October 24, 1995) (the "Order"). In the Order, the President declared a national emergency to deal with the threat posed by significant foreign narcotics traffickers centered in Colombia and the harm that they cause in the United States and abroad.

Section 1 of the Order blocks, with certain exceptions, all property and interests in property that are in the United States, or that hereafter come within the United States or that are or hereafter come within the possession or control of United States persons, of: (1) The persons listed in an Annex to the Order; (2) any foreign person determined by the Secretary of Treasury, in consultation with the Attorney General and Secretary of State, to play a significant role in international narcotics trafficking centered in Colombia; or (3) to materially assist in, or provide financial or technological support for or goods or services in support of, the narcotics trafficking activities of persons designated in or pursuant to this order; and (4) persons determined by the Secretary of the Treasury, in consultation with the

Attorney General and the Secretary of State, to be owned or controlled by, or to act for or on behalf of, persons designated pursuant to this Order.

On November 28, 2006, OFAC, in consultation with the Departments of Justice, State, and Homeland Security, designated twenty-seven persons whose property and interests in property are blocked pursuant to the Order.

The list of additional designees is as follows:

- ASESORES CONSULTORES ASOCIADOS LTDA. (a.k.a. ACA LTDA.), Carrera 100 No. 11-90 Ofc. 403, Cali, Colombia; NIT #805007818-1 (Colombia) [SDNT]
- BRUNELLO LTD., Grand Cayman, Cayman Islands; Nine Island Avenue, Unit 1411, Miami Beach, FL; C.R. No. 68557 (Cayman Islands) [SDNT]
- CALI@TELE.COM LTDA. (a.k.a. HOLA TELECOMUNICACIONES), Calle 13 No. 80-60 Loc. 224, Cali, Colombia; NIT #805021515-1 (Colombia) [SDNT]
- CITICAR LTDA., Calle 15 No. 10-52, La Union, Valle, Colombia; NIT #800026660-6 (Colombia) [SDNT]
- COMUNICACIONES ABIERTAS CAMARY LTDA., Calle 13 No. 80-60 Loc. 224, Cali, Colombia; NIT #805028107-1 (Colombia) [SDNT]
- CONFECIONES LINA MARIA LTDA., Factoria La Rivera, La Union, Valle, Colombia; NIT #800026667-7 (Colombia) [SDNT]
- CONSTRUCCIONES E INVERSIONES LTDA., Calle 15 No. 10-52, La Union, Valle, Colombia; NIT #800154939-3 (Colombia) [SDNT]
- DOXA S.A., Carrera 16 No. 13-31, La Union, Valle, Colombia; NIT #821002801-0 (Colombia) [SDNT]
- EAGLE COMMUNICATION BROKERS INC., Panama City, Panama [SDNT]
- FAJARDO HERNANDEZ, Gloria Elena, c/o AGROPECUARIA EL NILO S.A., La Union, Valle, Colombia; c/o INDUSTRIAS DEL ESPIRITU SANTO S.A., Malambo, Atlantico, Colombia; c/o DOXA S.A., La Union, Valle, Colombia; c/o FUNDACION CENTRO DE INVESTIGACION HORTIFRUTICOLA DE COLOMBIA, La Union, Valle, Colombia; Cedula No. 29926353 (Colombia) (individual) [SDNT]
- FUNDACION CENTRO DE INVESTIGACION HORTIFRUTICOLA DE COLOMBIA (a.k.a. CENIHF), Km. 2 La Victoria, La Union, Valle, Colombia; NIT #821002640-1 (Colombia) [SDNT]
- FUNDACION CENTRO FRUTICOLA ANDINO, Km. 2 Via La Victoria, La Union, Valle, Colombia; NIT #800077756-2 (Colombia) [SDNT]
- GBS TRADING S.A., Carrera 85 No. 15-110, Cali, Colombia; NIT #805026824-5 (Colombia) [SDNT]
- JAMCE INVESTMENTS LTD., Georgetown, Grand Cayman, Cayman Islands; C.R. No. 93989 (Cayman Islands) [SDNT]
- JEHOVA LTDA., Calle 28 No. 27-18, Tulua, Valle, Colombia; NIT #800112196-8 (Colombia) [SDNT]

³ P&W currently provides freight rail service on the Subject Line pursuant to a lease with UP. On October 27, 2006, P&W filed a notice to acquire UP's easement. STB Finance Docket No. 34792, *Portland & Western Railroad, Inc.—Acquisition and Operation Exemption—Union Pacific Railroad Company*. UP will retain the easement as part of the transaction in STB Finance Docket No. 34810.

16. KATTUS CORPORATION, Bridgetown, St. Michael, Barbados; Registration ID 67199901 (Barbados) [SDNT]
17. L.G.R. E.U. (a.k.a. PLATERIA L.G.R. E.U.), Calle 38N No. 6N-35, Loc. 46, Cali, Colombia; NIT # 805024405-3 (Colombia) [SDNT]
18. LEON, Hector, c/o MANUFACTURAS REAL S.A., Bogota, Colombia; DOB 29 Jan 1954; POB Viota, Cundinamarca, Colombia; Cedula No. 19251100 (Colombia); Passport P026720 (Colombia) (individual) [SDNT]
19. MANUFACTURAS REAL S.A. (f.k.a. MANUFACTURAS REAL LTDA.), Avenida 13 Sur No. 24C-73 Barrio Balvanera, Bogota, Colombia; NIT # 800158181-6 (Colombia) [SDNT]
20. MELON LTDA., Unicentro Casa Grajales, Cali, Colombia; NIT # 805000581-8 (Colombia) [SDNT]
21. MLA INVESTMENTS INC., Virgin Islands, British; C.R. No. IBC 525487 (Virgin Islands, British) [SDNT]
22. PLAZA REAL LTDA., Avenida 4 Oeste No. 6-103, Cali, Colombia; NIT # 890331686-1 (Colombia) [SDNT]
23. PRIETO SANTIAGO, Sandra Milena, c/o CRETA S.A., La Union, Valle, Colombia; c/o FRUTAS EXOTICAS COLOMBIANOS S.A., La Union, Valle, Colombia; c/o ASESORES CONSULTORES ASOCIADOS LTDA., Cali, Colombia; DOB 21 Jan 1970; POB Roldanillo, Valle, Colombia; Cedula No. 66702878 (Colombia); Passport AG784916 (Colombia) (individual) [SDNT]
24. SAIEH JASSIR, Abdala, c/o ALM INVESTMENT FLORIDA, INC., Miami, FL; c/o CONFECCIONES LORD S.A., Barranquilla, Atlantico, Colombia; c/o CONSTRUCTORA ALTA VISTA INTERNACIONAL S.A., Barranquilla, Colombia; c/o ELIZABETH OVERSEAS INC., Panama City, Panama; c/o GRANADA ASSOCIATES, INC., Miami, FL; c/o JAMCE INVESTMENTS LTD, Grand Cayman, Cayman Islands; c/o KAREN OVERSEAS FLORIDA, INC., Miami, FL; c/o KAREN OVERSEAS, INC., Panama City, Panama; c/o KATTUS CORPORATION, Barbados; c/o MLA INVESTMENTS INC., Virgin Islands, British; c/o URBANIZADORA ALTA VISTA INTERNACIONAL S.A., Barranquilla, Colombia; c/o VILLAROSA INVESTMENTS FLORIDA, INC., Miami, FL; c/o VILLAROSA INVESTMENTS CORPORATION, Panama City, Panama; Carrera 56 No. 19-40 Apt. 11, Barranquilla, Colombia; 19667 Turnberry Way A-G, North Miami Beach, FL; 780 NW Le Jeune Road, Suite 516, Miami, FL 33126; 780 NW 42nd Avenue, Suite 516, Miami, FL 33126; DOB 19 Dec 1919; citizen Colombia; Cedula No. 812202 (Colombia); Passport AF547128 (Colombia) (individual) [SDNT]
25. SANCHEZ CANDELO, Piedad Rocio, c/o CALI @ TELE.COM LTDA., Cali, Valle, Colombia; c/o COMUNICACIONES ABIERTAS CAMARY LTDA., Cali, Valle, Colombia; DOB 20 Nov 1952; POB Colombia; Cedula No. 31252839 (Colombia) (individual) [SDNT]
26. VILLAROSA INVESTMENTS CORPORATION, Panama City, Panama; C.R. No. 312563/48824/0058 (Panama) [SDNT]
27. WORLD WORKING COMERCIALIZADORA INTERNACIONAL S.A. (f.k.a. C.I. GLOS'S INTERNATIONAL S.A.; a.k.a. WORLD WORKING C.I.), Carrera 10 No. 31-01 Zona Industrial Los Mangos, Cali, Colombia; NIT # 805023286-9 (Colombia) [SDNT]
- In addition, OFAC has made changes to the identifying information associated with the following eighteen persons previously designated pursuant to the Order:
- BOHADA AVILA, Lubin, Calle 142A No. 106A-21 apt. 302, Bogota, Colombia Carrera 100 No. 11-90 of. 403, Cali, Colombia; c/o AGRONILO S.A., Toro, Valle, Colombia; c/o ARMAGEDON S.A., La Union, Valle, Colombia; c/o FRUTAS DE LA COSTA S.A., Malambo, Atlantico, Colombia; c/o GAD S.A., La Union, Valle, Colombia; c/o INDUSTRIAS DEL ESPIRITU SANTO S.A., Malambo, Atlantico, Colombia; c/o TARRITOS S.A., Cali, Colombia; Cedula No. 19093178 (Colombia); (INDIVIDUAL) [SDNT]
 - GRAJALES LEMOS, Raul Alberto, Carrera 15 No. 13-39, La Union, Valle, Colombia; Carrera 10 Norte No. 31-01, Cali, Colombia; c/o AGRONILO S.A., La Union, Valle, Colombia; c/o AGUSTIN GRAJALES Y CIA. LTDA., La Union, Valle, Colombia; c/o ALMACAES S.A., Bogota, Colombia; c/o ARMAGEDON S.A., La Union, Valle, Colombia; c/o C.A.D. S.A., Bogota, Colombia; c/o CASA GRAJALES S.A., La Union, Valle, Colombia; c/o CRETA S.A., La Union, Valle, Colombia; c/o FREXCO S.A., La Union, Valle, Colombia; c/o FRUTAS DE LA COSTA S.A., Malambo, Atlantico, Colombia; c/o GAD S.A., La Union, Valle, Colombia; c/o G.L.G. S.A., Bogota, Colombia; c/o GRAJALES S.A., La Union, Valle, Colombia; c/o HEBRON S.A., Tulua, Valle, Colombia; c/o HOTEL LOS VINEDOS, La Union, Valle, Colombia; c/o IBADAN LTDA., Tulua, Valle, Colombia; c/o ILOVIN S.A., Bogota, Colombia; c/o INDUSTRIAS DEL ESPIRITU SANTO S.A., Malambo, Atlantico, Colombia; c/o INTERNATIONAL FREEZE DRIED S.A., Bogota, Colombia; c/o INVERSIONES AGUILA LTDA., La Union, Valle, Colombia; c/o INVERSIONES GRAME LTDA., La Union, Valle, Colombia; c/o INVERSIONES LOS POSSO LTDA. S.C.S., La Union, Valle, Colombia; c/o INVERSIONES SANTA CECILIA S.C.S., La Union, Valle, Colombia; c/o INVERSIONES SANTA MONICA LTDA., La Union, Valle, Colombia; c/o JOSAFAT S.A., Tulua, Valle, Colombia; c/o MACEDONIA LTDA., La Union, Valle, Colombia; c/o PANAMERICANA LTDA., Cali, Colombia; c/o RAMAL S.A., Bogota, Colombia; c/o SALIM S.A., La Union, Valle, Colombia; c/o SALOME GRAJALES Y CIA. LTDA., Bogota, Colombia; c/o SOCIEDAD DE NEGOCIOS SAN AGUSTIN LTDA., La Union, Valle, Colombia; c/o TRANSPORTES DEL ESPIRITU SANTO S.A., La Union, Valle, Colombia; DOB 13 Dec 1957; POB La Union, Valle, Colombia; Cedula No. 6356044 (Colombia); (INDIVIDUAL) [SDNT]
 - GOMEZ QUINTERO, Carlos Alberto, Calle 14 No. 4-124, La Union, Valle, Colombia; Factoria La Rivera, La Union, Valle, Colombia; c/o CASA GRAJALES S.A., La Union, Valle, Colombia; c/o FREXCO S.A., La Union, Valle, Colombia; c/o GRAJALES S.A., La Union, Valle, Colombia; c/o INVERSIONES SANTA CECILIA S.C.S., La Union, Valle, Colombia; c/o INVERSIONES SANTA MONICA LTDA., La Union, Valle, Colombia; DOB 23 Jan 1957; POB Palmira, Valle, Colombia; Cedula No. 6355791 (Colombia); Passport AH411417 (Colombia); (INDIVIDUAL) [SDNT]
 - GRAJALES BERNAL, Sonia Patricia; c/o C.A.D. S.A., Bogota, Colombia; c/o G.L.G. S.A., Bogota, Colombia; c/o GRAJALES S.A., La Union, Valle, Colombia; c/o ILOVIN S.A., Bogota, Colombia; c/o JOSAFAT S.A., Tulua, Valle, Colombia; c/o MACEDONIA LTDA., La Union, Valle, Colombia; c/o SALIM S.A., La Union, Valle, Colombia; c/o SALOME GRAJALES Y CIA. LTDA., Bogota, Colombia; Cedula No. 29613767 (Colombia); (INDIVIDUAL) [SDNT]
 - GRAJALES LEMOS, Aida Salome, Calle 14 No. 13-03, La Union, Valle, Colombia; c/o AGRONILO S.A., Toro, Valle, Colombia; c/o ALMACAES S.A., Bogota, Colombia; c/o CRETA S.A., La Union, Valle, Colombia; c/o CASA GRAJALES S.A., La Union, Valle, Colombia; c/o FRUTAS DE LA COSTA S.A., Malambo, Atlantico, Colombia; c/o GAD S.A., La Union, Valle, Colombia; c/o GRAJALES S.A., La Union, Valle, Colombia; c/o HOTEL LOS VINEDOS, La Union, Valle, Colombia; c/o MACEDONIA LTDA., La Union, Valle, Colombia; c/o RAMAL S.A., Bogota, Colombia; c/o SALIM S.A., La Union, Valle, Colombia; c/o TARRITOS S.A., Cali, Colombia; DOB 13 Dec 1970; POB La Union, Valle, Colombia; Cedula No. 39789871 (Colombia); (INDIVIDUAL) [SDNT]
 - GRAJALES LEMOS, Juan Jacobo (a.k.a. GRAJALES LEMOS, Javier), c/o CRETA S.A., La Union, Valle, Colombia; c/o GRAJALES S.A., La Union, Valle, Colombia; c/o HOTEL LOS VINEDOS, La Union, Valle, Colombia; c/o SALIM S.A., La Union, Valle, Colombia; c/o TRANSPORTES DEL ESPIRITU SANTO S.A., La Union, Valle, Colombia; DOB 28 Oct 1972; POB La Union, Valle, Colombia; Cedula No. 94273951 (Colombia); (INDIVIDUAL) [SDNT]
 - GRAJALES LONDONO, Juan Raul, c/o HEBRON S.A., Tulua, Valle, Colombia; c/o INTERNATIONAL FREEZE DRIED S.A., Bogota, Colombia; c/o JOSAFAT S.A., Tulua, Valle, Colombia; c/o SALIM S.A., La Union, Valle, Colombia; DOB 10 Oct 1986; POB Bogota, Colombia; (INDIVIDUAL) [SDNT]
 - GRAJALES LONDONO, Lina Maria, c/o AGRONILO S.A., Toro, Valle, Colombia; c/o HEBRON S.A., Tulua, Valle, Colombia; c/o HOTEL LOS VINEDOS, La Union, Valle, Colombia; c/o JOSAFAT S.A., Tulua, Valle, Colombia; c/o SALIM S.A., La Union, Valle, Colombia; DOB 13 Mar 1979; POB Bogota, Colombia; Cedula No. 29567575 (Colombia); (INDIVIDUAL) [SDNT]

9. GRAJALES MEJIA, Jorge Julio; c/o AGUSTIN GRAJALES Y CIA. LTDA., La Union, Valle, Colombia; c/o FREXCO S.A., La Union, Valle, Colombia; c/o GRAJALES S.A., La Union, Valle, Colombia; c/o INVERSIONES GRAME LTDA., La Union, Valle, Colombia; c/o SOCIEDAD DE NEGOCIOS SAN AGUSTIN LTDA., La Union, Valle, Colombia; Cedula No. 14961290 (Colombia); (INDIVIDUAL) [SDNT]
10. GRAJALES POSSO, Maria Nancy, c/o CASA GRAJALES S.A., La Union, Valle, Colombia; c/o FREXCO S.A., La Union, Valle, Colombia; c/o GRAJALES S.A., La Union, Valle, Colombia; c/o INVERSIONES LOS POSSO LTDA S.C.S., La Union, Valle, Colombia; Cedula No. 29613013 (Colombia); (INDIVIDUAL) [SDNT]
11. GRAJALES PUENTES, Diana Carolina, Transversal 13A No. 123-10 Int. 2 apt. 203, Bogota, Colombia; c/o AGRONILLO S.A., Toro, Valle, Colombia; c/o FRUTAS DE LA COSTA S.A., Malambo, Atlantico, Colombia; c/o HEBRON S.A., Tulua, Valle, Colombia; c/o INDUSTRIAS DEL ESPIRITU SANTO S.A., Malambo, Atlantico, Colombia; c/o JOSAFAT S.A., Tulua, Valle, Colombia; c/o SALIM S.A., La Union, Valle, Colombia; DOB 15 Mar 1979; POB La Victoria, Valle, Colombia; Cedula No. 52455790 (Colombia); (INDIVIDUAL) [SDNT]
12. LONDONO ALVAREZ, Gloria Elena (a.k.a. LONDONO DE GRAJALES, Gloria Elena); c/o ARMAGEDON S.A., La Union, Valle, Colombia; c/o CRETA S.A., La Union, Valle, Colombia; c/o FRUTAS DE LA COSTA S.A., Malambo, Atlantico, Colombia; c/o GAD S.A., La Union, Valle, Colombia; c/o HEBRON S.A., Tulua, Valle, Colombia; c/o HOTEL LOS VINEDOS, La Union, Valle, Colombia; c/o INDUSTRIAS DEL ESPIRITU SANTO S.A., Malambo, Atlantico, Colombia; c/o INTERNATIONAL FREEZE DRIED S.A., Bogota, Colombia; c/o JOSAFAT S.A., Tulua, Valle, Colombia; c/o SALIM S.A., La Union, Valle, Colombia; c/o TRANSPORTES DEL ESPIRITU SANTO S.A., La Union, Valle, Colombia; DOB 22 Apr 1962; POB Medellin, Colombia; Cedula No. 51635146 (Colombia); (INDIVIDUAL) [SDNT]
13. MARIN TOBON, Bernardo Antonio, Calle 14 No. 18-62, La Union, Valle, Colombia; Calle 14 No. 18-64, La Union, Valle, Colombia; Carrera 16 No. 13-29 Piso 2, La Union, Valle, Colombia; Carrera 16 No. 13-31, La Union, Valle, Colombia; c/o ALMACAES S.A., Bogota, Colombia; c/o GRAJALES S.A., La Union, Valle, Colombia; c/o HOTEL LOS VINEDOS, La Union, Valle, Colombia; c/o ILOVIN S.A., Bogota, Colombia; c/o TRANSPORTES DEL ESPIRITU SANTO S.A., La Union, Valle, Colombia; DOB 18 Jan 1954; POB La Union, Valle, Colombia; Cedula No. 6355508 (Colombia); (INDIVIDUAL) [SDNT]
14. OSORIO AVILA, Orlando, Calle 14 No. 16-54, La Union, Valle, Colombia; c/o CASA GRAJALES S.A., La Union, Valle, Colombia; c/o FREXCO S.A., La Union, Valle, Colombia; c/o GAD S.A., La Union, Valle, Colombia; c/o HOTEL LOS VINEDOS, La Union, Valle, Colombia; c/o INDUSTRIAS DEL ESPIRITU SANTO S.A., Malambo, Atlantico, Colombia; c/o KAREN OVERSEAS FLORIDA, INC., Miami, FL, United States; c/o KATTUS II CORPORATION, Panama City, Panama; c/o MARC LLC, Miami, FL, United States; c/o MOISES SAIEH Y CIA. S.C.A., Barranquilla, Colombia; c/o RAMAL S.A., Bogota, Colombia; c/o RIXFORD INVESTMENT CORPORATION, Panama City, Panama; c/o URBANIZADORA ALTAVISTA INTERNACIONAL S.A., Barranquilla, Colombia; c/o VILLAROSA INVESTMENTS FLORIDA, INC., Miami, FL, United States; 9100 South Dadeland Boulevard, Suite 912, Miami, FL 33156; 780 NW Le Jeune Rd, Ste 516, Miami, FL 33126, United States; 780 NW 42nd Avenue, Miami, FL 33126, United States; Carrera 56 # 79-102 P-10, Barranquilla, Colombia; Nine Island Avenue, Unit 1411, Miami Beach, FL, United States; DOB 24 Feb 1964; POB Barranquilla, Colombia; Citizen Colombia; Nationality Colombia; Cedula No. 8739066 (Colombia); (INDIVIDUAL) [SDNT]
15. POSSO, Maria Esperanza, c/o FRUTAS DE LA COSTA S.A., Malambo, Atlantico, Colombia; c/o HOTEL LOS VINEDOS, La Union, Valle, Colombia; c/o INDUSTRIAS DEL ESPIRITU SANTO S.A., Malambo, Atlantico, Colombia; c/o TRANSPORTES DEL ESPIRITU SANTO S.A., La Union, Valle, Colombia; Cedula No. 29613348 (Colombia); (INDIVIDUAL) [SDNT]
16. RICARDO DIAZ, Alfonso, Calle 15 No. 10-52, La Union, Valle, Colombia; c/o CASA GRAJALES S.A., La Union, Valle, Colombia; c/o CRETA S.A., La Union, Valle, Colombia; c/o FREXCO S.A., La Union, Valle, Colombia; c/o HEBRON S.A., Tulua, Valle, Colombia; Cedula No. 14950952 (Colombia); (INDIVIDUAL) [SDNT]
17. SAIEH JAMIS, Carlos Ernesto, c/o ALMACAES S.A., Bogota, Colombia; c/o ALM INVESTMENT FLORIDA, INC., Miami, FL, United States; c/o BLACKMORE INVESTMENTS A.V.V., Oranjestad, Aruba; c/o CARLOS SAIEH Y CIA. S.C.S., Barranquilla, Atlantico, Colombia; c/o CONFECCIONES LORD S.A., Barranquilla, Atlantico, Colombia; c/o CONSTRUCTORA ALTAVISTA INTERNACIONAL S.A., Barranquilla, Colombia; c/o CORPORACION DE ALMACENES POR DEPARTAMENTOS S.A., Bogota, Colombia; c/o ELIZABETH OVERSEAS INC., Panama City, Panama; c/o FINANZAS DEL NORTE LUIS SAIEH Y CIA. S.C.A., Barranquilla, Colombia; c/o G.L.G. S.A., Bogota, Colombia; c/o GRANADA ASSOCIATES, INC., Miami, FL, United States; c/o ILOVIN S.A., Bogota, Colombia; c/o INVERSIONES DEL PRADO ABDALA SAIEH Y CIA. S.C.A., Barranquilla, Colombia; c/o KAREN OVERSEAS, INC., Panama City, Panama; c/o KAREN OVERSEAS FLORIDA, INC., Miami, FL, United States; c/o KATTUS II CORPORATION, Panama City, Panama; c/o MARC LLC, Miami, FL, United States; c/o MOISES SAIEH Y CIA. S.C.A., Barranquilla, Colombia; c/o RAMAL S.A., Bogota, Colombia; c/o RIXFORD INVESTMENT CORPORATION, Panama City, Panama; c/o URBANIZADORA ALTAVISTA INTERNACIONAL S.A., Barranquilla, Colombia; c/o VILLAROSA INVESTMENTS FLORIDA, INC., Miami, FL, United States; 9100 South Dadeland Boulevard, Suite 912, Miami, FL 33156; 780 NW Le Jeune Rd, Ste 516, Miami, FL 33126, United States; 780 NW 42nd Avenue, Miami, FL 33126, United States; Carrera 56 # 79-102 P-10, Barranquilla, Colombia; Nine Island Avenue, Unit 1411, Miami Beach, FL, United States; DOB 24 Feb 1964; POB Barranquilla, Colombia; Citizen Colombia; Nationality Colombia; Cedula No. 8739066 (Colombia); (INDIVIDUAL) [SDNT]
18. SAIEH MUVDI, Moises Abdal, c/o ALMACAES S.A., Bogota, Colombia; c/o ALM INVESTMENT FLORIDA, INC., Miami, FL, United States; c/o CARLOS SAIEH Y CIA. S.C.S., Barranquilla, Atlantico, Colombia; c/o CONFECCIONES LORD S.A., Barranquilla, Atlantico, Colombia; c/o CONSTRUCTORA ALTAVISTA INTERNACIONAL S.A., Barranquilla, Colombia; c/o CORPORACION DE ALMACENES POR DEPARTAMENTOS S.A., Bogota, Colombia; c/o ELIZABETH OVERSEAS INC., Panama City, Panama; c/o G.L.G. S.A., Bogota, Colombia; c/o GRANADA ASSOCIATES, INC., Miami, FL, United States; c/o ILOVIN S.A., Bogota, Colombia; c/o INVERSIONES DEL PRADO ABDALA SAIEH Y CIA. S.C.A., Barranquilla, Colombia; c/o KAREN OVERSEAS, INC., Panama City, Panama; c/o KAREN OVERSEAS FLORIDA, INC., Miami, FL, United States; c/o KATTUS II CORPORATION, Panama City, Panama; c/o MOISES SAIEH Y CIA. S.C.A., Barranquilla, Colombia; c/o RAMAL S.A., Bogota, Colombia; c/o RIXFORD INVESTMENT CORPORATION, Panama City, Panama; c/o SUNSET & 97TH HOLDINGS, LLC, Miami, FL, United States; c/o URBANIZADORA ALTAVISTA INTERNACIONAL S.A., Barranquilla, Colombia; c/o VILLAROSA INVESTMENTS FLORIDA, INC., Miami, FL, United States; 9100 South Dadeland Boulevard, Suite 912, Miami, FL 33156; Carrera 56 # 79-40, Apt 7, Barranquilla, Colombia; 19667 NE 36 Court A 12-G, North Miami Beach, FL, United States; 780 NW Le Jeune Rd, Ste 516, Miami, FL 33126, United States; 780 NW 42nd Avenue, Miami, FL 33126, United States; 1405 SW 107th Ave, Ste 301B, Miami, FL, United States; 19667 Turnberry Way, Unit 12G, Miami, FL 33180, United States; 20301 W Country Club Drive, Apt 824, Aventura, FL 33180, United States; DOB 06 Jun 1945; POB Pamplona, Norte de Santander; Citizen Colombia; Cedula No. 7427466 (Colombia); (INDIVIDUAL) [SDNT]

These eighteen persons previously designated pursuant to the Order now appear as the following:

Dated: November 28, 2006.

1. BOHADA AVILA, Lubin, Calle 142A No. 106A-21 apt. 302, Bogota, Colombia; Carrera 100 No. 11-90 of. 403, Cali, Colombia; c/o AGRONILLO S.A., Toro, Valle, Colombia; c/o ARMAGEDON S.A., La Union, Valle, Colombia; c/o ASESORES CONSULTORES ASOCIADOS LTDA., Cali, Colombia; c/o CONSTRUCCIONES E INVERSIONES LTDA., La Union, Valle, Colombia; c/o FRUTAS DE LA COSTA S.A., Malambo, Atlantico, Colombia; c/o FUNDACION CENTRO FRUTICOLA ANDINO, La Union, Valle, Colombia; c/o GAD S.A., La Union, Valle, Colombia; c/o INDUSTRIAS DEL ESPIRITU SANTO S.A., Malambo, Atlantico, Colombia; c/o TARRITOS S.A., Cali, Colombia; c/o WORLD WORKING COMERCIALIZADORA INTERNACIONAL S.A. Cali, Valle, Colombia; Cedula No.

- 19093178 (Colombia); (INDIVIDUAL) [SDNT]
2. GRAJALES LEMOS, Raul Alberto, Carrera 15 No. 13-39, La Union, Valle, Colombia; Carrera 10 Norte No. 31-01, Cali, Colombia; c/o AGRONILO S.A., La Union, Valle, Colombia; c/o AGUSTIN GRAJALES Y CIA. LTDA., La Union, Valle, Colombia; c/o ALMACAES S.A., Bogota, Colombia; c/o ARMAGEDON S.A., La Union, Valle, Colombia; c/o C.A.D. S.A., Bogota, Colombia; c/o CASA GRAJALES S.A., La Union, Valle, Colombia; c/o CONFECCIONES LINA MARIA LTDA., La Union, Valle, Colombia; c/o CRETA S.A., La Union, Valle, Colombia; c/o FREXCO S.A., La Union, Valle, Colombia; c/o FRUTAS DE LA COSTA S.A., Malambo, Atlantico, Colombia; c/o FUNDACION CENTRO FRUTICOLA ANDINO, La Union, Valle, Colombia; c/o FUNDACION CENTRO DE INVESTIGACION HORTIFRUTICOLA DE COLOMBIA, La Union, Valle, Colombia; c/o GAD S.A., La Union, Valle, Colombia; c/o G.L.G. S.A., Bogota, Colombia; c/o GRAJALES S.A., La Union, Valle, Colombia; c/o HEBRON S.A., Tuluá, Valle, Colombia; c/o HOTEL LOS VINEDOS, La Union, Valle, Colombia; c/o IBADAN LTDA., Tuluá, Valle, Colombia; c/o ILOVIN S.A., Bogota, Colombia; c/o INDUSTRIAS DEL ESPIRITU SANTO S.A., Malambo, Atlantico, Colombia; c/o INTERNATIONAL FREEZE DRIED S.A., Bogota, Colombia; c/o INVERSIONES AGUILA LTDA., La Union, Valle, Colombia; c/o INVERSIONES GRAME LTDA., La Union, Valle, Colombia; c/o INVERSIONES LOS POSSO LTDA. S.C.S., La Union, Valle, Colombia; c/o INVERSIONES SANTA CECILIA S.C.S., La Union, Valle, Colombia; c/o INVERSIONES SANTA MONICA LTDA., La Union, Valle, Colombia; c/o JOSAFAT S.A., Tuluá, Valle, Colombia; c/o MACEDONIA LTDA., La Union, Valle, Colombia; c/o PANAMERICANA LTDA., Cali, Colombia; c/o RAMAL S.A., Bogota, Colombia; c/o SALIM S.A., La Union, Valle, Colombia; c/o SALOME GRAJALES Y CIA. LTDA., Bogota, Colombia; c/o SOCIEDAD DE NEGOCIOS SAN AGUSTIN LTDA., La Union, Valle, Colombia; c/o TRANSPORTES DEL ESPIRITU SANTO S.A., La Union, Valle, Colombia; DOB 13 Dec 1957; POB La Union, Valle, Colombia; Cedula No. 6356044 (Colombia); (INDIVIDUAL) [SDNT]
3. GOMEZ QUINTERO, Carlos Alberto, Calle 14 No. 4-124, La Union, Valle, Colombia; Factoria La Rivera, La Union, Valle, Colombia; c/o CASA GRAJALES S.A., La Union, Valle, Colombia; c/o CONSTRUCCIONES E INVERSIONES LTDA., La Union, Valle, Colombia; c/o FREXCO S.A., La Union, Valle, Colombia; c/o FUNDACION CENTRO FRUTICOLA ANDINO, La Union, Valle, Colombia; c/o GRAJALES S.A., La Union, Valle, Colombia; c/o INVERSIONES SANTA CECILIA S.C.S., La Union, Valle, Colombia; c/o INVERSIONES SANTA MONICA LTDA., La Union, Valle, Colombia; DOB 23 Jan 1957; POB Palmira, Valle, Colombia; Cedula No. 6355791 (Colombia); Passport AH411417 (Colombia); (INDIVIDUAL) [SDNT]
4. GRAJALES BERNAL, Sonia Patricia; c/o ASESORES CONSULTORES ASOCIADOS LTDA., Cali, Colombia; c/o C.A.D. S.A., Bogota, Colombia; c/o CALI@TELE.COM LTDA., Cali, Colombia; c/o COMUNICACIONES ABIERTAS CAMARY LTDA., Cali, Colombia; c/o FUNDACION CENTRO-FRUTICOLA ANDINO, La Union, Valle, Colombia; c/o G.L.G. S.A., Bogota, Colombia; c/o GRAJALES S.A., La Union, Valle, Colombia; c/o ILOVIN S.A., Bogota, Colombia; c/o JEHOVA LTDA., Tuluá, Valle, Colombia; c/o JOSAFAT S.A., Tuluá, Valle, Colombia; c/o MACEDONIA LTDA., La Union, Valle, Colombia; c/o SALIM S.A., La Union, Valle, Colombia; c/o SALOME GRAJALES Y CIA. LTDA., Bogota, Colombia; Cedula No. 29613767 (Colombia); (INDIVIDUAL) [SDNT]
5. GRAJALES LEMOS, Aida Salome, Calle 14 No. 13-03, La Union, Valle, Colombia; c/o AGRONILO S.A., Toro, Valle, Colombia; c/o ALMACAES S.A., Bogota, Colombia; c/o CRETA S.A., La Union, Valle, Colombia; c/o CASA GRAJALES S.A., La Union, Valle, Colombia; c/o FRUTAS DE LA COSTA S.A., Malambo, Atlantico, Colombia; c/o FUNDACION CENTRO DE INVESTIGACION HORTIFRUTICOLA DE COLOMBIA, La Union, Valle, Colombia; c/o GAD S.A., La Union, Valle, Colombia; c/o GRAJALES S.A., La Union, Valle, Colombia; c/o HOTEL LOS VINEDOS, La Union, Valle, Colombia; c/o JEHOVA LTDA., Tuluá, Valle, Colombia; c/o MACEDONIA LTDA., La Union, Valle, Colombia; c/o RAMAL S.A., Bogota, Colombia; c/o SALIM S.A., La Union, Valle, Colombia; c/o TARRITOS S.A., Cali, Colombia; DOB 13 Dec 1970; POB La Union, Valle, Colombia; Cedula No. 39789871 (Colombia); (INDIVIDUAL) [SDNT]
6. GRAJALES LEMOS, Juan Jacobo (a.k.a. GRAJALES LEMOS, javier), c/o CRETA S.A., La Union, Valle, Colombia; c/o FUNDACION CENTRO FRUTICOLA ANDINO, La Union, Valle, Colombia; c/o GRAJALES S.A., La Union, Valle, Colombia; c/o HOTEL LOS VINEDOS, La Union, Valle, Colombia; c/o JEHOVA LTDA., Tuluá, Valle, Colombia; c/o SALIM S.A., La Union, Valle, Colombia; c/o TRANSPORTES DEL ESPIRITU SANTO S.A., La Union, Valle, Colombia; DOB 28 Oct 1972; POB La Union, Valle, Colombia; Cedula No. 94273951 (Colombia); (INDIVIDUAL) [SDNT]
7. GRAJALES LONDONO, Juan Raul, c/o CALI@TELE.COM LTDA., Cali, Colombia; c/o CITICAR LTDA., La Union, Valle, Colombia; c/o COMUNICACIONES ABIERTAS CAMARY LTDA., Cali, Colombia; c/o CONFECCIONES LINA MARIA LTDA., La Union, Valle, Colombia; c/o DOXA S.A., La Union, Valle, Colombia; c/o HEBRON S.A., Tuluá, Valle, Colombia; c/o INTERNATIONAL FREEZE DRIED S.A., Bogota, Colombia; c/o JOSAFAT S.A., Tuluá, Valle, Colombia; c/o SALIM S.A., La Union, Valle, Colombia; DOB 10 Oct 1986; POB Bogota, Colombia; Cedula No. 11167762 (Colombia); (INDIVIDUAL) [SDNT]
8. GRAJALES LONDONO, Lina Maria, c/o AGRONILO S.A., Toro, Valle, Colombia; c/o CITICAR LTDA., La Union, Valle, Colombia; c/o CONFECCIONES LINA MARIA LTDA., La Union, Valle, Colombia; c/o DOXA S.A., La Union, Valle, Colombia; c/o GBS TRADING S.A., Cali, Colombia; c/o HEBRON S.A., Tuluá, Valle, Colombia; c/o HOTEL LOS VINEDOS, La Union, Valle, Colombia; c/o L.G.R. E.U., Cali, Colombia; c/o SALIM S.A., La Union, Valle, Colombia; DOB 13 Mar 1979; POB Bogota, Colombia; Cedula No. 29567575 (Colombia); (INDIVIDUAL) [SDNT]
9. GRAJALES MEJIA, Jorge Julio; c/o AGUSTIN GRAJALES Y CIA. LTDA., La Union, Valle, Colombia; c/o FREXCO S.A., La Union, Valle, Colombia; c/o FUNDACION CENTRO FRUTICOLA ANDINO, La Union, Valle, Colombia; c/o FUNDACION CENTRO DE INVESTIGACION HORTIFRUTICOLA DE COLOMBIA, La Union, Valle, Colombia; c/o GRAJALES S.A., La Union, Valle, Colombia; c/o INVERSIONES GRAME LTDA., La Union, Valle, Colombia; c/o SOCIEDAD DE NEGOCIOS SAN AGUSTIN LTDA., La Union, Valle, Colombia; Cedula No. 14961290 (Colombia); (INDIVIDUAL) [SDNT]
10. GRAJALES POSSO, Maria Nancy, c/o CASA GRAJALES S.A., La Union, Valle, Colombia; c/o FREXCO S.A., La Union, Valle, Colombia; c/o GRAJALES S.A., La Union, Valle, Colombia; c/o INVERSIONES LOS POSSO LTDA. S.C.S., La Union, Valle, Colombia; c/o PLAZA REAL LTDA., Cali, Colombia; Cedula No. 29613013 (Colombia); (INDIVIDUAL) [SDNT]
11. GRAJALES PUENTES, Diana Carolina, Transversal 13A No. 123-10 Int. 2 apt. 203, Bogota, Colombia; c/o AGRONILO S.A., Toro, Valle, Colombia; c/o CITICAR LTDA., La Union, Valle, Colombia; c/o DOXA S.A., La Union, Valle, Colombia; c/o FRUTAS DE LA COSTA S.A., Malambo, Atlantico, Colombia; c/o HEBRON S.A., Tuluá, Valle, Colombia; c/o INDUSTRIAS DEL ESPIRITU SANTO S.A., Malambo, Atlantico, Colombia; c/o JOSAFAT S.A., Tuluá, Valle, Colombia; c/o SALIM S.A., La Union, Valle, Colombia; DOB 15 Mar 1979; POB La Victoria, Valle, Colombia; Cedula No. 52455790 (Colombia); (INDIVIDUAL) [SDNT]
12. LONDONO ALVAREZ, Gloria Elena (a.k.a. LONDONO DE GRAJALES, Gloria Elena), c/o ARMAGEDON S.A., La Union, Valle, Colombia; c/o CITICAR LTDA., La Union, Valle, Colombia; c/o CONFECCIONES LINA MARIA LTDA., La Union, Valle, Colombia; c/o CRETA S.A., La Union, Valle, Colombia; c/o FRUTAS DE LA COSTA S.A., Malambo, Atlantico, Colombia; c/o GAD S.A., La Union, Valle, Colombia; c/o GBS TRADING S.A., Cali, Colombia; c/o HEBRON S.A., Tuluá, Valle, Colombia; c/o HOTEL LOS VINEDOS, La Union, Valle, Colombia; c/o INDUSTRIAS DEL ESPIRITU SANTO S.A., Malambo, Atlantico, Colombia; c/o INTERNATIONAL FREEZE DRIED S.A., Bogota, Colombia; c/o JOSAFAT S.A., Tuluá, Valle, Colombia; c/o MELON LTDA., Cali, Colombia; c/o SALIM S.A., La Union, Valle, Colombia; c/o TRANSPORTES DEL ESPIRITU SANTO

- S.A., La Union, Valle, Colombia; c/o WORLD WORKING COMERCIALIZADORA INTERNACIONAL S.A., Cali, Colombia; DOB 22 Apr 1962; POB Medellin, Colombia; Cedula No. 51635146 (Colombia); (INDIVIDUAL) [SDNT]
13. MARIN TOBON, Bernardo Antonio, Calle 14 No. 18-62, La Union, Valle, Colombia; Calle 14 No. 18-64, La Union, Valle, Colombia; Carrera 16 No. 13-29 Piso 2, La Union, Valle, Colombia; Carrera 16 No. 13-31, La Union, Valle, Colombia; c/o ALMACAES S.A., Bogota, Colombia; c/o DOXA S.A., La Union, Valle, Colombia; c/o FUNDACION CENTRO DE INVESTIGACION HORTIFRUTICOLA DE COLOMBIA, La Union, Valle, Colombia; c/o GRAJALES S.A., La Union, Valle, Colombia; c/o HOTEL LOS VINEDOS, La Union, Valle, Colombia; c/o ILOVIN S.A., Bogota, Colombia; c/o MANUFACTURAS REAL S.A., Bogota, Colombia; c/o TRANSPORTES DEL ESPIRITU SANTO S.A., La Union, Valle, Colombia; DOB 18 Jan 1954; POB La Union, Valle, Colombia; Cedula No. 6355508 (Colombia); (INDIVIDUAL) [SDNT]
14. OSORIO AVILA, Orlando, Calle 14 No. 16-54, La Union, Valle, Colombia; c/o CASA GRAJALES S.A., La Union, Valle, Colombia; c/o EAGLE COMMUNICATION BROKERS INC., Panama City, Panama; c/o FREXCO S.A., La Union, Valle, Colombia; c/o FUNDACION CENTRO FRUTICOLA ANDINO, La Union, Valle, Colombia; c/o FUNDACION CENTRO DE INVESTIGACION HORTIFRUTICOLA DE COLOMBIA, La Union, Valle, Colombia; c/o GAD S.A., La Union, Valle, Colombia; c/o GRAJALES S.A., La Union, Valle, Colombia; c/o HOTEL LOS VINEDOS, La Union, Valle, Colombia; c/o INDUSTRIAS DEL ESPIRITU SANTO S.A., Malambo, Atlantico, Colombia; c/o INVERSIONES SANTA CECILIA S.C.S., La Union, Valle, Colombia; c/o TRANSPORTES DEL ESPIRITU SANTO S.A., La Union, Valle, Colombia; Cedula No. 6355939 (Colombia); (INDIVIDUAL) [SDNT]
15. POSSO, Maria Esperanza, c/o CONSTRUCCIONES E INVERSIONES LTDA., La Union, Valle, Colombia; c/o DOXA S.A., La Union, Valle, Colombia; c/o FRUTAS DE LA COSTA S.A., Malambo, Atlantico, Colombia; c/o HOTEL LOS VINEDOS, La Union, Valle, Colombia; c/o INDUSTRIAS DEL ESPIRITU SANTO S.A., Malambo, Atlantico, Colombia; c/o TRANSPORTES DEL ESPIRITU SANTO S.A., La Union, Valle, Colombia; Cedula No. 29613348 (Colombia); (INDIVIDUAL) [SDNT]
16. RICARDO DIAZ, Alfonso, Calle 15 No. 10-52, La Union, Valle, Colombia; c/o CASA GRAJALES S.A., La Union, Valle, Colombia; c/o CRETA S.A., La Union, Valle, Colombia; c/o FREXCO S.A., La Union, Valle, Colombia; c/o FUNDACION CENTRO FRUTICOLA ANDINO, La Union, Valle, Colombia; c/o HEBRON S.A., Tulua, Valle, Colombia; c/o WORLD WORKING COMERCIALIZADORA INTERNACIONAL S.A., Cali, Colombia; Cedula No. 14950952 (Colombia); (INDIVIDUAL) [SDNT]
17. SAIEH JAMIS, Carlos Ernesto, c/o ALMACAES S.A., Bogota, Colombia; c/o ALM INVESTMENT FLORIDA, INC., Miami, FL, United States; c/o BLACKMORE INVESTMENTS A.V.V., Oranjestad, Aruba; c/o BRUNELLO LTD., Grand Cayman, Cayman Islands; c/o CARLOS SAIEH Y CIA. S.C.S., Barranquilla, Atlantico, Colombia; c/o CONFECIONES LORD S.A., Barranquilla, Atlantico, Colombia; c/o CONSTRUCTORA ALTAVISTA INTERNACIONAL S.A., Barranquilla, Colombia; c/o CORPORACION DE ALMACENES POR DEPARTAMENTOS S.A., Bogota, Colombia; c/o ELIZABETH OVERSEAS INC., Panama City, Panama; c/o FINANZAS DEL NORTE LUIS SAIEH Y CIA. S.C.A., Barranquilla, Colombia; c/o G.L.G. S.A., Bogota, Colombia; c/o GRANADA ASSOCIATES, INC., Miami, FL, United States; c/o ILOVIN S.A., Bogota, Colombia; c/o INVERSIONES DEL PRADO ABDALA SAIEH Y CIA. S.C.A., Barranquilla, Colombia; c/o KAREN OVERSEAS, INC., Panama City, Panama; c/o KAREN OVERSEAS FLORIDA, INC., Miami, FL, United States; c/o KATTUS II CORPORATION, Panama City, Panama; c/o MARC LLC, Miami, FL, United States; c/o MLA INVESTMENTS, INC., Virgin Islands, British; c/o MOISES SAIEH Y CIA. S.C.A., Barranquilla, Colombia; c/o RAMAL S.A., Bogota, Colombia; c/o RIXFORD INVESTMENT CORPORATION, Panama City, Panama; c/o URBANIZADORA ALTAVISTA INTERNACIONAL S.A., Barranquilla, Colombia; c/o VILLAROSA INVESTMENTS FLORIDA, INC., Miami, FL, United States; 9100 South Dadeland Boulevard, Suite 912, Miami, FL 33156; 780 NW Le Jeune Rd, Ste 516, Miami, FL 33126, United States; 780 NW 42nd Avenue, Miami, FL 33126, United States; Carrera 56 # 79-102 P-10, Barranquilla, Colombia; Nine Island Avenue, Unit 1411, Miami Beach, FL, United States; DOB 24 Feb 1964; POB Barranquilla, Colombia; Citizen Colombia; Nationality Colombia; Cedula No. 8739066 (Colombia); Passport AH006864 (Colombia); (INDIVIDUAL) [SDNT]
18. SAIEH MUVDI, Moises Abdal, c/o ALMACAES S.A., Bogota, Colombia; c/o ALM INVESTMENT FLORIDA, INC., Miami, FL, United States; c/o CARLOS SAIEH Y CIA. S.C.S., Barranquilla, Atlantico, Colombia; c/o CONFECIONES LORD S.A., Barranquilla, Atlantico, Colombia; c/o CONSTRUCTORA ALTAVISTA INTERNACIONAL S.A., Barranquilla, Colombia; c/o CORPORACION DE ALMACENES POR DEPARTAMENTOS S.A., Bogota, Colombia; c/o ELIZABETH OVERSEAS INC., Panama City, Panama; c/o G.L.G. S.A., Bogota, Colombia; c/o GRANADA ASSOCIATES, INC., Miami, FL, United States; c/o ILOVIN S.A., Bogota, Colombia; c/o INVERSIONES DEL PRADO ABDALA SAIEH Y CIA. S.C.A., Barranquilla, Colombia; c/o KAREN OVERSEAS, INC., Panama City, Panama; c/o JAMCE INVESTMENTS LTD, Grand Cayman, Cayman Islands; c/o KAREN OVERSEAS FLORIDA, INC., Miami, FL, United States; c/o KATTUS II CORPORATION, Barbados; c/o KATTUS II CORPORATION, Panama City, Panama; c/o MLA INVESTMENTS, INC., British, Virgin Islands; c/o MOISES SAIEH Y CIA. S.C.A., Barranquilla, Colombia; c/o RAMAL S.A., Bogota, Colombia; c/o RIXFORD INVESTMENT CORPORATION, Panama City, Panama; c/o VILLAROSA INVESTMENTS FLORIDA, INC., Miami, FL, United States; 9100 South Dadeland Boulevard, Suite 912, Miami, FL 33156; Carrera 56 # 79-40, Apt 7, Barranquilla, Colombia; 19667 NE 36 Court A 12-G, North Miami Beach, FL, United States; 780 NW Le Jeune Rd, Ste 516, Miami, FL 33126, United States; 780 NW 42nd Avenue, Miami, FL 33126, United States; 1405 SW 107th Ave, Ste 301B, Miami, FL, United States; 19667 Turnberry Way, Unit 12G, Miami, FL 33180, United States; 20301 W Country Club Drive, Apt 824, Aventura, FL 33180, United States; DOB 06 Jun 1945; POB Pamplona, Norte de Santander; Citizen Colombia; Cedula No. 7427466 (Colombia); (INDIVIDUAL) [SDNT]
- Adam J. Szubin,
Director, Office of Foreign Assets Control.
[FR Doc. E6-20375 Filed 11-30-06; 8:45 am]
BILLING CODE 4811-42-P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

Privacy Act of 1974, as Amended

AGENCY: Internal Revenue Service, Treasury.

ACTION: Notice of proposed alterations to three Privacy Act systems of records.

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, as amended, the Department of the Treasury, Internal Revenue Service (IRS), gives notice of proposed alterations to three Privacy Act systems of records related to the functions of the Office of Professional Responsibility (OPR): Treasury/IRS 37.006—General Correspondence File; Treasury/IRS 37.007—Inventory; and Treasury/IRS 37.009—Enrolled Agents and Resigned Enrolled Agents (Action pursuant to 31 CFR 10.55(b)).

DATES: Comments must be received no later than January 2, 2007. The proposed altered systems will become effective January 10, 2007, unless the IRS receives comments which cause reconsideration of this action.

ADDRESSES: Comments should be sent to the Office of Governmental Liaison and Disclosure, IRS, 1111 Constitution

Avenue, NW., Washington, DC 20224. To arrange to see the comments, see **FOR FURTHER INFORMATION CONTACT** below.

FOR FURTHER INFORMATION CONTACT: Earl Prater, Senior Counsel, OPR, at (202) 874-5936, or for voice mail, (202) 622-8018 (not toll free numbers).

SUPPLEMENTARY INFORMATION: The regulations governing practice before the IRS, issued under the authority of 31 U.S.C. 330, are set out at 31 CFR part 10, and are published in pamphlet form as Treasury Department Circular No. 230. As authorized by 31 CFR part 10, the Director, OPR (formerly Office of Director of Practice), acts on applications for enrollment to practice before the IRS; makes inquiries with respect to matters under OPR's jurisdiction; institutes and provides for the conduct of disciplinary proceedings relating to attorneys, certified public accountants, enrolled agents, enrolled actuaries, and appraisers; and performs other duties as are necessary or appropriate to carry out OPR's functions under 31 CFR part 10 or as prescribed by the Secretary of the Treasury or delegate.

The IRS currently maintains 11 Privacy Act systems of records related to the functions of OPR. Notices describing these systems of records were most recently published at 66 FR 63826, December 10, 2001. As described below, the IRS proposes to consolidate the 11 current systems into 3 altered systems.

(1) Treasury/IRS 37.006—General Correspondence File

The following alterations to this system of records are proposed:

(a) To change the title of the system to "Correspondence, Miscellaneous Records, and Information Management Records";

(b) To make necessary additions to Categories of Individuals Covered by the System, Categories of Records in the System, Purpose(s), and Record Source Categories;

(c) To restate, for clarity and for consistency of phrasing with other IRS system of records notices, routine uses authorizing disclosure to public authorities for law enforcement purposes; disclosure to public authorities requesting information relevant to hiring, contracting, licensing, and other matters; disclosure during litigation; and disclosure to contractors;

(d) To add a routine use authorizing disclosure to the Department of Justice (DOJ) for the purpose of seeking legal advice;

(e) To delete an unnecessary routine use authorizing disclosure to congressional offices in response to

inquiries from constituents, who authorize disclosure by consent;

(f) To delete, as inappropriate for this altered system of records, routine uses authorizing disclosure to third parties during an investigation and authorizing disclosure to the news media; and

(g) To make necessary "housekeeping" alterations, such as changing "Office of Director of Practice" to "Office of Professional Responsibility," updating addresses, and revising citations to 31 CFR part 10 and the Internal Revenue Manual.

(2) Treasury/IRS 37.007—Inventory

The following alterations to this system of records are proposed:

(a) To change the title of the system to "Practitioner Disciplinary Records";

(b) To consolidate in this system of records all disciplinary-related records from this system and from the following systems—

Treasury/IRS 37.003—Closed Files Containing Derogatory Information About Individuals' Practice Before the Internal Revenue Service and Files of Attorneys and Certified Public Accountants Formerly Enrolled to Practice

Treasury/IRS 37.004—Derogatory Information (No Action)

Treasury/IRS 37.005—Present Suspensions and Disbarments Resulting from Administrative Proceeding

Treasury/IRS 37.008—Register of Docketed Cases and Applicant Appeals
Treasury/IRS 37.009—Enrolled Agents and Resigned Enrolled Agents (Action pursuant to 31 CFR 10.55(b))
Treasury/IRS 37.011—Present Suspensions from Practice before the Internal Revenue Service;

(c) To make necessary additions to Categories of Individuals Covered by the System, Categories of Records in the System, Purpose(s), Retrievability, and Record Source Categories;

(d) To restate, for clarity and for consistency of phrasing with other IRS system of records notices, routine uses authorizing disclosure to public authorities for law enforcement purposes; disclosure to public authorities requesting information relevant to hiring, contracting, licensing, and other matters; disclosure during litigation; disclosure to contractors; and disclosure to third parties during an investigation;

(e) To incorporate a routine use from Treasury/IRS 37.005 that authorizes disclosure of information regarding suspensions or disbarments to professional organizations, to state that professional organizations and associations receiving disclosures may

be public, quasi-public, or private, and to restate the routine use for clarity;

(f) To incorporate a routine use from Treasury/IRS 37.005, 37.009, and 37.011 that authorizes disclosure of the roster of persons censured, suspended, or disbarred and the roster of disqualified appraisers, to include in the routine use information about individuals who have been denied eligibility to engage in limited practice, and to restate the routine use for clarity;

(g) To add a routine use authorizing disclosure to the DOJ for the purpose of seeking legal advice;

(h) To add a routine use authorizing, to the extent permitted under 31 CFR part 10, disclosure to the public of pleadings filed with the administrative law judge (ALJ), evidence received by the ALJ, reports and decisions of the ALJ in disciplinary proceedings under those regulations, and pleadings to, and decisions by, the Secretary of the Treasury on review of ALJ decisions;

(i) To add a routine use authorizing disclosure to the public of the name, mailing address, and other information concerning individuals who have been enjoined by the Federal courts from representing taxpayers before the IRS;

(j) To add a routine use authorizing disclosure of limited information concerning the status of disciplinary investigations to individuals who send OPR information concerning possible violations of the regulations governing practice before the IRS;

(k) To add a routine use authorizing disclosure to the Office of Personnel Management (OPM) of the identify and status of disciplinary cases in order for OPM to process requests for assignment of ALJs to conduct disciplinary proceedings;

(l) To delete an unnecessary routine use authorizing disclosure to congressional offices in response to inquiries from constituents, who authorize disclosure by consent;

(m) To delete, as redundant to proposed routine uses broadening public access to disciplinary proceedings and sanctions, a routine use authorizing disclosure to the news media; and

(n) To make necessary "housekeeping" alterations, such as changing "Office of Director of Practice" to "Office of Professional Responsibility," updating addresses, and revising citations to 31 CFR part 10 and the Internal Revenue Manual.

(3) Treasury/IRS 37.009—Enrolled Agents and Resigned Enrolled Agents (Action pursuant to 31 CFR 10.55(b))

The following alterations to this system of records are proposed:

(a) To change the title of the system to "Enrolled Agent Records";

(b) To consolidate in this system of records all enrollment-related records from this system and from the following systems—

Treasury/IRS 37.001—Abandoned Enrollment Applications

Treasury/IRS 37.002—Files Containing Derogatory Information about Individuals Whose Applications for Enrollment to Practice Before the IRS Have Been Denied and Applicant Appeal Files [formerly known as "Applicant Appeal Files"]

Treasury/IRS 37.003—Closed Files Containing Derogatory Information about Individuals' Practice Before the Internal Revenue Service and Files of Attorneys and Certified Public Accountants Formerly Enrolled to Practice

Treasury/IRS 37.007—Inventory
Treasury/IRS 37.008—Register of Docketed Cases and Applicant Appeals
Treasury/IRS 37.010—Roster of Former Enrollees;

(c) To make necessary additions to Categories of Individuals Covered by the System, Categories of Records in the System, Purpose(s), Retrievability, and Record Source Categories;

(d) To restate, for clarity and for consistency of phrasing with other IRS system of records notices, routine uses authorizing disclosure to public authorities for law enforcement purposes; disclosure to public authorities requesting information relevant to hiring, contracting, licensing, and other matters; disclosure during litigation; disclosure to contractors; and disclosure to third parties during an investigation;

(e) To restate, for clarity, a routine use that authorizes disclosure of information (including addresses) sufficient to identify all persons enrolled to practice before the IRS and to include in the routine use information about individuals who have been terminated as enrolled agents for failure to meet the requirements for renewal of enrollment or who have resigned as enrolled agents for reasons other than in lieu of a disciplinary proceeding being instituted or continued;

(f) To add a routine use authorizing disclosure to the DOJ for the purpose of seeking legal advice;

(g) To add a routine use authorizing disclosure to a public, quasi-public, or private professional organization or association which individuals covered by this system of records may be affiliated with, or subject to the jurisdiction of, to meet their responsibilities in connection with the

administration and maintenance of standards of conduct and discipline;

(h) To delete an unnecessary routine use authorizing disclosure to congressional offices in response to inquiries from constituents, who authorize disclosure by consent;

(i) To delete, as redundant to a proposed routine use authorizing public disclosure of information identifying enrolled agents, a routine use authorizing disclosure to the news media; and

(j) To make necessary "housekeeping" alterations, such as changing "Office of Director of Practice" to "Office of Professional Responsibility," updating addresses, and revising citations to 31 CFR part 10 and the Internal Revenue Manual.

The following systems of records will be deleted upon implementation of the altered systems:

Treasury/IRS 37.001—Abandoned Enrollment Applications

Treasury/IRS 37.002—Files Containing Derogatory Information about Individuals Whose Applications for Enrollment to Practice Before the IRS Have Been Denied and Applicant Appeal Files [formerly known as "Applicant Appeal Files"]

Treasury/IRS 37.003—Closed Files Containing Derogatory Information about Individuals' Practice Before the Internal Revenue Service and Files of Attorneys and Certified Public Accountants Formerly Enrolled to Practice

Treasury/IRS 37.004—Derogatory Information (No Action)

Treasury/IRS 37.005—Present Suspensions and Disbarments Resulting from Administrative Proceeding

Treasury/IRS 37.008—Register of Docketed Cases and Applicant Appeals

Treasury/IRS 37.010—Roster of Former Enrollees

Treasury/IRS 37.011—Present Suspensions from Practice before the Internal Revenue Service.

The report of the altered systems of records, as required by 5 U.S.C. 552a(r) of the Privacy Act, has been submitted to the Committee on Government Reform of the House of Representatives, the Committee on Homeland Security and Governmental Affairs of the Senate, and the Office of Management and Budget (OMB), pursuant to Appendix I to OMB Circular A-130, "Federal Agency Responsibilities for Maintaining Records About Individuals," dated November 30, 2000.

The three proposed altered systems of records, described above, are published in their entirety below.

Dated: October 24, 2006.

Sandra L. Pack,

Assistant Secretary for Management and Chief Financial Officer.

Treasury/IRS 37.006

SYSTEM NAME:

Correspondence, Miscellaneous Records, and Information Management Records—Treasury/IRS.

SYSTEM LOCATION:

Office of Professional Responsibility (OPR), Internal Revenue Service (IRS), Washington, DC; Detroit Computing Center, Detroit, Michigan.

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

Individuals who correspond with OPR, individuals on whose behalf correspondence is initiated, and individuals who are the subject of correspondence; individuals who apply, pursuant to 31 CFR part 10, for recognition as a qualified sponsor of continuing professional education for enrolled agents; individuals who apply, pursuant to 31 CFR part 10, for authorization to make a special appearance before the IRS to represent another person in a particular matter; former Government employees who must file, pursuant to 31 CFR part 10, a statement that their current employer has isolated them from representations that would constitute a post-employment conflict of interest; individuals who appeal from determinations that they are ineligible to engage in limited practice before the IRS under 31 CFR part 10; and individuals who serve as point of contact for organizations (including organizations that apply for recognition as a sponsor of continuing professional education for enrolled agents and tax clinics that request OPR to issue special orders authorizing tax clinic personnel to practice before the IRS).

CATEGORIES OF RECORDS IN THE SYSTEM:

Correspondence (including, but not limited to, letters, faxes, telegrams, and e-mails) sent and received; mailing lists of, and responses to, quality and improvement surveys of individuals; applications for recognition as a qualified sponsor of continuing professional education; applications for authorization to make a special appearance before the IRS; statements of isolation from representations that would constitute a post-employment conflict of interest; appeals from determinations of ineligibility to engage in limited practice; records pertaining to consideration of these matters; and workload management records.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

5 U.S.C. 301; 26 U.S.C. 7801; 31 U.S.C. 330, as amended by Section 822 of the American Jobs Creation Act of 2004.

PURPOSE(S):

To permit OPR to manage correspondence, to track responses from quality and improvement surveys, to manage workloads, and to collect and maintain other administrative records that are necessary for OPR to perform its functions under the regulations governing practice before the IRS, which are set out at 31 CFR part 10 and are published in pamphlet form as Treasury Department Circular No. 230, and its functions under other grants of authority.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USES:

Disclosure of returns and return information may be made only as provided by 26 U.S.C. 6103. All other records may be used as described below if the IRS deems the purpose of the disclosure to be compatible with the purpose for which the IRS collected the records and no privilege is asserted:

(1) Disclose information to a Federal, state, local, tribal, or foreign agency or other public authority responsible for implementing or enforcing, or for investigating or prosecuting, the violation of a statute, rule, regulation, order, or license when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law or regulation and the information disclosed is relevant to any regulatory, enforcement, investigative, or prosecutorial responsibility of the receiving authority.

(2) Disclose information to a Federal, state, local, tribal, or foreign agency, or other public authority, which has requested information relevant or necessary to hiring or retaining an employee or to issuing, or continuing, a contract, security clearance, license, grant, or other benefit.

(3) Disclose information during a proceeding before a court, administrative tribunal, or other adjudicative body when: (a) The IRS or any component thereof; (b) any IRS employee in his or her official capacity; (c) any IRS employee in his or her individual capacity if the IRS or the Department of Justice (DOJ) has agreed to provide representation for the employee; or (d) the United States is a party to, has an interest in, or is likely to be affected by, the proceeding; and the IRS or the DOJ determines that the information is relevant and necessary to

the proceeding. Information may be disclosed to the adjudicative body to resolve issues of relevancy, necessity, or privilege pertaining to the information.

(4) Disclose information to the DOJ when seeking legal advice or for use in any proceeding, or in preparation for any proceeding, when: (a) The IRS or any component thereof; (b) any IRS employee in his or her official capacity; (c) any IRS employee in his or her individual capacity if the IRS or the DOJ has agreed to provide representation for the employee; or (d) the United States is a party to, has an interest in, or is likely to be affected by, the proceeding; and the IRS or the DOJ determines that the information is relevant and necessary to the proceeding or advice sought.

(5) Disclose information to a contractor to the extent necessary to perform the contract.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:**STORAGE:**

Paper and electronic media.

RETRIEVABILITY:

By individual's name. Non-unique names will be distinguished by addresses.

SAFEGUARDS:

Access controls are not less than those provided for by IRM 25.10.1, Information Technology (IT) Security Policy and Standards, and IRM 1.16, Physical Security Program.

RETENTION AND DISPOSAL:

Records are retained and disposed of in accordance with the records control schedules applicable to the records of OPR, IRM 1.15.11.

SYSTEM MANAGER AND ADDRESS:

Director, Office of Professional Responsibility, SE:OPR, 1111 Constitution Avenue, NW., Washington, DC 22024.

NOTIFICATION PROCEDURE:

Individuals seeking to determine if this system of records contains a record pertaining to themselves may inquire in accordance with instructions appearing at 31 CFR part 1, Subpart C, Appendix B. Inquiries should be addressed to the system manager listed above.

RECORD ACCESS PROCEDURES:

Individuals seeking access to any record contained in this system, or seeking to contest its content, should inquire in accordance with instructions appearing at 31 CFR part 1, Subpart C, Appendix B. The request should be

addressed to the system manager listed above.

CONTESTING RECORD PROCEDURES:

See "Record Access Procedures" above.

RECORD SOURCE CATEGORIES:

Individuals, other correspondents, and Treasury Department records.

EXEMPTIONS CLAIMED FOR THE SYSTEM:

None.

Treasury/IRS 37.007**SYSTEM NAME:**

Practitioner Disciplinary Records—Treasury/IRS.

SYSTEM LOCATION:

Office of Professional Responsibility (OPR), Internal Revenue Service (IRS), Washington, DC.

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

Subjects and potential subjects of disciplinary proceedings relating to attorneys, certified public accountants, enrolled agents, enrolled actuaries, and appraisers; subjects or potential subjects of actions to deny eligibility to engage in limited practice before the IRS or actions to withdraw eligibility to practice before the IRS in any other capacity; and individuals who have received disciplinary sanctions or whose eligibility to practice before the IRS has been denied or withdrawn.

CATEGORIES OF RECORDS IN THE SYSTEM:

Information sent to, or collected by, OPR concerning potential violations of the regulations governing practice before the IRS, including disciplinary decisions and orders (and related records) of Federal or state courts, agencies, bodies, and other licensing authorities; records pertaining to OPR's investigation and evaluation of such information; records of disciplinary proceedings brought by OPR before administrative law judges (ALJs), including records of appeals from decisions in such proceedings; petitions for reinstatement to practice before the IRS (and related records); Federal court orders enjoining individuals from representing taxpayers before the IRS; and press releases concerning such injunctions.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

5 U.S.C. 301; 26 U.S.C. 7801; 31 U.S.C. 330, as amended by Section 822 of the American Jobs Creation Act of 2004.

PURPOSE(S):

To enforce and administer the regulations governing practice before

the IRS, which are set out at 31 CFR part 10 and are published in pamphlet form as Treasury Department Circular No. 230; to make available to the general public information about disciplinary proceedings and disciplinary sanctions; and to assist professional organizations and associations and other law enforcement and regulatory authorities in the performance of their duties in connection with the administration and maintenance of standards of conduct and discipline.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USES:

Disclosure of returns and return information may be made only as provided by 26 U.S.C. 6103. All other records may be used as described below if the IRS deems the purpose of the disclosure to be compatible with the purpose for which the IRS collected the records and no privilege is asserted:

(1) Disclose information to a Federal, state, local, tribal, or foreign agency or other public authority responsible for implementing or enforcing, or for investigating or prosecuting, the violation of a statute, rule, regulation, order, or license when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law or regulation and the information disclosed is relevant to any regulatory, enforcement, investigative, or prosecutorial responsibility of the receiving authority.

(2) Disclose information to a Federal, state, local, tribal, or foreign agency, or other public authority, which has requested information relevant or necessary to hiring or retaining an employee or to issuing, or continuing, a contract, security clearance, license, grant, or other benefit.

(3) Disclose information during a proceeding before a court, administrative tribunal, or other adjudicative body when: (a) The IRS or any component thereof; (b) any IRS employee in his or her official capacity; (c) any IRS employee in his or her individual capacity if the IRS or the Department of Justice (DOJ) has agreed to provide representation for the employee; or (d) the United States is a party to, has an interest in, or is likely to be affected by, the proceeding; and the IRS or the DOJ determines that the information is relevant and necessary to the proceeding. Information may be disclosed to the adjudicative body to resolve issues of relevancy, necessity, or privilege pertaining to the information.

(4) Disclose information to the DOJ when seeking legal advice or for use in any proceeding, or in preparation for

any proceeding, when: (a) The IRS or any component thereof; (b) any IRS employee in his or her official capacity; (c) any IRS employee in his or her individual capacity if the IRS or the DOJ has agreed to provide representation for the employee; or (d) the United States is a party to, has an interest in, or is likely to be affected by, the proceeding; and the IRS or the DOJ determines that the information is relevant and necessary to the proceeding or advice sought.

(5) Disclose information to a contractor to the extent necessary to perform the contract.

(6) Disclose information to third parties during the course of an investigation to the extent deemed necessary by the IRS to obtain information pertinent to the investigation.

(7) To the extent permitted under 31 CFR part 10, disclose to the public pleadings filed with the ALJ, evidence received by the ALJ, reports and decisions of the ALJ in a disciplinary proceeding under those regulations, and pleadings to, and decisions by, the Secretary of the Treasury or delegate on review of ALJ decisions.

(8) Make available for public inspection or otherwise disclose to the general public, after the subject individual has exhausted appeal rights:

(1) The name, mailing address, professional designation (attorney, certified public accountant, enrolled agent, enrolled actuary, or appraiser), type of disciplinary sanction, effective dates, and information about the conduct that gave rise to the sanction pertaining to individuals who have been censured, individuals who have been suspended or disbarred from practice before the IRS, individuals who have resigned as an enrolled agent in lieu of a disciplinary proceeding being instituted or continued, individuals upon whom a monetary penalty has been imposed, and individual appraisers who have been disqualified; and (2) the name, mailing address, representative capacity (family member; general partner; full-time employee or officer of a corporation, association, or organized group; full-time employee of a trust, receivership, guardianship, or estate; officer or regular employee of a government unit; an individual representing a taxpayer outside the United States; or unenrolled return preparer), the fact of the denial of eligibility for limited practice, effective dates, and information about the conduct that gave rise to the denial pertaining to individuals who have been denied eligibility to engage in limited

practice before the IRS pursuant to 31 CFR part 10.

(9) Make available for public inspection or otherwise disclose to the general public: the name, mailing address, professional designation or representative capacity, the fact of being enjoined from representing taxpayers before the IRS, the scope of the injunction, effective dates, and information about the conduct that gave rise to the injunction pertaining to individuals who have been enjoined by any Federal court from representing taxpayers before the IRS.

(10) Disclose information to a public, quasi-public, or private professional organization or association which individuals covered by this system of records may be affiliated with, or subject to the jurisdiction of, including but not limited to disciplinary authorities of state bars or certified public accountancy boards, to meet their responsibilities in connection with the administration and maintenance of standards of conduct and discipline.

(11) Disclose upon written request to a member of the public who has submitted to OPR written information concerning potential violations of the regulations governing practice before the IRS: (1) That OPR is currently investigating or evaluating the information; or (2) that OPR has determined that no action will be taken, because jurisdiction is lacking, because a disciplinary proceeding would be time-barred, or because the information does not constitute actionable violations of the regulations; and (3) if applicable, the name of the agency or authority or Department of the Treasury or IRS office to which OPR has referred the information.

(12) Disclose to the Office of Personnel Management (OPM) the identity and status of disciplinary cases in order for OPM to process requests for assignment of ALJs employed by other Federal agencies to conduct disciplinary proceedings.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

Paper and electronic media.

RETRIEVABILITY:

By individual's name, social security number (when available), or complaint number pertaining to a disciplinary proceeding. Non-unique names will be distinguished by addresses.

SAFEGUARDS:

Access controls will not be less than those provided for by IRM 25.10.1,

Information Technology (IT) Security Policy and Standards, and IRM 1.16, Physical Security Program.

RETENTION AND DISPOSAL:

Records are retained and disposed of in accordance with the records control schedules applicable to the records of OPR, IRM 1.15.11.

SYSTEM MANAGER AND ADDRESS:

Director, Office of Professional Responsibility, SE:OPR, 1111 Constitution Avenue, NW., Washington, DC 22024.

NOTIFICATION PROCEDURE:

This system of records is exempt from the notification provisions of the Privacy Act.

RECORD ACCESS PROCEDURES:

This system of records is exempt from the record access provisions of the Privacy Act.

CONTESTING RECORD PROCEDURES:

26 U.S.C. 7852(e) prohibits Privacy Act amendment of tax records. For any other records, this system of records is exempt from the record contesting provisions of the Privacy Act.

RECORD SOURCE CATEGORIES:

Individuals covered by this system of records; witnesses; Federal or state courts, agencies, bodies, and other licensing authorities; professional organizations and associations; Treasury Department records; and public records.

EXEMPTIONS CLAIMED FOR THE SYSTEM:

Pursuant to section (k)(2) of the Privacy Act, 5 U.S.C. 552a(k)(2), the records contained within this system are exempt from the following sections of the Act: (c)(3), (d), (e)(1), (e)(4)(G), (e)(4)(H), (e)(4)(I), and (f). See 31 CFR 1.36.

Treasury/IRS 37.009

SYSTEM NAME:

Enrolled Agent Records—Treasury/IRS.

SYSTEM LOCATION:

Office of Professional Responsibility (OPR), Internal Revenue Service (IRS), Washington, DC; Detroit Computing Center, Detroit, Michigan.

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

Individuals currently or formerly enrolled to practice before the IRS; applicants for enrollment to practice before the IRS, including those who have appealed denial of applications for enrollment; and candidates for enrollment examinations.

CATEGORIES OF RECORDS IN THE SYSTEM:

Applications for enrollment to practice before the IRS; records pertaining to OPR's investigation and evaluation of eligibility for enrollment; appeals from denials of applications for enrollment (and related records); records relating to enrollment examinations, including candidate applications, answer sheets, and examination scores; applications for renewal of enrollment, including information on continuing professional education; and administrative records pertaining to enrollment status, including current status, dates of enrollment, dates of renewal, and dates of resignation or termination.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

5 U.S.C. 301; 26 U.S.C. 7801; 31 U.S.C. 330, as amended by Section 822 of the American Jobs Creation Act of 2004.

PURPOSE(S):

To administer the enrolled agent program under the regulations governing practice before the IRS, which are set out at 31 CFR part 10 and are published in pamphlet form as Treasury Department Circular No. 230; to make available to the general public sufficient information to identify all individuals enrolled, or formerly enrolled, to practice before the IRS and the status of their enrollment; and to assist professional organizations and associations and other law enforcement and regulatory authorities in the performance of their duties in connection with the administration and maintenance of standards of conduct and discipline.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USES:

Disclosure of returns and return information may be made only as provided by 26 U.S.C. 6103. All other records may be used as described below if the IRS deems the purpose of the disclosure to be compatible with the purpose for which the IRS collected the records and no privilege is asserted:

(1) Disclose information to a Federal, state, local, tribal, or foreign agency or other public authority responsible for implementing or enforcing, or for investigating or prosecuting, the violation of a statute, rule, regulation, order, or license when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law or regulation and the information disclosed is relevant to any regulatory, enforcement, investigative, or prosecutorial responsibility of the receiving authority.

(2) Disclose information to a Federal, state, local, tribal, or foreign agency, or other public authority, which has requested information relevant or necessary to hiring or retaining an employee or to issuing, or continuing, a contract, security clearance, license, grant, or other benefit.

(3) Disclose information during a proceeding before a court, administrative tribunal, or other adjudicative body when: (a) The IRS or any component thereof; (b) any IRS employee in his or her official capacity; (c) any IRS employee in his or her individual capacity if the IRS or the Department of Justice (DOJ) has agreed to provide representation for the employee; or (d) the United States is a party to, has an interest in, or is likely to be affected by, the proceeding; and the IRS or the DOJ determines that the information is relevant and necessary to the proceeding. Information may be disclosed to the adjudicative body to resolve issues of relevancy, necessity, or privilege pertaining to the information.

(4) Disclose information to the DOJ when seeking legal advice or for use in any proceeding, or in preparation for any proceeding, when: (a) The IRS or any component thereof; (b) any IRS employee in his or her official capacity; (c) any IRS employee in his or her individual capacity if the IRS or the DOJ has agreed to provide representation for the employee; or (d) the United States is a party to, has an interest in, or is likely to be affected by, the proceeding; and the IRS or the DOJ determines that the information is relevant and necessary to the proceeding or advice sought.

(5) Disclose information to a contractor to the extent necessary to perform the contract.

(6) Disclose information to third parties during the course of an investigation to the extent deemed necessary by the IRS to obtain information pertinent to the investigation.

(7) Make available for public inspection or otherwise disclose to the general public: the name; mailing address; enrollment status (active, inactive, inactive retired, terminated for failure to meet the requirements for renewal of enrollment, or resigned for reasons other than in lieu of a disciplinary proceeding being instituted or continued); and effective dates pertaining to individuals who are, or were, enrolled to practice before the IRS.

(8) Disclose information to a public, quasi-public, or private professional organization or association which individuals covered by this system of

records may be affiliated with, or subject to the jurisdiction of, including but not limited to disciplinary authorities of state bars or certified public accountancy boards, to meet their responsibilities in connection with the administration and maintenance of standards of conduct and discipline.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

Paper and electronic media.

RETRIEVABILITY:

By individual's name (including other names used); social security number (when available); enrollment examination candidate number, enrollment application control number, enrollment number, or street address. Non-unique names will be distinguished by addresses.

SAFEGUARDS:

Access controls will not be less than those provided for by IRM 25.10.1, Information Technology (IT) Security Policy and Standards, and IRM 1.16, Physical Security Program.

RETENTION AND DISPOSAL:

Records are retained and disposed of in accordance with the records control schedules applicable to the records of OPR, IRM 1.15.11.

SYSTEM MANAGER AND ADDRESS:

Director, Office of Professional Responsibility, SE:OPR, 1111 Constitution Avenue, NW., Washington, DC 22024.

NOTIFICATION PROCEDURE:

This system of records is exempt from the notification provisions of the Privacy Act.

RECORD ACCESS PROCEDURES:

This system of records is exempt from the record access provisions of the Privacy Act.

CONTESTING RECORD PROCEDURES:

26 U.S.C. 7852(e) prohibits Privacy Act amendment of tax records. For any other records, this system of records is exempt from the record contesting provisions of the Privacy Act.

RECORD SOURCE CATEGORIES:

Individuals covered by this system of records; witnesses; Federal or state courts, agencies, bodies, and other licensing authorities; professional organizations and associations; Treasury Department records; and public records.

EXEMPTIONS CLAIMED FOR THE SYSTEM:

Pursuant to section (k)(2) of the Privacy Act, 5 U.S.C. 552a(k)(2), the

records contained within this system are exempt from the following sections of the Act: (c)(3), (d), (e)(1), (e)(4)(G), (e)(4)(H), (e)(4)(I), and (f). See 31 CFR 1.36.

[FR Doc. E6-20372 Filed 11-30-06; 8:45 am]
BILLING CODE 4830-01-P

DEPARTMENT OF THE TREASURY

Office of Thrift Supervision

Submission for OMB Review; Comment Request—Thrift Financial Report: Schedules SC, SO, LD, CF, SI, SQ, and HC

AGENCY: Office of Thrift Supervision (OTS), Treasury.

ACTION: Notice and request for comment.

SUMMARY: In accordance with the requirements of the Paperwork Reduction Act of 1995 (44 U.S.C. 3507), OTS may not conduct or sponsor, and the respondent is not required to respond to, an information collection unless it displays a currently valid OMB control number. On July 31, 2006, OTS requested public comment for 60 days (71 FR 43286) on proposed revisions to the Thrift Financial Report (TFR), which is currently an approved collection of information. The notice described regulatory reporting revisions proposed for the TFR, Schedule SC—Consolidated Statement of Condition, Schedule SO—Consolidated Statement of Operations, Schedule LD—Loan Data, Schedule CF—Consolidated Cash Flow Information, Schedule SI—Supplemental Information, Schedule SQ—Consolidated Supplemental Questions, and Schedule HC—Thrift Holding Company. The proposed revisions would eliminate ten line items from the TFR, revise six existing items, add 16 new items, and eliminate confidential treatment of Schedule HC data.

After considering the comments received, OTS has adopted the proposed revisions, with the exception of the proposals to revise the language of the question in line HC840 and to eliminate the confidential treatment of data in Schedule HC. OTS is setting the effective date for the revisions at March 31, 2007. OTS is submitting the adopted revisions to OMB for review and approval.

DATES: Submit written comments on or before January 2, 2007. The regulatory reporting revisions described herein take effect March 31, 2007.

ADDRESSES: Send comments, referring to the collection by "1550-0023 (TFR Revisions—March 2007)", to OMB and

OTS at these addresses: Office of Information and Regulatory Affairs, Attention: Desk Officer for OTS, U.S. Office of Management and Budget, 725—17th Street, NW., Room 10235, Washington, DC 20503, or by fax to (202) 395-6974; and Information Collection Comments, Chief Counsel's Office, Office of Thrift Supervision, 1700 G Street, NW., Washington, DC 20552, by fax to (202) 906-6518, or by e-mail to infocollection.comments@ots.treas.gov. OTS will post comments and the related index on the OTS Internet Site at <http://www.ots.treas.gov>. In addition, interested persons may inspect comments at the Public Reading Room, 1700 G Street, NW., Washington, DC, by appointment. To make an appointment, call (202) 906-5922, send an e-mail to public.info@ots.treas.gov, or send a facsimile transmission to (202) 906-7755.

FOR FURTHER INFORMATION CONTACT: For further information or to obtain a copy of the submission to OMB, please contact Marilyn K. Burton, OTS Clearance Officer, at marilyn.burton@ots.treas.gov, (202) 906-6467, or facsimile number (202) 906-6518, Litigation Division, Chief Counsel's Office, Office of Thrift Supervision, 1700 G Street, NW., Washington, DC 20552.

You can obtain a copy of the March 2007 Thrift Financial Report form from the OTS Web site at <http://www.ots.treas.gov> or you may request it by electronic mail from tfr.instructions@ots.treas.gov. You can request additional information about this proposed information collection from James Caton, Director, Financial Monitoring and Analysis Division, (202) 906-5680, Office of Thrift Supervision, 1700 G Street, NW., Washington, DC 20552.

SUPPLEMENTARY INFORMATION: The effect of the proposed revisions to the reporting requirements of these information collections will vary from institution to institution, depending on the institution's involvement with the types of activities or transactions to which the proposed changes apply. OTS estimates that implementation of these reporting changes will result in a small increase in the current reporting burden imposed by the TFR. The following burden estimates include the effect of the proposed revisions.

Title: Thrift Financial Report.

OMB Number: 1550-0023.

Form Number: OTS 1313.

Statutory Requirement: 12 U.S.C. 1464(v) imposes reporting requirements for savings associations. Except for

selected items, these information collections are not given confidential treatment.

Type of Review: Revision of currently approved collections.

Affected Public: Savings associations.

Estimated Number of Respondents and Recordkeepers: 852.

Estimated Burden Hours per

Respondent: 36.6 burden hours.

Estimated Frequency of Response: Quarterly.

Estimated Total Annual Burden:

124,733 burden hours.

Abstract:

All OTS-regulated savings associations must comply with the information collections described in this notice. OTS collects this information each calendar quarter, or less frequently if so stated. OTS uses this information to monitor the condition, performance, and risk profile of individual institutions and systemic risk among groups of institutions and the industry as a whole. Except for selected items, these information collections are not given confidential treatment.

I. Background

OTS last revised the form and content of the TFR in a manner that significantly affected a substantial percentage of institutions in March 2004. Revisions since March 2004 focused on specific activities and were primarily made in response to changes in generally accepted accounting principles (GAAP). These focused revisions meant that the new or revised TFR items were minor or applicable to only a small percentage of institutions.

During the past year OTS has evaluated its ongoing information needs. OTS recognizes that the TFR imposes reporting requirements, which are a component of the regulatory burden facing institutions. Another contributor to this regulatory burden is the examination process, particularly on-site examinations during which institution staff spend time and effort responding to inquiries and requests for information designed to assist examiners in evaluating the condition and risk profile of the institution. The amount of attention that examiners direct to risk areas of the institution under examination is, in large part, determined from TFR data. These data, and analytical reports including the Uniform Thrift Performance Report, assist examiners in scoping and making their preliminary assessments of risks during the planning phase of the examination.

A risk-focused review of the information from an institution's TFR allows examiners to make preliminary

risk assessments prior to onsite work.

The degree of perceived risk determines the extent of the examination procedures that examiners initially plan for each risk area. If the outcome of these procedures reveals a higher level of risk in a particular area, the examiner adjusts the examination scope and procedures accordingly.

TFR data are also a vital source of information for the monitoring and regulatory activities of OTS. Among their benefits, these activities aid in determining whether the frequency of an institution's examination cycle should remain at maximum allowed time intervals, thereby lessening overall regulatory burden. More risk-focused TFR data enhance the ability of OTS to assess whether an institution is experiencing changes in its risk profile that warrant immediate follow-up, which may include accelerating the timing of an on-site examination.

In developing this proposal, OTS considered a range of potential information needs, particularly in the areas of credit risk, liquidity, and liabilities, and identified those additions to the TFR that are most critical and relevant to OTS in fulfilling its supervisory responsibilities. At the same time, OTS identified certain existing TFR line items that are no longer sufficiently critical or useful to warrant their continued collection. OTS recognizes that the reporting burden that would result from the addition to the TFR of the new items discussed in this proposal would not be fully offset by the proposed elimination of, or establishment of reporting thresholds for, a limited number of other TFR items, thereby resulting in a net increase in reporting burden. Nevertheless, when viewing these proposed revisions to the TFR within a larger context, they help to enhance the on- and off-site supervision capabilities of OTS, which assist with controlling the overall regulatory burden on institutions. After savings associations make any necessary changes to their systems and records, OTS estimated that these reporting changes would produce an average net increase of 0.4 hours per institution per year in the ongoing reporting burden of the TFR. Nevertheless, when viewing these proposed revisions to the TFR within a larger context, they are intended to maintain the effectiveness of the on- and off-site supervision activities of the OTS, which should help to control the overall regulatory burden on institutions.

In addition to the revisions that become effective pursuant to this notice, OTS is joining the Federal Deposit Insurance Corporation (FDIC), the Board

of Governors of the Federal Reserve System (Board), and the Office of the Comptroller of the Currency (OCC), Treasury, in publishing a proposal and request for comments to revise certain deposit information collected in the Call Report and the TFR. These revisions—on Schedule DI for TFR filers—would be proposed to facilitate calculation of the deposit insurance assessment pursuant to the Federal Deposit Insurance Reform Act of 2005 and the Federal Deposit Insurance Reform Conforming Amendments Act of 2005 (collectively, the Reform Act), and pursuant to amendments to 12 CFR Part 327 proposed by the FDIC in the *Federal Register*, Vol. 71, No. 96, Thursday, May 18, 2006, page 28790.

II. Current Actions

OTS received four comment letters on the July 2006 proposal from the National Association of Home Builders (NAHB), a trade group whose members include savings associations, from the Bureau of Economic Analysis (BEA), an agency of the U.S. Department of Commerce, and from two OTS-supervised savings associations. The BEA was supportive of the proposed changes and indicated the changes would allow it to continue certain data and statistical series derived in part from TFR data.

The NAHB supported the proposed changes and encouraged the addition of line items to collect data on the volume and performance of loans for the development of land for 1–4 family dwelling residential housing, and loans for the development of land for multifamily housing. The NAHB believes this additional reporting detail would assist in improving efficiency and competition in the market for residential acquisition and development loans, and would demonstrate different performance characteristics between construction and land development loans. After careful consideration of the NAHB comments, OTS has decided to consider these additional line items in a future revision of the TFR.

Both comments from savings associations focused on the proposal to eliminate confidential treatment of data filed by individual thrift holding companies on Schedule HC. One savings association commenter suggested permitting filers of Schedule HC data to opt to maintain the confidentiality of the individual company's data, citing competitive concerns and privacy issues.

The other savings association commenter requested maintaining the confidentiality of individual companies' Schedule HC data, citing the already

extensive reporting and disclosure requirements of companies with registered securities. This commenter also asserted that much of the consolidated financial information required by Schedule HC is included in the financial statements filed by public savings and loan holding companies with the Securities and Exchange Commission (SEC) pursuant to the Securities Act of 1934. The commenter stated that quarterly parent company only information is not normally available to the public. He noted that parent company only financial data of large bank holding companies collected by the Federal Reserve Board on Form FR Y-9LP may be released by the Board upon request on an individual basis, but that any data released is limited to financial information. He also noted that some of the definitions in Schedule HC are different than similar definitions applied in the SEC reporting context.

OTS presently does not publicly release Schedule HC data filed by holding companies. However, many public requests are received for these data. In addition, some rating agencies have indicated thrift holding company debt ratings suffer due to the lack of publicly available data. After careful consideration of the comments related to Schedule HC, OTS has decided to maintain the confidentiality of individual company Schedule HC data.

OTS has considered these comments and has decided to proceed with the proposed changes to Schedules SC, SO, LD, CF, SI, and SQ, but will not revise the language for question HC840. OTS decided to maintain the existing language of line HC840 after determining that the current wording more accurately captures the foreign operations OTS is most interested in without placing undue burden on the holding company enterprise to identify all foreign operations. Further, OTS will continue to maintain the confidential treatment of Schedule HC. These changes will become effective on March 31, 2007, and are detailed below.

A. Burden-Reducing Revisions

1. Eliminating SC745, Other Mortgage-Collateralized Securities Issued;
2. Eliminating CF340, Mortgage Loans—Cash Repayment of Principal;

3. Eliminating CF350, Mortgage Loans—Debits Less Credits Other Than Repayment of Principal;

4. Eliminating CF420, New Deposits Received Less Deposits Withdrawn;

5. Eliminating CF435, Deposits Acquired, Net of Dispositions in Bulk Transactions;

6. Eliminating consolidated supplemental question SQ100, "Did you acquire any assets through merger with another depository institution?";

7. Eliminating consolidated supplemental question SQ110, "Did you include in your balance sheet for the first time assets and/or liabilities acquired as a result of a branch or other bulk deposit purchase?";

8. Eliminating consolidated supplemental question SQ130, "Has there been a change in control?";

9. Eliminating consolidated supplemental question SQ160, "Has there been a merger accounted for under the purchase method?"; and

10. Eliminating consolidated supplemental question SQ170, "If you restated your balance sheet for the first time this quarter as a result of applying push-down accounting, enter the date of reorganization."

B. Revisions of Existing Items

1. Revising the instructions to SC740, Mortgage-Collateralized Securities Issued—CMOs (Including REMICs), to report total mortgage collateralized securities issued;

2. Revising the instructions to SO141, Interest Income on Mortgage Loans, to exclude prepayment penalties, late fees, and assumption fees from the line total;

3. Revising the instructions to SO160, Interest Income on Commercial Loans and Leases, to exclude prepayment penalties, late fees, and assumption fees from the line total;

4. Revising the instructions to SO171, Interest Income on Consumer Loans and Leases, to exclude prepayment penalties, late fees, and assumption fees from the line total;

5. Revising the instructions to SO410, Loan Servicing Fees, to exclude from the reported amount (a) amortization of loan servicing assets or liabilities and valuation adjustments for classes of loan servicing accounted for using the amortization method, and (b) fair value adjustments for classes of servicing carried at fair value; and

C. New Items

1. Adding a line, SO142, Prepayment Fees, Late Fees, and Assumption Fees for Mortgage Loans;

2. Adding a line, SO162, Prepayment Fees, Late Fees, and Assumption Fees for Commercial Loans;

3. Adding a line, SO172, Prepayment Fees, Late Fees, and Assumption Fees for Consumer Loans;

4. Adding a line, SO411, Servicing Amortization and Valuation Adjustments;

5. Adding a line, LD510, 1-4 Dwelling Units Construction-to-Permanent Loans;

6. Adding a line, LD520, Owner-Occupied Multifamily Permanent Loans;

7. Adding a line, LD530, Owner-Occupied Nonresidential Property (Except Land) Permanent Loans;

8. Adding a line, LD610, 1-4 Dwelling Option ARM Loans;

9. Adding a line, LD620, 1-4 Dwelling ARM Loans with Negative Amortization;

10. Adding a line, LD650, Total Capitalized Negative Amortization;

11. Adding a line, CF226, Mortgage Loans Disbursed—Permanent Loans—Home Equity and Junior Liens;

12. Adding a line, CF281, Loans and Participations Purchased—Secured by 1-4 Dwelling Units—Purchased from Entities Other Than Federally-Insured Depository Institutions or Their Subsidiaries;

13. Adding a line, CF282, Loans and Participations Purchased—Secured by 1-4 Dwelling Units—Home Equity and Junior Liens;

14. Adding a line, CF311, Loans and Participations Sold—Secured by 1-4 Dwelling Units—Home Equity and Junior Liens;

15. Adding a line, SI376; Assets Recorded On Schedule SC Under a Fair Value Option; and

16. Adding a line, SI377, Liabilities Recorded On Schedule SC Under a Fair Value Option.

Dated: November 27, 2006.

Deborah Dakin,

Senior Deputy Chief Counsel, Regulations and Legislation Division.

[FR Doc. E6-20379 Filed 11-30-06; 8:45 am]

BILLING CODE 6720-01-P

Corrections

Federal Register

Vol. 71, No. 231

Friday, December 1, 2006

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 DEFENSE

Department of Navy

[No. USN-2006-0063]

Proposed Collection; Comment Request

Correction

In notice document 06-9400 beginning on page 68568 in the issue of Monday, November 27, 2006, make the following correction:

On the same page, in the second column, in the **DATES** section, in the second line, "January 26, 2006" should read "January 26, 2007."

[FR Doc. C6-9400 Filed X-XX-06; 8:45 am]

BILLING CODE 1505-01-D

DEPARTMENT OF EDUCATION

Office of Special Education and Rehabilitative Services; Overview Information; State Personnel Development Grants Program

Correction

In notice document E6-20022 beginning on page 68571 in the issue of Monday, November 27, 2006, make the following correction:

On the same page, in the second column, under **DATES**, under the heading "*Deadline for Transmittal of Applications*," "May 29, 2007" should read "March 27, 2007."

[FR Doc. Z6-20022 Filed 11-30-06; 8:45 am]

BILLING CODE 1505-01-D

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 122

[OW-2003-0063; FRL-8248-1]

RIN 2040-AE79

Application of Pesticides to Waters of the United States in Compliance With FIFRA

Correction

In rule document E6-20002 beginning on page 68483 in the issue of Monday,

November 27, 2006, make the following correction:

On the same page, in the second column, under **DATES**, "January 26, 2006" should read "January 26, 2007."

[FR Doc. Z6-20002 Filed 11-30-06; 8:45 am]

BILLING CODE 1505-01-D

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

Acceptance of Transfer Statements Under UCC 9-616, for Recording In Aircraft Records

Correction

In notice document 06-9250 beginning on page 67007 in the issue of Friday, November 17, 2006, make the following correction:

1. On page 67008, in the first column, under **SUPPLEMENTARY INFORMATION**, in the second paragraph, in the tenth line, "39.17(d)" should read "49.17(d)."

2. On page 67009, in the first column, in the first undesignated paragraph, in the third line, "9-916" should read "9-619".

[FR Doc. C6-9250 Filed 11-30-06; 8:45 am]

BILLING CODE 1505-01-D

Reader Aids

Federal Register

Vol. 71, No. 231

Friday, December 1, 2006

CUSTOMER SERVICE AND INFORMATION

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General Information, indexes and other finding aids **202-741-6000**

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S. 3880/P.L. 109-374

Animal Enterprise Terrorism Act (Nov. 27, 2006; 120 Stat. 2652)

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This table is used by the Office of the Federal Register to compute certain dates, such as effective dates and comment deadlines, which appear in agency documents. In computing these

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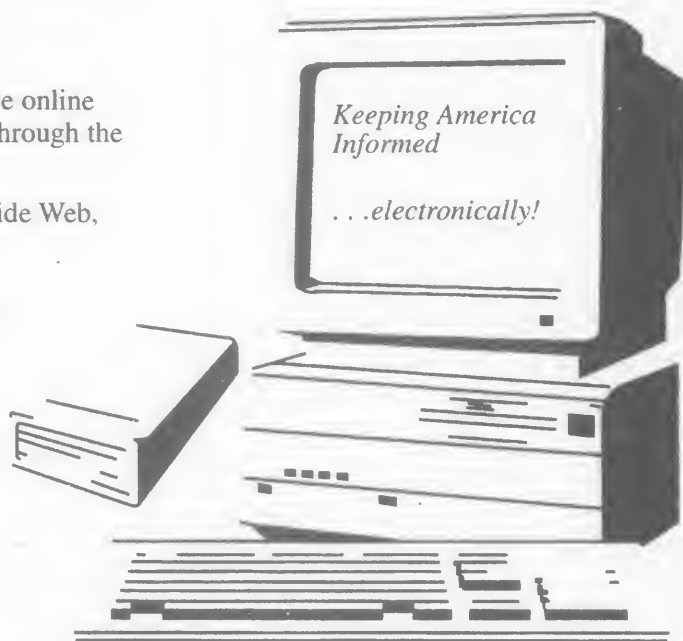
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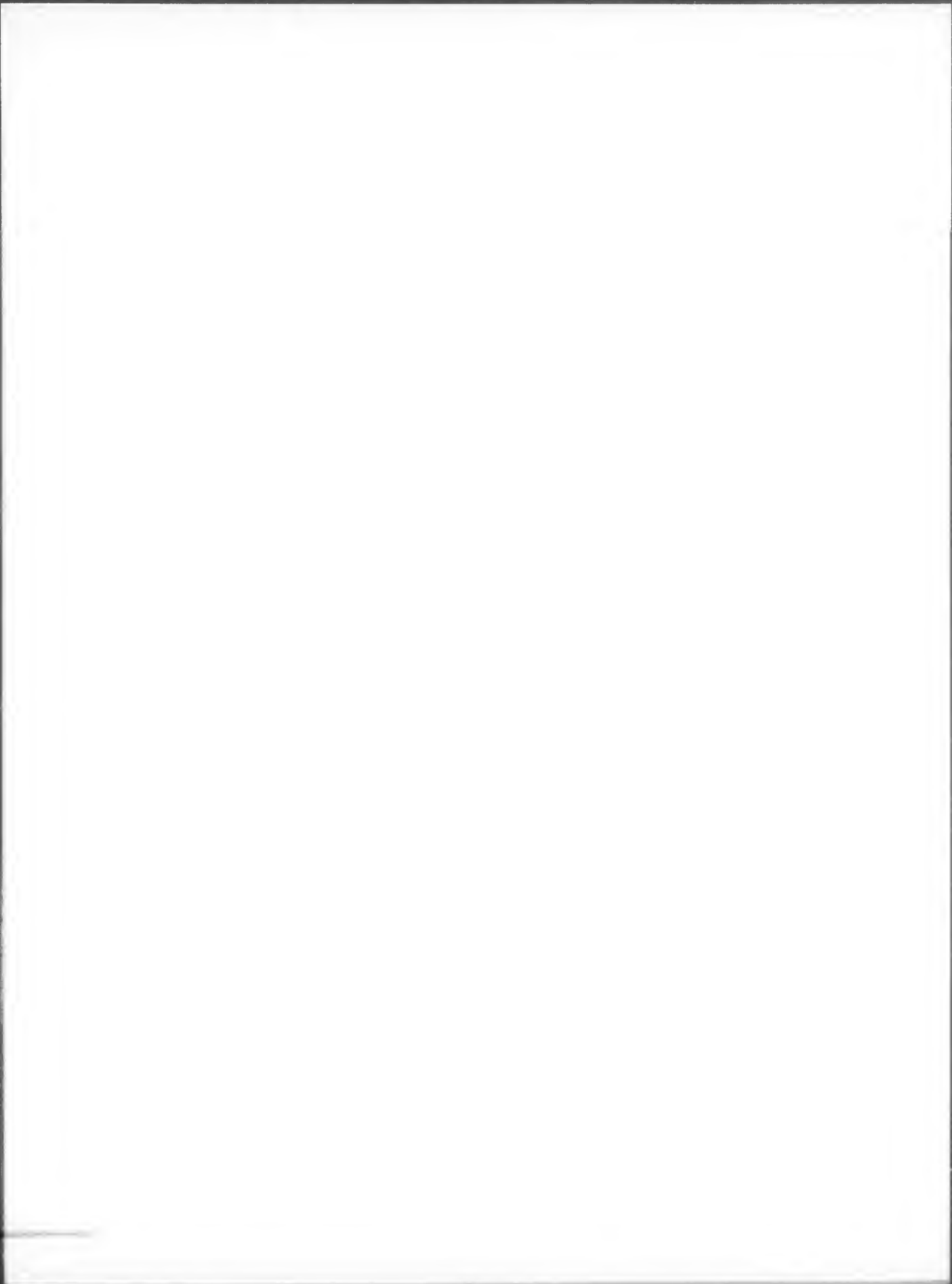


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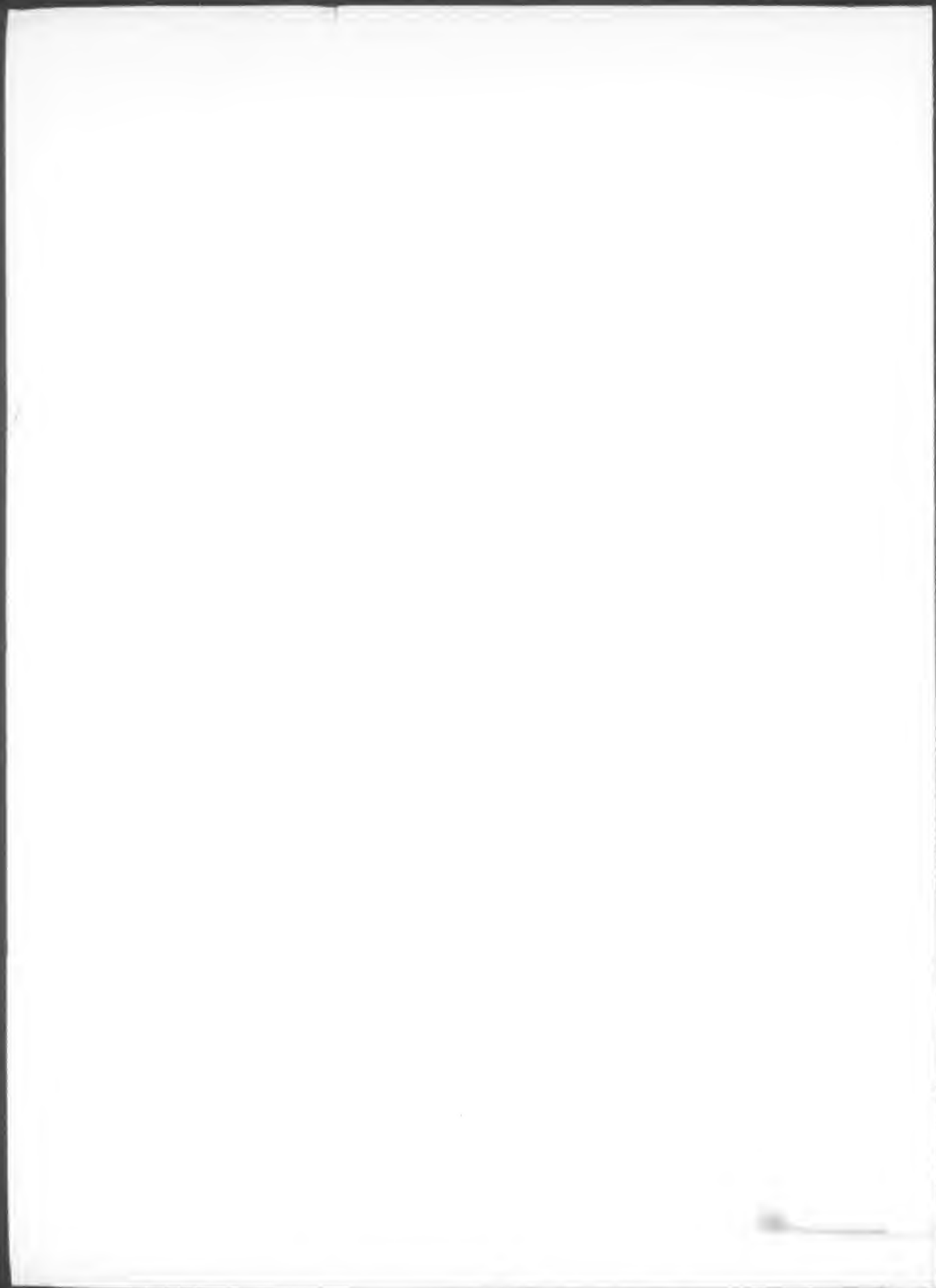
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Part II

Department of Health and Human Services

Centers for Medicare & Medicaid Services

42 CFR Parts 405, 410, et al.
Medicare Program; Revisions to Payment
Policies, etc.; Final Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
42 CFR Parts 405, 410, 411, 414, 415, and 424
[CMS-1321-FC and CMS-1317-F]
RINs 0938-AO24 and 0938-AO11
Medicare Program; Revisions to Payment Policies, Five-Year Review of Work Relative Value Units, Changes to the Practice Expense Methodology Under the Physician Fee Schedule, and Other Changes to Payment Under Part B; Revisions to the Payment Policies of Ambulance Services Under the Fee Schedule for Ambulance Services; and Ambulance Inflation Factor Update for CY 2007
AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Final rule with comment period.

SUMMARY: This final rule with comment period addresses certain provisions of the Deficit Reduction Act of 2005, as well as making other changes to Medicare Part B payment policy. These changes are intended to ensure that our payment systems are updated to reflect changes in medical practice and the relative value of services. This final rule with comment period also discusses geographic practice cost indices (GPCI) changes; requests for additions to the list of telehealth services; payment for covered outpatient drugs and biologicals; payment for renal dialysis services; policies related to private contracts and opt-out; policies related to bone mass measurement (BMM) services, independent diagnostic testing facilities (IDTFs), the physician self-referral prohibition; laboratory billing for the technical component (TC) of physician pathology services; the clinical laboratory fee schedule; certification of advanced practice nurses; health information technology, the health care information transparency initiative; updates the list of certain services subject to the physician self-referral prohibitions, finalizes ASP reporting requirements, and codifies Medicare's longstanding policy that payment of bad debts associated with services paid under a fee schedule/charge-based system are not allowable.

We are also finalizing the calendar year (CY) 2006 interim RVUs and are issuing interim RVUs for new and revised procedure codes for CY 2007.

In addition, this rule includes revisions to payment policies under the

fee schedule for ambulance services and the ambulance inflation factor update for CY 2007.

As required by the statute, we are announcing that the physician fee schedule update for CY 2007 is -5.0 percent, the initial estimate for the sustainable growth rate for CY 2007 is 2.0 percent and the CF for CY 2007 is \$35.9848.

DATES: Effective Date: These regulations are effective on January 1, 2007.

Comment Date: Comments will be considered if we receive them at one of the addresses provided below, no later than 5 p.m. on January 2, 2007.

ADDRESSES: In commenting, please refer to file code CMS-1321-FC. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of three ways (no duplicates, please):

1. *Electronically.* You may submit electronic comments on specific issues in this regulation to <http://www.cms.hhs.gov/eRulemaking>. Click on the link "Submit electronic comments on CMS regulations with an open comment period." (Attachments should be in Microsoft Word, WordPerfect, or Excel; however, we prefer Microsoft Word.)

2. *By mail.* You may mail written comments (one original and two copies) to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1321-FC, P.O. Box 8014, Baltimore, MD 21244-8014.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments (one original and two copies) to the following address only: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1321-FC, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

4. *By hand or courier.* If you prefer, you may deliver (by hand or courier) your written comments (one original and two copies) before the close of the comment period to one of the following addresses. If you intend to deliver your comments to the Baltimore address, please call telephone number (410) 786-7197 in advance to schedule your arrival with one of our staff members.

Room 445-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201; or 7500 Security Boulevard, Baltimore, MD 21244-1850.

(Because access to the interior of the HHH Building is not readily available to

persons without Federal Government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for persons wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and received after the comment period.

Submission of comments on paperwork requirements. You may submit comments on this document's paperwork requirements by mailing your comments to the addresses provided at the end of the "Collection of Information Requirements" section in this document.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Pam West, (410) 786-2302 (for issues related to practice expense).

Stephanie Monroe, (410) 786-6864 (for issues related to the geographic practice cost index).

Craig Dobyski, (410) 786-4584 (for issues related to list of telehealth services).

Roberta Epps, (410) 786-4503 (for issues related to diagnostic imaging services).

Bill Larson, (410) 786-4639 (for issues related to coverage of bone mass measurement and addition of ultrasound screening for abdominal aortic aneurysm to the "Welcome to Medicare" benefit).

Dorothy Shannon, (410) 786-3396 (for issues related to the outpatient therapy cap).

Catherine Jansto, (410) 786-7762 (for issues related to payment for covered outpatient drugs and biologicals).

Henry Richter, (410) 786-4562 (for issues related to payments for end-stage renal disease facilities).

Fred Grabau, (410) 786-0206 (for issues related to private contracts and opt-out provision).

David Walczak, (410) 786-4475 (for issues related to reassignment provisions).

August Nemeč, (410) 786-0612 (for issues related to independent diagnostic testing facilities).

Anita Greenberg, (410) 786-4601 (for issues related to the clinical laboratory fee schedule).

James Menas, (410) 786-4507 (for issues related to payment for physician pathology services).

Anne Tayloe, (410) 786-4546; or

Glenn McGuirk, (410) 786-5723 (for issues related to the ambulance fee schedule).

Diane Milstead, (410) 786-3355 or Gaysha Brooks, (410) 786-9649 (for all other issues).

SUPPLEMENTARY INFORMATION:

Submitting Comments: We welcome comments from the public on the following issues: interim Relative Value Units (RVUs); for selected procedure codes identified in Addendum C and the physician self-referral designated health services (DHS) listed in Tables 18 and 19. You can assist us by referencing the file code CMS-1321-FC and the specific "issue identifier" that precedes the section on which you choose to comment.

Inspection of Public Comments: All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the comment period on the following Web site as soon as possible after they have been received: <http://www.cms.hhs.gov/eRulemaking>. Click on the link "Electronic Comments on CMS Regulations" on that Web site to view public comments.

Comments received timely will also be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, phone 1-800-743-3951.

This Federal Register document is also available from the Federal Register online database through Government Printing Office Access, a service of the U.S. Government Printing Office. The Web site address is: <http://www.access.gpo.gov/nara/index.html>.

Information on the physician fee schedule can also be found on the CMS homepage. You can access this data by using the following directions:

1. Go to the following Web site: <http://www.cms.hhs.gov/PhysicianFeeSched/>.
2. Select "PFS Federal Regulation Notices."

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

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- In addition, because of the many organizations and terms to which we refer by acronym in this final rule with comment period, we are listing these acronyms and their corresponding terms in alphabetical order below:
- AAA Abdominal aortic aneurysm
 AAD American Academy of Dermatology
 AAFP American Academy of Family Physicians
 AANS American Association of Neurological Surgeons
 AAO American Academy of Ophthalmology
 AAOS American Academy of Orthopaedic Surgeons
 AATS American Association for Thoracic Surgery
 ACC American College of Cardiology
 ACG American College of Gastroenterology
 ACHPN Advanced Certified Hospice and Palliative Nurse
 ACOG American College of Obstetrics and Gynecology
 ACR American College of Radiology
 ACS American College of Surgeons
 ADA American Dietetic Association
 AFROC Association of Freestanding Radiation Oncology Centers
 AGA American Gastroenterological Association
 AMA American Medical Association
 AMP Average manufacturer price
 APC Ambulatory payment classification
 ASA American Society of Anesthesiologists
 ASC Ambulatory surgical center
 ASCRS American Society of Colon and Rectal Surgeons
 ASGE American Society of Gastrointestinal Endoscopy
 ASP Average sales price
 ASSH American Society for Surgery of the Hand
 ASTRO American Society for Therapeutic Radiology and Oncology
 AUA American Urological Association
 BBA Balanced Budget Act of 1997 (Pub. L. 105-33)
 BBRA [Medicare, Medicaid and State Child Health Insurance Program] Balanced Budget Refinement Act of 1999 (Pub. L. 106-113)

- BIPA Medicare, Medicaid, and SCHIP Benefits Improvement Protection Act of 2000
- BLS Bureau of Labor Statistics
- BMD Bone mineral density
- BMM Bone mass measurement
- BN Budget neutrality
- BNF Budget neutrality factor
- BP Best price
- CAD Computer-aided detection
- CAH Critical access hospital
- CAP Competitive acquisition program
- CBSA Core-Based Statistical Area
- CCI Correct Coding Initiative
- CEO Chief executive officer
- CF Conversion factor
- CFO Chief financial officer
- CFR Code of Federal Regulations
- CMP Competitive medical plan
- CMS Centers for Medicare & Medicaid Services
- CNS Clinical nurse specialist
- CPI Consumer Price Index
- CPT (Physicians') Current Procedural Terminology (4th Edition, 2002, copyrighted by the American Medical Association)
- CT Computed tomography
- CTA Computed tomographic angiography
- CY Calendar year
- DHS Designated health services
- DME Durable medical equipment
- DMEPOS Durable medical equipment, prosthetics, orthotics, and supplies
- DRA Deficit Reduction Act
- DSMT Diabetes outpatient self-management training services
- DXA Dual energy x-ray absorptiometry
- E/M Evaluation and management
- EPO Erythropoietin
- ESRD End stage renal disease
- FAX Facsimile
- FDA Food and Drug Administration (HHS)
- FQHC Federally qualified health center
- FR **Federal Register**
- GAF Geographic adjustment factor
- GAO Government Accountability Office
- GDP Gross domestic product
- GPO Group purchasing organization
- GPCI Geographic practice cost index
- HCPAC Health Care Professional Advisory Committee
- HCPCS Healthcare Common Procedure Coding System
- HCRIS Healthcare Cost Report Information System
- HSA Health Savings Account
- HHA Home health agency
- HHS [Department of] Health and Human Services
- HIT Health information technology
- HMO Health maintenance organization
- HOCM High osmolar contrast media
- HPSA Health Professional Shortage Area
- HRSA Health Resources Services Administration (HHS)
- HUD [Department of] Housing and Urban Development
- ICF Intermediate care facilities
- IDTF Independent diagnostic testing facility
- IFC Interim final rule with comment period
- IPPE Initial preventive physical examination
- IPPS Inpatient prospective payment system
- IVIG Intravenous immune globulin
- IWP/UT Intra-service work per unit of time
- JCAAI Joint Council of Allergy, Asthma, and Immunology
- LCD Local coverage determination
- LOCM Low osmolar contrast media
- LOINC Logical Observation Identifiers Names and Codes
- MA Medicare Advantage
- MCP Monthly capitation payment
- MedPAC Medicare Payment Advisory Commission
- MEI Medicare Economic Index
- MLN Medicare Learning Network
- MMA Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Pub. L. 108-173)
- MNT Medical nutrition therapy
- MRA Magnetic resonance angiography
- MRI Magnetic resonance imaging
- MSA Metropolitan statistical area
- MSVP Multi-specialty visit package
- NCD National coverage determination
- NCQDIS National Coalition of Quality Diagnostic Imaging Services
- NDC National drug code
- NEMA National Electrical Manufacturers Association
- NHE National health expenditures
- NOP National Osteoporosis Foundation
- NP Nurse practitioner
- NPP Nonphysician practitioners
- NPWP Nonphysician Work Pool
- NSQIP National Surgical Quality Improvement Program
- OBRA Omnibus Budget Reconciliation Act
- OIG Office of Inspector General
- OMB Office of Management and Budget
- OPD Outpatient Department
- OPPS Outpatient prospective payment system
- OSCAR Online Survey and Certification and Reporting
- PA Physician assistant
- PBM Pharmacy benefit managers
- PC Professional component
- PE Practice Expense
- PE/HR Practice expense per hour
- PEAC Practice Expense Advisory Committee
- PERC Practice Expense Review Committee
- PET Positron emission tomography
- PFS Physician Fee Schedule
- PLI Professional liability insurance
- PPI Producer price index
- PPO Preferred provider organization
- PPS Prospective payment system
- PRA Paperwork Reduction Act
- PRM Provider Reimbursement Manual
- PT Physical therapy
- QCT Quantitative computerized tomography
- RFA Regulatory Flexibility Act
- RHC Rural health clinic
- RIA Regulatory impact analysis
- RN Registered nurse
- RUC [AMA's Specialty Society] Relative (Value) Update Committee
- RVU Relative value unit
- SGR Sustainable growth rate
- SMS [AMA's] Socioeconomic Monitoring System
- SNF Skilled nursing facility
- SNM Society for Nuclear Medicine
- SPA Single photon absorptiometry
- STS Society of Thoracic Surgeons
- SVS Society for Vascular Surgery
- SXA Single energy x-ray absorptiometry
- TA Technology Assessment
- TC Technical Component
- UAF Update adjustment factor
- UPIN Unique Physician Identification Number
- USPSTF United States Preventive Services Task Force
- VA [Department of] Veteran Affairs
- WAC Wholesale acquisition cost
- WAMP Widely available market price
- WHO World Health Organization

I. Background

Since January 1, 1992, Medicare has paid for physicians' services under section 1848 of the Social Security Act (the Act), "Payment for Physicians' Services." The Act requires that payments under the physician fee schedule (PFS) be based on national uniform relative value units (RVUs) based on the resources used in furnishing a service. Section 1848(c) of the Act requires that national RVUs be established for physician work, practice expense (PE), and malpractice expense. Before the establishment of the resource-based relative value system, Medicare payment for physicians' services was based on reasonable charges.

A. Development of the Relative Value System

1. Work RVUs

The concepts and methodology underlying the PFS were enacted as part of the Omnibus Budget Reconciliation Act (OBRA) of 1989 (Pub. L. 101-239), and OBRA 1990 (Pub. L. 101-508). The final rule, published November 25, 1991 (56 FR 59502), set forth the fee schedule for payment for physicians' services beginning January 1, 1992. Initially, only the physician work RVUs were resource-based, and the PE and malpractice RVUs were based on average allowable charges.

The physician work RVUs established for the implementation of the fee schedule in January 1992 were developed with extensive input from the physician community. A research team at the Harvard School of Public Health developed the original physician work RVUs for most codes in a cooperative agreement with the Department of Health and Human Services (HHS). In constructing the code-specific vignettes for the original physician work RVUs, Harvard worked with panels of experts, both inside and outside the Federal government, and obtained input from numerous physician specialty groups.

Section 1848(b)(2)(A) of the Act specifies that the RVUs for radiology services are based on relative value scale we adopted under section

1834(b)(1)(A) of the Act, (the American College of Radiology (ACR) relative value scale), which we integrated into the overall PFS. Section 1848(b)(2)(B) of the Act specifies that the RVUs for anesthesia services are based on RVUs from a uniform relative value guide. We established a separate conversion factor (CF) for anesthesia services, and we continue to utilize time units as a factor in determining payment for these services. As a result, there is a separate payment methodology for anesthesia services.

We establish physician work RVUs for new and revised codes based on recommendations received from the American Medical Association's (AMA) Specialty Society Relative Value Update Committee (RUC).

2. Practice Expense Relative Value Units (PE RVUs)

Section 121 of the Social Security Act Amendments of 1994 (Pub. L. 103-432), enacted on October 31, 1994, amended section 1848(c)(2)(C)(ii) of the Act and required us to develop resource-based PE RVUs for each physician's service beginning in 1998. We were to consider general categories of expenses (such as office rent and wages of personnel, but excluding malpractice expenses) comprising PEs.

Section 4505(a) of the Balanced Budget Act of 1997 (BBA) (Pub. L. 105-33), amended section 1848(c)(2)(C)(ii) of the Act to delay implementation of the resource-based PE RVU system until January 1, 1999. In addition, section 4505(b) of the BBA provided for a 4-year transition period from charge-based PE RVUs to resource-based RVUs.

We established the resource-based PE RVUs for each physician's service in a final rule, published November 2, 1998 (63 FR 58814), effective for services furnished in 1999. Based on the requirement to transition to a resource-based system for PE over a 4-year period, resource-based PE RVUs did not become fully effective until 2002.

This resource-based system was based on two significant sources of actual PE data: The Clinical Practice Expert Panel (CPEP) data and the AMA's Socioeconomic Monitoring System (SMS) data. The CPEP data were collected from panels of physicians, practice administrators, and nonphysicians (for example, registered nurses) nominated by physician specialty societies and other groups. The CPEP panels identified the direct inputs required for each physician's service in both the office setting and out-of-office setting. The AMA's SMS data provided aggregate specialty-

specific information on hours worked and PEs.

Separate PE RVUs are established for procedures that can be performed in both a nonfacility setting, such as a physician's office, and a facility setting, such as a hospital outpatient department (OPD). The difference between the facility and nonfacility RVUs reflects the fact that a facility receives separate payment from Medicare for its costs of providing the service, apart from payment under the PFS. The nonfacility RVUs reflect all of the direct and indirect PEs of providing a particular service.

Section 212 of the Balanced Budget Refinement Act of 1999 (BBRA) (Pub. L. 106-113) directed the Secretary of Health and Human Services (the Secretary) to establish a process under which we accept and use, to the maximum extent practicable and consistent with sound data practices, data collected or developed by entities and organizations to supplement the data we normally collect in determining the PE component. On May 3, 2000, we published the interim final rule (65 FR 25664) that set forth the criteria for the submission of these supplemental PE survey data. The criteria were modified in response to comments received, and published in the *Federal Register* (65 FR 65376) as part of a November 1, 2000 final rule. The PFS final rules published in 2001 and 2003, respectively, (66 FR 55246 and 68 FR 63196) extended the period during which we would accept these supplemental data.

3. Resource-Based Malpractice RVUs

Section 4505(f) of the BBA amended section 1848(c) of the Act to require us to implement resource-based malpractice RVUs for services furnished on or after 2000. The resource-based malpractice RVUs were implemented in the PFS final rule published November 2, 1999 (64 FR 59380) (hereinafter referred to as the CY 2000 PFS final rule). The malpractice RVUs were based on malpractice insurance premium data collected from commercial and physician-owned insurers from all the States, the District of Columbia, and Puerto Rico.

4. Refinements to the RVUs

Section 1848(c)(2)(B)(i) of the Act requires that we review all RVUs no less often than every 5 years. The first 5-year review of the physician work RVUs went into effect in 1997, published on November 22, 1996 (61 FR 59489). The second 5-year review of work RVUs went into effect in 2002, published on November 1, 2001 (66 FR 55246). The

third 5-year review is being finalized in this rule for CY 2007.

In 1999, the AMA's RUC established the Practice Expense Advisory Committee (PEAC) for the purpose of refining the direct PE inputs. Through March 2004, the PEAC provided recommendations to CMS for over 7,600 codes (all but a few hundred of the codes currently listed in the AMA's Current Procedural Terminology (CPT) codes).

In the November 15, 2004, PFS final rule (69 FR 66236) (hereinafter referred to as the CY 2005 PFS final rule), we implemented the first 5-year review of the malpractice RVUs (69 FR 66263).

5. Adjustments to RVUs Are Budget Neutral

Section 1848(c)(2)(B)(ii)(II) of the Act provides that adjustments in RVUs for a year may not cause total PFS payments to differ by more than \$20 million from what they would have been if the adjustments were not made. In accordance with section 1848(c)(2)(B)(ii)(II) of the Act, if adjustments to RVUs cause expenditures to change by more than \$20 million, we make adjustments to ensure that expenditures do not increase or decrease by more than \$20 million.

B. Components of the Fee Schedule Payment Amounts

To calculate the payment for every physician service, the components of the fee schedule (physician work, PE, and malpractice RVUs) are adjusted by a geographic practice cost index (GPCI). The GPICs reflect the relative costs of physician work, PEs, and malpractice insurance in an area compared to the national average costs for each component.

Payments are converted to dollar amounts through the application of a CF, which is calculated by the Office of the Actuary and is updated annually for inflation.

The general formula for calculating the Medicare fee schedule amount for a given service and fee schedule area can be expressed as:

$$\text{Payment} = [(\text{RVU work} \times \text{GPCI work}) + (\text{RVU PE} \times \text{GPCI PE}) + (\text{RVU malpractice} \times \text{GPCI malpractice})] \times \text{CF}.$$

However, as discussed in section IV.D of this final rule with comment period, due to the need to meet the budget neutrality (BN) provisions of 1848(c)(2)(B)(ii), we are applying a BN adjustor to the work RVUs in order to calculate payment for a service. Therefore, payment for services will now be calculated as follows:

Payment = [(RVU work × BN adjustor × GPCI work) + (RVU PE × GPCI PE) + (RVU malpractice × GPCI malpractice)] × CF.)

C. Most Recent Changes to the Fee Schedule

The final rule with comment period that appeared in the **Federal Register** on November 21, 2005 (70 FR 70116) (hereinafter referred to as the CY 2006 PFS final rule with comment period) addressed Medicare Part B payment policy including the PFS that is applicable for CY 2006; and finalized certain provisions of the interim final rule to implement the Competitive Acquisition Program (CAP) for Part B Drugs.

It also revised Medicare Part B payment and related policies regarding: physician work, PE and malpractice RVUs; Medicare telehealth services; multiple diagnostic imaging procedures; covered outpatient drugs and biologicals; supplemental payments to Federally Qualified Health Centers (FQHCs); renal dialysis services; coverage for glaucoma screening services; National Coverage Determination (NCD) timeframes; and physician referrals for nuclear medicine services and supplies to health care entities with which physicians have financial relationships.

In addition, the rule finalized the interim RVUs for CY 2005 and issued interim RVUs for new and revised procedure codes for CY 2006. The rule also updated the codes subject to the physician self-referral prohibition and discussed payment policies relating to teaching anesthesia services, therapy caps, private contracts and opt-out, and chiropractic and oncology demonstrations.

In accordance with section 1848(d)(1)(E)(i) of the Act, we also announced that the PFS update for CY 2006 would be -4.4 percent; the initial estimate for the sustainable growth rate for CY 2006 would be 1.7 percent; and the CF for CY 2006 would be \$36.1770. However, subsequent to publication of the CY 2006 PFS final rule with comment period, section 5104 of the Deficit Reduction Act (DRA) of 2005 (Pub. L. 109-171, February 8, 2006), was enacted which amended section 1848(d) of the statute. As a result of this statutory change we maintained the CY 2005 CF of \$37.8975 for CY 2006.

We also note that the Five-Year Review of Work Relative Value Units Under the Physician Fee Schedule and Proposed Changes to the Practice Expense Methodology proposed notice appeared in the **Federal Register** on June 29, 2006 (71 FR 37170). In that

notice, we proposed revisions to work RVUs affecting payment for physicians' services. The revisions reflect changes in medical practice, coding changes, and new data on relative value components that affect the relative amount of physician work required to perform each service, as required by the statute. We also proposed revisions to our methodology for calculating PE RVUs, including changes based on supplemental survey data for PE. This revised methodology would be used to establish payment for services beginning January 1, 2007.

In this final rule with comment period, we are responding to the comments received on that notice. To the extent that comments received were outside the scope of the proposed notice, they are not addressed in this rule.

Work RVU revisions will be fully implemented for services furnished to Medicare beneficiaries on or after January 1, 2007. The changes in PE methodology will be phased-in over a 4-year period; although, as we gain experience with the new methodology, we will reexamine this policy beginning next year and propose necessary revisions through future rulemaking.

II. Provisions of the Proposed Rule

A. Resource-Based Practice Expense (PE) Relative Value Units (RVUs)

Practice expense (PE) is the portion of the resources used in furnishing the service that reflects the general categories of physician and practitioner expenses, such as office rent and personnel wages but excluding malpractice expenses, as specified in section 1848(c)(1)(B) of the Act.

Section 121 of the Social Security Amendments of 1994 (Pub. L. 103-432), enacted on October 31, 1994, required CMS to develop a methodology for a resource-based system for determining PE RVUs for each physician's service. Until that time, PEs were based on historical allowed charges. This legislation stated that the revised PE methodology must consider the staff, equipment, and supplies used in the provision of various medical and surgical services in various settings beginning in 1998. The Secretary has interpreted this to mean that Medicare payments for each service would be based on the relative PE resources typically involved with furnishing the service.

The initial implementation of resource-based PE RVUs was delayed from January 1, 1998, until January 1, 1999, by section 4505(a) of the BBA. In addition, section 4505(b) of the BBA

required that the new payment methodology be phased-in over 4 years, effective for services furnished in CY 1999, and fully effective in CY 2002. The first step toward implementation of the statute was to adjust the PE values for certain services for CY 1998. Section 4505(d) of the BBA required that, in developing the resource-based PE RVUs, the Secretary must:

- Use, to the maximum extent possible, generally accepted cost accounting principles that recognize all staff, equipment, supplies, and expenses, not solely those that can be linked to specific procedures.
- Develop a refinement method to be used during the transition.
- Consider, in the course of notice and comment rulemaking, impact projections that compare new proposed payment amounts to data on actual physician PE.

Beginning in CY 1999, we began the 4-year transition to resource-based PE RVUs. In CY 2002, the resource-based PE RVUs were fully transitioned.

1. Current Methodology

The following sections discuss the current PE methodology.

a. Data Sources

There are two primary data sources used to calculate PE. The AMA's Socioeconomic Monitoring System (SMS) survey data are used to develop the PE per hour (PE/HR) for each specialty. The second source of data used to calculate PE was originally developed by the Clinical Practice Expert Panels (CPEP). The CPEP data include the supplies, equipment and staff times specific to each procedure.

The AMA developed the SMS survey in 1981 and discontinued it in 1999. Beginning in 2002, we incorporated the 1999 SMS survey data into our calculation of the PE RVUs, using a 5-year average of SMS survey data. (See Revisions to Payment Policies and Five-Year Review of and Adjustments to the Relative Value Units Under the Physician Fee Schedule for CY 2002 final rule, published November 1, 2001 (66 FR 55246) (hereinafter referred to as CY 2002 PFS final rule).) The SMS PE survey data are adjusted to a common year, 1995. The SMS data provide the following six categories of PE costs:

- Clinical payroll expenses, which are payroll expenses (including fringe benefits) for nonphysician personnel.
- Administrative payroll expenses, which are payroll expenses (including fringe benefits) for nonphysician personnel involved in administrative, secretarial or clerical activities.

- Office expenses, which include expenses for rent, mortgage interest, depreciation on medical buildings, utilities and telephones.

- Medical material and supply expenses, which include expenses for drugs, x-ray films, and disposable medical products.

- Medical equipment expenses, which include expenses depreciation, leases, and rent of medical equipment used in the diagnosis or treatment of patients.

- All other expenses, which include expenses for legal services, accounting, office management, professional association memberships, and any professional expenses not previously mentioned in this section.

In accordance with section 212 of the BBRA, we established a process to supplement the SMS data for a specialty with data collected by entities and organizations other than the AMA (that is, the specialty itself). (See the Criteria for Submitting Supplemental Practice Expense Survey Data interim final rule with comment period, (May 3, 2000, 65 FR 25664).) Originally, the deadline to submit supplementary survey data was through August 1, 2001. In the CY 2002 PFS final rule (66 FR 55246), the deadline was extended through August 1, 2003. To ensure maximum opportunity for specialties to submit supplementary survey data, we extended the deadline to submit surveys until March 1, 2005 in the Revisions to Payment Policies Under the Physician Fee Schedule for CY 2004 final rule, (November 7, 2003; 68 FR 63196) (hereinafter referred to as CY 2004 PFS final rule).

The CPEPs consisted of panels of physicians, practice administrators, and nonphysicians (registered nurses (RNs), for example) who were nominated by physician specialty societies and other groups. There were 15 CPEPs consisting of 180 members from more than 61 specialties and subspecialties. Approximately 50 percent of the panelists were physicians.

The CPEPs identified specific inputs involved in each physician's service provided in an office or facility setting. The inputs identified were the quantity and type of nonphysician labor, medical supplies, and medical equipment.

In 1999, the AMA's RUC established the Practice Expense Advisory Committee (PEAC). From 1999 to March 2004, the PEAC, a multi-specialty committee, reviewed the original CPEP inputs and provided us with recommendations for refining these direct PE inputs for existing CPT codes. Through its last meeting in March 2004, the PEAC provided recommendations

for over 7,600 codes which we have reviewed and accepted. As a result, the current PE inputs differ markedly from those originally recommended by the CPEPs. The PEAC has now been replaced by the Practice Expense Review Committee (PERC), which acts to assist the RUC in recommending PE inputs.

b. Allocation of PE to Services

To establish PE RVUs for specific services, it is necessary to establish the direct and indirect PE associated with each service. Our current approach allocates aggregate specialty practice costs to specific procedures and, thus, is often referred to as a "top-down" approach. The specialty PEs are derived from the AMA's SMS survey and supplementary survey data. The PE for a given specialty are allocated to the services furnished by that specialty on the basis of the direct input data and work RVUs assigned to each CPT code. The specific process is outlined in the June 29, 2006 proposed notice (71 FR 37242).

c. Other Methodological Issues: Nonphysician Work Pool (NPWP)

As an interim measure, until we could further analyze the effect of the top-down methodology on the Medicare payment for services with no physician work (including the technical components (TCs) of radiation oncology, radiology and other diagnostic tests), we created a separate PE pool for these services. However, any specialty society could request that its services be removed from the nonphysician work pool (NPWP). The specific steps for the NPWP calculation are detailed in the June 29, 2006 proposed notice (71 FR 37243).

d. Facility/Non-facility Costs

Procedures that can be furnished in a physician's office, as well as in a hospital, have two PE RVUs: facility and non-facility. The non-facility setting includes physicians' offices, patients' homes, freestanding imaging centers, and independent pathology labs. Facility settings include hospitals, ambulatory surgical centers (ASCs), and skilled nursing facilities (SNFs). The methodology for calculating the PE RVU is the same for both facility and non-facility RVUs, but is applied independently to yield two separate PE RVUs. Because the PEs for services provided in a facility setting are generally included in the payment to the facility (rather than the payment to the physician under the fee schedule), the PE RVUs are generally lower for services provided in the facility setting.

2. Proposals for Revising the PE Methodology

We have three major goals for our resource-based PE methodology:

- To ensure that the PE portion of PFS payments reflect, to the greatest extent possible, the relative resources required for each of the services on the PFS. This could only be accomplished by using the best available data to calculate the PE RVUs.

- To develop a payment system for PE that is understandable and at least somewhat intuitive, so that specialties could better predict the impacts of changes in the PE data.

- To stabilize the PE portion of PFS payments so that changes in PE RVUs do not produce large fluctuations in the payment for given procedures from year-to-year.

In the CY 2006 PFS proposed rule (70 FR 45764), we proposed the following changes to the PE methodology that we believed would help in achieving these three major goals:

- Using the PE/HR data from seven specialty-specific supplementary surveys.

- Calculating the direct PE using a bottom-up methodology.

- Eliminating the NPWP.

We also proposed an indirect PE methodology that was to assign to each service the higher of the current indirect PE RVUs or the indirect PE RVUs calculated using the supplementary survey data.

In the CY 2006 PFS final rule with comment period (70 FR 70116), we withdrew these proposals primarily because a programming error for the indirect PE RVU calculation had led to the publication of inaccurate proposed PE RVUs. On February 15, 2006, we sponsored a PE Town Hall Meeting and invited the public, including all specialty representatives to attend. At this meeting, we supplied a detailed description of the bottom-up approach to the calculation of resource-based PE RVUs. Three examples were examined in detail that illustrated the impact of the various assumptions that could be used under a bottom-up approach. We specifically requested input from all interested parties on possible changes to our PE methodology, including the move to a bottom-up approach and the various methods of calculating indirect PE.

We reviewed the approximately 35 comments that we received in response to our solicitation. Many of the comments were combined efforts from related specialty organizations. Additionally, the AMA RUC also supplied a letter that captured the

comments of nearly 30 specialty organizations. The following is a summary of the comments received as a result of the February 15, 2006 PE Town Hall meeting.

- **Delaying Implementation of Changes to the Current PE Methodology:** There were mixed opinions from commenters on whether we should proceed with a proposal to use a bottom-up approach. Some commenters emphasized that the CPEP data has been refined and is now the best available source of data, and asserted that it should be used for the calculation of resource-based PE RVUs. Other comments suggested a delay in changing to a bottom-up approach because of the other issues that are affecting PFS payments this year (such as, the effect of imaging payment provisions in the DRA, the impact of the negative update, and the uncertainty regarding the impact of the 5-Year Review of work RVUs).

- **Transition to a Bottom-Up Approach:** The majority of commenters requested a minimum 1-year transition to a maximum 3-year transition period to fully implement any change to a bottom-up approach. All of the commenters supported a transition period whether or not they supported the implementation of a bottom-up approach.

- **Use of Supplemental Survey Data:** Many commenters stated that, irrespective of what we proposed for CY 2007, the supplemental survey data that has already been accepted should be used. Other commenters believed that the supplemental survey data grossly overstated PEs and should not be utilized in the development of resource-based PE RVUs.

- **Multi-Specialty PE Survey:** The majority of commenters supported the construction and use of a multi-specialty survey to collect PE data. Commenters believed that the supplemental survey data is inflated and that the SMS survey data are outdated.

- **Review Equipment Utilization Assumptions and Interest Rates:** Many commenters supported the review and revision of both the current utilization assumptions and the interest rates associated with high cost equipment. Commenters had mixed reactions as to whether the utilization rates should be higher or lower, and some suggested that we review the possibility of equipment-specific utilization assumptions for the future. Most commenters believed that the current 11 percent interest rate is significantly higher than the actual interest rates and

many commenters suggested a rate of approximately prime plus 2 percent.

- **Proxy Work RVUs for No Physician Work Services:** Commenters were divided on the assignment of a proxy work RVU to services that contain no physician work. Some commenters believed that no physician work services are unfairly penalized under any bottom-up approach, while other comments stated that the inclusion of a proxy work RVU would double count the clinical labor associated with the no physician work services.

After considering these comments, we made the following proposals for direct PEs in the June 29, 2006 proposed notice (71 FR 37245).

a. **Use a Bottom-up Method to Calculate the Direct PEs**

We believe that we have consistently made a good faith effort to ensure fairness in our PE RVU-setting system by using the best data available at any one time. The reason we did not adopt the bottom-up methodology originally proposed in 1997 and instead adopted the top-down methodology finalized in 1998 was because we recognized the concerns among the physician community that the resource input data developed in 1995 by the CPEP were less reliable than the aggregate specialty cost data derived from the SMS process.

However, the situation has now changed. The PEAC/PERC/RUC has completed the refinement of the original CPEP data and we believe that the refined PE inputs now, in general, accurately capture the relative direct costs of PFS services. Conversely, although we have now accepted supplementary survey data from 13 specialties, we have not received updated aggregate cost data from most specialties. Thus, we believe that, in the aggregate, the refined direct input data represent more reliably the relative direct cost PE inputs for physicians' services.

Therefore, instead of using the top-down approach to calculate the direct PE RVUs, where the aggregate CPEP/RUC costs for each specialty are scaled to match the aggregate SMS costs, we proposed to adopt a bottom-up method of determining the relative direct costs for each service. Under this method, the direct costs would be determined by adding the costs of the resources (that is, the clinical staff, equipment and supplies) typically required to provide the service. The costs of the resources, in turn, would be calculated from the refined direct PE inputs in our PE database.

We believe that this proposed change, which was welcomed by most

commenters in the CY 2006 PFS proposed rule, will lead to greater stability and accuracy in the PE portion of our payment system. Currently, under the top-down methodology, the need to scale the CPEP costs to equal the SMS costs has meant that any changes in the direct PE inputs for one service often leads to unexpected results for other services where the inputs have not been altered. In addition, the current PE RVUs for a procedure do not necessarily change proportionately with changes in the direct inputs, creating possible anomalous values. We believe that our proposed bottom-up methodology would resolve these issues, so that changes in the PE RVUs would be more intuitive and would result in fewer surprises.

b. **Use the PE/HR Data from the 7 Surveys We Have Previously Accepted and, in addition, Use the PE/HR Data from the Survey Submitted by the National Coalition of Quality Diagnostic Imaging Services (NCQDIS)**

As explained in the CY 2005 PFS final rule with comment period (69 FR 66242), we received surveys from the American College of Cardiology (ACC), the American College of Radiology (ACR), and the American Society for Therapeutic Radiology and Oncology (ASTRO) by March 1, 2004. The data submitted by the ACC and the ACR met our criteria. However, as requested by the ACC and the ACR, we deferred using their data until issues related to the NPWP could be addressed. (The survey data from ASTRO did not meet the precision criteria established for supplemental surveys; therefore, we did not accept or use it in the calculation of PE RVUs for 2005.)

In March 2005, we also received surveys from the Association of Freestanding Radiation Oncology Centers (AFROC), the American Urological Association (AUA), the American Academy of Dermatology (AAD), the Joint Council of Allergy, Asthma, and Immunology (JCAAI), the NCQDIS, and a joint survey from the American Gastroenterological Association (AGA), the American Society of Gastrointestinal Endoscopy (ASGE) and the American College of Gastroenterology (ACG).

All the surveys, with the exception of the survey from NCQDIS, met our criteria. Therefore, we proposed in the CY 2006 PFS proposed rule (70 FR 45775) to use the survey data from all the surveys meeting our criteria in the calculation of PE RVUs for 2006; but, as discussed in the CY 2006 PFS final rule with comment period (70 FR 70116) and

above in this section, this proposal was not finalized.

We contracted with the Lewin Group (Lewin) to evaluate whether the supplemental survey data that were submitted met our criteria and to make recommendations to us regarding their suitability for use in calculating PE RVUs. As described in the CY 2006 PFS proposed rule (70 FR 45775), Lewin recommended blending the radiation oncology data from the AFROC survey data with the ASTRO survey data submitted in 2004 to calculate the PE/HR. According to Lewin, the goal of the AFROC survey was to represent the population of freestanding radiation oncology centers only. To develop an overall average for the radiation oncology PE pool, Lewin recommended we use the AFROC survey for freestanding radiation oncology centers, and the hospital-based subset of last year's ASTRO survey. We agreed that this blending of the AFROC and ASTRO data was a reasonable way to calculate an average PE/HR that fully reflects the practice of radiation oncology in all settings. Blending the survey data overcame the initial problem that the ASTRO data do not meet the precision criteria as discussed in the CY 2005 PFS final rule (69 FR 66242). In addition, as discussed in the CY 2006 PFS proposed rule (70 FR 45776), blending of the data allowed for a broader base of radiation oncology providers to be represented.

Also, as discussed in the CY 2006 PFS proposed rule (70 FR 45764), Lewin indicated that the survey data submitted by the NCQDIS on independent diagnostic testing facilities (IDTFs) did not meet our precision criterion. However, upon further analysis, Lewin agreed with NCQDIS' determination that the inclusion of one inaccurate record skewed the findings outside the acceptable precision range. Lewin recalculated the precision level at 8.1 percent of the mean PE/HR (weighted by the number of physicians in the practice). Lewin indicated that the level of precision for the total PE/HR satisfies the level of precision requirement, and recommended acceptance of the survey.

We proposed to use the PE/HR data from all of these surveys, including the NCQDIS survey, in the calculation of the PE RVUs for 2007. For radiation oncology, we proposed to use the new PE/HR derived from combining the AFROC and ASTRO survey data, as recommended by Lewin. The proposed figures for PE per physician hour were listed in Table 52 in the June 29, 2006 proposed notice (71 FR 37246).

Section 303(a)(1)(B) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Pub.

L. 108-173) added section 1848(c)(2)(I) of the Act to require CMS to use survey data submitted by a specialty group where at least 40 percent of the specialty's payments for Part B services are attributable to the administration of drugs in 2002 to adjust PE RVUs for drug administration services. The statute applies to surveys that include expenses for the administration of drugs and biologicals, and were received by March 1, 2005 for determining the CY 2006 PE RVUs. Section 303(a)(1)(A)(ii) of the MMA also added section 1848(c)(2)(B)(iv)(II) of the Act to provide an exemption from budget neutrality (BN) in 2005 and 2006 for any additional expenditures resulting from the use of these surveys. In the Changes to Medicare Payment for Drugs and Physician Fee Schedule Payments for CY 2004 interim final rule published January 7, 2004 (69 FR 1084), we stated that the specialties of urology, gynecology, and rheumatology meet this criteria. As described in the CY 2006 PFS final rule with comment period (70 FR 70116), we accepted for the purposes of calculating the 2006 PE RVUs for drug administration services the new survey data from the AUA and exempted from the BN adjustment any impacts of accepting these data for purposes of calculating PE RVUs for drug administration services.

(Note: Rheumatology and gynecology did not submit supplemental survey data.)

c. Eliminate the NPWP and Calculate the PE RVUs for all Services Using the Same Methodology

Primarily because of the lack of representative SMS data or accurate direct cost inputs for specialties such as radiology and radiation oncology, the adoption of the top-down approach necessitated the creation of the NPWP. This separate work pool was created to allocate PE RVUs for TC codes and codes that are not furnished by physicians and, thus, have no work RVUs. In the CY 2000 Physician Fee Schedule; Payment Policies and Relative Value Unit Adjustment final rule, we indicated that "the purpose of this pool was only to protect the (TC) services from the substantial decreases" caused by inaccurate CPEP data and the lack of physician work RVU in the allocation of the indirect costs (64 FR 59406). Unfortunately, the services priced by the NPWP methodology have proven to be especially vulnerable to any change in the work pool's composition. This has led to significant fluctuations from year-to-year in the PE RVUs calculated for these services.

The major specialties comprising the NPWP (radiology, radiation oncology and cardiology) have now submitted supplemental survey data that we have accepted and proposed to use in their PE calculations. (See the discussion on supplementary surveys above in this section.) Now that we have representative aggregate PE data for these specialties, and with the completion of the refinement of the direct cost inputs, the continued necessity and equity of treating these technical services outside the PE methodology applied to other services is questionable.

Therefore, we proposed to eliminate the NPWP and to calculate the PE RVUs for the services currently in the work pool by the same methodology used for all other services. This would also allow the use of the refined CPEP/RUC data to price the direct costs of individual services, rather than utilizing the pre-1998 charge-based PE RVUs. In addition, the revised methodology would lead to greater stability for the PE RVUs for these services and would lead to more intuitive results than have occurred with the NPWP methodology.

d. Modify the Current Indirect PE RVUs Methodology

As described previously, the SMS and supplementary survey data are the source for the specialty-specific aggregate indirect costs used in our PE calculations. We then allocate the indirect costs to particular codes on the basis of the direct costs allocated to a code and the work RVUs. In the CY 2006 PFS proposed rule (70 FR 45764), we stated that we had no information that would indicate that the current indirect PE methodology is inaccurate. At that time, we also were not aware of any alternative approaches or data sources that we could use to calculate more appropriately the indirect PE, other than the new supplementary survey data, which we proposed to incorporate into our PE calculations. Therefore, in the CY 2006 PFS proposed rule, we proposed to use the current indirect PEs in our calculation, incorporating the new survey data into the codes furnished by the specialties submitting the surveys (71 FR 45764). We also indicated in that same proposed rule that we would welcome any suggestions that would assist us in further refinement of this indirect PE methodology. For example, we were considering whether we should continue to accept supplementary survey data or whether it would be preferable and feasible to have an SMS-type survey of only indirect costs for all specialties, or whether a more formula-

based methodology independent of the SMS should be adopted, perhaps using the specialty-specific indirect-to-total cost percentage as a basis of the calculation. For a prior discussion of many of the issues associated with allocating indirect costs, please refer to the CY 2000 Physician Fee Schedule; Payment Policies and Relative Value Unit Adjustment proposed rule (63 FR 30823).

3. Specific Changes to the Indirect PE Methodology for CY 2007

a. Summary of the PE Proposals From the June 29, 2006 Proposed Notice

As a result of collaboration with the PFS community and public comments on this issue, in the June 29, 2006 proposed notice, we proposed the following modifications to the indirect PE methodology.

(1) Indirect Percentage Factor: Use of the Specialty-Specific Percentage that Indirect PEs Represent of Total PEs Based on the Survey Data

We currently allocate indirect expenses on the sum of the direct expenses and the work RVUs (converted to dollars by multiplying by the CF). We proposed to allocate indirect expenses by applying a specialty-specific indirect percentage factor to the direct expenses to recognize the varying proportion that indirect costs represent of total costs by specialty. This will have the effect of relatively increasing the indirect expense allocation for services that are on average furnished by specialties with higher indirect PE percentages, and relatively decreasing the indirect expense allocation for services that are furnished by specialties with lower indirect PE percentages. For a given service, the specific indirect percentage factor to apply to the direct costs for the purpose of the indirect allocation will be calculated as the weighted average of the ratio of the indirect to direct costs (based on the survey data) for the specialties that furnish the service. For example, if a service is furnished by a single specialty with indirect PEs that were 75 percent of total PEs, the indirect percentage factor to apply to the direct costs for the purposes of the indirect allocation would be $(0.75/0.25) = 3.0$.

(2) Continued Use of the Specialty-Specific Indirect Scaling Factors

As described earlier in this section, we incorporate the indirect PE/HR surveys into the methodology through the use of specialty-specific indirect scaling factors. We would continue to use the specialty-specific indirect scaling factors; however, to apply them in a simpler manner we proposed to

create an index. This index would reflect the relationship between each specialty's indirect scaling factor and the overall indirect scaling factor for the entire PFS. For example, if a specialty had an indirect practice cost index of 2.00, this specialty would have an indirect scaling factor that was twice the overall average indirect scaling factor. If a specialty had an indirect practice cost index of 0.50, this specialty would have an indirect scaling factor that was half the overall average indirect scaling factor. The calculation and application of the indirect practice cost index is described in more detail below in this section.

(3) Use of the Clinical Labor Costs in the Indirect Allocation for a Service When the Clinical Labor Costs are Greater than the Physician Work RVU

We have received numerous comments that services with little or no physician work RVUs are disadvantaged under our current indirect allocation methodology based on the direct costs and the work RVUs. In response to these comments, when the clinical labor portion of the direct PE RVU is greater than the physician work RVU for a particular service, we proposed to allocate on the direct costs and the clinical labor costs. For example, if a service has no physician work, if the direct PE RVU is 1.10 and if the clinical labor portion of the direct PE RVU is 0.65 RVUs, we would use the 1.10 direct PE RVUs and the 0.65 clinical labor portion of the direct PE RVUs for the indirect PE allocation for that service. As another example, if the physician work RVUs for a service are 0.25, if the direct PE RVU is 1.10 and if the clinical labor portion of the direct PE RVU is 0.65 RVUs, we would use the 1.10 direct PE RVUs and the 0.65 clinical labor RVUs for the indirect allocation for that service. We would not use the 0.25 physician work RVUs for the indirect PE allocation since the 0.65 clinical labor RVUs are greater than the 0.25 physician work RVUs.

(4) Use of 2005 Utilization Data in the Indirect PE RVU Calculation

Under the current PE methodology, we predominately use the 1997–2000 utilization data in the calculation of the indirect PE RVUs when the service existed during 1997–2000 or the first year of utilization data if the service did not exist during that time period. We used those years of utilization data primarily to increase the year-to-year stability of the PE RVUs. With the changes we proposed to PE RVUs, in particular the elimination of the NPWP, we will increase the year-to-year

stability of the PE RVUs. We believe it is now appropriate to use updated utilization data in the calculation of the indirect PEs. We believe the other proposed changes in the PE methodology would help obtain the year-to-year stability we were attempting to achieve by continuing to use the older utilization data. Additionally, the use of more current utilization data would reflect the more current practice patterns. We proposed to use the 2005 utilization data in the calculation of the 2007 indirect PE RVUs. We also sought comments on whether the utilization data should be updated yearly, which would increase the accuracy of the PE calculations, or less often, which would increase the stability of the PE RVUs.

(5) Elimination of the Special Methodologies for Services with Technical Components (TCs) and Professional Components (PCs)

Under the PFS, when services have TC, PC, and global components that can be billed separately, the payment for the global component equals the sum of the payment for the TC and PCs. Under the current PE methodology, the different mix of specialties that furnish the global, TC and PCs can cause the PE RVUs, otherwise created by the methodology, to fail to add together properly; that is, the global component does not equal the sum of the PC and TCs. The global component might exceed the sum of the TC and PCs or it might be less than the sum of the TC and PCs. We ensure that the TC and PCs add to the global component in one of two ways. For services in the NPWP, we set the PE RVUs for the global component equal to the sum of the PC PE RVU and the TC PE RVU. For services outside the NPWP, we set the PE RVUs for the TC equal to the difference between the global PE RVUs and the PC RVUs.

With our proposed change to a bottom-up methodology for the direct PEs, there will be no weighted averaging of the direct cost inputs necessary to create the direct PE RVUs and, therefore, the direct PE RVUs for the PC and TCs would sum to the global component. Under the current methodology, as a result of the process used to ensure the PC and TCs sum to the global, RVUs for a service with a global component can be either more or less than the RVUs that would have been calculated for the service if the PC and TCs did not have to sum to the global.

Given the proposed change to bottom-up methodology and the elimination of the NPWP, we believe it is

inappropriate to have codes for which the global, and the TC and PCs are assigned RVUs that are either less than or greater than the methodology would otherwise produce, and thus, are paid at a rate that is either less than or greater than the methodology would otherwise specify. (See section II.A.1. of this final rule with comment period for the discussion of the current methodology.) Therefore, we proposed that in the calculation of the indirect percentage factor described earlier in section II.A.3.a.(1), we would use a weighted average of the ratio of indirect to direct costs across all the specialties that furnish the global components, TCs, and PCs; that is, we would apply the same weighted average indirect percentage factor to allocate indirect expenses to the global components, PC, and TCs for a service. We also proposed to utilize a similar weighted averaging approach across all the specialties that furnish the components when calculating the indirect PE scaling factor. Because the direct PE RVUs for the TC and PCs sum to the global under the bottom-up methodology, and we proposed to calculate the indirect percentage factor and the indirect scaling factor so that they do not vary between the TCs, PCs, and global components, our proposed methodology would create TCs and PCs that sum to the global, and no other special methodology would need to be employed.

(a) PE RVU Methodology

The following is a description of the proposed PE RVU methodology.

(i) Setup File

First, we create a setup file for the PE methodology. The setup file contains the direct cost inputs, the utilization for each procedure code at the specialty and facility/nonfacility place of service level, and the specialty-specific survey PE per physician hour data.

(ii) Calculate the Direct Cost PE RVUs

Sum the costs of each direct input.

Step 1: Sum the direct costs of the inputs for each service. The direct costs consist of the costs of the direct inputs for clinical labor, medical supplies, and medical equipment. The clinical labor cost is the sum of the cost of all the staff types associated with the service; it is the product of the time for each staff type and the wage rate for that staff type. The medical supplies cost is the sum of the supplies associated with the service; it is the product of the quantity of each supply and the cost of the supply. The medical equipment cost is the sum of the cost of the equipment associated with the service; it is the

product of the number of minutes each piece of equipment is used in the service and the equipment cost per minute. The equipment cost per minute is calculated as described at the end of this section.

Apply a BN adjustment to the direct inputs.

Step 2: Calculate the current aggregate pool of direct PE costs. To do this, multiply the current aggregate pool of total direct and indirect PE costs (that is, the current aggregate PE RVUs multiplied by the CF) by the average direct PE percentage from the SMS and supplementary specialty survey data.

Step 3: Calculate the aggregate pool of direct costs. To do this, for all PFS services, sum the product of the direct costs for each service from Step 1 and the utilization data for that service.

Step 4: Using the results of Step 2 and Step 3 calculate a direct PE BN adjustment so that the proposed aggregate direct cost pool does not exceed the current aggregate direct cost pool and apply it to the direct costs from Step 1 for each service.

Step 5: Convert the results of Step 4 to an RVU scale for each service. To do this, divide the results of Step 4 by the Medicare PFS CF.

(iii) Create the Indirect PE RVUs

Create indirect allocators.

Step 6: Based on the SMS and supplementary specialty survey data, calculate direct and indirect PE percentages for each physician specialty.

Step 7: Calculate direct and indirect PE percentages at the service level by taking a weighted average of the results of Step 6 for the specialties that furnish the service. Note that for services with TC and PCs we are calculating the direct and indirect percentages across the global components, PCs and TCs. That is, the direct and indirect percentages for a given service (for example, echocardiogram) do not vary by the PC, TC and global components.

Step 8: Calculate the service level allocators for the indirect PEs based on the percentages calculated in Step 7. The indirect PEs are allocated based on the three components: The direct PE RVU, the clinical PE RVU and the work RVU. (Note that the work RVU used in the calculation included the separate work BN adjustment from the 5-Year Review of the work RVUs discussed in the June 29, 2006 proposed notice. In this final rule, unadjusted work RVUs are used.)

For most services the indirect allocator is:

$$\text{indirect percentage} * (\text{direct PE RVU} / \text{direct percentage}) + \text{work RVU}.$$

There are two situations where this formula is modified:

- If the service is a global service (that is, a service with global, professional and technical components), then the indirect allocator is:

$$\text{indirect percentage} * (\text{direct PERVU} / \text{direct percentage}) + \text{clinical PE RVU} + \text{work RVU}.$$

- If the clinical labor PE RVU exceeds the work RVU (and the service is not a global service), then the indirect allocator is:

$$\text{indirect percentage} * (\text{direct PERVU} / \text{direct percentage}) + \text{clinical PE RVU}.$$

(Note that for global services the indirect allocator is based on both the work RVU and the clinical labor PE RVU. We do this to recognize that, for the professional service, indirect PEs will be allocated using the work RVUs, and for the TC service, indirect PEs will be allocated using the direct PE RVU and the clinical labor PE RVU. This also allows the global component RVUs to equal the sum of the PC and TC RVUs.)

For presentation purposes in the examples in the Table 1, the formulas were divided into two parts for each service. The first part does not vary by service and is

$$\text{the indirect percentage} * (\text{direct PE RVU} / \text{direct percentage}).$$

The second part is either the work RVU, clinical PE RVU, or both depending on whether the service is a global service and whether the clinical PE RVU exceeds the work RVU (as described earlier in this step.)

Apply a BN adjustment to the indirect allocators.

Step 9: Calculate the current aggregate pool of indirect PE RVUs by multiplying the current aggregate pool of PE RVUs by the average indirect PE percentage from the physician specialty survey data. This is similar to the Step 2 calculation for the direct PE RVUs.

Step 10: Calculate an aggregate pool of proposed indirect PE RVUs for all PFS services by adding the product of the indirect PE allocators for a service from Step 8 and the utilization data for that service. This is similar to the Step 3 calculation for the direct PE RVUs.

Step 11: Using the results of Step 9 and Step 10, calculate an indirect PE adjustment so that the aggregate indirect allocation does not exceed the available aggregate indirect PE RVUs and apply it to indirect allocators calculated in Step 8. This is similar to the Step 4 calculation for the direct PE RVUs.

Calculate the Indirect Practice Cost Index.

Step 12: Using the results of Step 11, calculate aggregate pools of specialty-specific adjusted indirect PE allocators

for all PFS services for a specialty by adding the product of the adjusted indirect PE allocator for each service and the utilization data for that service.

Step 13: Using the specialty-specific indirect PE/HR data, calculate specialty-specific aggregate pools of indirect PE for all PFS services for that specialty by adding the product of the indirect PE/HR for the specialty, the physician time for the service, and the specialty's utilization for the service.

Step 14: Using the results of Step 12 and Step 13, calculate the specialty-specific indirect PE scaling factors as under the current methodology.

Step 15: Using the results of Step 14, calculate an indirect practice cost index at the specialty level by dividing each specialty-specific indirect scaling factor by the average indirect scaling factor for the entire PFS.

Step 16: Calculate the indirect practice cost index at the service level to ensure the capture of all indirect costs. Calculate a weighted average of the practice cost index values for the specialties that furnish the service. Note that for services with TC and PCs, we calculate the indirect practice cost index across the global components, PCs and TCs. Under this method, the indirect practice cost index for a given service (for example, echocardiogram) does not vary by the PC, TC and global components.

Step 17: Apply the service level indirect practice cost index calculated in Step 16 to the service level adjusted indirect allocators calculated in Step 11 to get the indirect PE RVU.

(iv) Calculate the Final PE RVUs.

Step 18: Add the direct PE RVUs from Step 6 to the indirect PE RVUs from Step 17.

Step 19: Calculate and apply the final PE BN adjustment by comparing the results of Step 18 to the current pool of PE RVUs. This final BN adjustment is primarily required because certain specialties are excluded from the PE RVU calculation for rate-setting purposes, but all specialties are included for purposes of calculating the final BN adjustment. (See "Specialties excluded from rate-setting calculation" below in this section.)

(v) Setup File Information

- **Specialties excluded from rate-setting calculation:** For the purposes of calculating the PE RVUs, we exclude certain specialties such as midlevel practitioners paid at a percentage of the PFS, audiology, and low volume specialties from the calculation. This is the same approach used under the current methodology. These specialties are included for the purposes of calculating the BN adjustment.

- **Crosswalk certain low volume physician specialties:** Crosswalk the utilization of certain specialties with relatively low PFS utilization to the associated specialties. This is the same approach used under the current methodology.

- **Physical therapy utilization:** Crosswalk physical therapy utilization to the specialty of physical therapy. This is the same approach used under the current methodology.

- **Identify professional and technical services not identified under the usual**

TC and 26 modifier: Flag the services that are PC and TC services, but do not use TC and 26 modifiers (for example, electrocardiograms). This flag associates the PC and TC with the associated global code for use in creating the indirect PE RVU. For example, the professional service code 93010 is associated with the global code 93000.

- **Payment modifiers:** Payment modifiers are accounted for in the creation of the file. For example, services billed with the assistant at surgery modifier are paid 16 percent of the PFS amount for that service; therefore, the utilization file is modified to only account for 16 percent of any service that contains the assistant at surgery modifier.

- **Work RVUs from the 5-Year Review:** The setup file contains the proposed work RVUs from the 5-Year Review published in the June 29, 2006 proposed notice (71 FR 37174).

(vi) Equipment Cost Per Minute =

The equipment cost per minute is calculated as:

$$\frac{(1/(\text{minutes per year} * \text{usage})) * \text{price} * ((\text{interest rate}/(1 - (1/(1 + \text{interest rate})) * \text{life of equipment})))) + \text{maintenance}}$$

Where:

minutes per year = maximum minutes per year if usage were continuous (that is, usage = 1); 150,000 minutes.

usage = equipment utilization assumption; 0.5.

price = price of the particular piece of equipment.

interest rate = 0.11.

life of equipment = useful life of the particular piece of equipment.

maintenance = factor for maintenance; 0.05.

BILLING CODE 4120-01-P

	Step	Source	Formula	Code with Description								
				99213 Office visit, est Nonfacility	33533 CABG, arterial, single Facility	71020 Chest x-ray Nonfacility	71020 TC Chest x-ray Nonfacility	71020 26 Chest x-ray Nonfacility	93000 ECG, complete Nonfacility	93005 ECG, tracing Nonfacility	93010 ECG, report Nonfacility	
(18) Indirect Allocator, formula (1st part)	Step 8	See Step 8		((14)/(16))* (17)	((14)/(16)) (17)	((14)/(16))* (17)	((14)/(16))* (17)	((14)/(16))* (17)	((14)/(16))* (17)	((14)/(16))* (17)	((14)/(16))* (17)	((14)/(16))* (17)
(19) Individual Allocator (1st part)	Step 8		See (18)	0.57	4.35	0.50	0.50	-----	0.22	0.22		
(20) Indirect Allocator formulas (2nd part)	Step 8	See Step 8		(15)	(15)	(15)+(11)	(11)	(15)	(15)+(11)	(11)	(11)	(15)
(21) Indirect Allocator (2nd part)	Step 8		See (20)	0.83	33.65	0.30	0.10	0.20	0.26	0.11	0.15	0.15
(22) Indirect Allocator (1st+2nd)	Step 8		= (19)+(21)	1.40	38.00	0.80	0.60	0.20	0.48	0.32	0.15	0.15
(23) Indirect Adjustment (Ind Adj)	Steps 9- 11	See footnote**		0.354	0.354	0.354	0.354	0.354	0.354	0.354	0.354	0.354
(24) Adjusted Indirect Allocator	Steps 9- 11	= Ind Alloc * Ind Adj		0.49	13.45	0.28	0.21	0.07	0.17	0.11	0.05	0.05
(25) Indirect Practice Cost Index (PCI)	Steps 12-16	See Steps 12-16		0.943	0.972	1.026	1.026	1.026	1.300	1.300	1.300	1.300
(26) Adjusted Indirect	Step 17	= Adj. Ind Alloc*PCI		0.47	13.07	0.29	0.22	0.07	0.22	0.15	0.07	0.07
(27) PE RVU	Steps 18, 19	= (Adj Dir+Adj Ind)*BN adj.	= ((14)+(26))* BN adj.	0.76	15.18	0.59	0.52	0.07	0.35	0.28	0.07	0.07

* The direct adj = [current pe rvus * CF * avg dir pct] / [sum direct inputs] = [Step 2] / [Step 3]
 ** The indirect adj = [current pe rvus * avg ind pct] / [sum of ind allocators] = [Step 9] / [Step 10]

(b) Transition the Resulting Revised PE RVUs Over a 4-Year Period

As explained in the June 29, 2006 proposed notice, we had concerns that, when combined with a negative update factor for CY 2007 and the changes to the work RVUs under the 5-Year Review, the shifts in some of the PE RVUs resulting from the immediate implementation of our proposals could potentially cause some disruption for medical practices (71 FR 37252). Therefore, we proposed to transition the PE changes over a 4-year period. This would also give ample opportunity for us, as well as the medical specialties and the RUC, to identify any anomalies in the PE data, to make any further appropriate revisions, and to collect additional data as needed prior to the full implementation of the PE changes.

During the transition period, the PE RVUs would be calculated on the basis of a blend of RVUs calculated using our methodology described above in this section (weighted by 25 percent during CY 2007, 50 percent during CY 2008, 75 percent during CY 2009, and 100 percent thereafter), and the current CY 2006 PE RVUs for each existing code. PE RVUs for codes that are new during this period would be calculated using only the methodology, and paid at the fully transitioned rate.

We also believe the methodology is less confusing and more intuitive than the current approach. First, the NPWP would be eliminated and all services would be priced using one methodology, eliminating the complicated calculations needed to price NPWP services. Second, any revisions made to the direct inputs for one or more services would now have predictable results. Changes in the direct practice inputs for a service would proportionately change the PE RVUs for that service without significantly affecting the PE RVUs for unrelated services (except, of course, to the extent that a BN adjustment is required to be applied by the statute).

The methodology will also create a system that would be significantly more stable from year-to-year than the current approach. Specialties should no longer experience the wide fluctuations in payment for a given service due to an aberrant direct cost scaling factor. Direct PEs should only change for a service if the service is further refined or when prices are updated, while indirect PEs should change only when there are changes in the mix of specialties furnishing the service or if any future new survey data for indirect costs are utilized.

b. Comments and Responses From the June 29, 2006 Proposed Notice

The following is a summary of the comments we received on the June 29, 2006 proposed notice (71 FR 37170).

(1) Bottom-Up Methodology

Comment: The majority of commenters expressed support for the proposed bottom-up approach to calculating resource-based PE RVUs. Many of these commenters stated that the bottom-up approach, which bases the direct portion of the PE RVUs on the actual direct cost inputs, produces more accurate, intuitive, and stable PE RVUs.

A few commenters expressed concern about the proposed bottom-up approach. These commenters were not critical of the merits of the proposed bottom-up methodology itself, but were instead critical of the data sources used in the calculation of resource-based PE RVUs. The commenters suggested that the proposal should be delayed until the direct cost data, aggregate specialty cost data, and indirect specialty cost data derived from the aggregate specialty cost data could be verified.

Response: We are appreciative of the support for the proposed bottom-up approach to calculating resource-based PE. We also appreciate the comments that expressed concern about our data sources, since we also believe that it is important that we use the best available data to develop the PE RVUs. As discussed in greater detail in subsequent responses, we do believe that the data sources used to calculate the proposed PE RVUs are the best available at this time. This is particularly true of the direct cost input data that forms the basis of the bottom-up methodology, and that has been thoroughly analyzed and discussed by the RUC, PEAC, HCPAC and the PERC and then has been reviewed by us. Therefore, we will implement the bottom-up methodology as proposed.

(2) Supplemental Survey Data

Comment: Several commenters expressed concern about the significant increase in PE values for specialty groups that submitted supplemental survey data. They stated their belief that the data has created serious inequities in the relativity of PE RVUs across the PFS. The commenters recommended that the supplemental survey data not be used; but, rather, that we wait until a new multi-specialty survey can be completed before using this revised data. One commenter questioned the validity of supplemental survey data, noting that the response rates were fairly low. The commenter also

indicated that it was inequitable to accept more recent data from only a few specialties. Another commenter did not agree that individual specialty groups should be allowed to provide survey data. Conversely, several commenters strongly supported our acceptance and use of the supplementary survey data.

Response: The BBRA requires us to establish a process for specialty groups to submit supplemental survey data. The statute mandated that we establish criteria for surveys, but required that we accept such data for only two years. However, to give all specialty groups an opportunity to submit data, we twice extended the period for submitting data. Therefore, we accepted data over a 6-year period, instead of the 2-year period mandated by the Congress. In addition, our contractor, Lewin, was available to provide assistance to any group interested in submitting a survey by helping to ensure that the proper protocols were met in order to maximize the survey's chance of meeting our survey criteria.

We recognize the limitations of the supplemental survey process. However, we were obligated by statute to establish and use such a process, all specialty groups had an equal opportunity to submit data, and groups that conducted surveys did so at great expense. If the submitted survey data met the criteria we established by notice and comment rulemaking, we were obligated to accept and use the supplemental survey data to the maximum extent practicable and consistent with sound data practices. Additionally, we previously accepted most of the surveys we proposed to use in the CY 2007 PFS proposed rule in either the CY 2005 or the CY 2006 PFS final rules with comment. Although we delayed the use of these surveys for various reasons, as explained fully in the CY 2005 and CY 2006 rules, there is no reason to continue to delay implementation of these surveys.

We note that we support the AMA's efforts to field a multi-specialty survey. However, the earliest this data would be available to incorporate into the PFS would be for CY 2009. We will consider any such data as soon as it becomes available.

Comment: The majority of commenters expressed support for the design and use of a multi-specialty practice cost survey. Several commenters further recommended that any multi-specialty practice cost survey adhere to the same standards as the supplemental surveys accepted by CMS. Two commenters were concerned that a multi-specialty practice costs survey would not capture the practice costs

associated with specialties whose practices focus on technical services.

Response: We support the design of an AMA-sponsored multi-specialty survey and we understand that over 40 physician and nonphysician specialties have agreed to participate. The AMA has designed this survey tool and the process has been open for comment to all interested parties. We have also offered comments on the survey design to ensure that both the appropriate practice cost data is collected and the highest standards are met in the collection of this data.

Comment: A few commenters recommended that we commit to including the costs associated with uncompensated care in the PE RVUs. One commenter suggested that the costs of uncompensated care should be included in the AMA-sponsored multi-specialty practice cost survey.

Response: Many specialties must deal with the issue of uncompensated care, though we believe that the number of patient care hours spent on uncompensated care is significantly higher for emergency medicine. We currently make an adjustment to the patient care hours for emergency medicine to account for the hours of uncompensated care included in the SMS survey because the calculated PE/hour should only reflect reimbursable hours. We agree that it would be beneficial if the AMA-sponsored multi-specialty survey includes a question on this issue.

Comment: ACR expressed concern that we did not fully utilize its supplementary survey data by excluding data on part-time physicians.

Response: The precedent for applying average full-time practice hours to all doctors in the practice when analyzing practice hours was set by the AMA's Socioeconomic Monitoring System (SMS) and was also discussed in the September 23, 2003 Lewin report, "Recommendations Regarding

Supplemental Practice Expense Data Submitted for 2004." As described in this report, independent laboratory organizations were surveyed at the practice level because most independent labs are owned by an organization, not physicians; this is also the case with many free-standing radiology practices.

Lewin applied a comparable methodology to the radiology practice level supplemental survey data for its May 26, 2004 recommendation to CMS. The radiology supplemental survey reported that less than 10 percent of radiologists in the practice were part-time doctors. The average of the practice hours for the 2,250 full-time doctors was 38.9 hours and for the 237 part-time doctors 22.2 hours. Using the supplemental survey data results in less than a 5 percent increase in the total practice hours over the number of hours derived from using the SMS methodology.

We have determined that the original Lewin calculation is consistent with historical practice hour calculations used in the SMS, and with subsequent recommendations submitted by Lewin to CMS.

Comment: Lewin recommended accepting supplemental survey data from ASTRO and AFROC by blending the data in the proportion of 75 percent hospital-based radiation oncology and 25 percent freestanding radiation oncology, resulting in a PE/HR of \$161.08. AFROC engaged the services of an independent claims analyst who found that a 62/38 proportion is more appropriate, resulting in a PE/HR of \$213. AFROC supplied this information as part of its comments on the proposed notice.

Response: Lewin calculated a PE/HR for radiation oncology of \$161.08, which is the weighted average based on the percentage of Medicare claims for hospital-based (75 percent) versus freestanding (25 percent) radiation oncologists. In our standard outpatient

claims data file for 2003, a radiation oncologist was deemed to be hospital-based if 50 percent or more of his claims, based on the Unique Physician Identification Number (UPIN), were for services furnished at a hospital-based radiation oncology center. The rationale for weighting the PE/HR by Medicare claims was discussed by Lewin in its "2005 Recommendations to CMS" regarding the American Society for Therapeutic Radiation and Oncology (ASTRO) supplemental survey data.

In its comments, AFROC offered two alternative calculations. The first proposed to recount the Medicare claims after removing TC only claims. This method results in a reweighting of hospital-based versus freestanding radiation oncologists of 64 percent hospital based and 36 percent freestanding. The second method used time-weighting to determine the mix of hospital based versus freestanding practitioners. AFROC used physician time data for FY 2004 by radiation oncology CPT code and removed the TCs, resulting in a reweighting of hospital-based versus freestanding proportion of physician time of 62 percent to 38 percent, yielding a combined average PE/HR of \$213.07.

Lewin reviewed AFROC's analysis and believes that AFROC presented two reasonable alternatives to weighting hospital-based and freestanding radiation oncologists, with both methods resulting in essentially the same answer. However, Lewin has determined that the time-weighting method is more consistent with the SMS and Lewin analysis of practice hours per physician. Lewin conducted the physician time-weighting analysis using our time and utilization data for FY 2005, resulting in a hospital-based to freestanding weight of 63 percent to 37 percent, respectively. The combined average using this weighting results in a PE/HR for radiation oncologist of \$209.19, as shown in Table 2.

TABLE 2

	ASTRO survey			AFROC survey	Combined average	
	Hospital-based physicians	Freestanding practices	Weighted average	Freestanding practices	ASTRO's hospital-based and AFROC's freestanding (by share of Medicare claims)	ASTRO's hospital-based and AFROC's freestanding (by share of physician time)
Number in Sample	67	23				
Percent of Medicare Claims	75.2%	24.8%		24.8%		
Percent of Physician Time (Facility vs. Non-Facility)	63.0%	37.0%		37.0%		

TABLE 2—Continued

	ASTRO survey			AFROC survey	Combined average	
	Hospital-based physicians	Freestanding practices	Weighted average	Freestanding practices	ASTRO's hospital-based and AFROC's freestanding (by share of Medicare claims)	ASTRO's hospital-based and AFROC's freestanding (by share of physician time)
Direct PE per hour:						
Clinical Payroll	\$9.93	\$104.80	\$33.46	\$153.24	\$45.47	\$62.98
Medical Equipment	3.64	80.92	22.81	91.04	25.32	35.99
Medical Supplies	1.56	31.56	9.00	13.11	4.42	5.84
Indirect PE per hour:						
Office Expense	19.31	69.40	31.73	87.88	36.32	44.69
Clerical Payroll	12.04	39.42	18.83	59.56	23.82	29.63
Other Expense	16.92	20.17	17.73	52.43	25.73	30.06
Total PE per hour	63.40	346.27	133.55	457.26	161.08	209.19

Lewin agrees with AFROC that weighting by hours of patient care is most consistent with our underlying methodology for calculating physician practice hours. Lewin has recommended that the time-weighting methodology for determining the percentage of hospital-based to freestanding radiation oncologist PE be adopted, which would result in a PE/HR of \$213/HR based on 2004 data or \$209/HR based on 2005 data. We accept Lewin's recommendation and will implement a PE/HR of \$209 for radiation oncology.

(3) Nonphysician Workpool

Comment: With the exception of those comments that requested that we delay the entire revision to the PE methodology, the majority of commenters expressed support for the elimination of the NPWP.

Response: The development of the NPWP was necessitated by our lack of accurate aggregate cost data for specialties such as radiology and radiation oncology necessitated the development of the NPWP. The major specialties comprising the NPWP have now submitted supplemental survey data that we have accepted. Now that we have reliable aggregate PE data for these specialties, as well as and refined direct input data at the code level, we will finalize our proposal to eliminate the NPWP.

(4) Indirect PE RVUs Methodology

Comment: Many commenters recommended that we not use the budget-neutralized work RVUs in the indirect PE allocation, but rather use the unadjusted work RVUs.

Response: As discussed in section III.D.3. of this final rule with comment period, the BN adjustment necessitated by the 5-Year Review of work RVUs will be accomplished through the use of a separate, BN adjuster applied to the work RVUs. However, as recommended by the commenters, we will not use the budget-neutralized work RVUs to calculate indirect PE.

Comment: Many commenters disagreed with the use of the physician work RVUs in allocating indirect PE. Some commenters further contended that the intensity portion of physician work has no correlation to indirect PEs. A few commenters contended that physician time would be a more appropriate allocation tool than physician work RVUs.

Response: There is no perfect method of allocating indirect expenses down to individual services. We believe the work RVUs are the most constant of the available allocation tools, and this characteristic coincides best with our goal of stability for the PE RVUs. In this final rule with comment, we will continue to use the work RVUs as one of the indirect PE allocators.

Comment: Many commenters supported the proposal to use clinical labor costs as an indirect allocator when either the clinical labor RVU exceeds the work RVU or when the service does not contain physician work. Two commenters disagreed with the use of clinical labor costs in allocating indirect PE and stated that this is a "fudge factor" that inappropriately allocates costs to services with very low or no physician work.

Response: Because work RVUs reflect the time required to perform the service

in addition to the intensity of the physician work involved, services with low or no work RVUs could be valued inappropriately unless we use a proxy for the work RVUs in allocating indirect PE to them. To bring these services onto the same scale as services that do contain physician work, we believe it is appropriate to utilize clinical labor costs as a proxy for physician work in the indirect allocation. We agree with the majority of commenters and will finalize our proposal to use clinical labor costs in allocating indirect PE where the physician work RVU is zero or less than the clinical labor RVU.

Comment: Several commenters recommended that the methodology be modified to include clinical labor time in the calculation of specialty-specific aggregate indirect PE pools.

Response: We do not agree with the commenters because the PE/HR for each specialty is calculated using physician time as the denominator; clinical staff time is not included in that calculation. It would be inconsistent to then use clinical labor time in the creation of the specialty-specific indirect PE pools.

Comment: Many commenters recommend the use of unscaled direct inputs in the allocation of the indirect PE.

Response: It would be inconsistent to base the direct PE RVUs on budget neutral scaled direct inputs, and then use unscaled direct inputs that are not budget neutral in creation of the indirect PE RVUs. We also disagree with the commenters' suggestion that we should use unscaled inputs for the direct PE RVUs. Direct costs represent, on average, approximately one-third of PEs based on the SMS survey data.

Therefore, we believe it is appropriate to scale the direct inputs so that approximately one-third of the aggregate PE RVUs are for direct PEs.

Comment: Several commenters contended that the approach of basing PE calculations on the weighted average of all specialties performing a service is flawed and should be replaced with an approach that bases the specialty-weighted factors upon specialties that represent 95 percent of the utilization for a CPT code and modifier. A commenter stated that utilizing the service counts associated with lower cost specialties, such as optometry, that would perform only the postoperative portion of a service, as opposed to the full service, inappropriately deflates the total PEs of a service when the practice costs of these specialties are weight averaged.

Response: With regards to the general question of including all specialties performing a service in the weight-averaging of the practice costs of the service, this is an issue that has been raised since we first proposed a resource-based PE methodology. We still believe, as we have previously stated, that the inclusion of specialties that perform a very small proportion of a service has no discernible impact on the PE calculation.

We agree that it would be inappropriate to assign full service counts to a specialty that only performs the postoperative work of a given surgical procedure. For this reason, we have always adjusted the per specialty utilization for a service using the appropriate payment modifier (modifier -55) before the service is used to weight the practice costs of the various specialties performing a given service. For example, if a specialty performs 100,000 postoperative-only services for a specific procedure (that is, uses modifier -55), those services would be counted based upon the code-specific postoperative percentage multiplied by the 100,000 services. If the postoperative percentage was 10 percent, the specialty performing 100,000 postoperative-only services will be weighted with only 10,000 services. Therefore, we do not believe that any further adjustments are needed.

Comment: One commenter recommended that the indirect PE allocation be distributed from the global services to the professional and technical services based upon the share of billings for each service.

Response: Although we are unsure of what, exactly, the commenter is suggesting, it is not clear to us how this recommendation could result in an appropriate resource-based PE RVU (for

example, if the majority of services furnished were for the PC of a procedure, we believe the commenter is suggesting that it would then be necessary for the PC to have a higher PE RVU than the TC). Therefore, we will retain our current methodology for the allocation of indirect PE for services with TC and PCs, but we welcome further clarification regarding this suggestion.

(5) Transition Period

Comment: The majority of commenters expressed support for the proposal to transition the PE methodology changes over a 4-year period. One commenter recommended that if the work RVU changes associated with the 5-Year Review are not transitioned, then the PE RVUs should also not be transitioned.

Response: We are concerned that, when combined with the negative update adjustment factor (UAF) for CY 2007 and the impact of changes to the work RVUs under the 5-Year Review, the shifts associated with the PE methodology changes could potentially cause some disruption for medical practices. For this reason, we will finalize the proposed 4-year transition to the PE methodology.

Comment: One comment supported the use of supplemental survey data, but requested that this supplemental survey data be implemented with no transition, since this data was originally accepted 1-2 years ago.

Response: The supplemental survey data is not independently transitioned in the proposed PE methodology. Rather, the RVUs resulting from all the changes to the methodology, which are to some degree interdependent, would be transitioned over 4 years. It would be very difficult to isolate one aspect of our proposed methodology and exempt it from the transition. In addition, we are concerned that such an approach could lead to inequities whereby, for a given specialty, a PE methodology change that has a positive impact would be transitioned over 4 years, while a change with a negative impact would not. For these reasons, we will finalize the 4-year transition as proposed.

(6) Other Comments on the PE Methodology

Comment: Several commenters requested that one budget neutrality factor (BNF) be applied for PE as opposed to applying a direct adjuster, an indirect adjuster, and a final BN adjustment.

Response: The separate adjusters for the direct and indirect pools of RVUs are not pure BN adjustments but are

more appropriately viewed as scaling factors. The purpose of the separate direct and indirect adjustments is to scale the pool of direct input RVUs and the pool of indirect RVUs to the direct and indirect RVUs that are available, as determined by the total direct and indirect dollars from the SMS and supplemental surveys. For this reason, the adjustments should be viewed as direct and indirect scaling factors, as opposed to BN adjustments. If we only applied one BN/scaling factor to the final PE RVUs, there would not be the appropriate balance between the direct and indirect PE RVUs and services with more direct RVUs would be paying for those services with less direct RVUs, since the indirect scaler is greater than the direct scaler.

Since the direct and indirect RVU pools are scaled and made "budget neutral" in these initial steps, the final BN adjustment is very small. The only reason the final adjustment is needed is because the RVUs associated with specialties that are not used in the rate setting process need to be incorporated back into the system. This introduction of additional RVUs causes a very small adjustment in the final step. For these reasons, we will finalize the proposal to utilize three separate adjustments in the calculation of resource-based PE RVUs.

Comment: Several commenters applauded our proposals relating to the PE methodology for being more intuitive and transparent, but requested that we go one step further toward pure transparency by publishing the PE/HR figures and the specialty indirect practice cost indices.

Response: We appreciate the support for the intuitive and transparent nature of the revised methodology. Following our original intention of making this methodology resource-based, intuitive, and transparent, we will publish both the PE/HR figures and the indirect practice cost indices on the homepage of the CMS Web site.

Comment: A few commenters requested that either their services be "frozen" at the current 2006 PE RVUs or that a floor be placed on the percent reduction associated with any given service due to the revised methodology.

Response: We do not believe it would be equitable to maintain current values for certain codes or to place a floor on the percentage reduction associated with a given service in a resource-based system. However, in order to minimize any potential disruptive effects that could be caused by sudden shifts in RVUs, we will be finalizing our proposal to transition to the bottom-up methodology over a 4-year period. This transition period will allow interested

parties an opportunity to review the data elements associated with their services. For these reasons, we will not institute a floor on the reduction in PE RVUs for a service, nor will we freeze any services at their CY 2006 PE RVUs.

Comment: Several commenters have requested that, for purposes of calculating resource-based PE RVUs, certain services should be assigned to specialties with higher PEs than those that are reported in the Medicare claims data.

Response: Unless there is evidence that the Medicare claims data is incorrect, or that there is something unique about the services in question, we do not believe it would be appropriate to override our existing utilization data. The Medicare claims data identifies what specialties are furnishing what services and this is an essential component in the development of our resource-based system. If interested specialties contend that persons within their specialty are reporting their specialty designation incorrectly, we urge those specialties to work with their respective organizations to educate their membership about the importance of correct reporting of their specialty designation when billing Medicare.

Comment: Several commenters contended that the independent diagnostic testing facility (IDTF) survey data does not reflect the costs of cardiac event monitoring services, because issues such as hours of operation, intense staffing needs and equipment usage are not taken into account.

Response: We agree with the commenters that cardiac event monitoring services are unique and are not appropriately represented by the IDTF survey data. For this reason, we will use the PE data associated with cardiology to value these services. Additionally, as discussed in more detail in the section on direct cost inputs (section II.A.4.f. of this final rule with comment period), we are revising the direct inputs for these services to reflect that the PEs are not limited to direct patient encounters.

Comment: Some commenters recommended that we review the crosswalk used for both interventional pain management and pain medicine in the CY 2007 PFS proposed rule. The commenters suggested that the appropriate crosswalk for these specialties is the "all physician" PE/HR.

Response: We agree with this comment and will crosswalk both interventional pain management and pain medicine to the "all physician" PE/HR.

Comment: Several commenters supported the use of revised 2005 utilization data. A few commenters expressed concerns that the use of this revised single year data might cause problems with the stability of the PE RVUs and requested that we delay using this data until the impact on the stability of PE RVUs can be determined.

Response: We will finalize our proposal to incorporate the most current Medicare utilization data into the calculation of resource-based PE RVUs. We have always attempted to use the most current data available in rate-setting. Although we understand the concerns conveyed by the few comments that requested a delay in the use of the 2005 utilization data, we do not believe that the use of this data will destabilize the PE RVUs to the extent that a delay would be warranted.

Comment: Some commenters contended that we are in violation of the MMA when reducing the PE RVUs of drug administration services by adopting a new methodology. The commenters stated that, because the oncology supplemental survey is not being used for the same purpose as it was when MMA directed us to use the survey, all drug administration services must be exempt from any impact associated with the revised PE methodology.

Response: We disagree with this comment. Although the MMA was enacted prior to these changes in our PE methodology, the MMA did not prescribe the use of any particular resource-based PE RVU methodology or constrain our rulemaking authority. The MMA directed us to use the oncology survey data in determining PE RVUs. We have, in fact, used the survey data (in exactly the way the Congress envisioned when it passed MMA) to establish PE RVUs for services furnished during CYs 2004, 2005 and 2006. In addition, under the revised PE methodology, we are utilizing the survey data in the calculation of the indirect PE RVUs. Thus, we do not believe that the use of the survey data within our revised methodology violates the provisions of MMA.

Comment: Several commenters contended that the proposed indirect practice costs may not be appropriate for cardiology practices that operate free-standing cardiac catheterization labs. The commenters further stated that the nonfacility technical billings for cardiac catheterization are dominated by IDTFs, but the IDTF supplemental survey data was primarily based on imaging centers. The commenters recommended that the cardiac

catheterization services be based solely upon the PE data for cardiology.

Response: We agree with these comments. We currently do not have direct cost input data for the nonfacility setting for these services. Until we are able to obtain such data, we will carrier-price the cardiac catheterization codes. We urge interested parties to continue to work with the RUC to develop direct cost inputs for these services in the future.

Comment: One commenter recommended that we reinstate the clinical labor costs associated with physicians bringing their own staff to the hospital and contended that not counting these costs is in violation of the statute.

Response: We have indicated that we will not pay for clinical staff brought by physicians to the hospital for the following reasons: (1) These costs are already paid to the hospital and would thus be a double payment; (2) we already pay for physician extender staff through the physician work RVUs; and (3) we pay physician assistants (PAs) directly when they serve as assistants at surgery. In response to this decision, the thoracic surgeons contended that hospitals are no longer providing the staff to furnish adequate care. We asked the Office of Inspector General (OIG) to conduct an independent assessment of the staffing arrangements between hospitals and thoracic surgeons. In response to our request, in an April 2002 report, the OIG clearly supported our position to exclude the costs of clinical staff brought to the hospital from the PE calculations. For these reasons we will continue to exclude the clinical labor costs associated with physicians bringing their own staff to the hospital from the calculation of resource-based PE RVUs.

Comment: One commenter recommended that the practice costs associated with the handling of pharmaceuticals should be incorporated into the cost categories associated with the calculation of resource-based PE RVUs.

Response: The commenter did not offer any recommended inputs or strategies on how to incorporate these costs into the methodology. For this reason we will not incorporate any additional costs related to the handling of pharmaceuticals into the methodology at this time.

Comment: One commenter recommended that administrative staff time should be counted as a direct cost.

Response: Administrative staff time was included in the original CPEP data as direct PE. However, because of the difficulty in accurately assigning the

administrative time to individual procedures, we then converted this expense to an indirect cost. We agree that, in principle, it could be helpful to treat as many of the practice costs as possible as direct, rather than indirect PE, and we would be willing to consider such recommendations if the PERC or RUC would agree to undertake the task of assigning administrative staff times to each code.

Comment: One commenter recommended that special resource considerations for screening services should be factored into the calculation of the PE RVUs.

Response: We have attempted to account for all resource cost in the calculation of the PE RVUs for all services. Unfortunately, the commenter did not supply any documentation regarding additional resources that the commenter believes should be included for screening services. Therefore, we will not add additional resources as requested at this time.

Comment: Many specialty societies expressed concern that the Medicare database currently does not permit the collection of nurse practitioner (NP) specialty-specific data. The commenters contended that this limitation unfairly excludes NPs from participating in certain demonstration projects and other programs. The commenters also state that they are ready to work with us on this and any related issues.

Response: It is not clear from the comment exactly what specialty-specific data is at issue. However, we would certainly be willing to work with the commenters to address their concerns.

4. Additional PE Issues for CY 2007

a. RUC Recommendations for Direct PE Inputs and Other PE Input Issues

In the CY 2007 PFS proposed rule (71 FR 48982), we proposed the following concerning direct PE inputs.

(i) RUC PE Recommendations

The AMA's Relative Value Update Committee (RUC) established a new subcommittee, the Practice Expense Review Committee (PERC), to assist the RUC in recommending direct PE inputs (clinical staff, supplies, and equipment) for new and existing CPT codes. The RUC reviews and gives final approval for all PERC recommendations.

The PERC reviewed the PE inputs for over 2000 existing codes, some of which were unresolved PE issues from the CY 2006 PFS final rule with comment period, at their meetings held in September 2005, February 2006 and April 2006.

We reviewed the PERC recommendations that were forwarded

by the RUC and proposed to adopt all of them. We have worked with the AMA staff to correct any typographical errors and to ensure that previously PEAC-accepted standards are incorporated in the recommendations.

The complete PERC recommendations and the revised PE database can be found on our Web site. (See the **SUPPLEMENTARY INFORMATION** section of this final rule with comment period for directions on accessing our Web site.)

Comment: We received comments from many of the specialty societies thanking us for our acceptance of the PERC recommendations.

Response: We thank the specialty societies for their positive remarks and we look forward to our continuing relationship with the PERC and the societies.

(ii) Standard Supplies and Equipment for 90-Day Global Codes

In our proposed rule of August 22, 2006, we proposed to revise the CPEP supply and equipment inputs for those 90-day global procedures for which the RUC had only refined the clinical labor direct PE inputs. We proposed to apply the standard supply and equipment inputs for the facility setting for 90-day global services to these remaining unrefined 90-day global procedure codes. As recommended by the PERC at its April 2006 meeting, for supplies, we proposed to include one minimum supply visit package for each postoperative visit assigned to each code and a postsurgical incision care kit (suture, staple, or both) where appropriate, along with additional items reviewed and recommended by the PERC for certain procedures. For equipment, we proposed to include an exam table and light as the standard equipment, as well as other equipment items recommended by the PERC that were identified by the specialty societies as necessary during the postoperative visit period. However, there are several issues on which we requested input from the PERC or the specialty before we finalized the recommended standards. For example, for many of the 90-day codes in question, the current supply input data contain supplies in far larger quantities than are contained in either the visit package or incision care kit. For other codes, the current data include items that are not contained in the package or kit. In other cases, the PERC recommendations contain additional items in quantities that appear excessive. We plan to work with all the concerned specialties to ensure that the finalized inputs do represent the typical

supplies needed to perform each procedure.

Because the application of the 90-day global standard supplies and equipment would result in the deletion of some original CPEP inputs, we requested that all the medical specialties examine the direct PE inputs on our Web site and inform us if there are additional items from the original CPEP data that are a necessary part of the postoperative care and if the PERC-recommended PE inputs were listed correctly.

Comment: Several commenters expressed concern regarding the accuracy of our PE database for the specialty-specific PERC recommendations and the application of the standard supplies and equipment that we proposed to include in the 90-day global codes. One commenter representing urologists noted that several supply items approved by the PERC were missing in the PE database and provided us with specific supply inputs for CPT codes 57310, 57311, 57320, and 57330. Another commenter representing prosthetic urologists recommended that the standard supplies used for infection control or patient comfort be included for each postoperative visit, such as gloves for the physician and clinical staff, table paper, patient drapes and gowns, and also questioned the accuracy of the number of "multi-specialty visit package" (MSVP) associated with their services. They believe that their services entail more postoperative visits than the current number of MSVPs reflected in the PE database. A society representing gynecologic oncologists also recommended that the standard supplies for their procedures should be modified to include additional supplies that are associated with their procedures, such as a pelvic exam kit and a patient drape. Lastly, a medical society representing ophthalmologists urged us to incorporate the PERC-recommended supply and equipment direct inputs for the 90-day global ophthalmologic codes.

Response: We thank the urology specialty for reviewing the PE database and providing us with the specific supply items missing from their four CPT codes. These PERC-approved supplies have been added as requested. We have addressed the prosthetic urologists' concerns regarding the inclusion of supplies for infection control and patient comfort by ensuring that one MSVP was included in the PE database for each postoperative visit for these services. The MSVP contains, among other things, 2 pairs of gloves, table paper, and a patient gown. We also note that the inclusion of a patient

drapes is a standard for the codes identified by the specialty for gynecology and obstetrics. To the extent that prosthetic urologists believe a patient drape is needed in their 90-day global codes, we encourage them to work through the RUC process to correct possible discrepancies. In regard to the request for additional MSVPs for each procedure performed by the urologic prosthetists, we believe the commenter is mistaken, as there is one MSVP for each of the RUC-recommended postoperative visits entered in the PE database. With respect to the comments about the absence of specific supplies in gynecologic oncology procedures, we would note that the 90-day CPT codes identified by the specialty for gynecology and obstetrics all contain these specific items as part of the standard packages, as approved by the RUC and accepted by CMS. We would again suggest that the commenter work through the RUC process to assure that the necessary inputs are included in these services. In response to the request from the society representing ophthalmologists to implement the PERC-recommended supply and equipment changes for ophthalmology services, we have already incorporated these changes into the PE database and they are reflected in the PE RVUs. However, we would note that further equipment adjustments were not made for the ophthalmology CPT codes, as the PERC recommendations did not include any changes to the current equipment or ophthalmology lane assignments.

b. Payment for Splint and Cast Supplies

In the CY 2000 and CY 2001 PFS final rules (64 FR 59380 and 65 FR 65376, respectively), we removed splint and cast supplies from the PE database for the CPT codes for fracture management and cast/strapping application procedures. Because splint and cast supplies could be separately billed using Healthcare Common Procedure Coding System (HCPCS) codes (Q4001 through Q4051) that were established for payment of these supplies under section 1861(s)(5) of the Act, we did not want to make duplicate payment under the PFS for these items.

In the CY 2006 PFS proposed rule (70 FR 45764), we proposed to reinstate payment for all splints and cast supplies through the PE component of the PFS because we believed we may have unintentionally prohibited remuneration for these supplies when they are not used for reduction of a fracture or dislocation (covered under section 1861(s)(5) of the Act), but rather are provided (and covered) as "incident to" a physician's service under section

1861(s)(2)(A) of the Act. This proposal was not finalized; however, in our CY 2006 final rule with comment period (70 FR 70116) we asked the medical specialties and the PERC to determine the typical supplies for splints and casts necessary for each of the fracture management codes and the cast/strapping application codes because we wanted to make certain that the supply inputs were correct before we proceeded with rulemaking for the CY 2007 PFS. At its February 2006 meeting, the PERC reviewed and approved the supply inputs submitted by the American Academy of Orthopaedic Surgeons (AAOS) for each CPT code for fracture management and cast/strapping application and these were forwarded to us as PERC recommendations. During this interim period we also reassessed the options for payment of materials for splints and casts.

We believe that the majority of the splint and cast supplies that are currently paid through the Q-codes are furnished in relationship to cast/strapping procedures for the management of fractures and dislocations. However, we did not intend for the medically necessary splint and cast supplies used for other reasons (for example, serial casting, wound care, or protection) not to be paid. Because it may be difficult for the contractors to identify the purpose for the cast/strapping application procedure on a claim form, we believe that contractors may have been paying for the splint and cast supply Q-codes when the service is performed for other purposes than treatment of fractures and dislocations.

Since these splint and cast supplies can be covered under both sections 1861(s)(5) and 1861(s)(2)(A) of the Act, we proposed to include payment for both statutory benefits using the separate HCPCS Q-codes. This would allow for payment for these medically necessary supplies whether based on sections 1861(s)(5) or 1861(s)(2)(A) of the Act, while ensuring that no duplicate payments are made. Physicians will continue to bill the HCPCS Q-codes, in addition to the cast/strapping application procedure codes, to be paid for these materials.

The following supplies will continue to be paid separately using the HCPCS Q-codes and would not be included in the PE database:

- Fiberglass roll.
- Cast padding.
- Cast shoe.
- Stockingnet/stockinette.
- Plaster bandage.
- Denver splint.
- Dome paste bandage.

- Cast sole.
- Elastoplast roll.
- Fiberglass splint.
- Ace wrap.
- Kerlix.
- Webril.
- Malleable arch bars and elastics.

The splint and cast supplies will not be included in the PEs for the following CPT codes:

- 24500 through 24685.
- 25500 through 25695.
- 26600 through 26785.
- 27500 through 27566.
- 27750 through 27848.
- 28400 through 28675.
- 29000 through 29750.

We specifically requested input, from medical specialties and contractors on our proposal.

Comment: Commenters offered their appreciation and support of our proposal to pay for medically necessary splint and cast supplies using HCPCS Q-codes for both statutory benefits, that is, sections 1861(s)(5) and 1861(s)(2)(A) of the Act. However, one commenter requested that we clarify "whether this separation applied to the rehabilitation non-physician service codes." In addition, a few commenters noted that the supplies for the Unna-boot have been excluded from payment under the Q-codes, because they are assigned HCPCS A-codes, and asked that we clarify if the Unna-boot supplies will now be included in the Q-codes. One commenter suggested that we omit the cast shoe from the list of supplies that are covered under either benefit. Another commenter asked us to temporarily include the A-HCPCS codes, A-6441 through A-6457, as billable HCPCS codes in conjunction with the strapping and casting CPT procedure codes.

Response: We will proceed with our proposal to pay for the splint and cast supplies using the existing HCPCS Q-codes for all medically necessary splints and casts, as appropriate. While we appreciate the comments received, we have questions about and do not understand the request concerning whether this applied to the "rehabilitation nonphysician service codes." We apologize that our listing of the applicable CPT code ranges in the proposal caused confusion about whether the Unna-boot supplies that currently are identified with HCPCS A-codes would change and be paid using the Q-codes. For clarification purposes, we would like to note that our proposal does not change the existing Q-code descriptors or their pairing with certain CPT codes for payment purposes. For CPT code 29580, (Strapping; Unna boot) physicians and other qualified providers

will continue to use the A-codes designed for the Unna-boot supplies. We appreciate the comments from the commenter asking us to remove the cast shoe from the PE database since shoes are statutorily noncovered items, except for certain diabetic shoes and those that are attached to braces. The cast shoe was erroneously identified as a supply item separately paid using the Q-codes in the listing in our proposed rule. We now realize that the listing in the proposed rule, in reality, merely identifies the supply inputs to be removed from the PE database rather than those that are separately billable. We agree with the commenter, and will remove the cast shoe item from our PE database (27 codes). While we appreciate a commenter's request to include certain A-codes as separately billable under our proposal, these items were never included in the PE database and it would not be appropriate to include them in the existing Q-codes.

c. Medical Nutrition Therapy Services

In 2000, the Health Care Professional Advisory Committee (HCPAC) recommended that we assign work RVUs to three new medical nutrition therapy (MNT) CPT codes: 97802, *Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes* at 0.45 RVUs; 97803, *Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes* at 0.37 RVUs; and 97804, *Medical nutrition therapy; group (two or more individuals), each 30 minutes* at 0.25 RVUs. However, during rulemaking for the CY 2001 PFS final rule, we indicated that MNT was not covered because there was no statutory benefit category that would allow medical nutritionists to bill these services. We also did not accept the HCPAC recommendations for work RVUs for these MNT services because the codes were designed for use only by nonphysicians. The following year, section 105(c) of the Medicare, Medicaid, and State Child Health Insurance Program Benefits Improvement Protection Act of 2000 (BIPA) (Pub. L. 106-554) provided for the coverage of MNT services when furnished by registered dietitians or nutritional professionals at 85 percent of the amount that a physician would be paid for the same services. As a result, we established values for these MNT services for the CY 2002 PFS. In keeping with our earlier decision, we did not assign the HCPAC-recommended work values. However, the associated work value for each code was utilized in the

conversion of work to clinical labor time for MNTs as part of the PE component. At that time we received several comments, including one from the American Dietetic Association (ADA), urging us to adopt the work values recommended by the HCPAC.

More recently, the ADA has requested us to reconsider our decision not to accept the HCPAC recommended work RVUs. The ADA contends that the payment rate established by section 105(c) of BIPA, 85 percent of the PFS amount that would be paid for the same service if furnished by a physician, is based on the premise that work values are inherent to these MNT services. The ADA believes that without work RVUs, the payment for these services does not reflect 85 percent of what a physician would be paid for performing the same service. Because these MNT codes were created specifically for MNT professionals, the ADA compared the work associated with their services to physician E/M services of CPT codes 99203 and 99213, which have respective work RVUs of 1.34 and 0.67.

After reviewing the issues and relevant arguments raised by the ADA, we are persuaded that it would be appropriate to include work RVUs for the MNT services. Consequently, we proposed to establish work RVUs for each code at the level previously recommended by the HCPAC, as follows:

- CPT code 97802 = 0.45 RVUs.
- CPT code 97803 = 0.37 RVUs.
- CPT code 97804 = 0.25 RVUs.

Because we proposed to add the work RVUs to these services, the MNT clinical labor time in the direct input database will be removed. Additionally, two HCPCS codes, G0270, *MNT subs tx for change dx* and G0271, *Group MNT 2 or more 30 mins* were created to track MNT services following the second referral in the same year and these HCPCS codes correspond to CPT codes 97803 and 97804, respectively. Therefore, we also proposed to add the same work RVUs to these HCPCS codes and to delete the MNT clinical labor inputs from the PE database upon adoption of this policy. We encouraged specialty societies and other professional groups to comment on this proposal.

Comment: We received comments from the ADA, several MNT providers, one drug company, the National Kidney Foundation and one Congressional member all supporting our decision to establish work RVUs for the MNT services. Further, several commenters joined the ADA in requesting an increase in the proposed work RVUs. In justification of their request, the ADA

and other commenters compared these services to CPT codes 99213 (mid-level E/M service) and 90804 (individual psychotherapy service). These commenters also requested that the total work RVUs for 97802, 97803, and G0270 be equal and the total work RVUs for CPT code 97804 and HCPCS code G0271 also be equal. In addition, the ADA provided specific supplies and equipment to be added to the PE database in order to facilitate correct PE calculations for these codes.

Response: We appreciate that the commenters acknowledge and support our decision to establish work RVUs for the 5 MNT services. However, we do not believe it would be appropriate to accommodate the request to increase these work RVUs. We believe that the HCPAC work recommendations best represent the MNT services and encourage the ADA to utilize the established RUC or HCPAC processes to further assess valuation of their services. For this reason, we will maintain the proposed work values for all MNT CPT/HCPCS codes. However, we have added the supplies and equipment to the PE database as requested.

d. Surgical Pathology Codes

The College of American Pathologists commented on the equipment times assigned to CPT codes 88304 and 88305 in the basic surgical pathology family of codes. While all six codes in this family have been refined by the PEAC, this refinement occurred at four separate PEAC meetings. CPT codes 88304 and 88305 were refined at the first PEAC meeting in April 1999 before time standards were established for the equipment at subsequent PEAC meetings when the other four CPT codes 88300, 88302, 88307, and 88309 were reviewed. Using our proposed bottom-up PE methodology to value these codes, the lack of the equipment time standards for CPT codes 88304 and 88305 create a rank-order anomaly in this family. Consequently, the College of American Pathologists, after reviewing and applying current standards for the equipment times, submitted suggested revised equipment times to us. We proposed to accept these times and the times will be reflected in the PE database on our Web site (See the SUPPLEMENTARY INFORMATION section of this final rule with comment period for directions on accessing our Web site.)

Comment: The College of American Pathologists expressed appreciation for these revisions to the equipment time to the surgical pathology CPT codes.

Response: We appreciate the College of American Pathologists's review of the PE direct inputs, which led to our

proposal. We are finalizing our proposal for these changes in the equipment times in the PE database.

e. PE Issues from Rulemaking for CY 2006

In the CY 2006 PFS final rule with comment period (70 FR 70116), we explained that we were not implementing the PERC or other proposed PE changes for CY 2006 due to issues with the PE methodology. In the CY 2007 PFS proposed rule, we proposed that the PERC and other PE changes originally proposed for CY 2006 would be implemented and effective with the CY 2007 PFS (71 FR 48987). The following subsections, (i) through (x), summarize the PE proposals from the CY 2006 PFS final rule with comment period.

(i) PE Recommendations on CPEP Inputs for CY 2006

We proposed to use a clinical labor time of 167 minutes for the service period for CPT code 36522, *Extracorporeal Photopheresis*; maintain the nonfacility setting PE RVUs for CPT code 78350, *single photon bone densitometry*; and remove the PE inputs for the nonfacility setting for CPT codes 76975, *GI endoscopic ultrasound*, and 15852, *Dressing change not for burn*. (70 FR 70136 through 70137)

(ii) Supply Items for CPT Code 95015 (Which is Used for Intradermal Allergy Tests with Drugs, Biologicals, or Venoms)

We proposed to implement the allergy and immunology specialty's recommendation to change the test substance in CPT code 95015 to venom, at \$10.70 (from single antigen, at \$5.18) and the quantity to 0.3 ml (from 0.1 ml) (70 FR 70138).

(iii) Flow Cytometry Services

Based on information from the society representing independent laboratories, we proposed to implement the following direct PE inputs:

- Clinical Labor: We proposed to change the staff type in the service (intra) period in both CPT codes 88184 and 88185 to cytotechnologist, at \$0.45 per minute (currently lab technician, at \$0.33 per minute).

- Supplies: We proposed to change the antibody cost for both CPT codes 88184 and 88185 to \$8.50 (from \$3.544).

- Equipment: We proposed to add the following equipment to CPT code 88184:

- Computer.
- Printer.
- Slide strainer.
- Biohazard hood.
- Wash assistant.

- FAC loader.

We proposed to add a computer and printer to the equipment for CPT code 88185 (70 FR 70138).

(iv) Low Osmolar Contrast Media (LOCM) and High Osmolar Contrast Media (HOCM)

Because separate payment is available for both types of contrast media, we proposed to delete LOCM and HOCM from the PE database in this final rule with comment period (70 FR 70138).

Comment: Several specialty organizations expressed their appreciation for implementing the recommendations for the PE changes in section (i) of this section to CPT codes 36522, 78350, 76975 and 15852; in section (ii) of this section for changing the amount and test substance inputs in CPT 95015; in section (iii) of this section for implementing the PE changes to the flow cytometry CPT codes 88184 and 88185; and in section (iv) of this section for removing the LOCM and HOCM from the PE database because they are separately reimbursed.

Response: We will implement these changes for CY 2007.

(v) Imaging Rooms

We proposed to implement the updates for the contents and prices of 5 "rooms" used in imaging procedures including—

- Basic radiology room;
- Radiographic-fluoroscopic room;
- Mammography room;
- Computed tomography (CT) room; and
- Magnetic resonance imaging (MRI) room (70 FR 70139).

Comment: Two commenters questioned why the contents and prices for ultrasound "rooms" were not being updated in CY 2007 proposed rule.

Response: The imaging rooms proposals that appeared in this year's proposed rule were deferred from the previous year. These imaging rooms all contained equipment without updated pricing information. The two ultrasound rooms, general and vascular, were valued during the repricing of the equipment for the PE database that occurred during rulemaking for CY 2005.

(vi) Equipment Pricing for Select Services and Procedures

We proposed to accept the following equipment pricing information provided by various specialty societies for select services and procedures as discussed in the CY 2006 PFS final rule with comment period (70 FR 70139).

- Equipment pricing for certain radiology services received from the

ACR as presented in Table 15 of the CY 2006 PFS proposed rule.

- Equipment pricing on the ultrasound color doppler transducers and vaginal probe received from the American College of Obstetrics and Gynecology (ACOG).

- Equipment pricing for CPT code 36522, *extracorporeal photopheresis*.

- Pricing of the EMG botox machine used in CPT code 92265 as presented by the American Academy of Ophthalmology (AAO).

(vii) Supply Item for In Situ Hybridization Codes (CPT Codes 88365, 88367, and 88368)

We proposed to implement the Society for Clinical Pathologists' request to change the probe quantity to 1.5 for CPT code 88367, In situ hybridization, auto, which is equal to the quantity in the other two codes in the family.

(viii) Supply Item for Percutaneous Vertebroplasty Procedures (CPT codes 22520 and 22525)

Based on documentation provided by the Society for Interventional Radiology, we proposed to implement a new price of \$696.00 for the vertebroplasty kit, to replace a temporary price of \$660.50 that was a placeholder price from the CY 2006 PFS final rule with comment period (70 FR 70139).

(ix) Clinical Labor for G-Codes Related to Home Health and Hospice Physician Supervision, Certification and Recertification

We proposed to apply the refinements made to the PE inputs to CPT codes 99375 and 99378 for home health and hospice supervision to four G-codes that are related to home health and hospice physician supervision, certification and recertification, G0179, G0180, G0181, and G0182. These G-codes are incorrectly valued for clinical labor. These G-codes are crosswalked from CPT codes 99375 and 99378, which underwent PEAC refinement in January 2003 for the CY 2004 PFS. However, at that time we inadvertently did not apply the new refinements to these specific G-codes (70 FR 70139 through 70140).

(x) Programmers for Implantable Neurostimulators and Intrathecal Drug Infusion Pumps

Although we had initially proposed in the CY 2006 PFS proposed rule to remove two programmers from the PE database (EQ208 for medication pump from two codes (CPT codes 62367 and 62368) and EQ209 for the neurostimulator from 8 codes (CPT codes 95970 through 97979)), based on comments received as discussed in the

CY 2006 PFS final rule with comment period (70 FR 70140), we determined that we will retain these programmers in the database. In addition, we added "with printer" to the description of EQ208, based on comments received. We proposed to implement these decisions for CY 2007.

Comment: Commenters expressed appreciation for the implementation of these changes that had been deferred from the previous year.

Response: We will implement the PE changes noted in sections (vi) through (x) of this section for CY 2007.

f. Other PE Issues for CY 2007

(i) Clarification With Respect to Non-Facility PE RVUs

In the CY 2006 PFS final rule with comment period (70 FR 70335), we provided a clarification in Addendum A concerning use of "NA" in the PE RVU columns for Addendum B. Commenters requested that further clarification be made concerning the payment amount for procedures performed in the non-facility setting if there is an "NA" in the non-facility PE RVU column. In the CY 2007 PFS proposed rule, we clarified that our policy is that the service will be paid at the facility PE RVU rate if the Medicare carrier pays for the service in the non-facility setting. In the CY 2007 PFS proposed rule (71 FR 48982), we proposed revisions to Addendum A to include this clarification.

Comment: Commenters expressed appreciation for this clarification.

Response: We have modified Addendum A to include this clarification.

(ii) Supply for CPT Code 50384, Removal (Via Snare/Capture) of Internally Dwelling Ureteral Stent Via Percutaneous Approach, Including Radiological Supervision and Interpretation

Upon review of the RUC-recommended direct PE inputs for CPT code 50384, a new procedure for the 2006 CPT codes, we identified the inappropriate inclusion of a ureteral stent that we proposed to delete for CY 2007. We believe that the addition of the ureteral stent, valued by the specialty at \$162, to CPT code 50384, which is the procedure for the removal of a stent, was an inadvertent error by the specialty during the April 2005 RUC meeting.

Comment: The commenters agreed with the deletion of the ureteral stent from this service.

Response: This stent will be removed from CPT code 50384 in the PE database.

(iii) Cardiac Monitoring Services

We requested more specific PE information on remote cardiac event monitoring services in the CY 2007 PFS proposed rule as a result of a comment and response discussion in last year's final rule related to these services and an inappropriate fit with the direct PE model used for typical physicians' services. These services are overwhelmingly performed by specialized IDTFs that are paid under the PFS, but frequently maintain more extensive operating hours than the typical physician office due to the characteristics of cardiac monitoring services. Specifically, we requested data to indicate the typical number and type of transmissions or other encounters per day between the beneficiary and the IDTF for each of the remote monitoring services. We also requested the number and type of clinical staff, as well as the corresponding times, that are necessary to ensure that appropriate services are available for each patient. Additionally, we requested assistance in identifying any other direct PE inputs for typical supplies and equipment relating to these services, and any data that would reflect indirect PE, such as overhead and non-clinical payroll expenses. Because we believe that the following codes, predominately performed by specialized IDTFs, represent atypical PE scenarios, we requested PE information for these services:

- Cardiac event monitoring (CPT codes 93271, 93012 and 93270).
- Pacemaker monitoring (CPT codes 93733 and 93736).
- Holter monitoring (CPT codes 93232, 93226, 93231 and 93225).
- INR monitoring (HCPCS codes G0248 and G0249).

Comment: Several commenters voiced concern about the dramatic decrease in the PE RVUs for these services and most agreed that the remote cardiac monitoring services do not fit the PE model for physicians' services and believed that the information that we requested could be useful to value these technical services. One commenter submitted the requested information after conducting a survey of 7 large IDTFs specializing in these remote cardiac monitoring services. For each of the 11 CPT/HCPCS codes referenced above in this section, the commenter provided recommendations for the direct PE inputs, including the type of clinical labor and the related minutes for their service, the needed disposable supplies and the equipment costs, the number of minutes in use, and the respective life of each piece of equipment. In addition, two

commenters suggested that CPT code 93236 (remote, real-time, wireless cardiac monitoring) be added to the above list of services:

Response: We appreciate that the provider group conducted such a detailed survey to capture the costs of these services. We have reviewed the direct inputs that were forwarded by the commenter and have accepted many of their recommendations, some with modifications, for all these codes. For example, we used the "discounted" purchase prices for the equipment which is our standard policy rather than the additional list prices that were also included. The specific direct inputs for the following CPT/HCPCS codes: 93012, 93271, 93270, 93733, 93736, 93232, 93226, 93231, 93225, G0248 and G0249 are included in the PE database that is posted with this rule on the CMS Web site. We will consider these inputs interim, for CY 2007, and will continue to work with the provider group to appropriately value these services. For the request to include CPT code 93236 in this list of codes, we would note that this procedure is not valued in the nonfacility setting and has no direct inputs. CPT code 93236 is discussed in the following comment and response.

g. Specific PE Concerns Raised by Commenters

(i) Wireless Cardiac Monitoring

Comment: One commenter expressed concern about the impact of the PE methodology proposal and stated that there is not a CPT code that accurately represents "remote, real-time cardiac monitoring through wireless communications and computerized arrhythmia detection technology" service. The commenter requested that a HCPCS code be created specifically for this service and provided direct input recommendations that could be used to price this new code. In the event that we could not create a HCPCS code, the commenter requested that the direct inputs be applied to the CPT code 93236 which is currently being used to bill for this service.

Response: We are reluctant to create a HCPCS code at this time because the commenter has not demonstrated a compelling need for a distinct code for this service. Because this code is currently not valued in the nonfacility setting, we proposed to carrier price this service for CY 2007. We suggest that if the commenter believes a distinct code is necessary to describe this service, the provider should work with the specialty and contact the CPT Editorial Panel to pursue this matter. We will maintain

our proposal to carrier price this service for CY 2007.

(ii) Endovenous Ablation Services, CPT Codes 36475, 36476, 36478, and 36479

Comment: We received numerous comments with concerns about the decrease in PE RVUs proposed for CY 2007. In addition, a few commenters noted a disparity between the cost of supplies for the RF and the laser ablation procedures, CPT codes 36475 and 36478, respectively. One commenter supplied documentation to support that the price of the endovascular laser kit, at \$677, in the PE database is not typical. This commenter presented a range of prices from \$275 to \$315 as typical. The commenter also demonstrated that 3 other supplies listed for CPT code 36478 were duplicated as they are part of the kit. Another commenter noted a price of \$360 for the laser kit.

Response: We reviewed the supplies in the laser kit and the other supplies for this endovenous service and believe that the hydrophilic guide wire, the vascular sheath and the vessel dilator are duplicated. These items were removed from the database for CPT code 36478. In addition, based on the information and documentation supplied, we used the \$360 laser kit to average with the existing price of \$677 to obtain the new price of \$519. We have also made this change to the PE database. While we realize that the PE RVUs were negatively impacted by the change in the PE methodology, it is also important to ensure that the direct inputs accurately reflect the typical resources used to provide each service.

(iii) Development of Nonfacility PE for Arthroscopic Procedures

Comment: We received comments requesting that we establish direct PE inputs for five arthroscopy codes for the nonfacility setting, including CPT codes 29870, 29805, 29830, 29840 and 29900.

Response: The RUC discussed this request at its October 2006 meeting and determined that the procedures are not safe to perform in the physician's office. We support the RUC's decision not to value these arthroscopy procedures in the nonfacility setting and will continue to use the "NA" indicator in the PE RVU column for the nonfacility setting in Addendum B.

(iv) Audiologist Wage Rate

Comment: One commenter requested that we add 25 percent to the professional audiologists wage rate per minute which is now \$0.52. The commenter contended that the fringe benefits factor was not applied at the

time we established the clinical labor rates for CY 2002.

Response: We used data from the Bureau of Labor Statistics (BLS) to establish the base wage rate for audiologists when we repriced the clinical staff wage rates for CY 2002. We also applied a 33.6 percent fringe benefit factor to all wage rates, including the wage rate for audiology. Therefore, we will maintain the wage rate for audiologists until the time that all clinical labor wages are updated in future rulemaking.

(v) Medical Physicists Wage Rate

Comment: Several commenters recommended that we accept the 2005 survey data on hourly wages, inflated to 2006, that was presented by the association representing medical physicists. They contend that we inappropriately used the wage rate for health physicists, instead of medical physicists, when we updated the clinical labor wage rates for CY 2002.

Response: In the PFS final rule for CY 2002, we finalized our proposal to price the physicist staff type on the average salary data for all certified health physicists from the 1999 survey conducted by the American Academy of Health Physics and the American Board of Health Physics. At the time we were revising the wage rates, this was the best information available. Further, the source of the majority of wage rates in the CY 2002 PFS final rule was the BLS. In the case of medical physicists, we were unable to obtain salary data from BLS. We agree with the commenters that this revised 2005 salary data is more appropriate than our current salary data. We will utilize this revised data, deflated to 2002, to keep all salary data on the same scale. As a result of this information, we will change the wage rate per minute for the two following clinical staff types: (a) Medical physicists from \$1.21 to \$1.523; and (b) medical dosimetrists/medical physicists from \$0.92 to \$1.075.

(vi) Home Visit E/M Services

Comment: We received a comment that stated that the home care clinical labor times are incorrectly reported in our PE database with each lacking 6 minutes in the pre-service period. In addition, the commenter stated that a supply item, specula tips, is missing in one service. Another commenter voiced support for the efforts of the home care physician group.

Response: We have verified that our PE database is correct. For the CPT codes 99341, 99342, and 99343, there is a total 12 minutes labor for each code, with 6 minutes assigned to the pre-

service period and 6 minutes assigned to the postservice period. Also, the supply item the commenters reported as missing is included in the PE database.

(vii) Supply Inputs for CPT 31730

Comment: Prior to the publication of the CY 2007 PFS proposed rule, we received documentation from the association representing pulmonary physicians that specified the contents of the fast track supply tray for CPT code 31730. The specialty was complying with our request for information on supply items needing specialty input in last year's final rule.

Response: We thank the specialty group for its submission of the fast track supply tray contents and note that we accepted this documentation and the \$750 price in our proposed rule. However, we regret that we did not remove the duplicated supply items from the PE database at that time. The following supplies will be removed from the inputs for CPT 31730 because they are already contained in the fast track tray: alcohol pads, 6 cc syringe with needle, 27G needle and 4x4 gauze pads. The PE RVUs that appear in this rule reflect the removal of these supply items.

(viii) Supply Costs for CPT Code 58565

Comment: One commenter noted that the cost of the kit used for hysteroscopic tubal implant for sterilization (supply code SA076) has increased in price from \$980 to \$1245. The specialty society representing gynecology and obstetrics services did not supply supporting documentation.

Response: We appreciate that this commenter has reviewed the direct inputs for accuracy. However, lacking any documentation to substantiate this request for a higher price, we will maintain the \$980 price for the kit in the PE database for CY 2007. We will add this supply to the table requiring specialty input and will review any documentation provided by the specialty as part of a future rulemaking.

(ix) Bone Density Testing Services

Comment: Many commenters requested that we review the costs related to bone density testing (DXA) services, particularly related to CPT codes 76075 and 76076 used for detection and quantification of osteoporosis. These commenters state that the current direct inputs in the PE database identify the low cost pencil beam technology (\$41,000) as the equipment utilized in performing these DXA services in place of the higher cost fan beam technology (\$85,000). Commenters contended that the

majority of densitometers sold are of the higher cost fan beam variety. Another commenter noted that the DXA services using the fan beam technology should also contain "phantom" equipment to be used to perform the daily quality check on this equipment.

Response: We have changed the PE database to reflect the fan beam DXA technology for CPT codes 76075 and 76076. In addition, we have added, on an interim basis, the "solid water calibration check phantom" to the equipment file in the PE database for the family of codes using the fan beam technology for 15 minutes each, based on the survey information presented by one commenter noting that these DXA services are performed, on average, twice daily. We ask the medical specialty to provide us with the correct information on the specific "phantom" used for the fan beam DXA technology, including pricing verification. While reviewing the PE database for these services, we discovered a rank order anomaly between CPT code 76075 and 76076 that apparently is due to a change in the clinical labor from the April 2006 PERC meeting where CPT code 76075 was used as a reference code. We have added back the 5 minutes of labor time in the PE database to CPT code 76075 to correct this rank order anomaly.

(x) PE Missing for CPT Code 28890

Comment: One commenter stated that the non-facility inputs for CPT code 28890, *Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia*, lacked enough clinical staff to assist the physician with applying the regional (anesthetic) block and that the ultrasound equipment was not included in the PE database for this "shock-wave" service.

Response: In the CY 2006 PFS final rule with comment, we assigned nonfacility PE inputs for CPT code 28890, because we believed these services were being performed in the office. (This assignment of PE for CPT 28890 is discussed in a subsequent section of this rule.) Since the "shock-wave" machine was the only equipment listed in the PE database, we added the ultrasound equipment for 36 minutes, to the PE database, but we question whether additional staff is needed to assist the physician during the procedure since one nurse "blend" (RN/LPN/MTA) staff type is currently assigned for this procedure. We would entertain future discussions on this issue with interested parties, including the specialty organization involved in

performing this procedure in the office. For CY 2007, we have maintained the current clinical labor assignment in the PE database.

h. Concerns About Decreases in PE RVUs for Women's Health and Other Services

Many commenters raised concerns regarding payment for services that affect women's health:

Comment: We received many comments regarding the proposed decrease in PE RVUs for either specific services or for given specialties. Many commenters raised concerns regarding payment for services that affect women's health.

Commenters opposed the proposed decrease in payment for the axial bone density testing (DXA) service, CPT code 76075, which is used for detection and quantification of osteoporosis, and CPT code 76077, which is used for vertebral fracture assessment. The commenters raised the concern that the proposed decrease in payment for these services would severely restrict patient access to bone density testing, thereby undermining our effort to effectively screen Medicare beneficiaries for osteoporosis and vertebral fractures. These commenters identified what they believed to be flaws in the direct input data and with the utilization rate applied to the DXA machine. The commenters also requested that we keep the payment for these services at the current level.

We received several comments that expressed concern about the decrease in payment for computer-aided detection (CAD) services, CPT codes 76082 and 76083, both add-on procedures that are billed in combination with an appropriate mammography service. The commenters stressed that CAD systems for mammography are diagnostic tools that can increase breast cancer detection rates, especially in the early stages. One commenter contended that the decrease in payment for this service could cripple the ability of physicians to offer this highest quality screening service to the broadest patient population.

Several commenters expressed concern about the proposed RVUs for the various radiation therapy codes involved in breast brachytherapy, as well as brachytherapy for ovarian and cervical cancer. A society representing brachytherapy stated that the proposed reductions may force providers to resort to other less beneficial cancer treatments. One commenter contended that the proposals could deny a greater number of African American women access to an important, patient friendly and proven breast cancer treatment. The

above concerns were echoed in comments from a society representing NPs and a society concerned with research on women's health.

We also received several comments regarding a related service, CPT code 19296, *Placement of a radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application*. Commenters expressed concern regarding the proposed decrease in payment for this service and predicted that this decrease from 129.74 RVUs in 2006 to 89.31 RVUs in 2010 would cause the service not to be offered in a physician's office to Medicare patients.

We received comments that expressed concern regarding the proposed decrease in payments for a number of other services. These include: The surgical hysteroscopy service, CPT code 58565; the chemodeneration procedures, CPT codes 64612, 64613 and 64614; the EMG-guided Botox therapy, CPT 92265; and endovenous ablation procedures, CPT codes 36475, 36476, 36478 and 36479.

We also received comments regarding the effect on certain specialties of our proposed payments. One commenter stated that the proposed cuts could diminish Medicare patients' access to cardiac care. Many commenters requested that we reconsider the cuts for interventional radiology, and others requested that we reverse any decrease for anesthesiology. Another commenter expressed concern regarding the decreases for this specialty. Commenters opposed the changes to the RVUs that would cause a total 14 percent decrease in payment for clinical social workers. In addition, other commenters expressed concern regarding our proposed payments for gastroenterology, neonatology, pain management, radiosurgery and phlebology.

Response: We understand the concern expressed by all of these commenters. However, payments made for services on the PFS can only reflect, in a budget neutral manner, the relative resources required to perform each service. With the exception of the requested changes to the equipment direct inputs for the DXA service, the commenters have not provided specific information regarding the relative resources required for the services in question that would support the requested changes in payment. We also do not believe it would be equitable to keep the payment for any specific service at the current rate when there are many other services that will see decreases in payment. We would note that one of the main reasons for the proposed 4-year transition of our new PE methodology was to give specialties

and practitioners the opportunity to work with us to determine whether any changes in our payment calculation for such services is warranted and we are open to further discussion on this issue.

We also applaud the commenters who have stressed the importance of women's health issues. We certainly share their commitment to ensuring that those services that meet the health care needs of women remain accessible to our beneficiaries. In addition, we appreciate the important role that all of the preventive screening services play in helping to maintain the health of these beneficiaries. In response to comments, we have revised our equipment database to reflect the correct DXA equipment. It should also be noted that, although payment for the CAD service itself is decreasing, payment for most mammography services is increasing, which could potentially offset any reductions to the providers of CAD. However, we will request that the RUC review again the PE inputs for the DXA and CAD services to ensure that the direct inputs associated with these services are accurately reflected in our PE database.

i. Equipment Utilization and Interest Rate Assumptions

Comment: Many specialty societies, MedPAC, and the RUC all offered comments about the 11 percent interest rate and the 50 percent utilization rate used to calculate the price per minute for each piece of equipment. MedPAC stressed the importance of obtaining a reliable source for updating the yearly interest rate that physicians would pay when borrowing money to buy equipment. They believe that we should select the Federal Reserve Board because of the frequent updating, issued quarterly. MedPAC notes that interest rates, of more than one year, ranged from 5.3 percent to 6.0 percent over the past 5 years. Other commenters suggested that we adopt the prime interest rate plus 2 percent, while the RUC and several specialty societies noted that we should select a competitive market rate. One commenter suggested using caution in our selection process and requested that the interest rate be examined before future changes are made.

For updating the current 50 percent utilization rate, many commenters, including the MedPAC and the RUC, suggested that this rate should be higher. These comments stressed that by using the assumption that equipment is

in use 50 percent of the time when the utilization is actually higher, our price per minute would be too high. The RUC recommended we use a rate higher than 50 percent and permit individual specialty societies to present support for lower rates for specific equipment items. While the overall comments contained a broad array of suggested revisions to the utilization rate, a few specialty organizations believed that the utilization rate should be lower than 50 percent. Several comments, specific to equipment for bone density testing (DXA), believe the utilization rate to be closer to 20 percent for these services performed in primary care physicians' offices and requested that we review this utilization to more appropriately measure the actual utilization of this equipment. MedPAC suggested that we begin our updating process by looking at the higher-priced equipment, and noted a study it conducted of imaging providers in six markets that indicated 70 percent and 90 percent utilization rates for CT and MRI, respectively. A few commenters noted that they would like for us to assign code-specific equipment utilization rates, although they did not forward possible avenues for us to follow in making the determinations of these assignments.

Response: We agree with commenters that the proposed interest rate of 11 percent and the proposed 50 percent utilization rate should be examined for accuracy. We are committed to working with all interested parties to define the most accurate utilization and interest rate information for equipment used in the performance of physicians' services. We do not believe that we have sufficient empirical evidence to justify a change in this final rule, but we will continue to work with the physician community to examine, and potentially revise, these estimates in future rulemaking. We have used the 11 percent interest rate and the 50 percent utilization rate to determine the valuation for equipment reflected in the PE RVUs in Addendum B.

j. Further Review of PE Direct Inputs

Comment: Several commenters, including the RUC and MedPAC, recommended that we establish an update process to ensure that the direct PE inputs—wage rates of clinical staff, purchase price of supplies, and purchase price of equipment—are updated for completeness and accuracy. MedPAC requested that we establish a

timeline, recurring at least every 5 years, for the comprehensive review of the PE database direct inputs. Both MedPAC and the RUC made suggestions that the new, higher-priced supplies and equipment may need to be updated more frequently because their prices may decrease over time as other companies manufacture them.

Response: We appreciate the commenters' remarks regarding the establishment of a regular update process for the direct inputs utilized in the calculation of resource-based PE RVUs. We plan to examine this issue with both the RUC and interested specialty organizations; as well as with the medical community to determine the most useful approach to updating our direct PE inputs. Additionally, we encourage interested parties to continue working with the RUC to develop direct inputs for those services absent inputs and to correct any errors contained in our direct input database.

k. Supply and Equipment Items Needing Specialty Input

We have identified certain supply and equipment items for which we were unable to verify the pricing information in Table 3: Supply Items Needing Specialty Input for Pricing and Table 4: Equipment Items Needing Specialty Input for Pricing. In our CY 2007 PFS proposed rule, we listed both supply and equipment items for which pricing documentation was needed from the medical specialty societies and, for many of these items, we received sufficient documentation in the form of catalog listings, vendor Web sites, invoices, and manufacturer quotes. We have accepted the documented prices for many of these items and these prices are reflected in the PE RVUs in Addendum B of this final rule with comment period. For the items listed in Tables 3 and 4, we are requesting that commenters provide pricing information on items in these tables along with acceptable documentation, as noted in the footnote to each table, to support recommended prices.

In Tables 5 and 6, we have listed new supplies and equipment from the new CPT codes for CY 2007 that are discussed elsewhere in this final rule with comment period. These items have been added to the PE database and, where priced, are reflected in the PE RVUs in Addendum B.

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TABLE 3: Supply Items Needing Specialty Input for Pricing

Code	2005/2006 Description	Unit	Unit Price	Primary associated specialties	Associated *CPT code(s)	Prior Item Status on Table	Commenter response and CMS action	2007 Item Status refer to note(s)
	Agent, embolic	Vial		Interventional Radiology Radiology	37210	NO	New item.	A, E
SK105	blood pressure recording form, average	Item	0.31	Cardiology	93784 93786 93788	YES	Specialty requests SK105 to be deleted – item included in monitoring system. SK105 deleted	D
SJ072	Brush, disposable applicator	Item		Dermatology	17360	YES	Documentation received.	C
SC088	Fistula set, dialysis, 17g	Item		Dermatology	36522	YES	Price accepted at \$0.276 Specialty to submit asap, per comment.	A, B
SL193	Glycolic acid, 20 – 50%	ml		Dermatology	17360	YES	Documentation received.	C
SA075	Kit, hysteroscopic tubal implant for sterilization	Kit	980	Ob-Gyn	58565	NO	Price accepted at \$0.156 Specialty notes price increase w/o documentation	A
SF044	Micro air burr	Item		Podiatry Orthopedics	28740 28750 28755 28760	YES	Retain Price of \$980 Commenters noted part of drill system	D
SD140	pressure bag	item	8.925	Cardiology	93501 93508 93510 93526	YES	Delete from supply database Specialty submitted price w/o documentation. Accept \$19 on interim basis, pending	A, E

Code	2005/2006 Description	Unit	Unit Price	Primary associated specialties	Associated *CPT code(s)	Prior Item Status on Table	Commenter response and CMS action	2007 Item Status refer to note(s)
SL119	Sealant spray	oz.		Radiation Oncology	77333	YES	receipt of documentation	A, B
SL200	Sodium bicarbonate spray, 8 oz	Item		Dermatology	17360	YES	Documentation received.	C
SA091	Tray, scoop, fast track system	tray	750.00	ENT	31730	YES	Price accepted at \$9.50 Documentation received-with tray contents.	C
SD213	tubing, sterile, non-vented (fluid administration)	item	1.99	Cardiology	93501 93508 93510 93526	YES	Accepted Price of \$750 – duplicated supplies deleted Specialty submitted price w/o documentation. Accept \$0.949 on interim basis, pending receipt of documentation	A, E

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Note: Acceptable documentation includes--Detailed description (including system components), source, and current pricing information, such as copies of catalog pages, hard copy from specific web pages, invoices, and quotes (letter format okay) from manufacturer, vendors or distributors. Unacceptable documentation includes--phone numbers and addresses of manufacturer, vendors or distributors, website links without pricing information, etc.

Note A: Additional documentation required. Need detailed description (including kit contents), source, and current pricing information (including pricing per specified unit of measure in database).

Note B: No/Insufficient documentation received. Retained price in database, on an interim basis. Forward documentation promptly.

Note C: Submitted price or rationale accepted. Appropriate changes made to database.

Note D: Deleted per comment

Note E: 2006/2007 price accepted/retained on an interim basis. Forward documentation promptly.

TABLE 4: Equipment Items Needing Specialty Input for Pricing and Proposed Deletions

Code	2005/6 Description	2006/ 2007 Price	Primary specialties associated with item	*CPT code(s) associated with item	Prior Status on Table	Commenter response and CMS Action	2007 Item Status refer to note(s)
EQ269	Ambulatory blood pressure monitor	3000	Cardiology	93784 93786 93788	Yes	Specialty submitted price w/o documentation. Accept \$1920 on interim basis, pending receipt of documentation	A, E
	Camera mount-floor	2300	Dermatology	96904	No	New item	A, E
	Cross slide attachment	500	Dermatology	96904	No	New item	A, E
	Dermal imaging software	4500	Dermatology	96904	No	New item	A, E
	Dermoscopy attachments	650	Dermatology	96904	No	New item	A, E
EQ008	ECG signal averaging system	8,250	Cardiology, IM	93278	Yes	Specialty submitted price w/o documentation. Accept \$17,900 on interim basis, pending receipt of documentation	A, E
	Genetic counseling, Pedigree, software		Medical Genetics	96040	No	New item	A
	Lens, macro, 35-70mm		Dermatology	96904	No	New item	A, E
	Light assembly, photopheresis	1748	Dermatology	36522	Yes	Documentation received. Priced accepted at \$1,748	C
ER008	OSHA ventilated hood	5000	Radiation oncology	77334	Yes	No comments received-ER008 deleted from database. CMS changed to Biohazard hood at \$6884.	D
	plasma pheresis machine w/UV light source	37,900	radiology, dermatology	36481 G0341	Yes	No comments received.	A, E
ER070	Portal imaging system (w/PC work station and software)	377,319	Radiation oncology	77421	No	Documentation Requested	A, E
	Strobe, 400watts (Studio)(2)	1500	Dermatology	96904	No	New item	A, E

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 Note: Acceptable documentation includes--Detailed description (including system components), source, and current pricing information, such as copies of catalog pages, hard copy from specific web
 pages, invoices, and quotes (letter format okay) from manufacturer, vendors or distributors. Unacceptable documentation includes--phone numbers and addresses of manufacturer, vendors or
 distributors, website links without pricing information, etc.

Note A: Additional documentation required. Need detailed description (including kit contents), source, and current pricing information (including pricing per specified unit of measure in database).

Note B: No/Insufficient received. Retained price in database on an interim basis. Forward acceptable documentation promptly.

Note C: Submitted price accepted.

Note D: Deleted per comment or CMS.

Note E: 2006/2007 price retained on an interim basis. Forward acceptable documentation promptly. Equipment price

TABLE 5.—PRACTICE EXPENSE SUPPLY ITEM ADDITIONS FOR CY 2007

Equip code	Supply description	Unit	Unit price	*CPT code(s) associated with item	Supply category
NA	Agent, embolic ¹	Vial .....	.....	37210	Accessory, Procedure.
NA	Bolster covers, disposable	Item	0.06	96904	Gown, drape.
NA	Filter, mouthpiece	Unit	4.6	95012	Infection control.
NA	Gas, argon	Cu ft	0.25	19105	Accessory, Procedure.
NA	Kit, capsule, ESO, endoscopy w-application	Kit	450	91111	Kit, Pack, Tray.
NA	Kit, gold markers, fiducial, 3 per kit	Kit	119	55876	Kit, Pack, Tray.
NA	Probe, cryoablation, (Viscia ICE 30 or 40)	Item	1589	19105	Accessory, Procedure.

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1. Price verification needed. Item(s) added to table of equipment requiring specialty input.

TABLE 6.—PRACTICE EXPENSE EQUIPMENT ITEM ADDITIONS FOR CY 2007

Equip code	Equipment description	Life	Unit price	*CPT code(s) associated with item	Equipment category
NA	AV projection system (integrated headphone, video goggles, transducer, control unit w-remote-Cinema Vision).	5	3800	70554	IMAGING EQUIP.
NA	camera mount-floor ²	15	12300	96904	OTHER EQUIPMENT.
NA	cross slide attachment ²	10	1500	96904	OTHER EQUIPMENT.
NA	cryoablation system, fibroadenoma	3	24950	19105	OTHER EQUIPMENT.
NA	dermal imaging software ²	5	14500	96904	OTHER EQUIPMENT.
NA	dermoscopy attachments ²	5	1650	96904	OTHER EQUIPMENT.
NA	Gammaknife	7	3870000	77371	IMAGING EQUIP.
NA	generator, spine, IDET, w-extension	5	28299	22526	OTHER EQUIPMENT.
NA	genetic counseling, pedigree, software ²	5	.....	96040	DOCUMENTATION.
NA	image-acquisition software and hardware (Brainwave RealTime, PA, Hardware).	3	108807	70554	IMAGING EQUIP.
NA	lens, macro, 35-70 mm ²	5	.....	96904	OTHER EQUIPMENT.
NA	monitoring system, nitric oxide w-computer (Acerine, NIOX).	5	39200	95012	OTHER EQUIPMENT.
NA	radioactive source ³ .....	.....	.....	77371	IMAGING EQUIP.
NA	speakers, sound field (brainstem implant)	5	1775	92640	OTHER EQUIPMENT.
NA	SRS system, Lincac	7	4350000	77372	IMAGING EQUIP.
NA	SRS system, SBRT, six-systems, average	7	4000000	77373	IMAGING EQUIP.
NA	strobe, 400 watts (Studio)(2) ²	10	11500	96904	OTHER EQUIPMENT.

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1. Prices interim for CY 2007—Acceptable documentation required for price verification.
2. Price verification needed. Item(s) added to table of equipment requiring specialty input.
3. Discussion with CMS necessary to establish appropriate value.

B. Geographic Practice Cost Indices (GPCIs)

Section 1848(e)(1)(A) of the Act requires us to develop separate GPCIs to measure resource cost differences among localities compared to the national average for each of the three fee schedule components. While requiring that the PE and malpractice GPCIs reflect the full relative cost differences, section 1848(e)(1)(A)(iii) of the Act requires that the physician work GPCIs reflect only one-quarter of the relative cost differences compared to the national average.

Section 1848(e)(1)(C) of the Act requires us, in consultation with appropriate physician representatives, to review the GPCIs at least every 3

years and allows us to make adjustments based on our review. This section of the Act also requires us to phase-in the adjustment over 2 years, implementing only one-half of any adjustment in the first year if more than 1 year has elapsed since the last GPCI revision. CMS is currently working with Acumen, LLC to review and revise the GPCIs in accordance with the requirement that GPCIs be revised at least every 3 years. We expect to implement any revisions based on our review in January 2008.

In addition, section 412 of the MMA amended section 1848(e)(1) of the Act to establish a floor of 1.0 for the work GPCI for any locality where the GPCI would otherwise fall below 1.0 for purposes of payment for services furnished on or

after January 1, 2004 and before January 1, 2007. Beginning on January 1, 2007, the 1.00 floor will be removed and the work GPCI will revert to the fully implemented value. The values for the work GPCI and subsequent changes to the geographic adjustment factor (GAF) published in the CY 2007 PFS proposed rule reflect the removal of the 1.0 floor. For many payment localities, this change had no impact on the GAF; however, the GAFs for a number of payment localities were reduced due to this change. The impact of this change on the GAFs for those payment localities was shown in Table 3 of the CY 2007 PFS proposed rule (71 FR 48993).

In the CY 2007 PFS proposed rule, we also published the proposed GPCIs for

2007 in Addendum D and the proposed GAFs for 2007 in Addendum E (71 FR 49246 through 49249). The GPCIs shown in Addendum D represent the fully implemented value and reflect 2007 BN scaling coefficients provided by our Office of the Actuary.

In the CY 2005 PFS proposed rule, we discussed issues relating to changes to the GPCI payment localities (69 FR 47504). In that proposed rule, we noted that we look for the support of a State medical society as the impetus for changes to existing payment localities. Because the GPCIs for each locality are calculated using the average of the county-specific data from all of the counties in the locality, removing high

cost counties from a locality will result in lower GPCIs for the remaining counties. Therefore, because of this redistributive impact, we have refrained, in the past, from making changes to payment localities unless the State medical association provides evidence that any proposed change has statewide support.

We requested suggestions on alternative ways that we could administratively reconfigure payment localities that could be developed and proposed in future rulemaking. In addition, MEDPAC and the General Accounting Office (GAO) have both expressed interest in studying the physician payment localities. We intend

to work with both groups to study our current methodology and develop alternative options.

We received the following comments in response to our GPCI proposals.

Comment: During the comment period, commenters advised us of two errors in Table 3 (there were two entries for Kansas and there was a mistake in the equation for calculating the GAF). We were also advised of typographical errors in Addendum D.

Response: We appreciate that these were brought to our attention. Table 7 contains the corrected information and we have corrected Addendum D in this final rule.

TABLE 7.—PAYMENT LOCALITIES WITH NEGATIVE PERCENT CHANGE IN GAF¹ BETWEEN 2006 AND 2007 DUE TO REMOVAL OF THE 1,000 WORK FLOOR

Locality name	2006 GAF	2007 GAF	Percent change
Fort Worth, TX	0.998	0.996	-0.17
Rest of Michigan	0.986	0.984	-0.20
Rest of New York	0.952	0.950	-0.21
Rest of Maryland	0.982	0.978	-0.36
Metropolitan St. Louis, MO	0.978	0.974	-0.41
Rest of Pennsylvania	0.950	0.946	-0.44
Ohio	0.970	0.966	-0.44
Austin, TX	1.020	1.015	-0.47
New Hampshire	1.010	1.005	-0.50
Minnesota	0.980	0.975	-0.53
Galveston, TX	0.991	0.986	-0.54
Metropolitan Kansas City, MO	0.987	0.981	-0.56
Fort Lauderdale, FL	1.022	1.016	-0.59
Arizona	0.999	0.993	-0.65
Wisconsin	0.956	0.950	-0.65
Colorado	0.998	0.991	-0.67
East St. Louis, IL	1.003	0.996	-0.68
New Orleans, LA	0.984	0.977	-0.73
Rest of Washington	0.984	0.976	-0.77
Indiana	0.937	0.930	-0.79
Beaumont, TX	0.951	0.942	-0.96
Alabama	0.923	0.914	-0.99
Virginia	0.958	0.948	-1.06
Southern Maine	0.992	0.981	-1.09
Rest of Georgia	0.943	0.932	-1.14
Tennessee	0.933	0.921	-1.27
Utah	0.960	0.948	-1.30
South Carolina	0.930	0.917	-1.41
Rest of Illinois	0.952	0.938	-1.43
Rest of Florida	0.982	0.968	-1.45
West Virginia	0.942	0.928	-1.47
North Carolina	0.951	0.936	-1.55
New Mexico	0.947	0.932	-1.57
Rest of Louisiana	0.936	0.919	-1.78
Kentucky	0.932	0.915	-1.80
Kansas*	0.936	0.919	-1.81
Rest of Oregon	0.946	0.929	-1.81
Vermont	0.968	0.950	-1.82
Virgin Islands	1.007	0.989	-1.83
Rest of Texas	0.947	0.929	-1.87
Idaho	0.922	0.904	-1.91
Iowa	0.927	0.909	-1.97
Rest of Maine	0.936	0.916	-2.14
Oklahoma	0.913	0.893	-2.14
Mississippi	0.919	0.898	-2.31
Arkansas	0.905	0.884	-2.34
Puerto Rico	0.905	0.883	-2.44
Nebraska	0.925	0.902	-2.44
Wyoming	0.934	0.910	-2.55

TABLE 7.—PAYMENT LOCALITIES WITH NEGATIVE PERCENT CHANGE IN GAF¹ BETWEEN 2006 AND 2007 DUE TO REMOVAL OF THE 1,000 WORK FLOOR—Continued

Locality name	2006 GAF	2007 GAF	Percent change
Montana	0.928	0.902	-2.83
Rest of Missouri*	0.910	0.883	-2.97
North Dakota	0.924	0.895	-3.16
South Dakota	0.922	0.891	-3.35

¹ Calculation for the GAF: (0.52466*work gpci) + (0.03865*mp gpci) + (0.43669*pe gpci)

Comment: We received several comments indicating that the GPCIs for Puerto Rico are inadequate because they do not take into consideration the higher costs of living in Puerto Rico. Commenters are concerned that physicians in Puerto Rico will relocate to areas with higher GPCIs. Their comments focused on suggested revisions to the data used in calculating the GPCIs for Puerto Rico with the intent of raising the GPCI for Puerto Rico.

Response: We want to ensure that beneficiaries have access to high quality care in all parts of the United States; however, we do not use relative costs of living in the calculation of the GPCIs as the commenters are requesting. Relative costs of living among payment localities are already accounted for within other measures of relative resource cost that we use in calculating GPCIs, and we do not believe it would be appropriate to use different measures of resource cost for some localities than are used for others.

Comment: We received numerous comments reflecting concerns about the negative impact on physician payments resulting from removal of the MMA-mandated floor of 1.0 on the physician work GPCI. Comments also stated that GPCIs should not be applied to physician work as a general policy.

Response: The 1,000 floor is being removed for services furnished after December 31, 2006, because the MMA provision established the floor only for services furnished on or after January 1, 2004, and before January 1, 2007. We do not have the legal authority to extend application of the floor beyond the statutory timeframe. In addition, application of GPCIs to the work RVUs is required by the statute.

Comment: We received numerous comments requesting that we administratively change the relative values for codes that have a TC and a PC. The focus of the comments was that for many codes the TC has a higher malpractice relative value than the PC. A suggestion was made that we administratively change the TC RVU to equal the PC RVU.

Response: The commenters are suggesting a change in methodology for calculating the malpractice RVUs. We did not make any proposals relating to this methodology; therefore, comments relating to malpractice RVU policy are outside the scope of this rule. We appreciate the commenters' suggestions, and if we were to propose changes to malpractice RVU policy, we would consider the commenters' suggestions in future rulemaking.

Comment: Commenters indicated that they were troubled about the data used in developing the GPCIs. Specifically, the proxy categories used in the wage determination and the real estate data used in the rent portion of the PE GPCI are of the greatest concern. They stated that our data do not reflect true costs and, therefore, put many practitioners in rural areas at a disadvantage and create inequities between payment localities.

Response: We have previously addressed the issue of rental data in the CY 2005 PFS final rule (69 FR 66261). We stated that the Department of Housing and Urban Development (HUD) rental data may be the subject of concern, but we believe it remains the best data source to fulfill our requirements that the data be available for all areas, be updated annually, and retain consistency area-to-area and year-to-year. In that same rule, we discussed our belief that the wage proxies we use are the best tools available for the development of the GPCIs. However, we will consider the possibility of using different wage proxies or wage data sources for some future update of the GPCIs.

C. Medicare Telehealth Services

As discussed in the CY 2007 PFS proposed rule (71 FR 48994), section 1834(m)(4)(F) of the Act defines telehealth services as professional consultations, office visits, and office psychiatry services (identified as of July 1, 2000 by CPT codes 99241 through 99275, 99201 through 99215, 90804 through 90809, and 90862) and any additional service specified by the Secretary. In addition, the statute requires us to establish a process for

adding services to or deleting services from the list of telehealth services on an annual basis.

In the December 31, 2002 **Federal Register** (67 FR 79988), we established a process for adding services to or deleting services from the list of Medicare telehealth services. This process provides the public an ongoing opportunity to submit requests for adding services. We assign any request to make additions to the list of Medicare telehealth services to one of the following categories:

- **Category #1:** Services that are similar to office and other outpatient visits, consultation, and office psychiatry services. In reviewing these requests, we look for similarities between the proposed and existing telehealth services for the roles of, and interactions among, the beneficiary, the physician (or other practitioner) at the distant site and, if necessary, the telepresenter. We also look for similarities in the telecommunications system used to deliver the proposed service, for example, the use of interactive audio and video equipment.
- **Category #2:** Services that are not similar to the current list of telehealth services. Our review of these requests includes an assessment of whether the use of a telecommunications system to deliver the service produces similar diagnostic findings or therapeutic interventions as compared with the face-to-face "hands on" delivery of the same service. Requestors should submit evidence showing that the use of a telecommunications system does not affect the diagnosis or treatment plan as compared to a face-to-face delivery of the requested service.

Since establishing the process, we have added the following to the list of Medicare telehealth services: Psychiatric diagnostic interview examination; ESRD services with two to three visits per month and four or more visits per month (although we require at least one visit a month by a physician, CNS, NP, or PA to examine the vascular access site); and individual medical nutritional therapy.

Requests to add services to the list of Medicare telehealth services must be submitted and received no later than December 31 of each CY to be considered for the next proposed rule. For example, requests submitted before the end of CY 2005 are considered for the CY 2007 proposed rule. For more information on submitting a request for an addition to the list of Medicare telehealth services, visit our Web site at <http://www.cms.hhs.gov/telehealth>.

We received the following requests for additional approved services in CY 2005: Nursing facility care; speech language pathology; audiology; and physical therapy services.

After reviewing the public requests, we explained that section 1834(m)(4)(C)(ii) of the Act defines a telehealth originating site as a physician's or practitioner's office; or a hospital, critical access hospital (CAH), rural health clinic, or Federally qualified health center (FQHC). SNFs are not defined in the statute as originating sites. The authority to allow SNFs to serve as telehealth originating sites is dependent upon HHS submitting the Report to Congress on permitting a SNF to be an originating site (as required by the section 418 of the MMA) and the Secretary concluding in the Report that it is advisable to include a SNF as a Medicare telehealth originating site and that mechanisms could be established to ensure that use of a telecommunications system does not serve as a substitute for the required in-person physician or practitioner visits to SNF residents.

As discussed in the CY 2007 PFS proposed rule, given that SNFs are not defined in the statute as a telehealth originating site and HHS is currently reviewing the Report to Congress, it would not be appropriate to approve nursing facility care for telehealth at this time.

In addition, we explained that the statute permits only a physician, as defined by section 1861(r) of the Act or a practitioner as described in section 1842(b)(18)(C) of the Act (CNS, NP, PA, nurse midwife, clinical psychologist, clinical social worker, registered dietitian or other nutrition professional), to furnish Medicare telehealth services. Since speech language pathologists, audiologists and physical therapists are not permitted under the statute to provide and receive payment for Medicare telehealth services at the distant site, we could not fully consider the request to add speech therapy, audiology services and physical therapy to the list of Medicare telehealth services (71 FR 48994).

We received the following comments on the Medicare telehealth services.

Comment: Some commenters stated that the process for adding services to the list of Medicare telehealth services does not require an originating site to be approved prior to the approval of a service for telehealth (and mentioned that we previously approved ESRD-related visits furnished under the monthly capitation payment (MCP) for telehealth without the approval of a dialysis center as an originating site). The commenters believe that approving nursing facility services for telehealth is mutually exclusive from the Report to Congress on permitting a SNF to be a Medicare telehealth originating site and that the findings of the report are not necessary to approve services for telehealth. Moreover, the commenters requested that we approve nursing facility care for telehealth (initial nursing facility care, subsequent nursing facility care, nursing facility discharge services and other nursing facility services) prior to the completion of the Report to Congress on permitting a SNF to be an originating site.

Response: As previously discussed in this section, the MMA specifically requires an evaluation of SNFs as potential originating sites for the furnishing of telehealth services, and a Report to Congress on such evaluation. The law provides the authority to add SNFs as an originating site if the Secretary concludes in the report that it is advisable to do so, and that mechanisms could be established to ensure that the use of telehealth does not substitute for the required in-person physician or practitioner visits to SNF residents (which could have significant implications for the type of services we would approve for telehealth). As such, we believe that a decision to add (or not add) nursing facility care to the list of Medicare telehealth services is related to the conclusions reached in the Report to Congress on permitting a SNF to serve as an originating site. Given that the conclusions of the Report to Congress are not final, we do not believe that it would be appropriate to consider the request to add nursing facility care to the list of Medicare telehealth services at this time. We intend to review and consider the recommendations of the Report to Congress once it is issued and would address the request to approve nursing facility care for telehealth in future rulemaking.

Comment: One commenter expressed support for expanding telehealth services and for allowing SNFs to serve as a telehealth originating site.

Response: We appreciate the comment on the use of SNFs as telehealth originating sites. As discussed earlier in this section, the Report to Congress that could permit an SNF to serve as an originating site is currently under review within HHS. We expect to address this issue in future rulemaking after the Report to Congress is issued.

Comment: Two commenters requested clarification on whether the public would need to resubmit a request to approve nursing facility care for telehealth if it is determined that SNFs could be added as an originating site.

Response: After the Report to Congress is issued regarding SNFs as a telehealth originating site, we will address the requests to approve nursing facility care for telehealth and discuss our review through future rulemaking. It would not be necessary to resubmit a request to approve nursing facility care for telehealth.

Comment: Commenters stated that we added medical nutritional therapy (MNT) to the list of telehealth services in the CY 2006 PFS rule without nutrition professionals being authorized to furnish telehealth services. The commenters note that physical therapists, audiologists, and speech language pathologists currently cannot furnish Medicare telehealth services and requested an explanation as to why we cannot also consider approving audiology, speech language pathology, and physical therapy services for telehealth.

Response: The statute permits a physician, as defined by section 1861(r) of the Act or a practitioner as described in section 1842(b)(18)(C) of the Act (that is, CNS, NP, PA, nurse midwife, clinical psychologist, clinical social worker, registered dietitian or other nutrition professional), to furnish Medicare telehealth services. Registered dietitians or nutrition professionals are included in the statutory definition of practitioner under section 1842(c)(18)(C)(vi), and thus, are permitted under the statute to furnish telehealth services (and are the only practitioners permitted by the statute to furnish MNT). As such, when approving individual MNT for telehealth, registered dietitians and nutrition professionals as defined in § 410.134 were added to the list of practitioners that may furnish and receive payment for a telehealth service in the CY 2006 PFS final rule with comment period (70 FR 70160).

In contrast, speech language pathologists, audiologists and physical therapists are not permitted under the statute to provide and receive payment for Medicare telehealth services at the

distant site. Therefore, we do not believe it would be appropriate to consider adding audiology, speech language pathology, and physical therapy services for telehealth.

Comment: Two commenters requested that we provide clarification on when the telehealth Report to Congress, as required by section 223(d) of the BIPA, would be completed and submitted to Congress. Another commenter urged us to expedite the completion of the telehealth report (as required by the BIPA).

Response: The Report to Congress on additional sites and settings, practitioners, and geographic areas that may be appropriate for Medicare telehealth payment, as required by section 223(d) of the BIPA, is under development. We will work to expedite the completion of this report.

D. Miscellaneous Coding Issues

The following sections address specific coding issues related to payment for services under the PFS.

1. Global Period for Remote Afterloading High Intensity Brachytherapy Procedures

CPT code 77783, *Remote afterloading high intensity brachytherapy; 9-12 source positions or catheters*, resides in a family of codes with varying numbers of source positions. All of the codes in the family, CPT codes 77781 through 77784, are currently designated as 90-day global services. CPT codes 77781 through 77784 are used to treat many clinical conditions, but primarily patients with prostate cancer, breast cancer and sarcoma. Patients with any of these conditions usually receive several treatments (2 through 10) over a 2 to 10-day period of time. Due to the increasing variability in treatment regimens, it is difficult to assign RVUs for a "typical" patient based on a global period of 90 days.

Therefore, we proposed that this family of codes (CPT codes 77781, 77782, 77783 and 77784) be assigned a global period of "XXX", which will permit separate payment each time the services are provided and allow payment to be based on the actual service(s) provided. We will request that the RUC revalue the work RVUs and the PE inputs for these services if a change in the global period is finalized. However we proposed, on an interim basis, to revise the work RVUs and PE inputs to reflect the removal of the postoperative visit, CPT code 99212 that is currently assigned to these services. The interim work RVUs for these services are as follows:

- CPT code 77781 = 1.21

- CPT code 77782 = 2.04
- CPT code 77783 = 3.27
- CPT code 77784 = 5.15

We proposed to delete the registered nurse (RN) time in the postservice period, as well as the patient gowns for the postservice visit. We also noted that, to the extent that these services are performed as staged procedures, providers may make use of applicable modifiers.

We received the following comments on these coding issues.

Comment: Many commenters concurred with our proposal. However, some commenters wanted either a reconsideration of the proposed work RVU reduction, or if needed, a reduction in the CF. One commenter agreed with the global period revision but recommended establishment of a threshold for brachytherapy codes at a maximum of 10 percent per year. Another commenter concurred with the change in the global period; however, the commenter recommended no change in the work RVUs or a reduction to the 1992 levels, and prior to any work RVU changes it was recommended that such changes be reviewed by the RUC. In addition, the RUC, in its comments, agreed to include a review of the brachytherapy codes on its April 2007 meeting agenda and several commenters expressed an interest in working with the RUC on the work RVUs and PE inputs.

Response: We believe that the commenters misunderstood the intent of the proposed work RVU reductions. They are designed to allow the billing of the brachytherapy physician service codes on a more frequent basis than is currently permitted, and are reflective of the present course of treatment regimens. The current codes have a 90-day global period and are to be billed only once for the entirety of physician services provided during the specified time period.

Comment: Some commenters expressed concern that the PE inputs for the brachytherapy codes should not be reduced to reflect the removal of a postoperative visit because there is no visit.

Response: A post-operative visit is included within the current PE inputs for the current 90-day global period brachytherapy codes. The change to a global period of "XXX" necessitates the removal of this visit from the PE inputs because the codes could be billed several times during a course of treatment, and each occurrence would not include a post-operative visit.

The brachytherapy family of codes (CPT codes 77781, 77782, 77783 and 77784) will be assigned a global period of "XXX", which will permit separate

payment each time the services are provided and allow payment to be based on the actual service(s) provided.

Because of the change in the global period a request will be made to the RUC for a revaluation of the work RVUs and the PE inputs for these services. On an interim basis the work RVUs and the PE inputs will be revised as delineated in the proposed rule. In addition, the RN time in the postservice period, as well as the patient gowns for the postservice visit will be deleted from the PE database as proposed.

Separate payment will be made for medically necessary post-therapy visits based on the documented level of E/M service for the post procedure encounter(s).

We also note that appropriate modifiers are to be used when these services are performed as staged procedures.

2. Assignment of RVUs for Proton Beam Treatment Delivery Services

As discussed in the CY 2006 PFS proposed rule, we have received a request to assign PE inputs for the non-facility setting to Proton Beam treatment delivery services represented by CPT codes 77520 through 77525. These services are currently carrier-priced; therefore, payment in the facility or non-facility setting is established by each carrier. To the extent that physicians and suppliers wish to have national RVUs assigned for these services, we encourage them to use the established process at the AMA-RUC.

Comment: We received several comments in response to this discussion. Two commenters stated that due to the relatively limited availability of these services in freestanding environments given the small number of proton therapy centers at this point in time, these services should remain carrier priced. However, one commenter indicated that allowances established by carriers do not appear to account for capital and operating costs. This commenter referenced payment amounts proposed for hospital OPDs under the Outpatient Prospective Payment System (OPPS), and urged us to provide guidance to carriers in establishing appropriate payment for these services under the PFS.

Other commenters suggested that RVUs should be established for these services. Many of these commenters expressed agreement with the payment rate for these services under OPPS. These commenters were concerned that since each State has its own CMS-contracted carrier, variations exist in proton therapy coverage and reimbursement under the PFS. These

commenters requested that we provide payment rates for carriers to use when these services are furnished in freestanding centers so that payments are consistent with payment rates under OPFS.

We also received comments from the AMA-RUC and ASTRO regarding this discussion. The RUC reiterated the process that is used to develop RVUs and ASTRO indicated it would be willing to participate in the development of RVUs for these services.

Response: As discussed in the CY 2006 PFS proposed rule, at the present time payment for these services is established at the carrier level. The carriers have discretion to establish payment using available information about these services. Should providers wish to have RVUs established for these services, we would request that they use the AMA-RUC process that has been established for recommending RVUs and direct PE inputs used to compute national RVUs for PFS services to CMS.

E. Deficit Reduction Act (DRA)

The Deficit Reduction Act of 2005 (DRA) (Pub. L. 109-171), was enacted February 8, 2006 and included provisions that affect the Medicare program. The following section addresses the specific DRA provisions that were addressed in the CY 2007 PFS proposed rule (71 FR 48996).

1. Section 5102—Adjustments for Payments to Imaging Services

Section 5102 of the DRA includes two provisions that affect payments of imaging services under the Medicare PFS. The first provision addresses payment for certain multiple imaging procedures for CY 2007 and application of BN while the second provision addresses limiting the payment amount under PFS to the OPD payment amount for the TC of certain imaging services.

a. Payment for Multiple Imaging Procedures for 2007

In general, Medicare prices diagnostic imaging procedures in the following three ways:

- The PC represents the physician's interpretation (PC-only services are billed with the 26 modifier).
- The TC represents PE and includes clinical staff, supplies, and equipment (TC-only services are billed with the TC modifier).
- The global service represents both PC and TC.

As discussed in the CY 2006 PFS final rule with comment period (70 FR 70261), in the CY 2006 PFS proposed rule (70 FR 45764 through 46064), we had proposed to reduce payment for the

TC of selected diagnostic imaging procedures belonging to one of eleven imaging families when the procedures are performed on contiguous body areas by 50 percent for CY 2006. However, in the final rule with comment period, we stated that we would phase-in the 50 percent reduction over 2 years beginning with a 25 percent reduction in 2006. We also sought additional data and comments on the appropriateness of 50 percent as the final level of reduction. The reduction applies to the TC and the technical portion of the global service, but does not apply to the PC of the service. Currently, we make full payment for the highest priced procedure and reduce payment for each additional procedure by 25 percent, when more than one procedure from the same imaging family is performed during the same session on the same day.

As described in the CY 2006 PFS final rule with comment period, at the time, the statute required us to make changes such as this in a budget neutral manner, meaning that the estimated savings generated by the application of the multiple imaging procedure payment reduction were used to increase payment for other physician fee schedule services. We increased the CY 2006 PE RVUs by 0.3 percent to offset the estimated savings generated by the multiple imaging payment reduction policy.

Subsequent to the publication of the CY 2006 PFS final rule with comment period, section 5102(a) of the DRA (Multiple Procedure Payment Reduction for Imaging Exempted From Budget Neutrality), required that "effective for fee schedules established beginning with 2007, reduced expenditures attributable to the multiple procedure payment reduction for imaging under the CY 2006 PFS final rule with comment period (42 CFR 405, et al.) insofar as it relates to the PFSs for 2006 and 2007" are exempted from the BN provision. As a result, we proposed to remove the 0.3 percent increase to the CY 2006 PE RVUs from the CY 2007 PE RVUs in accordance with the statute.

In addition, in response to our request for data on the appropriateness of the 50 percent reduction in the CY 2006 PFS final rule with comment period (70 FR 70261), the ACR provided information for 25 code combinations supporting a reduction of between 21 and 44 percent. Given the expected interaction between the multiple procedure imaging policy and the further imaging payment reductions mandated by section 5102(b) of the DRA, along with the new information we have received from the ACR on the multiple imaging procedure

policy as it applies to common combinations of imaging services, we believe it would be prudent to maintain the multiple imaging payment reduction at its current 25 percent level while we continue to examine the appropriate payment levels. Therefore, we proposed to continue the multiple imaging payment reduction for CY 2007 at the 25 percent level. We would proceed through future rulemaking in the event we determine that revisions to the policy are warranted.

b. Reduction in TC for Imaging Services Under the PFS to OPD Payment Amount

Section 5102(b)(1) of the DRA amended section 1848 of the Act and requires that, for imaging services, if—

"(i) The technical component (including the technical component portion of a global fee) of the service established for a year under the fee schedule * * * without application of the geographic adjustment factor * * *, exceeds

(ii) The Medicare OPD fee schedule amount established under the prospective payment system for hospital outpatient department services * * * for such service for such year, determined without regard to geographic adjustment * * *, the Secretary shall substitute the amount described in clause (ii), adjusted by the geographic adjustment factor [under the PFS] * * *, for the fee schedule amount for such technical component for such year."

As required by the statute, for imaging services (described below in this section) furnished on or after January 1, 2007, we will cap the TC of the PFS payment amount for the year (prior to geographic adjustment) by the CY 2007 OPFS payment amount (prior to geographic adjustment). We will then apply the PFS geographic adjustment to the capped payment amount.

Section 5102(b)(2) of the DRA exempts the estimated savings from this provision from the PFS BN requirement. Section 5102(b)(1) of the DRA defines imaging services as " * * * imaging and computer-assisted imaging services, including X-ray, ultrasound (including echocardiography), nuclear medicine (including positron emission tomography), MRI, CT, and fluoroscopy, but excluding diagnostic and screening mammography."

To apply section 5102(b) of the DRA, we needed to determine the CPT and alpha-numeric HCPCS codes that fall within the scope of "imaging services" defined by the DRA provision. In general, we believe that imaging services provide visual information regarding areas of the body that are not

normally visible, thereby assisting in the diagnosis or treatment of illness or injury. We began by considering the CPT 7XXXX series codes for radiology services and then adding in other CPT codes and alpha-numeric HCPCS codes that describe imaging services. We then excluded nuclear medicine services that were either non-imaging diagnostic or treatment services. We also excluded all codes for unlisted procedures, since we would not know in advance of any specific clinical scenario whether or not the unlisted procedure was an imaging service. We excluded all mammography services, consistent with the statute. We excluded radiation oncology services that were not imaging or computer-assisted imaging services. We also excluded all HCPCS codes for imaging services that are not separately paid under the OPSS since there would be no corresponding OPSS payment to serve

as a TC cap. We excluded any service where the CPT code describes a procedure for which fluoroscopy, ultrasound, or another imaging modality is either included in the code whether or not it is used or is employed peripherally in the performance of the main procedure, for example, CPT code 31622 for bronchoscopy with or without fluoroscopic guidance and CPT code 43242 for upper gastrointestinal endoscopy with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s). In these cases, we are unable to clearly distinguish imaging from non-imaging services because, for example, a specific procedure may or may not utilize an imaging modality, or the use of an imaging technology cannot be segregated from the performance of the main procedure. Note that we included carrier priced services since these

services are within the statutory definition of imaging services and are also within the statutory definition of PFS services (that is, carrier-priced TCs of PET scans).

A list of proposed codes that identify imaging services defined by the DRA OPSS cap provision was found in Addendum F of the proposed rule.

To the extent changes are made to codes for services already on the list, we proposed to update the list through program instructions to our contractors. To the extent that the same imaging service is coded differently under the PFS and the OPSS, we proposed to crosswalk the code under the PFS to the appropriate code under the OPSS that could be reported for the same service provided in the hospital outpatient setting. These crosswalks are listed in Table 8.

TABLE 8.—CROSSWALKS

MFS Code	Descriptor	OPSS Code	Desc
74185	Mri angio, abdom w or w/o dye	C8900	MRA w/cont, abd.
76093 *	Magnetic image, breast	C8905	MRI w/o fol w/cont, brst, un.
76094 *	Magnetic image, both breasts	C8908	MRI w/o fol w/cont, breast.
71555	Mri angio chest w or w/o dye	C8909	MRA w/cont, chest.
73725	Mr ang lwr ext w or w/o dye	C8912	MRA w/cont, lwr ext.
72198	Mr angio pelvis w/o & w/dye	C8918	MRA w/cont, pelvis.

*Note: These codes have been renumbered for CY 2007. New code number is reflected in Addendum F.

c. Interaction of the Multiple Imaging Payment Reduction and the OPSS Cap

For CY 2007 imaging services potentially subject to both the multiple

imaging reduction and the OPSS cap, we proposed to first apply the multiple imaging payment reduction and then

apply the OPSS cap to the reduced amount as illustrated in Table 9.

TABLE 9

HCPCS	Pre-OPSS cap MPFS rate	25% Multiple imaging reduction	OPSS cap rate	Final MPFS payment
7XXX1	\$341.89	\$256.42	\$316.55	\$256.42
7XXX2	552.86	414.65	391.83	391.83

We considered first applying the OPSS cap and then applying the multiple procedure reduction. However, as indicated in the CY 2006 OPSS final rule, we received public comments suggesting that the OPSS payment rates may implicitly include at least some multiple imaging discount. While we continue to examine this issue, we believe the most appropriate policy is to apply the multiple imaging payment reduction prior to the application of the OPSS cap.

i. OPSS Cap

Comment: Many commenters criticized the OPSS cap, maintaining

that OPSS rate was never intended to reflect the cost of providing individual physicians' services. They indicated that it is methodologically unjustifiable, and that it undermines the resource-based system.

One commenter noted that physician costs are determined on a per procedure basis, whereas hospital costs are not determined on a per procedure basis because expensive capital equipment is allocated over other procedures within a revenue center. Given this methodological difference, the commenter indicated that it is not surprising that the cost of a procedure under the PFS is greater than under

OPSS. Another commenter noted that we need to recognize that the delivery of care has shifted from the hospital to physicians' offices; that there is an increased complexity of care; and the need to practice defensive medicine due to the threat of malpractice lawsuits. One commenter noted that hospital and IDTF payments should not be the same.

Various commenters indicated that the cap will have a devastating impact and threatens the future viability of outpatient imaging. Commenters predicted that the consequences will include:

- Reduced patient access to diagnostic technologies capable of

preventing the onset of more serious conditions, requiring more complex and expensive treatment later.

- Shifting of procedures back to hospitals.
- Increased volume to offset the effects of the payment cuts.
- Conversion of IDTFs ownership and legal structure to allow billing under OPSS, negating any savings from the cap.

A few commenters requested a delay in implementing the cap and requested that we consider co-sponsoring H.R.5704 that calls for a 2-year moratorium on imaging cuts.

Response: We acknowledge the commenters concerns and appreciate their comments. However, we are obligated to implement the statutory provision. We will continue to work with the Congress and specialty societies to ensure equitable payments and proper access to care.

Comment: Several commenters requested that the following procedure codes be excluded from the OPSS cap:

- Non-invasive vascular diagnostic study codes (CPT codes 93875-93990 and G0365) because they either contain no imaging or are predominately non-imaging in nature. Particularly noted were transcranial Doppler procedures and duplex scans.
- Imaging guidance procedures that are integral to the performance of interventional treatment or diagnostic procedures. CPT codes cited were: 75894, 75896, 75901-75945, 75952, 75954, 75962, 75966, 75970, 75989-75996, 76940-76948 and 76965.
- Nuclear medicine codes 78020, 78135, 78140, 78190, and 78282, based on the fact that other nuclear medicine codes, such as radioisotope lab codes were excluded.
- Codes performed in conjunction with radiation therapy (CPT codes 76370, 76950, 76965, 77417, and 77421) because they are never performed for diagnostic purposes. The commenters were pleased that we excluded radiation oncology codes.
- Positron Emission Tomography (PET), PET/CT, and CT/Computed Tomographic Angiography (CTA) and Category III codes used to report emerging technologies because they are carrier-priced codes and, therefore, not paid under the PFS.
- Codes for imaging service that are not separately paid under OPSS since there is no corresponding OPSS payment to serve as a TC cap. Codes cited were cardiac catheterization codes 93555 and 93556 and code 0152T.

Additionally, several commenters proposed the following definition of medical imaging procedures for the

purpose of the DRA provision: "Medical imaging uses noninvasive techniques to view all parts of the body and thereby diagnose an array of medical conditions. These techniques include the use of ionizing radiation (X-rays and CT scans), MRI, ultrasound and scans obtained after the injection of radio nucleotides (such as bone scans and PET)."

Response: The DRA defines imaging service subject to the OPSS cap as "imaging and computer-assisted imaging services, including x-ray, ultrasound (including echocardiography), nuclear medicine, (including positron emission tomography [PET], magnetic resonance imaging [MRI], computed tomography [CT], and fluoroscopy, but excluding diagnostic and screening mammography." The DRA does not distinguish between diagnostic and therapeutic imaging. We have no authority to modify the statutory definition of imaging services. Therefore, we cannot exclude certain non-invasive diagnostic study procedures, imaging guidance procedures, nuclear medicine procedures, and radiation oncology imaging procedures. However, in our review of the codes in response to comments, we determined that there are certain non-invasive vascular diagnostic study codes that do not involve the generation of an image, (that is, codes 93875, 93922, 93923, 93924 and 93965.) Therefore, we are removing these codes from the list of codes subject to the OPSS cap.

Additionally, we note that imaging guidance procedures that are separately billed, are appropriately included on the list of codes subject to the cap. However, codes 75952, 75954, and 75993-75996 were inadvertently included on the list. These codes do not have a TC and we are removing them from the list.

Regarding carrier-priced services, all physicians' services (as defined by the statute under section 1848(j)(3) of the Act) are paid under the PFS, regardless of how they are priced. Carrier-priced services are services for which an alternative methodology is used to arrive at TC payment under the PFS, and, therefore, they are subject to the DRA provision. The same is true of Category III codes to the extent that they are carrier-priced (and to the extent they are not carrier-priced, there is no basis to exempt these codes from application of the cap).

Regarding codes that are not separately paid under the OPSS, we agree that there is no corresponding OPSS payment to serve as a TC cap.

Because these codes meet the statutory definition of procedures subject to the OPSS cap, we will retain these codes on the list of procedures subject to the cap, but payments for the procedures will not be affected by the cap.

Comment: One commenter noted that the Ambulatory Payment Classification (APC) groups are intended to set an average payment, where some lower cost procedures are paid at a higher average rate, and some higher cost procedures are paid at a lower average rate. In crosswalking from the PFS to the OPSS payment, the commenter noted that it would be more equitable to crosswalk to the median cost by CPT code, rather than using the median cost per the APC grouping payment.

One commenter requested exclusion of codes bundled under OPSS having no additional APC payment, but having a TC amount under PFS. The commenter noted that the list of bundled services under the APC payments will vary from year-to-year and it is inappropriate to not make a payment under PFS as there is no packaging of the service into another procedure. Another commenter noted that drugs and radiopharmaceuticals are bundled into some OPSS procedures. They indicated that these should be unbundled to achieve more parity in the payment systems.

Response: The DRA is specific in its requirements to compare the TC of a service for a year to the Medicare OPD fee schedule amount. Therefore, we will crosswalk the TC to the corresponding OPD fee schedule service and use that rate as a cap. For the same reason, we must use the OPD payment amount even if there are drugs or radiopharmaceuticals bundled into a particular OPD payment amount.

In regard to the concern that bundled services vary year to year, we intend to review the relevant OPD and PFS codes to determine the appropriate crosswalk for a given year. We recognize that there will be changes and we believe our process will help to ensure that TC codes are being crosswalked to the most appropriate OPD codes.

ii. Multiple Procedure Payment Reduction

Comment: Many commenters expressed appreciation for our decision to apply the multiple procedure payment reduction prior to application of the OPSS cap, and for maintaining the reduction at 25 percent. However, the commenters also indicated that the multiple procedure payment reduction is duplicative, inappropriate and excessive in light of the OPSS cap, and requested its elimination. Other

commenters requested continued evaluation, indicating a 25 percent reduction is greater than what is justified by any efficiencies achieved in performing multiple procedures. One commenter noted we had previously stated that our multiple procedure analysis does not disprove earlier assertions by physician and industry representatives that some portion of multiple procedure efficiencies may be already reflected in OPPS payment rates. Conversely, MedPAC indicated that it is unclear why the DRA OPPS cap justifies maintaining the 25 percent reduction since the DRA policy applies only to those services where the TC exceeds the OPPS rate. In addition, MedPAC requested more information on the ACR data cited in the CY 2007 PFS proposed rule (71 FR 48996).

Response: When we proposed the multiple procedure payment reduction last year, as recommended by MedPAC, our data supported a 50 percent payment reduction. However, we agreed to phase-in the reduction over two years to allow for a transition of the changes in payment for these services attributable to the reduction policy and to provide further opportunity for public comment. Subsequently, the Congress passed the DRA provision capping imaging procedures at the OPPS payment rate. In view of the DRA provision, and additional data received from ACR, we determined that it is more appropriate to retain the multiple procedure payment reduction at 25 percent, rather than to increase it to 50 percent as previously proposed. We share the concerns of the providers of imaging services that excessive reductions could be harmful to both physicians and patients. Therefore, we believe it is more appropriate to maintain the 25 percent reduction level while we continue to examine this issue.

The list of codes that identify imaging services defined by the DRA OPPS cap provision can be found in Addendum F to this final rule with comment period. Note that the list in the proposed rule was affected by the renumbering of CPT codes that is effective January 1, 2007. Addendum F in this final rule with comment period reflects the renumbering of CPT codes that is effective January 1, 2007, and also reflects the removal of certain codes in response to comments, as discussed previously in this section. Payment for an individual service on this list will only be capped if the PFS TC payment amount exceeds the OPPS payment amount.

2. Section 5107—Revisions to Payments for Therapy Services

Section 1833(g) of the Act applies an annual per beneficiary combined cap beginning January 1, 1999 on outpatient physical therapy and speech-language pathology services and a similar separate cap on outpatient occupational therapy services. These caps apply to expenses incurred for the respective therapy services under Medicare Part B, with the exception of outpatient hospital services. The caps were in effect from January 1, 1999 through December 31, 1999, from September 1, 2003 through December 7, 2003, and beginning January 1, 2006. In 2000 through 2002, and from December 8, 2003 through December 31, 2005, the Congress placed moratoria on implementation of the caps. Section 1833(g)(2) of the Act provides that, for 1999 through 2001, the caps were \$1500, and for years after 2001, the caps are equal to the preceding year's cap increased by the percentage increase in the Medicare Economic Index (MEI) (except that if an increase for a year is not a multiple of \$10, it is rounded to the nearest multiple of \$10).

As discussed in the CY 2006 PFS proposed rule, we implemented the separate statutory limits of \$1740 for outpatient physical therapy and speech-language pathology services and \$1740 for occupational therapy on January 1, 2006. The DRA was enacted on February 8, 2006. Section 5107(a) of the DRA required the Secretary to develop an exceptions process for the therapy caps effective January 1, 2006. The exceptions process applies only to expenses incurred in 2006. Details of the exceptions process were published in a manual change on February 13, 2006 (CR 4364). The change request consists of three transmittals with current numbers of—

- Transmittal 855, CR 4364, Pub. L. 100-04;
- Transmittal 47, CR 4365, Pub. L. 100-02; and
- Transmittal 140, CR 4364, Pub. L. 100-08.

The transmittals are available on the CMS Web site at <http://www.cms.hhs.gov/Transmittals/>.

In accordance with the statute, the therapy caps will remain in effect, but without the exceptions process, for expenses incurred beginning on January 1, 2007. The dollar amount of each therapy cap in CY 2007 will be \$1780 (which is the CY 2006 rate (\$1740) increased by the percentage increase in the MEI), rounded to the nearest multiple of \$10. As noted previously in this section, under the statute, the

exceptions process will not apply to therapy services after December 31, 2006, but the therapy caps will remain inapplicable to therapy services provided in the outpatient hospital setting as provided under section 1833(g) of the Act.

Comment: We received six comments about therapy caps. All indicated that the cap exception process was working well to assure provision of needed therapy services. Some commenters acknowledged that we do not have the authority to extend therapy cap exceptions, but they requested that we be aggressive in urging the Congress to intervene to extend the exceptions or remove the caps.

Several commenters urged us to place a high priority in resources and funding on continuing to conduct research that could be used to identify alternatives to the cap that would ensure that patients receive medically necessary therapy services. Some commenters cited the Medicare Payment Advisory Commission (MedPAC) recommendations of June 2006 regarding continued research into measuring patient condition and treatment outcomes as a basis for reforming the payment system. Commenters also mentioned the Government Accountability Office publication issued in November 2005 (GAO-06-59) recommending that DHHS "expedite development of a process for ensuring that these services were considered in its efforts to standardize existing patient assessment instruments." Specifically, the one commenter, while recognizing important priorities in allocating limited funds, strongly urged us to conduct research and pilot studies leading to alternatives to therapy caps that ensure the needs of patients are met through high quality care. Another commenter agreed and also noted strong support for development of a condition-based payment as a viable alternative to caps. We received no negative comments concerning the exception process or our efforts to develop alternative payment systems based on the patient's need for services.

Response: As commenters noted, we do not have the authority to extend the exceptions process beyond the December 31, 2006, statutory expiration date. We will continue, to the extent that resources allow, pursuing a payment policy that encourages provision of high quality, covered services to all beneficiaries who need them.

Section 5107(b) of the DRA requires the Secretary to implement edits for clinically illogical combinations of

procedure codes and other edits to limit inappropriate payment for therapy services by July 1, 2006. As explained in the CY 2006 PFS proposed rule, in January 2006, we implemented Correct Coding Initiative (CCI) edits for the therapy providers that bill the fiscal intermediaries, thus, addressing the section 5107 of the DRA requirement for edits for clinically illogical combinations of procedure codes. Adoption of these code edits ensures that these providers of outpatient Part B therapy services, including SNFs, comprehensive outpatient rehabilitation facilities, certain outpatient physical therapy and speech-language therapy providers (rehabilitation agencies) and home health agencies (HHAs) (where beneficiary is not under a Part A plan of care) meet the same CCI edit requirements as those that have been in place for physicians, private practice therapists, and OPPS hospitals. We also noted that we are considering the implementation of other edits in the future to further address concerns about inappropriate payment for therapy services.

Comment: MedPAC indicated that the CCI code-pair edits we have implemented are a good start in controlling inappropriate billing, but encouraged further work and consultation with experts to develop other clinically appropriate edits for therapy services.

Response: We appreciate the MedPAC's remarks and will consider its suggestions in the implementation of future edits.

3. Section 5112—Addition of Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)

a. Coverage

Section 5112 of the DRA amended section 1861 of the Act to provide for coverage under Part B of ultrasound screening for AAAs, effective for services furnished on or after January 1, 2007, subject to certain eligibility and other limitations. This screening test will be available even if the qualifying patient does not present signs or symptoms of disease or illness.

To conform the regulations to the statutory requirements of section 5112 of the DRA, we proposed to include an exception in § 411.15(a)(1) to permit coverage for ultrasound screening for AAAs that meet the conditions for coverage that we proposed to specify under new § 410.19(b) (Conditions for coverage of an ultrasound screening for abdominal aortic aneurysms). We also proposed to add a new § 411.15(k)(12).

As provided in the DRA, this new coverage allows payment for a one-time only screening examination. We proposed new § 410.19(b) to provide for the coverage of the screening examinations for AAAs as specified in section 5112 of the DRA. We also proposed to add new § 410.19(c) (Limitation on coverage of ultrasound screening for abdominal aortic aneurysms.) to provide the limitation on coverage for an individual who is not an eligible beneficiary as defined in new § 410.19(a).

We proposed the definitions set forth in new § 410.19(a) to implement the statutory provisions and to help the reader in understanding the provisions of this regulation. The definitions include the following terms:

- Eligible beneficiary.
- Ultrasound screening for abdominal aortic aneurysms.

Specifically, section 5112(a)(1) of the DRA amended section 1861 of the Act to provide that coverage of ultrasound screening for AAAs will be available for an individual: (1) Who receives a referral for such as ultrasound screening as a result of an initial preventive physical examination (IPPE) (as defined in section 1861(wv)(1) of the Act); (2) who has not been previously furnished such as ultrasound screening under this title; and (3) who has a family history of AAA or manifests risk factors included in a beneficiary category recommended for screening by the United States Preventive Services Task Force (USPSTF) regarding AAAs.

Section 5112(a)(2) of the DRA also adds a definition of the term "ultrasound screening for an Abdominal Aortic Aneurysm" to mean, "(1) a procedure using sound waves (or other procedures using alternative technologies, of commensurate accuracy and cost, that the Secretary may specify) provided for the early detection of abdominal aortic aneurysm; and (2) includes a physician's interpretation of the results of the procedure."

Based on this provision, we reviewed the 2005 USPSTF recommendations and related material on ultrasound screening for AAAs which includes—

- A recommendation for a one-time ultrasound screening for men aged 65 to 75 who have smoked at least 100 cigarettes in their lifetime;
- No recommendation for, or against, ultrasound screening for AAAs for men who have not smoked at least 100 cigarettes in their lifetime; and
- A recommendation against routine screening for AAAs in women.

Based on the statutory language and the USPSTF recommendations outlined in this section, we proposed to define

the term "eligible beneficiary" for coverage of ultrasound screening examinations for AAA to mean an individual who—

- Has received a referral for an ultrasound screening as a result of an IPPE (as defined in section 1861(wv)(1) of the Act);
- Has not been previously furnished such a covered ultrasound screening examination under the Medicare program; and
- Is included in at least one of the following risk categories:
 - + Has a family history of an AAA.
 - + Is a man age 65 to 75 years who smoked at least 100 cigarettes in his lifetime.
 - + Is an individual who manifests other risk factors that are described in a benefit category recommended by the USPSTF regarding an AAA that has been determined by the Secretary through the NCD process.

To facilitate our consideration of possible expansions of coverage in the future for identifying other risk factors in a benefit category recommended for screening for the early detection of AAAs by the USPSTF, and alternative screening technologies to ultrasound screening for AAAs of commensurate accuracy and cost, we proposed to add language to our regulations that would allow us to make determinations through the NCD process. The NCD process would allow the Secretary to expand coverage more quickly following an assessment of those subjects than is possible under the standard rulemaking process. We intend to use the NCD process, which includes an opportunity for public comments, for evaluating the medical and scientific issues relating to the coverage of alternative screening technologies and the identification of other risk factors for AAAs recommended by the USPSTF that may be brought to our attention in the future. Use of an NCD to establish a change in the scope of benefits is authorized by section 1871(a)(2) of the Act. An aggrieved party can challenge an NCD under the procedures established by section 1869(f) of the Act. We proposed to add these coverage provisions in new § 410.19 (a)(1)(i) and § 410.19(a)(2)(iii)(C).

Section 5112(b) of DRA also amended section 1861(wv)(2) of the Act (the IPPE benefit) by adding the new ultrasound screening benefit to the list of preventive services for which physicians and other qualified nonphysician practitioners (NPPs) must provide "education, counseling and referral" to new beneficiaries who take advantage of the IPPE benefit within the first 6 months after the effective date of

their first Part B coverage period. Therefore, we also proposed to amend § 410.16(a)(7) of the regulations so that it reflects the additional responsibilities that physicians and qualified NPPs will have under the IPPE benefit for the new ultrasound screening benefit.

We received 14 comments that generally supported the proposal to implement section 5112 of the DRA that provides for Medicare coverage of ultrasound screening for AAAs. Several commenters had suggestions for revising certain specific coverage provisions of the proposal.

Comment: Several commenters addressed the issue of the need for certification of qualification requirements for the Medicare providers or suppliers who furnish beneficiaries with the new ultrasound screening for AAAs. A commenter referenced the USPSTF recommendations that state, "There is good evidence that abdominal ultrasonography, performed in a setting with adequate quality assurance (that is, in an accredited facility with credentialed technologists), is an accurate screening test for AAA." The commenter noted that the proposed rule did not mention the qualifications of the people performing the screening and strongly recommended that quality standards be applied to any laboratories performing this testing.

Response: Section 5112 of the DRA provides for coverage of a one-time ultrasound screening for AAAs for beneficiaries, subject to certain eligibility and other limitations. However, section 5112 does not expressly address the subject of quality standards for the providers or suppliers of these services and, therefore, in the absence of a clearly demonstrated need for quality or qualification standards that are specifically targeted to ultrasound screenings for AAAs, we do not believe it is appropriate to establish at this time such detailed standards for these services. We believe that any Medicare provider or supplier that is authorized to provide covered diagnostic ultrasound services is, qualified to provide covered ultrasound screening services for AAAs. The ultrasound test is conducted in a similar manner whether the test is for a screening or diagnostic purpose. We are adding language at § 410.19(b) to reflect this condition.

Comment: Two commenters expressed concern that many beneficiaries who became entitled to Medicare Part B coverage for the first time before the IPPE benefit became effective (January 2005) will not be able to qualify for coverage of the ultrasound

screenings for AAAs because of the IPPE referral requirement for the exam.

Response: The commenters are correct that the IPPE referral requirement for coverage of the ultrasound screening for AAAs will preclude many older beneficiaries from qualifying for coverage of the exam, but that requirement is specified in section 5112 of the DRA. It would require a change in the statute to permit us to expand the scope of the benefit to older beneficiaries who do not satisfy this requirement.

Comment: Several commenters suggested that we should implement safeguards against providers billing for duplicative testing for the AAA screening and an abdominal or retroperitoneal ultrasound exam (with a diagnosis such as abdominal pain) later the same or the next day.

Response: We agree that the potential for duplicative billing for the screening and the diagnostic ultrasound test of the same type does exist. Therefore, we will work with our contractors to implement the necessary safeguards to insure that this type of billing does not occur.

Comment: Several commenters are concerned that the proposed rule does not provide any guidance on the meaning of the statutory IPPE referral requirement for coverage of the AAA screening service. The commenter suggests that the term "referral" should be interpreted to include a practitioner's "direction to receive care from a qualified provider" that may be provided orally or in written form during or after the eligible beneficiary receives his or her IPPE service.

Response: Section 410.16(a)(7) (as modified in this final rule) provides that each eligible beneficiary who takes advantage of that benefit is entitled (among other things) to education, counseling, and referral, including a brief written plan such as a checklist provided to the beneficiary for obtaining appropriate screening and other preventive services that are covered as separate Medicare benefits, such as the ultrasound screening for AAAs. Based on this referral provision for the IPPE benefit, we believe there is considerable flexibility that is allowed the IPPE provider in making referrals to qualified Medicare providers of screening and other preventive services, such as the AAA screening service. However, at a minimum, we believe § 410.16(a)(7) of the IPPE regulation requires that the referral include a brief written plan provided the beneficiary for obtaining, if appropriate, the AAA screening service from a qualified Medicare provider.

Comment: Several commenters recommended that we monitor the

utilization of the new AAA screening benefit over the next couple of years to determine if beneficiary access to this service is a concern that requires our efforts to ensure appropriate beneficiary awareness and utilization of the benefit.

Response: We agree that we should monitor use of this benefit to ensure that there is appropriate beneficiary awareness and use of the service.

Comment: A commenter urged us to implement a targeted campaign to educate beneficiaries and physicians about the new screening benefit and to encourage their use of it.

Response: We will release the appropriate manual and transmittal instructions and other information, including a "Medicare Learning Network (MLN) Matters" provider education article, an updated new "Medicare Preventive Services Guide," and other information. We would encourage the medical community to contribute to this effort by distributing their own communications, bulletins, or other publications to physicians, qualified NPPs, and beneficiaries.

Except for the additional language added at § 410.19(b) relating to the ability of a provider or supplier to furnish ultrasound diagnostic services, we are finalizing this section as proposed to provide for coverage of the AAA screening service for beneficiaries under the statute, subject to the statutory eligibility and other limitations.

b. Payment

Beginning January 1, 2007, we proposed to pay for ultrasound screening for AAAs through the use of a new HCPCS code G0389, *Ultrasound, B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening*. We proposed that payment for this service be made at the same level as CPT code 76775, *Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; limited*. CPT code 76775 is used to bill for the service when it is provided as a diagnostic test, and we believe the service associated with the HCPCS code reflects equivalent resources and work intensity to those contained in CPT code 76775.

In addition, since the DRA provides that the Medicare Part B deductible will not apply for ultrasound screening for AAA (as defined in section 1861(bbb) of the Act), we proposed to revise § 410.160 to include an exception from the Medicare Part B deductible for the ultrasound screening for AAA as described in § 410.19 (Conditions for

coverage of an ultrasound screening for abdominal aortic aneurysms).

Comment: Commenters were in agreement with the proposed payment amount for this service.

Response: We will adopt the proposed values for this new HCPCS code (that is, make it equivalent to CPT code 76775). This service will be identified by the following code number and descriptor G0389, *Ultrasound, B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening.*

We will also finalize the proposed revisions to § 410.160 to include an exception from the Medicare Part B deductible for the ultrasound screening for AAA as described in § 410.19.

4. Section 5113—Non-Application of the Part B Deductible for Colorectal Cancer Screening Tests

Current Medicare policy requires that, with limited exceptions, incurred expenses for covered part B services are subject to, and count toward meeting the Part B annual deductible. Section 5113 of the DRA amended section 1833(b) of the Act to provide for an exception to the application of the Part B deductible for colorectal cancer screening tests. Beginning January 1, 2007, colorectal cancer screening services, as described in section 1861(pp)(1) of the Act, are no longer subject to the Part B deductible. The conditions for and limitations on coverage for colorectal cancer screening tests under Medicare Part B are described in § 410.37.

To conform our regulations to this statutory change, we proposed to revise § 410.160 to include an exception from the Part B annual deductible for the colorectal cancer screening services described in § 410.37.

Comment: Commenters were supportive of this conforming change. However, it was pointed out that we had failed to address the situation where a colorectal cancer screening service actually results in a beneficiary having a biopsy or a growth removed, requiring the service to be coded as a diagnostic procedure. Clarification was requested as to whether in such situations, the deductible would still be waived.

Response: Section 1834(d)(3)(D) of the Act states "if during the course of such screening colonoscopy, a lesion or growth is detected which results in a biopsy or removal of the lesion or growth, payment under this part shall not be made for the screening colonoscopy but shall be made for the procedure classified as a colonoscopy with such biopsy or removal." Based on this statutory language, in such

instances the test or procedure is no longer classified as a "screening test." Thus, the deductible would not be waived in such situations.

After reviewing the public comments, we are finalizing § 410.160 as proposed.

5. Section 5114—Addition of Diabetes Outpatient Self-Management Training Services (DSMT) and Medical Nutrition Therapy (MNT) for the FQHC Program

Section 5114 of the DRA amended section 1861(aa)(3) the Act to add DSMT and MNT services to the list of Medicare covered and reimbursed services under the Medicare FQHC benefit, effective for services provided on or after January 1, 2006. Although this statutory change has already been implemented in administrative instructions, we proposed to conform the regulations to the new statutory requirement.

FQHCs certified as DSMT and MNT providers have been allowed to bundle the cost of those services into their FQHC payment rates. But before the enactment of the DRA, the provision of these services would not generate a separate FQHC visit payment. Effective for services furnished on or after January 1, 2006, FQHCs that are certified providers of DSMT and MNT services can receive per visit payments for covered services furnished by registered dietitians or nutrition professionals. That is, if all relevant program requirements are met, these services are included under the Medicare FQHC benefit as billable visits.

In public response to the proposed rule, we received a small number of comments expressing support for our proposal. Therefore, we will finalize the changes as proposed.

To conform the regulations, we are amending § 405.2446(b) to expand the scope of FQHC services to include certified providers of DSMT and MNT services by adding a new paragraph (b)(10). We are also revising § 405.2463 by—

- Revising paragraph (a) to expand the definition of an FQHC visit to include certified providers of DSMT and MNT services under new paragraph (a)(1)(ii)(B). We are also revising the definition of an rural health clinic (RHC) visit in new paragraph (a)(1)(i) to include a face-to-face encounter between a patient and a clinical psychologist or clinical social worker to conform to statutory language at section 1861(aa)(1)(B) of the Act. We also proposed to redesignate and revise paragraphs (b) and (c) as new paragraphs (a)(2) and (a)(3), respectively.

- We are incorporating paragraph (a)(2) into (a)(1), and redesignating and revising current paragraph (a)(3) as new paragraph (b). We also clarify that it is generally permissible for both FQHCs and RHCs to furnish, when necessary, most types of medical and other health visits on the same day to the same patient. We also amend this paragraph to permit a separate additional FQHC visit for DSMT and MNT services (which may occur on the same date of service when the beneficiary receives care from their FQHC physician or NPP) when reasonable and necessary, consistent with the Congressional mandate under section 5114 of the DRA to provide coverage and adequate access to these services in the FQHC setting.

- Finally, we are redesignating and revising current paragraph (a)(4) as new paragraph (c).

F. Payment for Covered Outpatient Drugs and Biologicals (ASP Issues)

Medicare Part B covers a limited number of prescription drugs and biologicals. For the purposes of this final rule with comment period, the term "drugs" will hereinafter refer to both drugs and biologicals. Medicare Part B covered drugs not paid on a cost or prospective payment basis generally fall into the following three categories:

- Drugs furnished incident to a physician's service.
- Durable medical equipment (DME) drugs.
- Drugs specifically covered by statute (for example, certain immunosuppressive drugs).

Beginning in CY 2005, the vast majority of Medicare Part B drugs not paid on a cost or prospective payment basis are paid under the average sales price (ASP) methodology. The ASP methodology is based on data submitted to us quarterly by manufacturers. In addition to the payment for the drug, Medicare currently pays a furnishing fee for blood clotting factors, a dispensing fee for inhalation drugs, and a supplying fee to pharmacies for certain Part B drugs.

In January 2006, the drug coverage available to Medicare beneficiaries expanded with the implementation of the Medicare Part D benefit. The Medicare Part D benefit does not change Medicare Part B drug coverage.

This section of the preamble discusses changes and issues related to the determination of the payment amounts for covered Part B drugs and furnishing blood clotting factor. This section also discusses changes to how manufacturers calculate and report ASP data to us.

1. ASP Issues

Section 303(c) of the MMA amended title XVIII of the Act by adding new section 1847A. This new section revised the payment methodology for the vast majority of drugs and biologicals not paid on a cost or prospective payment basis furnished on or after January 1, 2005. The ASP reporting requirements are set forth in section 1927(b) of the Act. Manufacturers must submit ASP data for each 11-digit NDC to us quarterly. The manufacturers' submissions are due to CMS no later than 30 days after the last day of each calendar quarter. The methodology for developing Medicare drug payment allowances based on the manufacturers' submitted ASP data is described in the regulations in part 414, subpart K. We update the Part B drug payment amounts quarterly based on the data we receive.

On April 6, 2004, we published the Manufacturer's Submission of Average Sales Price Data for Medicare Part B Drugs and Biologicals (ASP) interim final rule with comment period (IFC) (69 FR 17935) to implement the ASP calculation and reporting requirements. Manufacturers were required to submit their initial quarterly ASP data to us shortly thereafter, by April 30, 2004. We received comments on the April 6, 2004 IFC from drug manufacturers, pharmacies, physicians, national associations of the pharmaceutical industry, national associations of physicians, and consultants. These comments addressed a variety of aspects of calculating and reporting ASPs. On September 16, 2004, we published the Manufacturer's Submission of Average Sales Price Data for Medicare Part B Drugs and Biologicals (ASP) final rule (69 FR 55763) addressing only the comments pertaining to the methodology for estimating lagged price concessions. We have also addressed ASP calculation and reporting requirements in other proposed and final rules and information collection notices, including rulemaking to implement the Competitive Acquisition Program for Part B Drugs and Biologicals (CAP) (70 FR 39069, 70 FR 45842, 70 FR 70215, 70 FR 70477, and 71 FR 48130). In addition, we have posted official agency guidance, including responses to frequently asked questions, on our Web site to implement the ASP provisions in accordance with section 1847A(c)(5)(C) of the Act.

In the CY 2007 PFS proposed rule, we stated that we intended to finalize the April 6, 2004 IFC in the near future and that we may publish the final rule as part of this rulemaking, or as a separate

final rule. We also stated that because the comments received during the comment period in response to the April 6, 2004 IFC were made during the initial months of manufacturers' experience with calculating and reporting ASPs and prior to publication of payment amounts based on the ASP methodology, we believed there was good reason to give the public an opportunity to provide additional comments. Therefore, we sought comments on the ASP reporting provisions in the April 6, 2004 IFC, as well as several topics specifically discussed in the CY 2007 PFS proposed rule. These topics included: Fees not considered price concessions, excluded sales known on a lagged basis, nominal sales, and other price concession issues. In this final rule with comment period, we are responding to comments received on the April 6, 2004 IFC and the CY 2007 PFS proposed rule and revising provisions related to the estimation methodology for price concessions known on a lagged basis, which were finalized in the September 16, 2004 final rule. Except as otherwise specified in this final rule with comment, we are finalizing the provisions of part 414, subpart J as presented in the April 6, 2004 IFC.

a. Comments Not Related to ASP Reporting

As stated in the CY 2007 PFS proposed rule, we received numerous comments on the use and potential impacts of the ASP payment methodology. The April 6, 2004 IFC implemented provisions of the MMA related to how manufacturers calculate ASP and report their ASP data. Thus, comments about the appropriateness and use of 106 percent of the ASP as a basis for Medicare Part B drug payment rates are outside the scope of the final ASP reporting rule. Implementation of the ASP payment methodology as the basis for establishing payment amounts for the vast majority of Part B drugs was discussed in notice and comment rulemaking in the CY 2005 PFS proposed and final rules (69 FR 47520 and 69 FR 66299). Comments about the ASP payment methodology that address issues other than how manufacturers calculate and report their ASPs are outside the scope of this rulemaking. Other topics for which we received comments that are not within the scope of this rulemaking and are not otherwise addressed are as follows:

- How the ASP-based payment rates are calculated;
- How NDCs are assigned to billing codes;

- Requests for billing codes for specific products;
- Whether alternative payment methodologies or exceptions to the ASP-based payment should be considered;
- Billing and claims processing and adjudication issues;
- Variation in local coverage policies;
- Whether Part B policies apply to Medicaid and/or Part D;
- Issues related to Competitive Acquisition of Outpatient Drugs and Biologicals Under Part B (CAP); and
- Issues pertaining to the content and format of the quarterly Part B drug pricing files.

b. Fees Not Considered Price Concessions

Section 1847A(c)(5)(A) of the Act states that the ASP is to be calculated by the manufacturer on a quarterly basis. As a part of that calculation, manufacturers must take into account price concessions such as—

- Volume discounts;
- Prompt pay discounts;
- Cash discounts;
- Free goods that are contingent on any purchase requirement;
- Chargebacks; and
- Rebates (other than rebates under the Medicaid drug rebate programs).

If the data on these price concessions are lagged, then the manufacturer is required to estimate costs attributable to these price concessions using the required ratio methodology as specified in § 414.804(a)(3). This methodology was finalized in the September 16, 2004 final rule based on comments submitted in response to the April 6, 2004 IFC. In the CY 2007 PFS proposed rule, we proposed modifications to the requirements for estimating lagged price concessions specified § 414.804(a)(3) to conform with other proposals put forth in the proposed rule. Comments received in response to the proposed rule related to potential impacts on the estimation of lagged price concessions are discussed in the appropriate subsections in this section.

In response to the April 6, 2004 IFC, commenters representing drug manufacturers, national associations of wholesalers and distributors, and physicians and other health care providers requested clarification and detailed guidance on the treatment of administrative fees, service fees and fees paid to pharmacy benefit managers (PBMs) in the ASP calculation. We posted guidance on our Web site (<http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg>) to clarify that in the absence of specific guidance in the Act or Federal regulations, the manufacturer may make reasonable assumptions in its

calculations of ASP, consistent with the general requirements and intent of the Act, Federal regulations, and its customary business practices. These assumptions should be submitted along with the ASP data. In December 2004, we posted further guidance on our Web site addressing service fees and administrative fees paid to buyers (<http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg>).

On July 6, 2005, we restated our guidance on service fees in the preamble of the Competitive Acquisition of Outpatient Drugs and Biologicals Under Part B (CAP) interim final rule with comment (70 FR 39069). Subsequently, we received requests for clarification on how fees paid to entities such as group purchasing organizations (GPOs) or PBMs must be treated for purposes of the ASP calculation.

Therefore, we proposed to further clarify in the final ASP reporting rule that, beginning with the ASP reporting for sales during the first quarter of CY 2007, bona fide service fees that are paid by a manufacturer to an entity, whether or not the entity takes title to the drug, are not considered price concessions under § 414.804(a)(2) insofar as, and to the extent that, they satisfy the definition of a bona fide service fee that we proposed at § 414.802. In § 414.802, we proposed to define *bona fide* service fees as fees paid by a manufacturer to an entity that represent fair market value for a bona fide, itemized service actually performed on behalf of the manufacturer that the manufacturer would otherwise perform (or contract for) in the absence of the service arrangement, and that are not passed on, in whole or in part, to a client or customer of an entity, whether or not the entity takes title to the drug. We further proposed that our current guidance, which provides that *bona fide* service fees means expenses that would have generally been paid for by the manufacturer at the same rate had these services been performed by other entities, would remain in effect unless we adopted an alternative approach. Further, we proposed to clarify in the final ASP reporting rule that fees, including service fees, administrative fees and other fees, paid to GPOs or PBMs are not considered price concessions under § 414.804(a)(2) insofar as, and to the extent that, they satisfy the definition of a bona fide service fee that we proposed at § 414.802.

In the CY 2007 PFS proposed rule, we discussed comments to the April 6, 2004 IFC that provided some insight into the types of activities that are performed in the distribution of drugs. We noted that these comments did not

provide detailed information about whether and how one would determine the extent to which these activities are bona fide services actually performed on behalf of the manufacturer. To better understand the scope of appropriate bona fide services and how they may vary across categories of drugs, we sought comment on the specific types of services entities performed on behalf of the manufacturer and the necessity of those services in the efficient distribution of drugs. We also stated that we were considering providing further guidance on the types of services that may qualify as bona fide services for purposes of the ASP calculation. We also indicated that we were considering providing further guidance on or revising the approach or methodology manufacturers must use to determine the fair market value of bona fide services performed on their behalf and whether the service fee paid was passed on in whole or in part, as well as activities that should not be considered bona fide services performed on behalf of manufacturers, and bona fide services that may be appropriate for all or specific types of products or circumstances. We also sought comments on the costs and relative costs of services performed on behalf of manufacturers. Specifically related to the determination of whether or not a fee represents fair market value for ASP purposes, we solicited comments on the potential appropriateness of fees tied to performance of a service, fixed fee, revenue generated by product sales, or other basis. In addition, we requested comments on the appropriate methods for determining whether a fee is passed on in whole or in part and on how Medicare's guidance on the treatment of service fees for ASP calculation purposes may differ with the treatment of service fees for financial accounting or other purposes, and any implications that this may have for manufacturers.

Comment: We received numerous comments on the topic of service fees. Among the commenters there was general agreement with our clarification that the treatment of bona fide service fees in the ASP calculation should not be conditioned on whether or not the entity takes title to the drug. However, many commenters objected to a definition of bona fide service fee that would limit in any way the services or amount of fee that a manufacturer would establish in a contract with any partner in the distribution of drugs or that otherwise would limit flexibility and evolution in the industry. Many of the commenters on this issue were opposed to establishing a list of bona

fide services; while a few commenters requested that certain services such as "pick, pack and ship," chargeback administration, data services, and patient care programs be specifically included in a list of bona fide services. A few commenters stated that such a list, even if the list were illustrative, would be helpful in standardizing the treatment of service fees across manufacturers' ASP calculations. Other commenters cautioned that establishing a list of bona fide services would require ongoing refinement in order for manufacturers to accurately calculate ASPs as service fee arrangements evolved.

Several commenters recommended that we adopt a more general standard for evaluating whether an arrangement represents a bona fide service fee arrangement. However, very few suggestions for modifying the wording of the proposed definition of bona fide service fee were offered. One commenter recommended changing "itemized" to "supply chain" to address concerns regarding how fair market value may be determined, and several commenters recommended that we delete the requirement that the fees not be passed on; these comments are discussed in more detail below in this section.

In discussing how a more general standard might be applied, several commenters suggested allowing the marketplace to decide the appropriate scope of services and fair market value. These commenters stated that this approach would result in a satisfactory means of determining fees that are not price concessions (that is, are *bona fide* and not passed on) by virtue of the competitiveness of the market for drug distribution service. Under this approach, any service and price agreed to in an arm's-length contract with the manufacturer would be sufficient for determining that the services were bona fide and at fair market value for ASP purposes.

Other commenters, who support a general standard, suggest that so long as a service is "reasonably necessary" or "necessary and useful" in meeting a manufacturer's business needs, it should be considered to be both bona fide and a service performed on behalf of the manufacturer. These commenters emphasize that the purpose of the service should determine whether it was performed on behalf of the manufacturer. As a result, in the opinion of these commenters, all activities related to distributing drugs are services a manufacturer would either have to perform or contract for if it did not have the capacity to perform

the activity or chose not to perform the activity.

Some of the comments in support of a general standard pointed to the personal services safe harbor from anti-kickback penalties as specified in 42 CFR 1001.952(d)(7) as a potential benchmark for purposes of identifying services and fees that would be excluded from the ASP calculation. Other commenters recommended that any reasonable method of determining fair market value should be acceptable. However, several commenters requested that we specify the acceptable methods for determining fair market value. A small number of commenters requested that we specifically address whether the income method, market method or cost method could be used to estimate the range for fair market value of the bona fide service fee arrangement for ASP purposes. These commenters did not provide details on the applicability of these three methods for estimating fair market value for commonly performed drug distribution services. Many commenters stated that, regardless of the method used to determine fair market value, manufacturers should be permitted to calculate fair market value across a set of services (in lieu of determining fair market value for each itemized service specified in an arrangement), and that it would be impossible to calculate fair market value adequately for certain low-volume or value-added services or certain services that can only be performed by the purchaser (for example, in the case of wholesalers, compiling, and sharing retail customer data). Some commenters noted that service fee contracts may be broadly constructed for a set of services across a number of drugs without itemizing each service or activity. To reflect market practices and trends, as noted above in this section, one commenter recommended that we revise the proposed definition of bona fide service fees to remove the word "itemized" and, in its place, insert "supply chain."

Several commenters supported our proposed definition of bona fide service fees in general, while also suggesting that we refine or eliminate the "not passed on" requirement because it is not needed if the services included in an arrangement are bona fide and the fee represents fair market value. A number of commenters offered that including "itemized" in the definition was unnecessary for the same reason. While a few commenters stated that specific requirements not to pass on fees and terms requiring disclosure of any fees passed on could be written in the bona fide service fee contracts. In contrast,

several commenters stated that for a variety of reasons, manufacturers may not know or be able to accurately certify that a fee is not passed on in whole or in part. These commenters identified anti-trust constraints as one such reason.

Commenters asked that: (1) We clarify that services that can only be performed by the party that takes possession of the drug from the manufacturer may be considered to be bona fide services; and (2) we remove the limitation in our current guidance that bona fide service fees must be at the same rate had these services been performed by other entities.

We did not receive comments on services that should not be considered *bona fide* services, or on the costs or relative costs of services performed on behalf of manufacturers.

Response: After consideration of the comments received, we are finalizing our proposed definition of *bona fide* service fees at § 414.802 which specifies that in order for a fee to be determined not to be a price concession, and thus to be excluded from the calculation of the ASP, the following conditions must be met:

- The fee paid must be for a *bona fide*, itemized service that is actually performed on behalf of the manufacturer;
- The manufacturer would otherwise perform or contract for the service in the absence of the service arrangement;
- The fee represents fair market value; and
- The fee is not passed on in whole or in part to a client or customer of any entity.

We believe that if a fee satisfies the definition of *bona fide* services fees it can be excluded from the calculation of the ASP. We believe the specificity and scope of this definition provides an appropriate safeguard against the potential risk for inappropriately higher ASPs, while adopting a more general standard, a more limited definition or relying solely on market forces, as some commenters suggested, would not. This is because, taken together, this four elements describe those situations in which we believe a fee paid is compensation for services rather than a price concession for drugs. We disagree with the comments that recommended alternative standards because a definition with greater breadth or less specificity or both would not as clearly distinguish bona fide services fees from price concessions and could result in inappropriately high ASPs and inconsistent treatment of services fees (for example, if we were to permit a fee for any services at any price to be

excluded from the calculation of ASP or to eliminate the "not passed on" or "itemized" requirements.) However, we found many of the comments informative with respect to how our definition of a bona fide service fee is met and we discuss below in this section how these comments have been incorporated into our guidance. In codifying the definition of bona fide service fees, we seek to clarify a framework for differentiating between those price concessions that must be included in the calculation of ASP and bona fide service fees, which are not included in the calculation of ASP. Beginning with the effective date of this final rule with comment, the definition of *bona fide* service fees will apply to the ASP reporting for sales during the first calendar quarter of 2007. Additional guidance is discussed below.

(1) *Bona fide*, Itemized, Actually Performed on Behalf of the Manufacturer and "Otherwise Performed"

The first and second elements of the definition of bona fide service fees relate to the scope of bona fide services for which a fee paid does not represent a price concession for ASP purposes. To be considered a *bona fide* service fee, the fee must be for services that are: *Bona fide*, itemized, actually performed on behalf of the manufacturer, and those the manufacturer would otherwise perform or contract for in the absence of the service arrangement. Some commenters requested further guidance on these elements. We were persuaded by comments that referenced the necessity or usefulness of services. Therefore, we interpret these elements of the definition to encompass any reasonably necessary or useful services of value to the manufacturer that are associated with the efficient distribution of drugs. In response to commenters' concerns, we are clarifying that services "on behalf of" the manufacturer include both those the manufacturer has the capacity to perform, and those that can only be performed by another entity.

Although some commenters provided us with general information on what they would view to be bona fide services, to avoid inadvertently limiting the scope of what could constitute a bona fide service, we will not establish a list of "bona fide services" at this time.

(2) Fair Market Value

The third element of the definition of bona fide service fees specifies that the fees must represent fair market value. In response to comments, we are refining our current guidance to address

concerns that it may not permit exclusion from ASP of fees for services that can only be performed by the entity to which the fee is paid. Therefore, our guidance is that bona fide service fees means expenses that generally would have been paid for by the manufacturer at the same rate had these services been performed by other or similarly situated entities.

In addition, we tend to agree with the commenters that, in certain circumstances, it may be appropriate to calculate fair market value for a set of itemized bona fide services, rather than fair market value for each individual itemized service, when the nature of the itemized services warrants such treatment. We also tend to agree that the appropriate method or methods for determining whether a fee represents fair market value may depend upon the specifics of the contracting terms, such as the activities the entity will perform and the agreed-upon mechanism for establishing the payment (for example, percentage of goods purchased). We believe manufacturers are well-equipped to determine the most appropriate, industry-accepted method for determining fair market value of drug distribution services for which they contract. Therefore, we are not mandating the specific method manufacturers must use to determine whether a fee represents fair market value for purposes of excluding bona fide service fees from the calculation of ASP.

(3) "Not Passed On"

We appreciate the commenter views on the fourth element of the definition of bona fide service fees, which specifies that the bona fide service fee must not be passed on, in whole or in part, to a client or customer of an entity. At this time, we understand that there may be significant barriers that limit a manufacturer's ability to determine whether a fee that otherwise meets the definition of "bona fide service fee" described in this rule is passed on, in whole or in part, to a client or customer of any entity. Nevertheless, we believe that it is essential to retain the "not passed on" element in the definition of bona fide service fees. The "not passed on" element is, in our view, a key factor in distinguishing a price concession from a bona fide service fee because, if a fee that is passed on is excluded from the ASP calculation, then there is a greater risk of the ASP being inappropriately higher.

However, we recognize that, in some instances, manufacturers may have no effective way of knowing whether a fee paid that meets the other elements of

the definition of "bona fide service fee" is passed on. Although we decided to retain the "not passed on" requirement in the definition of bona fide service fees because of its importance in distinguishing bona fide service fees from price concessions, we believe it is appropriate to seek to balance our goal of ensuring appropriate Medicare payments are made with the level of burden a manufacturer would have to undertake to validate that a fee was not passed on. Therefore, with respect to certifying to the accuracy of their ASP calculations when it is unknown to the manufacturer whether the fee paid was passed on in whole or in part to a client or customer of any entity, we are clarifying, in this preamble, how manufacturers may address this concern. If a manufacturer has determined that a fee paid meets the other elements of the definition of "bona fide service fee," then the manufacturer may presume, in the absence of any evidence or notice to the contrary, that the fee paid is not passed on to a client or customer of any entity.

Comment: Several commenters indicated that some of the fees that they believe would meet our definition of bona fide service fees for ASP purposes would be treated as a reduction to revenues for financial accounting purposes. Commenters asked us to clarify that the treatment of service fees for ASP purposes and financial accounting purposes may be different, and that if a fee meets our definition of a bona fide service fee it can be excluded from the ASP regardless of its treatment for financial accounting purposes.

Response: Fees that meet our definition of bona fide service fees are not considered price concessions for purposes of the ASP calculation, regardless of how they are treated for financial accounting purposes.

Comment: Many commenters asserted that all fees and other payments to GPOs and PBMs should be excluded from ASP because the statute requires only that sales to purchasers be included in ASP, and, they argue, GPOs and PBMs are not purchasers, do not take title to and possession of products, and the fees paid to GPOs and PBMs are not passed on to physicians (or other providers) in a manner that can be attributable to a particular purchase or drug. Commenters asked that, if we consider fees paid to GPOs and PBMs to be price concessions (except to the extent that the fees are bona fide service fees for purposes of the ASP calculation), we allow fees paid to the GPOs and PBMs under arrangements that meet the anti-kickback safe harbor for purchasing

arrangements to be excluded from the ASP calculation without having to meet our definition of bona fide service fees. Other commenters expressed concern that considering GPO and PBM fees to be price concessions could artificially deflate ASP such that it would not accurately reflect the costs incurred by physicians and other providers. Another commenter suggested that we provide additional guidance on payments to managed care organizations.

Response: We note that we did not make a specific proposal with respect to how PBM and GPO fees must be treated for ASP purposes other than to say that to the extent that such fees meet the definition of "bona fide service fee," they are excluded from the calculation of ASP. We are continuing to develop our understanding of the variety of agreements made with entities such as PBMs and GPOs and the possible effects of these arrangements on the calculation of ASP and provider acquisition costs. For this reason, at this time we believe it is premature for us to provide specific guidance with respect to treatment of fees paid by manufacturers to PBMs and GPOs in the ASP calculation (other than to specify, as we proposed, that PBM and GPO fees that meet the definition of "bona fide service fees" are excluded from the calculation of ASP). Instead, we will continue to consider the comments received and to study the matter further. In addition, we may take into consideration how fees paid to these entities are addressed in the context of the Medicaid drug rebate program. We also note that the MedPAC commented that in the upcoming year it would be continuing to examine the issue of the average prices physicians pay and the effect of price concessions that might not be passed on to physicians.

In the absence of specific guidance, the manufacturer may make reasonable assumptions in its calculations of ASP, consistent with the general requirements and the intent of the Act, Federal regulations, and its customary business practices. These assumptions should be submitted along with the ASP data.

Recognizing that the treatment of fees to PBMs and GPOs in the ASP calculation may have implications for the integrity of the ASP payment methodology, we will be paying close attention to this issue and may provide more specific guidance in the future through rulemaking or through program instruction or other guidance (consistent with our authority under section 1847A(c)(5)(C) of the Act).

Comment: Many commenters noted that the Congress excluded wholesaler

prompt pay discounts from the calculation of average manufacturer price (AMP) under the DRA. Commenters asserted that we have the authority to extend this provision to ASP reporting and thus could exclude wholesaler prompt pay discounts from ASP reporting.

Response: We do not agree that extending the DRA provision to ASP reporting would be consistent with Congressional intent. Section 1847A(c)(3) does not specify a carve-out for prompt pay discounts extended to wholesalers. Therefore, along with all other prompt pay discounts, prompt payment discounts extended to wholesalers must be included in the calculation of ASP.

c. Estimation Methodology for Lagged Exempted Sales

Section 1847A(c)(2) of the Act requires manufacturers to exclude from the calculation of ASP those sales that are exempt from inclusion in the determination of Medicaid best price (BP). In the comments on the April 6, 2004 IFC, commenters requested more guidance on the method manufacturers should use to exclude exempted sales that are known on a lagged basis. Manufacturers identify exempted sales based on direct sales and through chargeback and rebate data that may not be sufficiently available at the time the ASP is calculated. In the absence of specific guidance on how to account for lagged exempted sales (that is, exempted sales identified through chargeback or rebate processes), manufacturers have relied upon assumptions in accordance with their customary business practices to develop their approach for excluding these sales from the ASP calculation. In our work with manufacturers that submit ASP data, we understand that some manufacturers have used a ratio methodology for estimating exempted sales known on a lagged basis that is similar to the ratio methodology manufacturers must use to estimate price concessions known on a lagged basis.

To establish a uniform approach, we proposed to require, in the final ASP reporting rule, that all manufacturers use a 12-month (or less, if applicable) rolling average ratio methodology to estimate exempted sales known on a lagged basis (through chargebacks or rebates) to more accurately exclude these sales from the ASP calculation. Specifically, for exempted sales known on a lagged basis, the manufacturer would sum the lagged exempted sales for the most recent 12-month period available (or the number of months the

NDC has been sold for NDCs with less than 12 months of sales, except for redesignated NDCs as described in section II.F.1.e.). The manufacturer then calculates a percentage using this summed amount as the numerator and the sales (the number of units after non-lagged exempted sales have been subtracted from total sales) for the same period (12 months or less, if applicable) as the denominator. The result would be a rolling average percentage estimate for lagged exempted sales that is applied to the sales (the number of units after non-lagged exempted sales have been subtracted from total sales) for the quarter being reported. The product that results from multiplying the rolling average percentage estimate of lagged exempted sales and sales (the number of units after non-lagged exempted sales have been subtracted from total sales) would determine the number of lagged exempted sales (in units) to be excluded from the denominator of the ASP calculation. Manufacturers would be required to make a corresponding adjustment to the numerator of the ASP calculation to ensure that the total in dollars for the reporting quarter does not include revenue related to lagged, exempted sales excluded from the denominator using the proposed estimation methodology. Further, manufacturers would be required to remove the dollar value of lagged exempted sales from their estimates of lagged price concessions by subtracting the dollar value of estimated lagged exempted sales from the denominator as specified in § 414.804(a)(3)(i).

Our proposed methodology for excluding lagged, exempted sales is similar to the methodology manufacturers are required to use to estimate price concessions known on a lagged basis, and was recommended by manufacturers. We believe requiring similar methods to estimate both lagged exempted sales and lagged price concessions would be reasonable and reduces potential errors in the manufacturers' ASP calculations, while ensuring that exempted sales are appropriately removed from the ASP calculation. In addition, using an estimation methodology to remove lagged exempted sales would reduce the likelihood of quarter-to-quarter variations in the ASP.

We sought comments on the proposed methodology for excluding exempted sales known on a lagged basis from the ASP calculation and estimate of lagged price concessions. We also solicited suggestions on appropriate alternative methodologies that may be less complex.

Comment: We received comments that were supportive of our approach. However, some commenters stated that the proposed methodology would be overly complex and inappropriate for certain types of exempted sales known on a lagged basis. Several commenters stated that the proposed methodology would be helpful and useful for accurately excluding from the ASP calculation sales excluded based on the type of entity to which the sale is made and known on a lagged basis (for example, sales relating to subclauses (I), (II), and (IV) of section 1927(c)(1)(C)(i) of the Act). However, most of these commenters cautioned that use of the proposed methodology to estimate and exclude from the ASP calculation sales which are excluded on the basis of rebates paid to State pharmacy assistance programs and Part D plans or qualified retiree prescription drug plans (for example, prices under clauses (III) and (VI) of section 1927(c)(1)(C)(i) of the Act) and known on a lagged basis would be: (1) Inadequate to fully and accurately account and adjust for other price concessions applicable to these sales; and (2) may lead to an inappropriately low ASP if a manufacturer is unable to identify and remove all price concessions associated with an exempted sale. Some commenters supported an alternative, two-pronged approach. Lagged sales excluded based on the type of entity to which the sale is made would be removed from the ASP using the proposed methodology if the manufacturer determined that a 12-month rolling average estimation methodology was necessary to accurately exclude these lagged exempted sales from the ASP calculation. On the other hand, the manufacturer would either not make any adjustment for or use reasonable assumptions to determine the best method for excluding any prices under a State pharmaceutical assistance program, and any prices charged which are negotiated by a prescription drug plan under Part D of title XVIII, by an MA-PD plan under Part C of title XVIII or by a qualified retiree prescription drug plan as defined in section 1860D-22(a)(2) of the Act. Several commenters suggested we adopt an approach that would permit manufacturers not to exclude certain exempted sales because: (1) Current information sources may not distinguish all exempted sales; (2) certain sales may satisfy more than one of the exemptions from the determination of BP so there would be a potential for over counting excluded sales (for example, a sale to a 340B

hospital that is also reimbursed by Medicare Part D); and (3) in some instances the manufacturer may be unable to fully identify and adjust for the price concessions granted along the distribution chain associated with certain exempted sales (for example, the portion of volume discounts granted to distributors and pharmacies that were based on excluded sales). In addition, a few commenters noted that we did not specify a standard method for making the necessary corresponding adjustment to the numerator of the ASP calculation to ensure that the total in dollars for the reporting quarter does not include revenue related to lagged, exempted sales excluded from the denominator using the proposed estimation methodology. These commenters suggested that the excluded sales be valued at the manufacturer's wholesale acquisition cost (less customary prompt pay discounts) for purposes of making the necessary adjustment.

A few manufacturers supported our proposal for calculating excluded sales known on a lagged basis; however, one manufacturer requested that we consider requiring use of a revenue-based ratio instead of or as an alternative to the proposed units-based ratio. This commenter recommended that manufacturers be given a choice between a revenue-based or a units-based method to fit their data systems. Another manufacturer noted that a revenue-based ratio would result in unintended results if the price of the drug changed during the 12-month period used to establish the estimation ratio; therefore, a ratio methodology based on units such as the one we proposed should be required.

Response: Section 1847A(c)(2) of the Act requires that manufacturers exclude certain sales from their ASP calculations. The statute does not make the exclusion of these sales from the ASP calculation optional. Therefore, we do not have the discretion to permit manufacturers not to exclude sales from ASP that are exempt from the determination of BP. Manufacturers must comply with the requirements in § 414.804(a)(4)(i). In this final rule with comment period we are revising § 414.804(a)(4)(i) by adding a reference to nominal prices, as well as sales exempt from inclusion in the determination of BP. We believe that this revision conforms the regulatory text to the language of the statute.

To establish a uniform approach for excluding exempted sales known on a lagged basis, we proposed to amend § 414.804(a)(4) to require that all manufacturers use a 12-month (or less, if applicable) rolling average ratio

methodology to more accurately estimate and exclude these sales from the ASP calculation. Our proposal was based on comments we received in response to the April 6, 2004 IFC and subsequent feedback from a few manufacturers. The comments received in response to the proposed rule reflect a broader set of manufacturers' perspectives. Some commenters indicated that for certain types of exempted sales the proposed methodology for excluding lagged exempted sales from the ASP calculation might lead to inaccuracies in the ASP calculation in their particular circumstances. At the same time, a number of commenters supported the proposed methodology. We recognize these commenters' concerns regarding the difficulties in tracking both the exempted sale and its associated price concessions. Given the range of comments, we do not believe it is not advisable to mandate the use of the methodology, which we proposed at § 414.804(a)(4)(iii), for excluding lagged exempted sales. We recognize the proposed ratio methodology may not be the most accurate method for identifying and excluding certain types of exempted sales known on a lagged basis. However we also believe that our proposed ratio methodology may be appropriate for identifying and excluding lagged exempted sales in some instances. For this reason, we are not including the methodology in our regulations, but are allowing the manufacturers to use the methodology where applicable. We did not receive specific comments on our proposed modifications to § 414.804(a)(1) and (3) clarifying further that exempted sales are excluded from the ASP calculation. We are finalizing those clarifications as proposed.

d. Nominal Sales

Section 1847A(c)(2)(B) of the Act requires manufacturers to exclude from the ASP calculation sales that are merely nominal in amount, as applied for purposes of section 1927(c)(1)(C)(ii)(III) of the Act, except as the Secretary may otherwise provide. In the preamble to the April 6, 2004 IFC, we stated that, for ASP purposes, sales to an entity that are nominal in amount are defined in the Medicaid drug rebate agreement (see sample agreement at <http://www.cms.hhs.gov/MedicaidDrugRebateProgram/downloads/rebateagreement.pdf>). That is, for ASP purposes, a sale at a nominal price is a sale at a price less than 10 percent of the AMP in the same quarter for which the AMP is computed.

Effective January 1, 2007, the DRA revises the AMP calculation (to omit customary prompt pay discounts extended to wholesalers), adds a monthly AMP reporting requirement, and establishes limitations on nominal sales (only sales to certain entities may qualify as nominal sales). Section 1927(c)(1)(D) of the Act limits the nominal sales exclusion to sales at a nominal price made to the following entities:

- Covered entities as described in section 340B(a)(4) of the Public Health Services Act.
- Intermediate care facilities for the mentally retarded (ICFs/MR).
- State-owned or operated nursing facilities.
- Any other facility or entity that the Secretary determines is a safety net provider to which sales of such drugs at a nominal price would be appropriate based on the factors described in section 1927(c)(1)(D)(ii) of the Act.

In light of the DRA changes affecting which sales may be considered sales at a nominal price or merely nominal in amount, for purposes of section 1927(c)(1)(C)(ii)(III), the CY 2007 PFS proposed rule sought to clarify the method manufacturers must follow in 2007 to identify such sales for ASP reporting purposes and to exclude sales at a nominal price from the calculation of ASP. For 2007 and beyond, we proposed to continue to rely on the Medicaid threshold (less than 10 percent of AMP) to determine whether a sale is at a nominal price and to apply the limitations in section 1927(c)(1)(D) of the Act for determining the types of sales that can be considered to be sales at a nominal price for purposes of the ASP calculation. We made this proposal for several reasons.

As we indicated in the CY 2007 PFS proposed rule, we believe this approach helps maintain continuity in the ASP calculation and minimizes manufacturers' reporting burden, as Medicare continues to follow the Medicaid approach for identifying sales at a nominal price and manufacturers can use a single method for identifying nominal sales for both ASP and AMP purposes.

In addition, we believe the DRA modifications to section 1927 of the Act will have minimal effect on reported ASPs. We expect that the exclusion of customary prompt pay discounts extended to wholesalers from AMP would lead to a modest increase in AMP, and as a result a modest increase in the nominal price threshold for purposes of ASP reporting. At the same time, we anticipate that the limitation on the types of entities to which the

nominal sales exclusion may apply, as specified in section 1927(c)(1)(D) of the Act, will result in a modest reduction in the number of sales that qualify for the nominal sales exclusion for purposes of ASP reporting because we believe that the entities outlined in section 1927(c)(1)(D) of the Act generally represent the types of entities to which manufacturers sell at a nominal price. Consequently, we expect these two countervailing changes would have a minimal overall impact on nominal sales that would be excluded from the ASP calculation. For these reasons, we proposed to continue to rely on the application of section

1927(c)(1)(C)(ii)(III) of the Act (as limited by section 1927(c)(1)(D) of the Act) for identifying sales to an entity at a nominal price for purposes of excluding such sales from the manufacturer's calculation of the ASP.

We solicited comments on our proposal to continue use of the AMP as the basis for identifying the threshold for sales at a nominal price for purposes of the exclusion from the ASP calculation and on whether an alternative threshold is necessary or desirable to ensure the accuracy of the ASP payment methodology. Specifically, we sought comments on whether sales at less than 10 percent of the ASP (instead of the AMP) should be used as the threshold for determining whether a sale to an entity identified in section 1927(c)(1)(D) of the Act is at a nominal price. We also sought comments on our belief that the new limitations in section 1927(c)(1)(D) of the Act, if applied for ASP purposes, will have minimal impact on reported ASPs.

Comment: We received comments supporting our proposals to continue to rely on the application of section 1927(c)(1)(C)(ii)(III) of the Act, as modified by section 1927(c)(1)(D) of the Act, to identify and exclude sales at a nominal price from the ASP calculation. These commenters agreed that using the same standard for Medicare and Medicaid purposes would reduce reporting burden.

Response: We appreciate the comments in support of our proposal. We are adopting our proposal to continue to rely on the Medicaid threshold (less than 10 percent of AMP) to determine whether a sale is at a nominal price, and to apply the limitations in section 1927(c)(1)(D) of the Act for purposes of identifying sales at a nominal price in determining the ASP.

Comment: We received a few comments suggesting that the Secretary provide a list of additional types of

safety net providers that would qualify for the nominal sales exclusion.

Response: The issue of whether the Secretary should designate additional types of entities that would qualify as safety net providers for purposes of section 1927(c)(1)(D) of the Act is outside of the scope of this rulemaking.

Comment: We received a comment suggesting that because of the short timeframe for performing the ASP calculation, manufacturers should be allowed to identify sales at a nominal price for ASP purposes using the AMP for the previous quarter provided that the manufacturer does this consistently across all of its products.

Response: We are concerned that the commenter's suggestion that we allow use of last quarter's AMP to identify sales at a nominal price in the current quarter could have an adverse impact on the accuracy of the ASP calculation. It is possible for the AMP to change substantially from one quarter to the next (for example, when generic products first become available). In such situations, using the current quarter's AMP, as opposed to last quarter's AMP, would generally result in a more accurate identification of sales at a nominal price. Consequently, we are continuing to require that for ASP calculation purposes nominal sales in a reporting quarter be identified based on the AMP for the same quarter.

In the CY 2007 PFS proposed rule, we also responded to requests for clarification on a technical aspect related to the identification of nominal sales. Specifically, some manufacturers have asked whether sales at a nominal price are identified by performing a series of calculations once or whether the manufacturer repeats the series of calculations until no remaining ASP eligible sales are below the nominal threshold. Manufacturers must identify sales at a nominal price by performing the following steps once—

- The manufacturer calculates the AMP for the reporting quarter to identify the dollar amount that represents 10 percent of the AMP for that reporting period.
- The manufacturer then identifies sales at prices below this amount and excludes these sales from the ASP calculation.
- Beginning in 2007, only those sales that meet the criteria discussed previously and are to an entity identified in section 1927(c)(1)(D) of the Act shall be excluded from the calculation of ASP.

We received no comments concerning this clarification; therefore we are finalizing the clarification as proposed.

e. Other Price Concession Issues

In our ongoing work with manufacturers that submit ASP data, some manufacturers have posed questions or raised concerns about how the estimate of lagged price concessions is done prior to having 12 months of data for a NDC and, when a product is redesignated with a new NDC, whether price concessions from the prior NDC must be included in calculating the ASP for the new NDC. Manufacturers and other stakeholders have also asked us about how Medicare's ASP guidance concerning price concessions is to be applied when drugs are sold under bundling arrangements.

In response, we proposed clarifications and solicited comment on these issues.

(1) Price Concessions for NDCs With Less Than 12 Months of Sales

To address situations when a NDC with price concessions known on a lagged basis has not been sold for a full 12 months, we proposed to revise § 414.804(a)(3) to specify that the period used to estimate lagged price concessions is the total number of months the NDC has been sold. We proposed to require that manufacturers use less than 12 months of data in the estimation methodology for lagged price concessions for NDCs with less than 12 months of sales (except when the manufacturer has redesignated the product's NDC, as discussed in this section). We also clarified in the preamble of the proposed rule that manufacturers may include the current ASP reporting quarter in the most recent 12-month period (or less for NDCs with less than 12 months of sales) so long as the manufacturer follows this approach in calculating the ASP for all of its reported NDCs.

Comment: We received a number of comments supporting our proposal.

Response: We are finalizing our proposal. We will require that manufacturers use less than 12 months of data in the estimation methodology for lagged price concessions for NDCs with less than 12 months of sales (except when the manufacturer has redesignated the product's NDC, as discussed in this section).

(2) Redesignated NDCs

From time to time, a manufacturer may change the NDC assigned to a specific product and package size while continuing or offering price concessions that span across sales of the product under its prior and redesignated NDCs. For example, an NDC may be changed to reflect a change in the labeler code

while lagged price concessions in place under the prior NDC remain in effect and carry over to the redesignated NDC. Another example would be a manufacturer that modifies its package design or other non-drug feature of the NDC and assigns a new NDC to reflect the revised packaging.

We proposed to clarify in the final ASP reporting rule that, when an NDC is changed (except when a product is repackaged or relabeled by a different manufacturer or relabeler or is privately labeled) and lagged price concessions offered for the prior NDC remain in effect, the manufacturer must use 12 months (or the total number of months of sales of the prior and redesignated NDCs if the total number of months of sales is less than 12 months) of sales and price concession data from the prior and redesignated NDCs to estimate lagged price concessions applicable to the redesignated NDC. In establishing this methodology, we are relying on our authority under section 1847A(c)(5)(A) of the Act.

We sought comments on our proposed refinements to the estimation of lagged price concessions for NDCs with less than 12 months of sales and when a manufacturer redesignates the NDC assigned to a product. We also solicited suggestions for potentially clarifying these policies further.

Comment: We received a number of comments supporting our proposal. In addition, some commenters asked for more guidance concerning what circumstances the policy regarding redesignated NDCs would or would not apply to. In particular, some commenters suggested the policy should not apply when there is a change in the 9-digit NDC (that is, a change in the product code). We also received comments asking for clarification on how manufacturers should combine price concessions in situations where the NDC is redesignated and both products are sold for a time concurrently. Some commenters asked whether the lagged price concessions for the prior and redesignated NDCs should be combined to create a single lagged price concession ratio to be used to estimate lagged price concessions for the prior and redesignated NDC, and if so, how long this practice should occur. In addition, some commenters noted that the Food and Drug Administration (FDA) has issued a proposed rule concerning the assignment of NDC codes, and that the issue of redesignated NDCs and the ASP calculation may need to be revisited when the FDA finalizes its regulation.

Response: In making our proposal, we intended our proposal to apply in

instances when a manufacturer redesignates an NDC meaning the manufacturer establishes a new NDC as a replacement for a prior NDC for the same product and package size. After reviewing the comments, we are finalizing our proposal. When a manufacturer redesignates an NDC (except when a product is repackaged or relabeled by a different manufacturer or relabeler or is privately labeled) for a specific drug product and package size and lagged price concessions offered for the prior NDC remain in effect, the manufacturer must use 12 months (or the total number of months of sales of the prior and redesignated NDCs if the total number of months of sales is less than 12 months) of sales and price concession data from the prior and redesignated NDCs to estimate lagged price concessions applicable to the redesignated NDC. Several commenters recommended that we clarify that this policy would never apply to a change in the product code for an NDC. We disagree and believe the policy could apply to a change in the product code depending on the circumstances. When an NDC is redesignated as a replacement for a prior NDC for a specific drug product and package size and lagged price concessions for the prior NDC remain in effect, we believe the policy described previously should apply regardless of which segment of the NDC code is changed.

Several commenters asked for guidance concerning how to handle situations where the redesignated NDC and prior NDC are for a time sold concurrently. If the redesignated NDC is a replacement for the prior NDC and if the two NDCs are sold for only a limited time concurrently, then we agree with commenters' suggestion that lagged price concessions that are based on sales of the prior NDC and redesignated NDC should be combined to calculate a single lagged price concessions ratio (for the applicable price concessions) that would be applied to the ASP calculation for the prior NDC and for the redesignated NDC. In this situation, the manufacturer should combine the lagged price concession data that are based on sales of the prior NDC and redesignated NDC as described previously until the last lot sold of the prior NDC expires. Finally, we agree that the FDA's proposed regulations concerning the assignment of NDC codes, once they are finalized, may have implications for our policy concerning redesignated NDCs, and we may revisit this issue in the future, if we believe it is warranted.

(3) Bundled Price Concessions

The statute requires that the ASP include volume discounts, prompt pay discounts, cash discounts, free goods that are contingent on any purchase requirement, chargebacks, and rebates (other than rebates under section 1927 of the Act). Thus far, we have not provided specific guidance in the ASP context on the issue of how to allocate price concessions across drugs that are sold under bundling arrangements. In the absence of specific guidance, the manufacturer may make reasonable assumptions in its calculations of ASP, consistent with the general requirements and the intent of the Act, Federal regulations, and its customary business practices. Manufacturers should include these assumptions in their ASP submissions.

As we indicated in the CY 2007 PFS proposed rule, we expect manufacturers of drugs reimbursed by Medicare Part B to comply with all applicable laws, regulations, and legal decisions including, but not limited to the Stark law, other relevant anti-kickback laws, antitrust laws, and laws governing fair trade practices (71 FR 49003). Our discussion of this issue in the proposed rule or in this final rule with comment period should not be construed as an endorsement or authorization of any pricing practices that contravene any laws, legal decisions, or regulations.

In the CY 2007 PFS proposed rule, we indicated that we would like to better understand how bundling affects sales of Part B drugs and the ASP calculation, and any concerns stakeholders may have on this issue (71 FR 49003). Furthermore, we indicated that we are considering providing guidance, through rulemaking or through program instruction or other guidance (consistent with our authority under section 1847A(c)(5)(C) of the Act) on the methodology manufacturers must use for apportioning price concessions across Part B drugs sold under bundling arrangements for purposes of the calculation of ASP. We also noted that in considering this issue our goal is to ensure that the ASP is an accurate reflection of market prices for Part B drugs and that the treatment of bundled price concessions in the ASP calculation does not create inappropriate financial incentives.

In the CY 2007 PFS proposed rule, we solicited comments on a number of issues related to bundled price concessions, including how frequently Part B drugs are sold under bundling arrangements, the different structures of bundling arrangements that may exist (for example, the number of products

included in a bundling arrangement; whether the price concessions are contingent on the purchase of only one product, the purchase of multiple products, or the inclusion of one or more products on a formulary; and the timing of the price concessions), and the extent to which sales of Part B drugs are bundled with sales of non-Part B drugs or non-drug products. We also sought comments on what effect bundling arrangements may have on the ASP calculation, on beneficiary access to high quality, appropriate care (including access to drugs that may not have clinical alternatives), and on costs to the Medicare program and beneficiaries. In addition, we solicited comments on whether additional guidance on apportioning bundled price concessions for purposes of the calculation of ASP is needed and potential methodologies that Medicare could consider requiring. Furthermore, we solicited comments on how variation in the structure of bundling arrangements may affect the impact of potential apportionment methodologies on the ASP calculation.

Comment: Some commenters recommended that we provide guidance on the treatment of bundled price concessions in the ASP calculation. A number of these commenters stated that having specific guidance on this issue would promote consistency in ASP reporting across manufacturers. In addition, many commenters believed that we should issue another proposed rule with a specific proposal and offer an opportunity for public comment before finalizing any policy. Many of these commenters were also concerned about how the treatment of bundled price concessions in the ASP calculation would affect providers who do not purchase the drug as part of a bundling arrangement.

Some commenters did not take a position on whether specific guidance was needed on the treatment of bundled price concessions in the ASP calculation, citing both the general desirability of having guidance on various ASP reporting issues and concerns that a specific methodology with regard to bundled price concessions and ASP might be inflexible and hinder beneficial arrangements.

While most commenters did not offer a specific suggestion on a potential methodology for the treatment of bundled price concessions in the ASP calculation, a few commenters did. One commenter suggested that Medicare adopt for ASP purposes the apportionment methodology that the Medicaid rebate program requires manufacturers to use in the calculation

of AMP and BP. The current Medicaid National Drug Rebate Agreement states that "for Bundled Sales, the allocation of the discount is made proportionately to the dollar value of the units of each drug sold under the bundled arrangement."

Another commenter suggested that we adopt the current Medicaid rebate program methodology for apportioning bundled price concessions described above, but create an exception for dominant drugs without significant clinical alternatives. This commenter stated that drug manufacturers do not have an incentive to provide discounts on dominant drugs that do not have significant clinical alternatives. As a result, the commenter believes that in situations where a "dominant" drug is bundled with non-dominant drugs, none of the bundled price concessions should be apportioned to the "dominant" drug. Furthermore, the commenter stated that if the Medicaid methodology were employed without an exception for dominant drugs, there would be the potential to lower the ASP for a dominant drug in a bundle while increasing the ASP for the other, non-dominant drugs in that bundle. The commenter believes such a policy would result in an unfair competitive advantage and would impose additional costs on the public health system and the Medicare program. The commenter stated that determining whether a bundling arrangement contained a dominant drug would be relatively easy for manufacturers, and suggested a number of criteria such as a drug's indication and risk profile, whether it is a single source product, its patent-protected status, the drug's market share, the relative magnitude of incentives provided on the drug both before and after it is inclusion in the bundle, the effect of the introduction of the drug into the bundle on the sales volume of other products in the bundle, and Medicare expenditures on the drug relative to potential alternatives.

In contrast, another commenter urged us not to adopt a methodology where price concessions offered on drugs sold under bundling arrangements are allocated across those drugs based on specified criteria. The commenter stated that the ASP is intended to reflect the prices available in the market for each product, and they believe reallocating discounts across drugs is unnecessary and could result in inaccurate ASPs, impaired beneficiary access, and inappropriate financial incentives. Another commenter stated that manufacturers should be allowed to make reasonable assumptions concerning the treatment of bundled

price concessions in the ASP calculation, and that any bundled price concessions that meet a safe harbor to the OIG anti-kickback statute should be handled like nonbundled price concessions for ASP calculation purposes.

We also received some comments expressing satisfaction with current contracts with drug manufacturers, and raising concerns that the establishment of guidelines concerning the treatment of bundled price concessions in the ASP calculation may require them to renegotiate those contracts. In addition, we received some comments expressing concern about the affect of bundling arrangements on physician and health care provider's choice of products.

A number of commenters also raised the issue of Part B drugs being bundled with non-Part B drugs or other products. Some stated that when Part B drugs are bundled with other products, the bundled price concessions should not be apportioned from other products to Part B drugs, citing concerns that the Part B drug payment rates would be inappropriately low. However, another commenter believes that bundled price concessions should be allocated from non-Part B drug products to Part B drugs, stating that it otherwise results in government overpayments. A number of other commenters offered suggestions on how a bundle should be defined, with several commenters suggesting that discounts contingent on the placement of one or more products on a formulary should not constitute a bundle. We also received comments recommending that for the purposes of the ASP calculation we only consider bundling arrangements to exist in situations where several different products are sold for a single price, and the individual products do not have separately identifiable prices.

Finally, we note that the MedPAC commented that it would be examining the issue of bundled price concessions and the ASP in the upcoming year.

Response: In considering the issue of bundled price concessions, our goal is to ensure the accuracy of the ASP calculation and to prevent the treatment of bundled price concessions in the ASP calculation from creating inappropriate financial incentives. A number of comments suggested, that potential bundling arrangements may be complex and vary widely in terms of the structure and types of performance requirements upon which a bundled discount may be conditioned, the magnitude of price concessions, and the characteristics of the drugs or other products included in the bundle (for example, whether the bundle includes

Part B drugs only or other products, the market position of products in the bundle, the relative sales volume of products in the bundle, and how commonly a particular product is sold under a bundling arrangement). Given the potentially wide range of bundling arrangements that might exist, based on the information we currently have about such arrangements, we are not in a position to determine, at this time, whether there is a universal approach for treating bundled price concessions in the ASP calculation that would address all potential structures of bundling arrangements in a manner that would achieve our goal of ensuring the accuracy of the ASP payment methodology and preventing inappropriate financial incentives.

Furthermore, we note that we received a comment suggesting that Medicare adopt a special policy concerning the treatment of bundled price concessions in the ASP calculation for bundling arrangements that include dominant drugs without significant clinical alternatives. We do not believe it would be feasible for the Medicare program to establish a definition of a dominant drug without significant clinical alternatives that would be precise enough to clearly delineate when a product was or was not dominant, especially given the potential for great variation in the structure of bundling arrangements and the characteristics of drugs included in those arrangements.

Since we do not yet fully understand the variety of bundling arrangements that exist in the marketplace and how they are likely to evolve over time, we believe it is important to be cautious in establishing a specific methodology that all manufacturers must follow for ASP purposes. Consequently, we are not establishing a specific methodology that manufacturers must use for the treatment of bundled price concessions for purposes of the ASP calculation at this time. In the absence of specific guidance, the manufacturer may make reasonable assumptions in its calculations of ASP, consistent with the general requirements and the intent of the Act, Federal regulations, and its customary business practices. Our intent in not being prescriptive in this area at this time is to allow manufacturers the flexibility to adopt a methodology with regard to the treatment of bundled price concessions in the ASP calculation that, based on their particular circumstances, will best ensure the accuracy of the ASP calculation and not create inappropriate financial incentives.

Recognizing that the treatment of bundled price concessions in the ASP calculation has implications for the integrity of the ASP payment methodology, we will be paying close attention to this issue and may provide more specific guidance in the future through rulemaking or through program instruction or other guidance (consistent with our authority under section 1847(c)(5)(C) of the Act) if we determine it is warranted. Furthermore, as we continue to monitor this issue, we want to be sure we are aware of concerns from all stakeholders, and thus we encourage the public to relay additional information or concerns to us on this issue as they may arise. In addition, we note that MedPAC has indicated it will be studying this issue in the upcoming year, and we look forward to its work in this area.

Finally, we emphasize that we expect manufacturers of drugs reimbursed by Medicare Part B to comply with all applicable laws, regulations, and legal decisions including, but not limited to the Stark law, other relevant anti-kickback laws, antitrust laws, and laws governing fair trade practices. Our discussion of this issue should not be construed as an endorsement or authorization of any pricing practices that contravene any laws, legal decisions, or regulations.

f. Other ASP Reporting Issues

Comment: Several commenters stated that it can be difficult for manufacturers to determine which drugs are subject to the ASP reporting requirements, considering that section 1927(b)(3)(A)(iii) of the statute states that ASP data must be reported for drugs that are described in subparagraph (C), (D), (E), or (G) of section 1842(o)(1), or 1881(b)(13)(A)(ii) of the Act.

Response: In general, these subparagraphs refer to broad categories of drugs covered by Medicare Part B such as drugs that are administered incident to a physician's service in physician offices; certain immunosuppressive, oral anticancer, and oral anti-emetic drugs supplied by pharmacies; infusion drugs furnished through an item of DME; intravenous immune globulin (IVIG), inhalation drugs furnished through an item of DME, and separately payable drugs furnished by ESRD providers. Because Medicare Part B drugs are subject to local coverage determinations (LCDs) by the local claims processing contractors and the scope of Part B drug coverage varies among contractors, we do not maintain a list of all drugs covered under Part B at any given time in all

contractor jurisdictions. However, the following resources may be helpful and can be retrieved at http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/02_aspfiles.asp#TopOfPage.

The NDC to HCPCS crosswalk is posted quarterly on our Web site and lists a majority of billing codes used by providers to submit claims for drugs. We welcome ongoing feedback on the accuracy of the crosswalk. We also publish a list of many of the frequently administered drugs that are billed using the not otherwise classified billing codes.

Comment: Several commenters suggested that we develop a formal process for requesting a determination of whether for a particular NDC the ASP reporting requirements apply. These commenters contend such a process is necessary particularly for drugs that may be typically self-administered, may be used for prevention or cosmetic purposes, are available in potentially noncovered forms, and new drugs for which LCDs have not yet been made.

Response: Medicare Part B drug coverage under title XVIII is generally limited to certain drugs within specific benefit categories as described at the beginning of this section. For the most part, we believe manufacturers have identified the drugs for which they have an ASP reporting obligation. Medicare has established processes for issuing national, as well as local, coverage determinations for Part B drugs and other services. Therefore, we are not persuaded by the commenters that an entirely separate process is necessary for assisting manufacturers in determining whether a drug qualifies for coverage under Part B as a means of determining whether it is subject to the ASP reporting requirements. We encourage manufacturers to contact us directly to discuss the specifics of their ASP reporting concerns.

Comment: One commenter asked us to clarify whether manufacturers have to include in their calculation of the ASP for a given NDC sales of that NDC that are used for purposes not covered by Medicare Part B. The commenter also wanted to know if NDCs that are labeled for Medicare noncovered indications are subject to the ASP reporting provisions.

Response: With respect to whether a manufacturer may exclude sales for noncovered uses from its calculation of the ASP for an NDC and whether NDCs that are labeled for cosmetic or other typically noncovered use (for example, contraception) are exempt from the ASP reporting requirements, we believe the statute provides no such exclusion.

Comment: Another commenter suggested that we clarify whether manufacturers are required to report ASP data for infusion drugs administered via DME and for a drug that is usually self-administered and not covered by Medicare Part B (even if Medicare utilization data suggests that there are small levels of utilization which a manufacturer believes are contractor mistakes).

Response: Section 1927(b)(3)(A)(iii) of the Act specifies the drugs for which manufacturers have to report ASP data, and it includes infusion drugs furnished through an item of DME (by reference to section 1842(o)(1)(D) of the Act). Manufacturers must report ASP data for these drugs quarterly.

With respect to drugs that a manufacturer believes are noncovered by Medicare despite a local claims processing contractor's payments for the drug, we are aware of one such situation and have been working closely with the manufacturer to resolve the matter. We encourage manufacturers to contact us directly so that we can consider these issues on a case-by-case basis.

Comment: One manufacturer expressed concern that submitting ASP data for a noncovered drug may be viewed as a claim for coverage.

Response: We do not believe that reporting ASP data for a drug, in the absence of other actions, would be a claim of coverage for the drug.

Comment: A few commenters requested clarification regarding when a manufacturer's reporting obligation for an NDC ends. One commenter noted that ASP will not be a positive number unless there is product sold in a quarter, and suggest there is no need to report the ASP after the last lot is sold.

Response: In the March 3, 2006 **Federal Register** (71 FR 10975), we clarified that manufacturers would no longer report ASP data for an NDC beginning the reporting period after they report the ASP data for the quarter during which the expiration date of the last lot sold occurs. We are aware that a manufacturer's ASP will not be a positive value unless a reportable sale occurs in the reporting period. However, for single source drugs, manufacturers not only have a requirement to report ASP but also wholesale acquisition cost (WAC).

Comment: Several commenters requested that we clarify whether the manufacturer that holds title to the NDC is always responsible for reporting the ASP data, and whether certain exceptions are permissible such as when manufacturers establish licensing agreements or a manufacturer divests a product but the NDC's labeler code is

not changed. Some commenters stated that the title-holding manufacturer should determine which entity has the ASP reporting obligation. In addition, a commenter requested that manufacturers not be required to certify ASP data that they did not have access to or did not generate. One commenter suggested that a manufacturer's ASP reporting obligation would cease upon the transfer of the product to another manufacturer with control over its pricing.

Response: For ASP purposes, the definition of manufacturer has the same definition set forth in section 1927(k)(5) of the Act, which is the definition included in the Medicaid drug rebate statute. We believe that likewise the ASP reporting obligation should follow the process established under the Medicaid drug rebate program, and we see no reason to establish separate guidance at this time. Further, we believe that manufacturers have means of dealing with these issues within their business arrangements.

Comment: One commenter recommended that we provide guidance that sales between wholly-owned subsidiaries of a common parent company would not constitute a sale for ASP reporting and calculation purposes.

Response: We will consider the issue and any broader implications it may have for the ASP calculation, and may issue additional guidance if we determine it is appropriate.

Comment: Some manufacturers supported maintaining the same definition of manufacturer for ASP purposes and for Medicaid AMP and BP purposes. Several commenters requested that we formally state that wholesalers and distributors do not have to report ASP data. A retail pharmacy chain requested that retail pharmacies be excluded from the definition of manufacturer in so far as they repackage drugs for purposes of dispensing drugs to customers under state law. Similarly, a mail order pharmacy requested that we clarify that mail order pharmacies are not considered manufacturers. One commenter suggested that only the holders of the product's New Drug Approval, Abbreviated New Drug Approval, or Biologic License Application should be considered manufacturers or repackagers for the purposes of reporting ASP.

Response: Under section 1847A of the Act, entities that fall under the definition of manufacturers in section 1927(k)(5) of the Act must report ASP data. This definition is separate from the FDA process for drug applications. We interpret manufacturer for ASP

purposes to have the same meaning as under the Medicaid Rebate Agreement. Therefore, wholesalers that relabel or repackage NDCs and pharmacies must report ASP data to the extent that they qualify as manufacturers for Medicaid drug rebate purposes.

Comment: A few commenters requested that we formalize our guidance on whether sales in the United States include sales to purchasers in the territories.

Response: We are not addressing this issue in the regulations text.

Comment: A few commenters requested that we incorporate into the regulation our current guidance on the treatment of returned units.

Response: We issued guidance on our Web site in September 2004 instructing manufacturers not to make adjustments to the ASP calculation to account for returns. We stated in that guidance beginning with the data submission for sales during the third quarter of 2004 and thereafter, manufacturers should not subtract the value of the returns from the numerator of the ASP calculation and should not subtract the number of units returned from the denominator. In other words, the value of returns should not be included in the numerator and the number of returned units should not be included in the denominator when calculating the ASP for a reporting quarter. This continues to be our guidance as we study the issue further, but we have decided not to place this guidance into the regulation text at this time.

Comment: Some of the commenters noted that, at this time, manufacturers' reasonable assumptions continue to be an important principle in ensuring that the calculation of ASP is appropriate. Several commenters suggested we include in the final rule guidance we have previously provided through Q&A that in the absence of guidance manufacturers may make reasonable assumptions and should provide those assumptions in their ASP submission.

Response: We agree with these commenters; manufacturers' reasonable assumptions remain an important aspect of ASP reporting. The complexities of each calculation can differ across manufacturers. Therefore, it is essential that each manufacturer examine the facts and complexities of its business practices and products to determine how it will comply with the ASP reporting requirements. We posted a frequently asked question on our Web site to inform manufacturers of the importance of reasonable assumptions. In that guidance we state, "In the absence of specific guidance in the Act or Federal regulations, the manufacturer

may make reasonable assumptions in its calculations of ASP, consistent with the general requirements and the intent of the Act, Federal regulations, and its customary business practices. These assumptions should be submitted along with the ASP data and the signed certification form."

Comment: Some commenters wanted to know whether data on nominal sales must be reported at this time as required under section 1927(b)(3)(A)(iii)(III) of the Act.

Response: We currently consider the requirements of section 1927(b)(3)(A)(iii)(III) of the Act for the reporting of nominal prices for purposes of ASP to be met when the manufacturer reports its ASPs, to the extent that the ASPs accurately account for nominal prices that are excluded from the ASP calculation. Thus, we are not currently requiring this information to be separately reported from the ASP. As we gain more experience with the ASP system, we may require this information to be separately reported in the future. We note that our interpretation of the reporting requirement for nominal prices for purposes of ASP has no effect on any Medicaid reporting requirement.

Comment: Several commenters stated that the statute does not require certification of the ASP by the manufacturer's chief financial officer (CFO), chief executive officer (CEO) or individual who has delegated authority to sign for and reports directly to either the CFO or CEO. A large international manufacturer commented that it was impractical to have ASP reports certified by international executives. Another manufacturer commented that its organizational structure did not have executives matching the specified titles, and therefore, it was impossible to comply with this requirement. Further, many commenters stated that it was inappropriate to require certification of the ASP data until sufficient guidance on how to calculate the ASP has been established. A few commenters suggested that the certification language should be revised to acknowledge that reasonable assumptions had been made and to reflect the limited ability of manufacturers to accurately estimate lagged price concessions and determine whether fees were passed on in whole or in part. Another commenter stated that the penalties for failing to report accurate ASP data are a sufficient deterrent to abuse, and the certification is unnecessary and should be eliminated.

Response: Because of the consequences for failing to submit accurate and timely ASP data, we continue to believe there is good reason

to require that each ASP report be certified by the manufacturer at this time. With the ASP data being the basis of Medicare payment rates for the vast majority of Part B covered drugs and biologicals, we believe that certification requirement is an important program safeguard. We acknowledge the operational constraints some manufacturers may experience in obtaining certain senior executive level signatures to coincide with the quarterly ASP reporting deadlines, although our experience is that nearly all manufacturers are able to do so without causing a delay in reporting their ASP data timely.

Comment: Several commenters noted that the Medicaid AMP and BP can be restated within the specified time period. These commenters requested that we establish procedures to identify potentially errant ASP data and to allow for corrections of ASP data.

Response: If a manufacturer has good cause for resubmitting its quarterly ASP data, it may do so following the submission instructions available at <http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg>. Resubmission of ASP data does not constitute a release from liability for failure to submit timely and accurate ASP data.

Comment: Several manufacturers suggested that the reasonable assumptions submitted along with the ASP data be afforded the same confidential protections as specified for the ASP data.

Response: We provided guidance on our Web site addressing this issue. That guidance states, "As indicated in section 1927(b)(3)(D) of the Act, as amended by MMA section 303(i)(4)(D), information disclosed by the manufacturer in connection with the requirement for ASP data submission is confidential and, notwithstanding other laws, shall not be disclosed by the Secretary (or contractor therewith) in a form which discloses the identity of a specific manufacturer or wholesaler, prices charged for drugs by such manufacturer or wholesaler, except as necessary by the Secretary to carry out the provisions of section 1847A or 1847B of the Act, and to permit the OIG, the Comptroller General, and the Director of the Congressional Budget Office to review the information provided. <http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg>. As is good practice with any sensitive material, manufacturers should clearly mark their reported ASP data, if applicable, to indicate that the information contained therein is confidential, proprietary, or contains trade secrets, for example, as appropriate.

Comment: One commenter asked that we clarify that the number units to be reported are the number of units sold excluding exempted sales.

Response: The commenter is correct. Effective with the publication of the FY 2007 IPPS final rule (August 18, 2006, 71 FR 47870), we revised the definition of unit in § 414.802. "Unit" means the product represented by the 11-digit NDC. During the first 3 years of the CAP (as defined in § 414.902), the method of counting units excludes units of CAP drugs (as defined in § 414.902) for use under the CAP (as defined in § 414.902). The CAP is the Competitive Acquisition for Outpatient Part B Drug and Biologicals which began in July 2006. Units of drugs sold to an approved CAP vendor for use under the CAP are excluded from the ASP calculation. Manufacturers must report the number of units sold after adjusting for exempted sales, including exempted sales known on a lagged basis.

Comment: In response to the April 6, 2006 IFC, a commenter stated that some manufacturers submit AMP and then restate it in subsequent periods to take into account rebates. The commenter requested that we provide assurance that they will not be liable for misrepresentation of nominal sales, if the manufacturer bases its nominal sales on AMP for the reporting quarter and then the manufacturer modifies AMP subsequently to take into account rebates.

Response: Nominal sales for ASP purposes are calculated based on the AMP for the reporting quarter. We have not provided guidance on how a manufacturer should handle identification of nominal sales if current reporting quarter AMP is subsequently restated for Medicaid purposes. We did not receive comments on this issue in response to our request in the proposed rule regarding the method manufacturers must use to identify nominal sales. We believe that manufacturers may have considered this issue in making their comments in support of continued use of the AMP as the basis for determining nominal sales excluded from the calculation of ASP. We will continue to work with manufacturers to determine if further guidance on this issue is warranted. With regard to the comment concerning liability, if the Secretary determines that a manufacturer has made a misrepresentation in the reporting of its ASP for a drug, the Secretary may apply a civil money penalty as specified in section 1847A(d)(4) of the Act.

Comment: One commenter suggests we explore methods of receiving ASP data by e-mail. This commenter also

recommends we include information in the final rule on where and how to submit ASP data.

Response: At this time, we do not permit electronic mail submission of ASP data because the confidentiality of the ASP data would not be assured. However, we continue to explore opportunities for enhancing the efficiency of the ASP submission process. Procedural information on how and where to submit ASP data is provided in a Q&A on our Web site. We believe it is best to provide information on the logistics of how and where to submit the ASP data through our Web site, which can be updated more quickly than a regulation.

Comment: We received comments recommending we provide guidance in the final regulation on requirements related to the reporting of WAC and urged Addendum A to be revised to include this information.

Response: In the CY 2006 PFS final rule, we clarified that manufacturers must report WAC for all single source drugs (including new drugs) each reporting period in addition to reporting ASP. Manufacturers must report the WAC in effect on the last day of the reporting period. Effective July 2006, we revised the reporting template. Addendum A, to include a specific column for reporting WAC. Addendum A can be found on our Web site at—<http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/>.

Comment: We received comments suggesting that we publicize the NDC–HCPCS crosswalk and have a process for informing manufacturers of where changes have occurred, and a process for soliciting and responding to input on the crosswalk. Also, they suggest establishing procedures so manufacturers can determine whether we are defining package codes correctly.

Response: Every quarter, we publish on the CMS Web site a crosswalk of NDCs to HCPCS codes. Included in the crosswalk is information on the package size and package quantity that we believe is reflected by each NDC. The crosswalk file provides an e-mail address (sec303aspdata@cms.hhs.gov) to which individuals can send comments. Furthermore, as of July 2006, manufacturers are now required to report with their ASP submission specific information on the package size of each NDC as specified in more detail in the Appendix A data elements guide on our Web site.

Comment: We received comments requesting clarification of how and when civil monetary penalties would apply in certain situations where ASP was misreported.

Response: If the Secretary determines that manufacturer has made a misrepresentation in the reporting of its ASP for a drug, the Secretary may apply a civil money penalty in section 1847A(d)(4) of the Act.

Comment: One commenter suggested that we consider requiring manufacturers to report ASP data monthly.

Response: Section 1927(b)(3) of the Act sets forth the quarterly reporting requirement. We believe changes to the frequency of ASP reporting would require a statutory change.

Comment: One commenter noted that for Medicaid BP determinations manufacturers may not exempt prices given to State pharmacy assistance programs that we have not identified as a State Pharmaceutical Assistance Program excluded from the Medicaid BP and may not exclude Medicaid supplemental rebates that are not under an approved supplemental rebate agreement. This commenter asked whether the same rule applies to excluding exempt sales from the ASP calculation.

Response: To be excluded from the ASP calculation, the Medicaid supplemental rebates must be under an approved supplemental rebate agreement authorized by us through a Medicaid State plan, and the State pharmacy assistance programs must be identified by us as State Pharmaceutical Assistance Program excluded from the Medicaid BP.

Comment: We received a comment in response to the April 6, 2004 IFC, asking us to provide more clarification on a methodology that we indicated manufacturers should use in situations where a manufacturer is unable to associate price concessions with individual 11-digit NDCs. The commenter requested information on several technical aspects of the formula, including one scenario involving bundled price concessions.

Response: In the April 6, 2004 IFC with comment, we indicated that if a manufacturer is unable to associate price concessions to the individual NDC level, the manufacturer should associate those price concessions within the group of NDCs for which it can associate the price concessions based on the percentage of sales (in dollars) for the group of NDCs that is attributable to each individual NDC. This guidance was issued in the early stages of ASP implementation, and was intended to address situations where manufacturers are unable to associate price concessions to the 11-digit NDC level such as when a manufacturer reporting maintains data on rebates at the drug

level rather than at the 11-digit NDC level.

In response to the commenter's request for clarification on a technical aspect of the methodology described above in a situation involving bundled price concessions, we are clarifying in this final rule with comment that this policy was not intended to be guidance on the treatment of bundled price concessions (for example, when price concessions on one drug are contingent on the purchase of one or more other drugs) in the ASP calculation. As discussed in more detail elsewhere in this preamble, we have not provided specific guidance on the methodology manufacturers should use for the treatment of bundled price concessions in the ASP calculation. In terms of the commenter's request for additional clarification on other technical aspects of the calculation described above, we believe the level of detail prescribed on the technical aspects of the calculation is sufficient, given the variation in price concession offerings across manufacturers.

After consideration of the public comments, we are finalizing subpart J (§§ 414.800 through 414.806) by—(1) revising § 414.802 and § 414.804 as specified in this section of the preamble to this final rule with comment; and (2) incorporating the provisions of § 414.800 and § 414.806 as specified in the April 6, 2004 IFC without change.

2. Intravenous Immune Globulin (IVIG)

Comment: We received several comments urging the continuation of the 1-year temporary preadministration-related services fee for IVIG that we established for 2006. Commenters stated that there continue to be concerns with IVIG access and availability and that eliminating the fee will have an adverse impact on beneficiary access to care. Furthermore, some indicated that we did not provide any rationale in the proposed rule for why the fee was no longer needed.

A number of commenters expressed concerns about the adequacy of Medicare's drug and drug administration payment rates for IVIG, and made some suggestions for changes to these payment rates that they have previously expressed to us. For example, some urged us to take actions such as establishing separate HCPCS codes for each IVIG product, increasing payment for IVIG administration in physicians' offices, and instituting a payment adjustment to the ASP-based payment rates for IVIG.

One commenter provided information from a survey conducted of 800 patients with primary immune deficiency

syndrome. The commenter stated that since the beginning of 2005, Medicare patients receiving IVIG have been more likely than patients with other types of insurance to report a shift in site of care, increased intervals between infusions, reduced IVIG dosages, and adverse health effects, and they believe that this is the result of Medicare reimbursement issues.

Response: We recognize the importance of IVIG to patients who need it and we are concerned about reports of problems with IVIG access and availability. Since 2005, we have taken several specific actions that are within our statutory authority in response to the IVIG concerns that have been raised, including creating separate billing codes for lyophilized and non-lyophilized IVIG in April 2005, having discussions with manufacturers about their ASP data to confirm that their ASPs have been developed in accordance with applicable guidance, and for 2006 establishing a temporary additional payment for IVIG preadministration-related services to compensate physicians and hospital OPDs for extra resources expended on locating and obtaining appropriate IVIG products and on scheduling patients infusions during a period where there may be temporary market instability. In addition, we continue to work with manufacturers, patient groups, and stakeholders to understand the present situation and to assess potential actions that could help ensure an adequate supply of IVIG and patients receiving appropriate, high quality care.

Furthermore, there are currently two studies underway in HHS concerning IVIG. The HHS Assistant Secretary for Planning and Evaluation has commissioned a study to better understand the market for IVIG and evaluate the demand, supply, and access to IVIG. The HHS OIG is also conducting a study on availability and pricing of IVIG. We anticipate that these studies will provide more information on IVIG supply, demand, and pricing.

With several studies on IVIG not yet completed and with comments from stakeholders suggesting that some beneficiaries are experiencing IVIG access issues such as delayed treatments and site of service shifts, we believe it is appropriate to continue the temporary IVIG preadministration-related services payment into CY 2007 to help ensure continued patient access to IVIG. We will continue to review IVIG access during CY 2007 as additional information becomes available, and we will discontinue this temporary preadministration-related service payment during CY 2007 through

rulemaking if we determine it is no longer warranted. Consequently, in 2007, we will temporarily allow a separate payment for each day of IVIG administration to physicians and hospital OPDs that administer IVIG to Medicare beneficiaries. This payment is for the extra resources expended on locating and obtaining appropriate IVIG products and on scheduling patients' infusions during this time when there may continue to be transient disruptions in the marketplace. In 2007, the preadministration-related service payment will continue to be billed under the same HCPCS code as 2006: G0332, *preadministration-related services for intravenous infusion of immunoglobulin, per infusion encounter (This service is to be billed in conjunction with administration of immunoglobulin)*. This payment will on average be about \$71 per day of IVIG administration in physicians' offices. The payment for preadministration-related services is in addition to the separate payments Medicare makes for the IVIG product itself and its administration.

We note that for 2007 we reviewed and revised the resource based relative value units crosswalk for G0332. We continue to believe the administrative resources associated with IVIG preadministration-related services are similar to the clinical staff resources associated with ESRD management services, where both types of services are typically conducted over the course of a month, without requiring face-to-face visits with clinical staff for this ongoing preparation for treatment of these patients. Considering the expected staff resources required to prepare for IVIG infusions for patients who require them, we believe those resources are greater than the lowest level ESRD-related service described by HCPCS code G0319, *End stage renal disease (ESRD) related services during the course of treatment, for patients 20 years of age and over; with one face-to-face physician visit per month*, but we do not believe they are as great as those required by the mid-level ESRD-related code G0318, *End stage renal disease (ESRD) related services during the course of treatment, for patients 20 years of age and over; with 2 or 3 face-to-face physician visits per month*. Therefore, for 2007, we have crosswalked G0332 to a 50 percent blend of the 2007 transitional PE RVUs for G0318 and G0319. As we did for 2006, we have not allocated physician work RVUs to G0332 since we do not believe there is physician work associated with G0332.

We believe that continuation of this temporary separate payment provided through G0332 in CY 2007 for the physician office and hospital outpatient resources associated with additional IVIG preadministration-related services will help facilitate beneficiary access to care in this current period where there may be continuing market fluctuations for IVIG products. At the same time, we will continue to work with the IVIG community, manufacturers, providers, and other stakeholders, and will be monitoring IVIG market developments and access to care closely.

Commenters made several suggestions for changes to Medicare IVIG-related payments. Regarding comments requesting the establishment of brand-specific HCPCS codes for IVIG products, while HCPCS coding is outside the scope of this rulemaking, we note that HCPCS coding procedures do not provide for brand-specific coding. For further discussion of HCPCS coding procedures, see <http://www.cms.hhs.gov/medicare/hcpcs/codpayproc.asp>.

Commenters also expressed concern regarding Medicare ASP+6 percent payment rates for IVIG, suggesting we make an adjustment to the payment rate. Section 1847(o)(1)(E) of the Act specifies that the payment amount for IVIG furnished in physicians' offices and the home will be the amount provided under section 1847A of the Act. With limited exceptions not applicable here, section 1847A of the Act specifies that the payment amount is 106 percent of a drug's ASP. We do not have the discretion to adjust the payment rate upward by adjusting the percentage that is added on to the ASP to arrive at the payment rate. While some commenters suggested we use inherent reasonableness authority to increase the IVIG payment rate, we do not believe that we have the data to support a determination concerning inherent reasonableness. Finally, we received several comments requesting that we classify IVIG therapy as a biological response modifier. We note that the term "biological response modifier" is used in the text preceding CY 2006 CPT codes, and as such, we refer commenters to the AMA CPT Editorial Panel, as they are the creators and maintainers of CPT codes and CPT code instructions.

3. Clotting Factor Furnishing Fee

Section 303(e)(1) of the MMA added section 1842(o)(5) of the Act which requires the Secretary, beginning in CY 2005, to pay a furnishing fee, in an amount the Secretary determines to be appropriate, to hemophilia treatment

centers and homecare companies for the items and services associated with the furnishing of blood clotting factor. Section 1842(o)(5)(C) of the Act specifies that the furnishing fee for clotting factor for years after CY 2006 and subsequent years will be equal to the fee for the previous year increased by the percentage increase in the consumer price index (CPI) for medical care for the 12-month period ending with June of the previous year.

The 2006 furnishing fee for clotting factor is \$0.146. The percent increase in the CPI for medical care for the 12-month period ending with June 2006 is 4.1 percent. Consequently, the furnishing fee will be \$0.152 per unit clotting factor for CY 2007. While the furnishing fee payment rate is calculated at 3 digits, the actual amount paid to providers and suppliers is rounded to 2 digits.

4. Widely Available Market Prices (WAMP) and Average Manufacturer Price (AMP) Threshold

Section 1847A(d)(1) of the Act states that "the Inspector General of HHS shall conduct studies, which may include surveys to determine the widely available market prices (WAMP) of drugs and biologicals to which this section applies, as the Inspector General, in consultation with the Secretary, determines to be appropriate." Section 1847A(d)(2) of the Act states that, "based upon such studies and other data for drugs and biologicals, the Inspector General shall compare the ASP under this section for drugs and biologicals with—

- The WAMP for these drugs and biologicals (if any); and
- The AMP (as determined under section 1927(k)(1) of the Act) for such drugs and biologicals."

Section 1847A(d)(3)(A) of the Act states that, "the Secretary may disregard the ASP for a drug or biological that exceeds the WAMP or the AMP for such drug or biological by the applicable threshold percentage (as defined in paragraph 1847A(d)(3)(B))." The applicable threshold is specified as 5 percent for CY 2005. For CY 2006 and subsequent years, section 1847A(d)(3)(B) of the Act establishes that the applicable threshold is the percentage applied thereafter, subject to such adjustment as the Secretary may specify for the WAMP or the AMP, or both. In CY 2006, we specified an applicable threshold percentage of 5 percent for both the WAMP and AMP. We based this decision on the limited data available to support a change in the current threshold percentage.

For CY 2007, we proposed to specify an applicable threshold percentage of 5 percent for the WAMP and the AMP. At present, the OIG is continuing its comparison of both the WAMP and the AMP. Currently, we do not have data that suggests that another level is more appropriate. Therefore, we believe that continuing the 5 percent applicable threshold percentage for both the WAMP and AMP is appropriate.

We received numerous comments regarding our decision to maintain the WAMP and AMP threshold at 5 percent, as well as our request for comments regarding operational issues surrounding implementation of the 5 percent threshold.

Comment: Several comments supported our decision to continue using 5 percent as the threshold and commended us for requesting comments on the important operational issues associated with price comparisons. Other commenters acknowledged that there are many operational issues involved with implementation of the 5 percent threshold and advised us to proceed cautiously before adjusting payment amounts. These commenters stated that the AMP and the ASP use different methodologies when accounting for price concessions and such differences could result in varied ASP and AMP values. They also indicated that we have never issued a final rule describing how the AMP is calculated. The commenters indicated that such differences must be accounted for prior to substituting the WAMP or the AMP for the ASP. Commenters also encouraged us to provide stakeholders with an opportunity to comment through rulemaking prior to proceeding with the substitutions of payment allowances. Commenters were particularly interested in the methodology utilized by the OIG in conducting its surveys.

Response: We understand that there are complicated operational issues associated with potential payment rate substitutions. Therefore we will proceed cautiously and provide stakeholders, particularly manufacturers of drugs impacted by potential price substitutions, with adequate notice of our intentions regarding such, including the opportunity to provide input with regard to the processes for substituting the WAMP or the AMP for the ASP. As required by statute, we are finalizing our proposal to establish the WAMP and AMP threshold at 5 percent for CY 2007.

5. Payment for Drugs Furnished During CY 2006 and Subsequent Years in Connection With the Furnishing of Renal Dialysis Services if Separately Billed by Renal Dialysis Facilities

In the CY 2006 PFS final rule (70 FR 70116), we stated that payment for a drug furnished during CY 2006 in connection with renal dialysis services and separately billed by freestanding renal dialysis facilities and hospital-based facilities would be based on section 1847A of the Act. For CY 2007, we clarified that the policy would extend for CY 2006 and subsequent years until otherwise specified. We received comments regarding our policy clarification of the policy, as well as our intention to extend the policy beyond CY 2006 until otherwise specified.

Comment: Several commenters supported our decision to clarify that the payment policy for separately-billed ESRD drugs applied to CY 2006 and subsequent years until otherwise specified. These commenters viewed the current payment policy as the best option available under the statute, citing consistency with the methodology used to pay for other Part B drugs. Commenters indicated that the current methodology was more accurate and easier to administer than attempting to update a prior year's acquisition cost data. Other commenters, while applauding our decision to clarify the policy, explicitly encouraged us to be more direct and expressly state that the payment for drugs furnished in connection with renal dialysis services and separately billed by freestanding renal dialysis facilities and hospital-based facilities will be based on ASP+6 percent. They indicated that stating that payment would be based on ASP+6 percent rather than stating that payment will be based on section 1847A of the Act would avoid confusion, provide clarity for the provider community, and ensure consistency with current regulatory language.

Response: We appreciate the commenters who acknowledge that the current payment methodology is the most appropriate option available. We also thank the commenters who noted the discrepancy between the preamble language and regulatory text. We acknowledge that we inadvertently made reference to ASP+6 percent in our regulatory text instead of referring to section 1847A of the Act. In accordance with section 1881(b)(13)(A)(iii), payment for drugs furnished in 2006 and subsequent years will be based on the acquisition costs or the amount determined under section 1847A of the Act, as the Secretary may specify. The

amount determined under section 1847A of the Act, except in limited circumstances, is ASP+6 percent. Therefore, we are revising the regulatory text to state that payment for a drug furnished during CY 2006 and subsequent years, until otherwise specified, in connection with renal dialysis services and separately billed by freestanding renal dialysis facilities and hospital-based facilities is based on section 1847A of the Act.

Comment: MedPAC expressed concern that there is no recent evidence that ASP+6 percent reflects the variation in the acquisition of costs of physicians and dialysis providers and thus, the current payment rate should not be set indefinitely. They also recommended that in the future we periodically collect acquisition cost data from providers to gauge the appropriate percentage of ASP for the payment amount, acknowledging that an analysis of this data could lead to a different percentage amount for the payment rate.

Response: We acknowledge MedPAC's recommendations. We will continue to monitor the payment methodology in relation to the acquisition costs of physician and dialysis providers for future analysis.

6. Other Issues

Comment: We have received several comments requesting the creation or revision of billing codes for certain drug products.

Response: Requests for the creation of new or revised billing codes for drug products is outside the scope of this rulemaking. There is a separate, well-established, process for the public to make requests for new or revised billing codes for drug products through the HCPCS panel. More information on the HCPCS coding process can be obtained at the following Web site: <http://www.cms.hhs.gov/MedHCPCSGenInfo/>.

Comment: We received a few comments recommending that Medicare increase the pharmacy supplying fee it pays for immunosuppressive, oral anti-cancer, and oral-antiemetic drugs for 2007. We also received a comment suggesting that we have a process in place to increase the supplying fee over time so that it remains adequate. In addition, we received a comment asking that we make clear in the final rule that we will continue to reimburse the supplying fee in 2007 at the 2006 rates.

Response: We pay a supplying fee for Medicare Part B drugs and biologicals eligible for a supplying fee are immunosuppressive drugs described in section 1861(s)(2)(J) of the Act, oral anticancer chemotherapeutic drugs described in section 1861(s)(2)(Q) of the

Act, and oral anti-emetic drugs used as part of an anticancer chemotherapeutic regimen described in section 1861(s)(2)(T) of the Act. For 2006, we pay a supplying fee of \$24 per prescription for the first prescription in a 30-day period, and \$16 per prescription for all subsequent prescriptions in a 30-day period. Medicare also pays a special supplying fee rate of \$50 for the first immunosuppressive prescription after a Medicare covered transplant. Since we did not propose a change to these rates for 2007, they will continue to be in effect in 2007.

Comment: We received a comment asking that we clarify how infusion drugs administered through DME will be paid in 2007, in light of the competitive bidding program that is authorized to be phased-in beginning in 2007.

Response: Beginning in 2004, infusion drugs furnished through an item of DME covered under section 1861(n) of the Act are paid at 95 percent of the AWP in effect as of October 1, 2003. These payment rates continue until such time as the Secretary establishes a competitive acquisition program for these drugs in specific competitive acquisition areas, in which case the payment rates in the competitive acquisition areas will be determined under the CAP. Beginning in 2007, the Secretary has the authority, under section 1847 of the Act, to phase-in implementation of the competitive acquisition program, which will be the subject of separate rulemaking.

G. Revisions Related to Payment for Renal Dialysis Services Furnished by End Stage Renal Disease (ESRD) Facilities

In the CY 2007 PFS proposed rule (71 FR 48982), we outlined the proposed updates to the case-mix adjusted composite rate payment system established under section 1881(b)(12) of the Act, added by section 623 of the MMA. These included updates to the drug add-on component of the composite rate system, as well as the wage index values used to adjust the labor component of the composite payment rate.

Specifically, we proposed the following provisions which are described in more detail below in this section.

- A method to annually calculate the growth update to the drug add-on adjustment required by section 1881(b)(12) of the Act, as well as an estimated growth update adjustment to the add-on amount for CY 2007.

- An update to the wage index adjustments to reflect the latest hospital wage data, including a BN adjustment to the wage index for CY 2007.

We received a total of 10 comments from the ESRD community that represented major organizations and concerned individuals. The comments and responses are summarized in the following sections.

Comment: Several comments focused on the need to specify that payment for separately billable ESRD drugs in CY 2007 will continue at ASP +6 percent. The comments cross referenced a section in the CY 2007 PFS proposed rule (71 FR 49004) that discussed proposals for establishing the ASP rate for WAMPs and AMP. This proposal preceded the section outlining the proposed payment changes for ESRD facilities, and thus led to some confusion regarding the use of the ASP-based payment methodology for separately billable ESRD drug payments in CY 2007.

Response: As noted in section II.E.5., entitled, "Payment for Drugs Furnished during CY 2006 and Subsequent Years in Connection with the Furnishing of Renal Dialysis Services if Separately Billed by Renal Dialysis Facilities," we proposed no policy changes to the approach that we currently use to pay for separately billed ESRD drugs. Therefore, for CY 2007, payment for separately billable drugs furnished by ESRD facilities will continue at ASP+6 percent in accordance with section 1847A of the Act.

Comment: We received a comment recommending that we implement the MedPAC's recommendation that the composite rate be equalized between hospital-based and independent dialysis facilities. The commenter stated that, notwithstanding the language under 1881(b)(7) of the Act, we had the statutory authority to administratively revise the current hospital-based/independent facility rate structure to provide the same rate to both facility types.

Response: While section 1881(b)(7) of the Act provided some discretion in establishing the initial composite payment rates, it did specify the need to differentiate between hospital-based and other renal dialysis facilities. Therefore, based on our analysis of cost differences, we established separate composite rates for hospital-based facilities and independent facilities. Section 1881(b)(12) of the Act, added by section 623(d) of MMA, established a new basic case-mix adjusted payment system. The statute instructed us to use, as one of the elements of the new system, the services comprising the

composite rate established under section 1881(b)(7) of the Act. We believe that the statute requires that we carry forward the composite rate structure established in accordance with section 1881(b)(7) of the Act prior to enactment of MMA. The statute directed us to substitute, in place of a payment system based solely on the composite rate established under section 1881(b)(7) of the Act, a payment system comprised of the original composite rate, incorporating the services included under that composite rate, plus a drug add-on component. Moreover, the 1.6 percent update established under section 623(a) of MMA clearly contemplated that the update would be applied to "such composite rate payment amounts * * *" in effect in the prior year. Therefore, in accordance with section 1881(b)(12) of the Act, we will continue to maintain the separate composite rates for hospital-based and freestanding facilities that were established under section 1881(b)(7) of the Act.

1. Growth Update to the Drug Add-On Adjustment to the Composite Rates

Section 623(d) of the MMA added section 1881(b)(12)(B)(ii) of the Act which required the establishment of an add-on to the composite rate to account for changes in the drug payment methodology stemming from enactment of the MMA. Section 1881(b)(12)(C) of the Act provides that the drug add-on must reflect the difference in aggregate payments between the revised drug payment methodology for separately billable ESRD drugs (acquisition costs in CY 2005; ASP+6 percent in CY 2006) and the AWP payment methodology in effect in CY 2004.

In addition, section 1881(b)(12)(F) of the Act requires that, beginning in CY 2006, we establish an annual update to the drug add-on to reflect the estimated growth in expenditures for separately billable drugs and biologicals furnished by ESRD facilities. This growth update applies only to the drug add-on portion of the case-mix adjusted payment system.

The CY 2006 drug add-on adjustment to the composite rate is 14.5 percent. The drug add-on adjustment for CY 2006 incorporates an inflation adjustment of 1.4 percent. This computation is explained in detail in the CY 2006 PFS final rule with comment period (70 FR 70162). We note that the drug add-on adjustment of 14.7 percent that was published in the CY 2006 PFS final rule with comment period did not account for the 1.6 percent update to the composite rate portion of the basic case-mix adjusted

payment system that was subsequently enacted by the DRA, effective January 1, 2006. Since we compute the drug add-on adjustment as a percentage of the weighted average base composite rate, the drug add-on percentage was decreased to account for the higher composite payment rate resulting in a 14.5 percent add-on adjustment for CY 2006. This adjustment was necessary to ensure that the total drug add-on dollars remained constant.

a. Estimating Growth in Expenditures for Drugs and Biologicals for CY 2007

In developing the growth update to the drug add-on for CY 2006, we conducted a trend analysis of prior years' ESRD drug expenditure data (2001 through 2004). All 4 years of data used for the trend analysis reflected expenditures associated with payment for separately billed drugs and biologicals under the AWP methodology. Therefore, we could develop growth estimates for CY 2006 using comparable historical expenditure data. To extend the trend analysis for CY 2007, we would need to include drug expenditure data from CY 2005. However, in CY 2005, section 1881(b)(13)(A)(ii) of the Act required that we use a different drug payment methodology, based on average acquisition costs, rather than the AWP methodology used in prior years. Therefore, ESRD drug expenditure data for CY 2005 are not comparable to expenditure data for CY 2001 through CY 2004 for trend analysis purposes. This data issue will extend to subsequent years' data as well since we are now paying for separately billable drugs using ASP+6 percent. Because we do not have comparable data on which to base continuing trend analysis, we decided to re-evaluate our methodology for updating the drug add-on adjustment.

Section 1881(b)(12)(F) of the Act specifies that the drug update must reflect "the estimated growth in expenditures for drugs and biologicals that are separately billable * * *" By referring to "expenditures", we believe the statute contemplates that the update would account for both increases in drug prices, as well as increases in utilization of those drugs.

In order to meet this requirement, we proposed an update methodology that uses the producer price index (PPI) for prescription drugs as a proxy measure of drug pricing growth, in conjunction with an estimate of per patient growth in drug utilization. We proposed to estimate growth in per patient utilization of drugs by using historical data from 2004 and 2005.

In addition, we indicated that we would reconsider our methodology for updating the drug add-on component of the payment system when we have sufficient historical data reflecting the revised drug payment methodology using ASP pricing.

Comment: Commenters were generally favorable toward using a standard index to update the drug add-on adjustment, but were concerned about the calculation of the utilization factor. They suggested that we use our National Health Expenditures (NHE) projection that uses only the Medicare Part B component of the projection to estimate prescription drug expenditures.

Response: We do not believe that the Part B drug projections included in the NHE projections would be the best proxy for the growth in ESRD drug expenditures. The NHE projections are based on the economic, demographic and Medicare spending projections contained in the Medicare Trustees Report, as opposed to an independent forecast of economic assumptions, such as the Global Insights projections of the PPI for prescription drugs that are used in our Medicare market basket forecasts to update many of our payment systems. The NHE projection modeling approach is at an aggregate level. It does not capture the nuances of both labor and economic markets as accurately as does the specific PPI forecast from Global Insights, Inc. We believe that using the PPI is a more accurate predictor of ESRD drug pricing growth. In addition, we believe that estimating utilization from reported ESRD claims data, as discussed below in this section, is superior to using NHE's Part B projections.

b. Estimating Growth in Per Patient Drug Utilization

To isolate and project the growth in per patient utilization of ESRD drugs for CY 2007, we needed to remove the enrollment and price growth components from the latest historical drug expenditure data and consider the residual utilization growth. We proposed to use total drug expenditure data from CYs 2004 and 2005 to estimate per patient utilization growth for CY 2007.

We first estimated total drug expenditures. For the CY 2007 PFS proposed rule (71 FR 49007), we used the final CY 2004 ESRD facility claims data and the latest available CY 2005 ESRD facility claims data, updated through December 31, 2005. That is, for CY 2005 we used claims that were received, processed, paid, and passed to the National Claims History File as of December 31, 2005. For this final rule with comment period, we are using

more updated CY 2005 claims with dates of service for the same time period. This updated CY 2005 data file includes claims that were received, processed, paid, and passed to the National Claims History File as of June 30, 2006.

For the proposed rule, we adjusted the December 2005 file to reflect our estimate of what the total drug expenditures would be using the final June 30, 2006 bill file for CY 2005. The net adjustment we applied to the CY 2005 claims data was an increase of 13 percent to the December 2005 expenditure data. For this final rule, we are using the CY 2005 claims file as of June 30, 2006, which represents the final claims file for that year. Next, we removed the enrollment and price growth components from total estimated drug expenditures for CYs 2004 and 2005.

To calculate the per patient utilization growth, we removed the enrollment component by using the growth in enrollment data between 2004 and 2005. This was approximately 3 percent. To remove the price effect, we used a two-step process. For the proposed rule, we first calculated a weighted average between erythropoietin (EPO) and non-EPO price growth factors to account for the growth in pre-MMA pricing between 2004 and 2005. Since EPO was priced at \$10 per thousand units prior to the implementation of the MMA, there was no growth for EPO between 2004 and 2005. For the non-EPO drugs, we used the PPI as a proxy for the growth between the 2 years to maintain consistency with the established methodology for calculating the drug add-on adjustment for CY 2005 which used the PPI to estimate the price growth in separately billable drugs (69 FR 66321). For the proposed rule, we next incorporated the estimated negative 13 percent weighted price difference between 2005 AWP and 2005 AAP pricing as was published in the CY 2005 PFS final rule with comment period (69 FR 66319 through 66334). This two-step process accounts for the price effect from 2004 to 2005, that is, an overall 12 percent reduction in price between 2004 and 2005.

For the proposed rule, following the removal of the enrollment and price effects from the expenditure data, we expected the residual growth to reflect the per patient utilization growth. To remove the enrollment and price effects, we divided the product of the enrollment growth of 3 percent (1.03) and the price reduction of 12 percent ($1.00 - 0.12 = 0.88$) into the total drug expenditure decrease between 2004 and 2005 of 9 percent ($1.00 - 0.09 = 0.91$).

The result was a proposed utilization factor equal to $1.00 ((0.91/1.03)/0.88) = 1.0$.

We observed no growth in per patient utilization of drugs between 2004 and 2005. Therefore, we projected no growth in per patient utilization for CY 2007.

Comment: On commenter suggested that we should use the drug expenditure weights we developed in computing the drug add-on adjustment related to ASP pricing for 2006, rather than the weights developed by the OIG with respect to acquisition costs for 2005. This would have resulted in an overall price reduction of 13.2 percent rather than the overall reduction of 12 percent we used in our calculation.

Response: We believe it would be more appropriate to use the published OIG weights as they represent the weights that were used to develop the 2005 drug add-on adjustment. If we were to use updated weights, it would be more appropriate to use actual 2005 weights. Preliminary analysis suggests that if we were to develop weights based on the most recent 2005 expenditure data, the resulting price reduction factor would be well under 13.2 percent. However, as discussed above in this section, we believe the price reduction calculation should be consistent with the calculation used to develop the 2005 drug add-on adjustment. Therefore, for this final rule with comment we are using the same 12 percent price reduction factor calculated in the proposed rule.

Comment: One commenter indicated that their analysis resulted in a slightly different value for the reduction in total drug expenditures than we calculated between 2004 and 2005. Rather than the 9 percent reduction we calculated for the proposed rule, this commenter computed a 9.198 percent reduction using the 2004 5 percent sample file compared to the 2005 ESRD file.

Response: Although the 2004 5 percent file may have contained a significant number of ESRD claims, our analysis uses 100 percent of the 2004 ESRD facility claims. As such, we believe the results calculated by the commenter are consistent with our results, but that slight differences would be expected when an incomplete file is used. For the final rule, using the latest, complete ESRD claims file for CY 2005 (June 30, 2006), we computed a 9.5 percent reduction in total ESRD facility drug expenditures between CY 2004 and CY 2005.

Comment: We received one comment that the source of the 3 percent enrollment growth we projected for CY 2007 was unclear, and did not match

the Part B enrollment growth included in the 2006 Trustees Report.

Response: The 3 percent enrollment growth projection represents the estimated growth factor specific to dialysis patients between CY 2004 and CY 2005.

Comment: One comment expressed concern that we were basing payment policy on the assumption that the new EPO monitoring policy would decrease utilization of drugs.

Response: The determination of the CY 2007 update was not based on an assumption that the new EPO monitoring policy would decrease utilization. The discussion of the EPO monitoring policy was only intended to illustrate the need to use the latest data available to determine utilization, especially since new policies such as the EPO monitoring could affect utilization growth in the future. The potential effect of the monitoring policy was not incorporated into the computation of the CY 2007 adjustment factor.

i. Applying the Growth Update to the Drug Add-On Adjustment

For CY 2006, we estimated the growth update by trending drug expenditures forward based on four years of AWP payment data (CY 2001 through CY 2004). We then applied the estimated growth update percentage to the total amount of drug add-on dollars established for CY 2005 to come up with a dollar amount for the CY 2006 growth update. In addition, we projected the growth in dialysis treatments for CY 2006 based on the projected growth in ESRD enrollment. We divided the projected total dialysis treatments for CY 2006 into the projected dollar amount of the CY 2006 growth to develop the per treatment growth update amount. This growth update amount, combined with the CY 2005 per treatment drug add-on amount, resulted in an average drug add-on amount per treatment of \$18.88 (or a 14.5 percent adjustment to the composite rate) for CY 2006.

Beginning in CY 2007, we proposed to annually update the per treatment drug add-on amount of \$18.88 established in CY 2006 and convert the update to an adjustment factor as stipulated in section 1881(b)(12)(F) of the Act. By proposing to apply the update to the CY 2006 per treatment add-on amount, the need to estimate growth in dialysis treatments is eliminated for CY 2007 and future years.

We received no comments on this proposed change and are therefore adopting this provision in this final rule.

ii. Update to the Drug Add-On Adjustment

In the proposed rule, we estimated no growth in per patient utilization of ESRD drugs for CY 2007. Using the projected growth of the CY 2007 PPI for prescription drugs of 4.9 percent, we projected that the combined growth in per patient utilization and pricing for CY 2007 would result in an update equal to the PPI growth or 4.9 percent ($1.0 \times 1.049 = 1.049$). This proposed update factor was applied to the CY 2006 average per treatment drug add-on amount of \$18.88 (reflecting a 14.5 percent adjustment in CY 2006), resulting in a proposed weighted average increase to the composite rate of \$0.93 for CY 2007 or a 0.6 percent increase in the CY 2006 drug add-on percentage. Thus, the total proposed drug add-on adjustment to the composite rate for CY 2007, including the growth update, was 15.2 percent ($1.145 \times 1.006 = 1.152$).

In addition, we proposed to continue to use this method to estimate the growth update to the drug add-on component of the case-mix adjusted payment system until we have at least 3 years worth of ASP-based historical drug expenditure data that could be used to conduct a trend analysis to estimate the growth in drug expenditures. Given the time lag in the availability of ASP drug expenditure data, we expect that the earliest we could consider using trend analysis to update the drug add-on adjustment would be 2010. We proposed to reevaluate our methodology for estimating the growth update at that time.

Comment: We received comments requesting clarification concerning the PPI projections we use in calculating the growth update to the drug add-on adjustment.

Response: We use the PPI for prescription drugs developed by Global Insight for the fourth quarter of 2007, which represents a four quarter average percent change projection between 2006 and 2007. For the final rule we are using the latest projection for 2007 which is 4.03 percent.

Comment: A number of comments recommended that a mechanism be established to provide for forecasting error adjustment of prior estimates. This adjustment would be applied only for the years covered by the proposed interim methodology for updating the drug add-on adjustment. The comments suggest that once stable expenditure data is available to use historical trend analysis for updating the drug add-on adjustment, the forecast error

adjustment would no longer be necessary.

Response: We have not accepted this recommendation. While we appreciate the concern related to accuracy of an update based on proxy measures for price and the proposed utilization computations, the very nature of estimating future expenditures under a prospective payment system requires that those estimates are based on the best historical data available. As such, we believe we have met our obligation under the statute in estimating the growth in ESRD drug expenditures for CY 2007. Moreover forecast error adjustments are rarely made in any of CMS' prospective payment systems.

We also note that even after ASP expenditure data become available for purposes of using trend analysis to estimate future expenditures, those estimates may not be the same as actual expenditures. That could also be the case for the 2006 update currently in effect. While the commenters are not suggesting that we revisit the 2006 update, we believe that once we set the policy of adjusting any year's estimated update, we would need to do so for all years, not just those covered by the proposed interim update methodology.

Comment: One commenter wanted an update on the steps we were taking to obtain drug utilization data from hospital-based ESRD facilities for purposes of refining the drug add-on adjustment related to those providers. In last year's final rule we indicated that we would pursue options for obtaining that data (70 FR 70163).

Response: We have determined that a separate data collection of historical drug dosing data for hospital based facilities would be both burdensome and costly. Therefore, we decided not to pursue that avenue for estimating the drug add-on amount related to those facilities. However, once we have 2006 ASP data, we will evaluate the difference in payments to hospital-based ESRD facilities under cost reimbursement compared to ASP-based payments to determine if our drug add-on estimate was reasonable.

iii. Final Growth Update to the Drug Add-On Adjustment for 2007

Similar to the proposed rule, we estimated no growth in per patient utilization of ESRD drugs for CY 2007. We removed the enrollment and price effects from the expenditure data to determine the per patient utilization growth. To do this, we divided the product of the enrollment growth of 3 percent (1.03) and the price reduction of 12 percent ($1.00 - 0.12 = 0.88$) into the total drug expenditure decrease between

2004 and 2005 of 9.5 percent ($1.0 - 0.095 = 0.905$). The result is a utilization factor equal to 1.0 ($(0.905/1.03)/0.88 = 1.0$).

Using the projected growth of the CY 2007 PPI for prescription drugs of 4.03 percent, we projected that the combined growth in per patient utilization and pricing for CY 2007 would result in an update equal to the PPI growth or 4.03 percent ($1.0 \times 1.0403 = 1.0403$). This update factor was applied to the CY 2006 average per treatment drug add-on amount of \$18.88 (reflecting a 14.5 percent adjustment in CY 2006), resulting in a weighted average increase to the composite rate of \$0.76 for CY 2007 or a 0.5 percent increase in the CY 2006 drug add-on percentage. Thus, the total drug add-on adjustment to the composite rate for CY 2007, including the growth update, is 15.1 percent ($1.145 \times 1.005 = 1.151$).

c. OIG Report on New Drug Codes

Section 623(c)(1) of the MMA mandated that the OIG conduct two studies to determine the difference between the Medicare payment amount for separately billable ESRD drugs and the facilities' acquisition costs for these drugs, as well as estimating the growth rate of expenditures for these drugs. The initial study, "Medicare Reimbursement for Existing End Stage Renal Disease Drugs" (OEI-03-04-00120), was completed in May 2004, and reported on existing ESRD drugs. This report was used to set the CY 2005 payment rates for ESRD drugs billed by independent dialysis facilities (69 FR 66322). The second study ("Medicare Reimbursement for New ESRD Drugs" (OEI-03-06-00200)) focused on new drugs. New drugs for the purpose of this study were defined as an ESRD drug that did not have a billing code prior to January 1, 2004.

One drug, darbepoetin alfa (Aranesp) accounted for the majority of all payments for new drugs. Therefore, this was the only new ESRD drug studied. The OIG report found that use of this drug was limited to a small number of facilities (only 157 facilities reported using this drug with concentrated use in approximately 55 of these facilities). Because of the recent changes we made to the drug payment methodology and the lack of comparable historical data, the OIG report made no estimate of an expenditure growth rate for this drug.

Darbepoetin alfa (Aranesp) is currently paid as a separately billable drug at ASP+6 percent. Because of the recent (CY 2006) implementation of the ASP+6 percent drug payment methodology, the small number of facilities using this drug for ESRD

patients, and the lack of historical data for trending purposes, we have no data to indicate that any difference in payment methods for Aranesp (between CY 2004 and CY 2006) would affect our calculation of the drug add-on or of the growth update. Moreover, since Aranesp was approved in 2001 for use in ESRD patients, we believe that expenditures for Aranesp were reflected in the historical data used to establish the CY 2005 drug add-on under a generic drug code. Therefore, we proposed to make no additional changes to the drug add-on adjustment for CY 2007. We received no comments on this issue.

2. Update to the Geographic Adjustments to the Composite Rates

Section 1881(b)(12)(D) of the Act, added by section 623(d) of the MMA, gave the Secretary the authority to revise the wage indexes previously applied to the ESRD composite rates. The wage indexes are calculated for each urban and rural area. The purpose of the wage index is to adjust the composite rates for differing wage levels covering the areas in which ESRD facilities are located.

a. Updates to the CBSA Definitions

In the CY 2007 proposed rule (71 FR 49008), we published revised CBSA-based geographic areas which reflected all of the changes announced by OMB in Bulletins 05-02 and 06-01 issued February 22, 2005 and December 5, 2005, respectively. Those bulletins changed the titles of several of the MSAs and Metropolitan Divisions used in connection with the urban wage index.

b. Updated Wage Index Values

In the CY 2006 PFS final rule with comment period, we stated that we intended to update the wage index values annually (70 FR 70167). Current ESRD wage index values for CY 2006 were developed from FY 2002 wage and employment data obtained from the Medicare hospital cost reports. The values are calculated without regard to geographic reclassifications authorized under sections 1886(d)(8) and (d)(10) of the Act and utilize pre-floor hospital data that is unadjusted for occupational mix.

The methodology for calculating the CY 2006 wage index values was described in the CY 2006 PFS final rule with comment period (70 FR 70168). We proposed to use the same methodology for CY 2007, with the exception that FY 2003 hospital data will be used to develop the CY 2007 ESRD wage index values. For a detailed description of the development of the CY 2007 ESRD wage

index values based on FY 2003 hospital data see the FY 2007 IPPS final rule entitled, "Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2007 Rates," (71 FR 48016). Section F of the preamble to that final rule describes the cost report schedules, line items, data elements, adjustments, and wage index computations. The wage index data affecting ESRD composite rates for each urban and rural locale may also be accessed on the CMS Web site at: <http://www.cms.hhs.gov/AcuteInpatientPPS/WIFN/list.asp>. The wage data are located in the section entitled, "FY 2007 Final Rule Occupational Mix Adjusted and Unadjusted Average Hourly Wage and Pre-Reclassified Wage Index by CBSA".

Comment: One commenter criticized our use of hospital wage and employment data to develop the ESRD wage index. The commenter maintained that the use of hospital data presumed that wage levels in hospitals and freestanding ESRD facilities are similar, a conclusion which has not been substantiated. The commenter urged us to locate an alternative data source that reflects information directly tied to ESRD facilities.

Response: Although the mix of occupations in hospitals is broader and more diverse, ESRD facilities compete with hospitals for labor. While the use of wage and employment data from freestanding ESRD facility cost reports would result in the development of a wage index which reflected ESRD wage levels among independent facilities, the administrative burden posed by the need for the Medicare fiscal intermediaries to engage in a separate data collection to compile, edit, and validate ESRD wage and employment data would be considerable. Given the similarity of the labor market for professional, technical, and nursing staff between hospitals and ESRD facilities, we believe our use of hospital wage and employment data obtained from the Medicare cost reports to develop the ESRD wage index is appropriate.

(i) Wage Index Values for Areas With No Hospital Data

In CY 2006, while adopting the CBSA designations, we identified a small number of ESRD facilities in both urban and rural geographic areas where there is no hospital wage data on which to base the calculations of the CY 2006 ESRD wage index values.

The first situation was rural Massachusetts. Because there were no reasonable proxies for rural data within Massachusetts, we used the prior year's acute care hospital wage index value for

rural Massachusetts. For CY 2007, we proposed to continue to use this value and requested public input on an alternative methodology.

Since there may be additional rural areas in the future similarly impacted by a lack of hospital wage data on which to derive a hospital wage index, we stated that we were considering alternative methodologies for imputing a rural wage index for areas in States where no hospital wage data are available. We also described an alternative methodology whereby we would impute a rural wage index value by using a simple average CBSA-based rural wage index value at the Census Division level. For CY 2007, hospital wage data are not available to compute a rural wage index for ESRD facilities in rural Massachusetts, and this proposed alternative methodology could be applied in this case. Massachusetts is located in Census Division I (New England).

Under this proposed alternative methodology, the States in Census Division I for which rural wage index values are available would be used; this would result in a simple average proposed rural wage index value of 1.0227 (1.0770 after applying BNF).

Rural Puerto Rico is similar to rural Massachusetts in that there are ESRD facilities where there are no acute care hospitals and, therefore, no hospital data. However, the situation for facilities in rural Puerto Rico is different in that the floor would be applied to rural Puerto Rico ESRD facilities. All areas in Puerto Rico that have an index are eligible for the floor because they have wage-index values that are less than 0.8000. For CY 2007, we proposed to apply the floor to rural Puerto Rico.

The third situation involves an urban area in Hinesville, GA (CBSA 25980). For CY 2006, we used a wage index value based on the average of the wage index values in all of the other urban areas within the same State to serve as a reasonable proxy for the urban areas without hospital wage index data. Specifically, we used the average wage index value for all urban areas within the State of Georgia as the urban wage index for purposes of calculating the value for Hinesville for CY 2006. For CY 2007, we proposed to continue using this method for Hinesville, GA (CBSA 25980).

We solicited comments on maintaining our current policy for establishing wage index values for rural and urban areas without hospitals or adopting an alternative approach. We also indicated that we would continue to evaluate existing hospital wage data and, possibly, wage data from other

sources, such as the Bureau of Labor Statistics, to determine if other methodologies of imputing a wage index value where hospital wage data are not available may be feasible.

We received no comments on maintaining our current policy for establishing wage index values for rural and urban areas without hospitals, or an alternative approach for developing wage index values for rural areas without hospitals for CY 2007 and subsequent years. Therefore, for CY 2007, we will maintain our current policies for establishing wage index values for rural and urban areas:

- For rural Massachusetts, we will continue to use the prior year's acute care hospital wage index value for rural Massachusetts.

- For rural Puerto Rico, we will apply the CY 2007 ESRD wage index floor.

- For Hinesville, GA (CBSA 25980), we will use the average wage index value for all urban areas within the State of Georgia as the urban wage index for purposes of calculating the value for Hinesville for CY 2007.

(ii) Second Year of the Transition

For each transition year, the share of the blended wage-adjusted base payment rate that is derived from the MSA-based and CBSA-based wage index values is shown in Table 10. In the CY 2007 PFS proposed rule, we proposed no changes to the transition. CY 2007 is the second year of the 4-year transition period. Consistent with the transition blends, we are implementing

a 50/50 blend between an ESRD facility's MSA-based composite rate, and its CY 2007 CBSA-based rate reflecting its revised wage index values.

For CY 2007, we are reducing the wage index floor to 0.80. As we stated in the CY 2006 PFS final rule with comment period, we intend to reassess the continuing need for a wage index floor in CY 2008 and CY 2009 (70 FR 70169 through 70170). The wage index floors, caps, and blended shares of the composite rates applicable to all ESRD facilities during CYs 2007 through 2009 are shown in Table 10. They are identical to the values shown in Table 20 of the CY 2006 PFS final rule with comment period (70 FR 70170) for the applicable years.

TABLE 10.—WAGE INDEX TRANSITION BLEND

CY payment	Floor	Ceiling	Old MSA (percent)	New CBSA (percent)
2007	0.80*	None	50	50
2008	Reassess	None	25	75
2009	Reassess	None	0	100

*Each wage index floor is multiplied by a BN adjustment factor. For CY 2007 the BN adjustment is 1.052818 resulting in an actual wage index floor of 0.8423.

The following is an example of how the wage-adjusted composite rates would be blended during CY 2007 and the 2 subsequent transition years.

Example: An ESRD facility has a wage-adjusted composite rate (without regard to any case-mix adjustments) of \$135.00 per treatment in CY 2006. Using CBSA-based geographic area designations, the facility's CY 2007 wage-adjusted composite rate, reflecting its wage index value as shown in Addendum H, would be \$145.00. During the remaining 3 years of the 4-year transition period to the new CBSA-based wage index values, this facility's blended rate through CY 2009 would be calculated as follows:

$$\text{CY 2007} = (0.50 \times \$135.00) + (0.50 \times \$145.00) = \$140.00$$

$$\text{CY 2008} = (0.25 \times \$135.00) + (0.75 \times \$145.00) = \$142.50$$

$$\text{CY 2009} = (0.00 \times \$135.00) + (1.00 \times \$145.00) = \$145.00$$

We note that this hypothetical example assumes that the calculated wage-adjusted composite rate of \$145.00

for CY 2007 does not change in CYs 2008 and 2009. In actuality, the wage-adjusted composite rate would change because of annual revisions to the wage index. However, the example serves only to demonstrate the effect on the composite rate of the CBSA-based wage index values which will be phased-in during the remaining 3 years of the transition period.

Comment: One commenter representing a number of dialysis facilities in Puerto Rico disagreed with our proposal to reduce the wage index floor to 0.80, pointing out that wage index values have not been realistically updated in quite some time. The commenter was concerned with further reductions in composite payments and recommended that the reduction in the wage index floor for CY 2007 be suspended. Another commenter also recommended that the impact of any further planned proposed reductions in the wage index floor be thoroughly considered before implementation because of potential impact on the

ability of dialysis facilities to recruit and retain qualified personnel.

Response: We believe that the ESRD wage index should not be artificially constrained by the application of floors and ceilings. We eliminated the cap of 1.30 because of the effect it had on restricting payments in high wage areas. While we would like to eliminate the floor as well, we recognized that its immediate elimination could substantially reduce composite payments in locales where prevailing labor costs are lower. Accordingly, in CY 2006 we implemented a reduction in the wage index floor to 0.85, and proposed a further reduction to 0.80 in CY 2007. We plan to reassess the continuing application of the wage index floor in connection with the CY 2008 and CY 2009 updates to the composite payment rates.

The actual wage index values for urban locales in Puerto Rico, without application of any floor and prior to the application of the CY 2007 the BN adjustment, are shown in Table 11.

TABLE 11.—WAGE INDEX VALUES FOR URBAN LOCALES IN PUERTO RICO

CBSA code	Urban area	Wage index
10380	Aguadilla-Isabela-San Sebastian	0.3922
21940	Fajardo	0.4044
25020	Guayama	0.3241
32420	Mayaguez	0.3857
38660	Ponce	0.4851

TABLE 11.—WAGE INDEX VALUES FOR URBAN LOCALES IN PUERTO RICO—Continued

CBSA code	Urban area	Wage index
41900	San German-Cabo Rojo	0.4893
41980	San Juan-Caguas-Guaynabo	0.4397
49500	Yauco	0.3861

The proposed CY 2007 wage index floor of 0.80 is substantially higher than each of the above wage index values. After application of the BN adjustment to the wage index floor of 0.80, each area in Puerto Rico has a wage index of 0.8423 reflected in its composite rate. Therefore, we believe that the CY 2007 wage index floor of 0.80 compared to actual wage levels will not adversely affect access to care for dialysis patients in Puerto Rico.

With respect to the commenter's concern that the wage index values have not been updated in quite some time, we point out that the CY 2007 wage index values were developed from the latest available FY 2003 hospital wage and employment data obtained from the Medicare cost reports. While we will not suspend application of the proposed 0.80 wage index floor in CY 2007, we intend to carefully assess the potential impact of any further proposed reductions in the wage index floor for CY 2008 and following years.

c. Budget Neutrality (BN) Adjustment

Section 1881 (b)(12)(E)(i) of the Act, as added by section 623(d) of the MMA, requires that any revisions to the ESRD composite rate payment system as a result of the MMA provision (including the geographic adjustment) be made in a budget neutral manner. This means that aggregate payments to ESRD facilities in CY 2007 should be the same as aggregate payments that would have been made if we had not made any changes to the geographic adjusters. We note that the BN adjustment discussed in this final rule only addresses the impact of changes in the geographic adjustments. A separate BN adjustment was developed for the case-mix adjustments, currently in effect. Since we did not propose any changes to the case-mix measures for CY 2007, the current case-mix BN will remain in effect for CY 2007. For CY 2007, we again proposed to apply a BNF directly to the ESRD wage index values, as we did in CY 2006. As we explained in the CY 2006 PFS final rule with comment period (70 FR 70170 through 70171), we believe this is the simplest approach because it allows us to maintain our base composite rates during the transition from the current wage adjustments to the revised wage

adjustments described earlier in this section. Because the ESRD wage index is only applied to the labor-related portion of the composite rate, we computed the proposed BNF adjustment based on that proportion (53.711 percent).

To compute the proposed CY 2007 wage index BNF, we used the proposed wage index values, 2005 outpatient claims (paid and processed as of December 31, 2005), and geographic location information for each facility.

Using treatment counts from the 2005 claims and facility-specific CY 2006 composite rates, we computed the estimated total dollar amount each ESRD provider would have received in CY 2006 (the first year of the 4-year transition). The total of these payments became the target amount of expenditures for all ESRD facilities for CY 2007. Next, we computed the estimated dollar amount that would have been paid to the same ESRD facilities using the ESRD wage index for CY 2007 (the second year of the 4-year transition). The total of these payments became the second year new amount of wage-adjusted composite rate expenditures for all ESRD facilities.

After comparing these dollar amounts (target amount divided by second year new amount), we calculated an adjustment factor that, when multiplied by the applicable CY 2007 ESRD wage index, would result in aggregate payments within the target amount of composite rate expenditures. The proposed BN adjustment factor for the CY 2007 wage index was 1.053069.

To ensure BN we also must apply the BNF to the wage index floor of 0.8000 which resulted in a proposed adjusted wage index floor of 0.8425 for CY 2007.

Comment: We received comments asking that we clarify the calculation of the wage index BNF so that commenters could understand that the BNF is being calculated correctly. One commenter asked that we provide both the data and the methodology so that they could assess the accuracy of our computations.

Response: During the comment period on the CY 2007 PFS proposed rule, we made available an ESRD Composite Payment System File. This file contained select claim level data from the 2005 ESRD facility outpatient claims, updated through December 31,

2005. For more information on this file, see the following link: <http://www.cms.hhs.gov/IdentifiableDataFiles/05.asp#TopOfPage>.

After the publication of this final rule with comment period, we intend to make available the updated version of the CY 2005 outpatient claims (paid and processed as of June 30, 2006) that were used to compute the BNF.

To compute the final CY 2007 ESRD wage index BNF, we used FY 2003 pre-floor, pre-reclassified, non-occupational mix-adjusted hospital wage data to compute the wage index values, 2005 outpatient claims (paid and processed as of June 30, 2006), and geographic location information for each ESRD facility which may be found through Dialysis Facility Compare. The FY 2003 hospital wage index data for each urban and rural locale by CBSA may also be accessed on the CMS Web site at:

<http://www.cms.hhs.gov/AcuteInpatientPPS/WIFN/list.asp>. The wage index data are located in the section entitled, "FY 2007 Final Rule Occupational Mix Adjusted and Unadjusted Average Hourly Wage and Pre-Reclassified Wage Indexes by CBSA".

Dialysis Facility Compare can be found by going to the following CMS Web site: <http://www.cms.hhs.gov/DialysisFacilityCompare/>.

Using treatment counts from the latest 2005 claims file and facility-specific CY 2006 composite rates, we computed the estimated total dollar amount each ESRD provider would have received in CY 2006 (the first year of the 4-year transition). The total of these payments became the target amount of expenditures for all ESRD facilities for CY 2007. Next, we computed the estimated dollar amount that would have been paid to the same ESRD facilities using the ESRD wage index for CY 2007 (the second year of the 4-year transition). The total of these payments became the second year new amount of wage-adjusted composite rate expenditures for all ESRD facilities.

After comparing these dollar amounts (target amount divided by second year new amount), we calculated an adjustment factor that, when multiplied by the applicable FY 2007 wage index value, will result in aggregate payments to ESRD facilities that will remain

within the target amount of composite rate expenditures. When making this calculation, the ESRD wage index floor value of 0.8000 is used whenever appropriate.

The final BN adjustment factor for the CY 2007 wage index is 1.052818.

To ensure BN we also must apply the BNF to all index values, including the wage index floor of 0.8000, which results in an adjusted wage index floor of 0.8423 for CY 2007.

d. ESRD Wage Index Tables

Addenda F and G show the CY 2007 ESRD wage index, including the BNF adjustment, for urban areas (Addendum F) and rural areas (Addendum G).

H. Private Contracts and Opt-Out Provision—Practitioner Definition

Section 4507 of the BBA amended section 1802 of the Act to permit certain physicians and practitioners to opt-out of Medicare if certain conditions were met, and to provide through private contracts services that would otherwise be covered by Medicare. Before enactment of the BIPA (Pub. L. 106-554), section 1802(b)(5)(C) of the Act, which refers to the definition of "practitioner" at section 1842(b)(18)(C) of the Act, did not include registered dietitians or nutrition professionals among the practitioners who may choose to opt-out of Medicare. Section 105(d) of the BIPA amended the definition of practitioner located at section 1842(b)(18)(c) of the Act to include registered dietitians or nutrition professionals. Because section 1802(b)(5)(C) of the Act references section 1842(b)(18)(c) of the Act in order to define the term practitioner for purposes of opting out of Medicare, current law permits registered dietitians or nutrition professionals to opt-out of Medicare. Because the definition of practitioner located at § 405.400 does not include registered dietitians or nutrition professionals, we proposed to amend that section so that it is consistent with section 1802(b)(5)(C) of the Act.

Commenters were very supportive of our proposals. Therefore, we are finalizing the changes to § 405.400 as proposed.

I. Changes to Reassignment and Physician Self-Referral Rules Relating to Diagnostic Tests

In the CY 2007 PFS proposed rule, we stated that recent changes to our rules on reassignment of the right to receive Medicare payment may have led to some confusion as to whether the anti-markup and purchased interpretation requirements apply to certain situations

where a reassignment has occurred under a contractual arrangement. We also stated that we were concerned about the existence of certain arrangements that are not within the intended purpose of our physician self-referral rules, which allow physician group practices to bill for services furnished by a contractor physician in a "centralized building" as defined at § 411.351. We are concerned that allowing physician group practices or other suppliers to purchase or otherwise contract for the provision of diagnostic tests and then to realize a profit when billing Medicare may lead to patient and program abuse in the form of over utilization of services and result in higher costs to the Medicare program.

We proposed to amend our reassignment regulations to clarify how the purchased test and purchased interpretation rules apply in the case of a reassignment made under the contractual arrangement exception set forth at § 424.80(d)(2). In addition, we proposed to change the definition of "centralized building" at § 411.351 of the physician self-referral regulations to place certain restrictions on what types of space ownership or leasing arrangements will qualify for purposes of the physician self-referral in-office ancillary services exception and physician services exception. We received numerous comments on our proposals. Instead of issuing final regulations at this time, we are studying the issues further and plan to issue final regulations in the near future. We remain committed to addressing revenue-driven arrangements that may be facilitating over utilization of diagnostic services, but do not wish to unduly impact legitimate group practice arrangements that enable Medicare beneficiaries to have the convenience of receiving medical services at one location.

J. Supplier Access to Claims Billed on Reassignment

Section 1842(b)(6) of the Act generally provides that Medicare may pay Part B benefits only to the physician or other supplier who performed the service, or to the beneficiary. This provision, known as the prohibition on reassignment, contains several exceptions. Section 952 of the MMA amended section 1842(b)(6)(A)(ii) of the Act to allow a physician or other person who was in a contractual arrangement rather than in an employee-employer relationship to reassign his or her right to bill and receive payment, irrespective of whether the services were performed on the premises of the entity. In implementing section 952 of the MMA,

we amended § 424.80(d) to provide that a supplier, who reassigns his or her right to bill Medicare to an entity with which he or she is employed as an independent contractor, has the right to access the entity's billing information concerning the services the supplier is alleged to have performed and for which the entity billed Medicare. We extended such a right in order to give added assurance that the services for which such an entity billed Medicare were in fact performed and were performed as billed. In the CY 2007 PFS proposed rule, we stated that we believe that employees, in addition to independent contractors, should have access to records on billings for services furnished by them (71 FR 49057 through 49058). We proposed changing the title of § 424.80(d) and amending § 424.80(d)(2) of our regulations to state that the individual supplier who reassigns his or her right to bill and receive Medicare payment to an entity has unrestricted access to claims information submitted by that entity for services furnished by the individual supplier, irrespective of whether the supplier is an employee or an independent contractor of the entity receiving payment. Under our proposal, if an entity receiving the reassigned benefits were to refuse to provide the billing information to the employee supplier requesting the information, the entity's right to receive reassigned benefits could be revoked under § 424.82(c)(3) (which is currently the case with respect to an entity's refusal to provide billing information to an independent contractor supplier).

We are adopting the proposal without modification.

Comment: Two commenters who support the proposal stated they are unsure how having unrestricted access to submitted claims data will correspond to improved program integrity. They believe that a more practical approach to ensure Medicare program integrity would be to incorporate physician involvement in compliance programs that are structured to address risk areas particular to their operations. These commenters are also concerned that providing unrestricted access to submitted claims data is not a clear requirement for a billing entity to meet.

Response: We believe that by allowing a physician or other supplier access to billing information concerning services allegedly performed by that physician or other supplier, we gain more assurance that entities that are billing on reassignment are billing for services actually performed and are otherwise billing accurately for such services.

With respect to the commenters' suggestion that physician involvement in compliance programs offers a more practical approach to ensure Medicare program integrity, we believe that physicians should be engaged already in compliance programs, and that such involvement should include the physician regularly requesting access to billing records for services that he or she allegedly performed and that are being billed to Medicare, through a reassignment, by the entity that employs the physician as an independent contractor or employee. We disagree that our proposal would pose an unclear requirement for entities to meet. An entity that bills Medicare for services that were allegedly performed by a physician or other supplier in the entity's employ may not unreasonably refuse to provide access (or unreasonably delay in providing access) to the physician or other supplier with respect to the relevant billing information. We do not believe it is practical or necessary to attempt to define by regulation just how soon after a request an entity has to provide access, or whether, in a given case, an entity would be justified in refusing to provide access if the physician or supplier has already gained access to the records. Rather, we believe that entities should be guided by common sense and when in doubt may wish to err on the side of providing access, because an entity that unreasonably refuses to provide billing information or does not provide it in a timely manner may have its right to receive reassigned benefits revoked under § 424.82(c)(3).

Comment: We received one comment opposing the proposal. According to this commenter, in section 952 of the MMA, the Congress authorized us to make changes to the reassignment rules with respect to contractor arrangements only. The Congress evidenced no intent to change the reassignment rules with respect to employees, and nor is there any evidence of which the commenter is aware that right of access by employee suppliers is a current program integrity issue. The commenter also believes that access to billing information is a matter that should be left to the terms of a provider's employment contract.

Response: For the reasons stated in the CY 2007 PFS proposed rule (71 FR 49057), we believe we are permitted, but not required, to make payment under the reassignment provisions. Moreover, we are under a statutory command, through section 1833(e) of the Act, to not make payment unless we are satisfied that payment is correct. Our rulemaking authority for our proposal is not based on section 952 of the MMA,

but rather on our general rulemaking authority found at sections 1102(a) and 1871(a) of the Act. We also believe for the reasons stated in the proposed rule that the same program integrity concerns with respect to contractor access to billing records also apply to employee access to billing records. And, we reiterate that we are aware of allegations of employee suppliers being denied access to their billing records. Moreover, we do not believe it is sufficient to leave it to physicians and other suppliers to negotiate access to billing records as a condition of their employment, as the parties may have unequal bargaining power.

Comment: A commenter stated that if the supplier has claims liability, he or she should have access to the billing records, but that if the supplier does not have claims liability he or she should not have access to the billing records.

Response: Irrespective of whether the supplier has claims liability, we have an interest in knowing whether we are paying correctly for services that were furnished or furnished as billed. Therefore, we wish to provide a right of access to billing information to all suppliers who are furnishing services and reassigning payment to their employers, and we encourage them to avail themselves of this right in order to ensure that we are paying properly.

K. Coverage of Bone Mass Measurement

In an IFC entitled "Medicare Coverage of and Payment for Bone Mass Measurements" published in the *Federal Register* on June 24, 1998 (63 FR 34320), we implemented section 4106 of the BBA by establishing a new section, § 410.31, Bone Mass Measurement: Conditions for Coverage and Frequency Standards. Section 4106 of the BBA statutorily defined BMM and individuals that are qualified to receive a BMM. The June 24, 1998 IFC, under the "reasonable and necessary" provisions of section 1862(a)(1)(A) of the Act, also established conditions for coverage of the tests that must be ordered by physicians or NPPs. Lastly, as directed by section 4106 of the BBA, we established frequency standards governing the time period when qualified individuals would be eligible to receive covered BMMs.

1. Provisions of the June 24, 1998 IFC

The June 24, 1998 IFC implemented section 4106 of the BBA by establishing conditions for coverage and frequency standards for BMMs to ensure that they are paid for uniformly throughout the Medicare program and that they are reasonable and necessary for Medicare beneficiaries who are eligible to receive

these measurements. This section summarizes the provisions discussed in the June 24, 1998 IFC.

a. Coverage Conditions and Frequency Standards

We established conditions for coverage and frequency standards for medically necessary BMMs for five categories of Medicare beneficiaries in § 410.31.

In § 410.31(a), we defined "bone mass measurement" based on the statutory definition in section 4106 of the BBA. In accordance with the "reasonable and necessary" provisions of section 1862(a)(1)(A) of the Act, we established the conditions for coverage of BMMs in § 410.31(b) of the regulations. Consistent with § 410.32 (Diagnostic x-ray tests, diagnostic laboratory tests, and diagnostic tests: Conditions), we provided that coverage be available for the BMM only if it is ordered by the physician or a qualified NPP (as defined in § 410.32(a)) treating the beneficiary following an evaluation of the beneficiary's need for the test, including a determination as to the medically appropriate procedure to be used for the beneficiary. We believed that BMMs were not demonstrably reasonable and necessary unless (among other things) they are ordered by the physician treating the beneficiary following a careful evaluation of the beneficiary's medical need, and they are employed to manage the beneficiary's care.

To ensure that the BMM is performed as accurately and consistently in accordance with appropriate quality assurance guidelines as possible, we required that it be performed under the appropriate supervision of a physician as defined in § 410.32(b)(3). To ensure that the BMM is medically appropriate for the five categories specified in the law, we provided that it be reasonable and necessary for diagnosing, treating, or monitoring the condition of the beneficiary who meets the coverage requirements specified in § 410.31(d).

Furthermore, in § 410.31(c), we set forth limitations on the frequency for covering a BMM. Generally, we cover a BMM for a beneficiary if at least 23 months have passed since the month the last BMM was performed. However, we allow for coverage of follow-up BMMs performed more frequently than once every 23 months when medically necessary. We listed the following examples of situations where more frequent BMMs procedures may be medically necessary to include:

- Monitoring beneficiaries on long-term glucocorticoid (steroid) therapy of more than 3 months.

- Allowing for a confirmatory baseline BMM (either central or peripheral) to permit monitoring of beneficiaries in the future if the initial test was performed with a technique that is different from the proposed monitoring method.

b. Beneficiaries Who May Be Covered

In § 410.31(d), we amended our regulations to conform to the statutory requirement that the following categories of beneficiaries may receive Medicare coverage for a medically necessary BMM:

- A woman who has been determined by the physician or a qualified NPP treating her to be estrogen-deficient and at clinical risk for osteoporosis, based on her medical history and other findings.
- An individual with vertebral abnormalities as demonstrated by an x-ray to be indicative of osteoporosis, osteopenia, or vertebral fracture.
- An individual receiving (or expecting to receive) glucocorticoid (steroid) therapy equivalent to 7.5 mg of prednisone, or greater, per day, for more than 3 months.
- An individual with primary hyperparathyroidism.
- An individual being monitored to assess the response to or efficacy of an FDA-approved osteoporosis drug therapy.

c. Waiver of Liability

Section 410.31(e) provides that Medicare payment would be denied for a BMM in accordance with section 1862(a)(1)(A) of the Act if the regulatory standards are not satisfied. Existing regulations concerning limitation on liability are set forth in § 411.400 through § 411.406 and are applicable to denial of BMMs under § 410.31.

d. Payments for BMMs

Medicare payments for covered BMMs are paid for under the PFS (42 CFR part 414) as required by statute. In the June 24, 1998 IFC, we revised the definition of "physician services" in § 414.2 to include bone mass measurements. When BMM procedures are furnished to hospital inpatients and outpatients, the TCs of these procedures are payable under existing payment methods for hospital services. These methods include payments under the prospective payment system, on a reasonable cost basis, or under a special provision for determining payment rates for hospital outpatient radiology services.

In the June 24, 1998 IFC, we revised § 414.50(a), regarding physician billing for purchased diagnostic tests, to clarify

that the section does not apply to payment for BMMs.

e. Conforming Changes

In the June 24, 1998 IFC, to allow for appropriate placement in the CFR of the BMM coverage requirements, we redesignated § 410.31 (Prescription drugs used in immunosuppressive therapy) as § 410.30.

2. Additional Scientific Evidence

In 2004, the Surgeon General issued a report, *Bone Health and Osteoporosis* (U.S. Department of Health and Human Services, Bone Health and Osteoporosis: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General, 2004). This report provides scientific evidence related to the prevention, assessment, diagnosis, and treatment of bone disease. The report states that identification of those at risk of bone disease and fracture is important so that appropriate interventions can be implemented. However, as the report states, "Assessing the risk of bone disease and fracture remains a challenge. Not all of the risk factors have been identified, and the relative importance of those that are known remains unclear."

As bone strength is not measured directly, bone mineral density (BMD) remains the single best predictor of fracture risk, with the most widely accepted method for measuring BMD being the dual energy x-ray absorptiometry (DXA) for a bone density study at the axial skeleton (for example, hips and spine). As there are many sources of variability in the measurement of BMD, a quality control system related to both the methodology and reporting of test results is important to ensure the validity of DXA analysis.

In addition to DXA of the axial skeleton, bone mass can also be measured using other techniques. These other techniques include DXA bone density study for the appendicular skeleton (for example, radius, wrist, heel); quantitative computerized tomography (QCT), BMD study for the axial skeleton or appendicular skeleton; radiographic absorptiometry (photodensitometry, radiogrammetry); single-photon absorptiometry (SPA); single energy x-ray absorptiometry (SXA) for the appendicular skeleton; and ultrasound BMD study for the appendicular skeleton. For these techniques (except for SPA which was not discussed), the 2004 Surgeon General report states, "While these methods do assess bone density and may provide an indication of fracture risk, it is important to note that the

WHO [World Health Organization] recommendations and other guidelines for using BMD and interpreting BMD results for diagnosis are based on DXA measurements of the hip or spine." The report further states, "Incorporating these techniques for bone assessment into future clinical trials and observational studies will help in better understanding their appropriate use as a means of predicting the risk of bone disease and fracture."

3. Changes to the June 24, 1998 IFC

We received 18 public comments on the June 24, 1998 IFC. The majority of the comments had specific recommendations for changes to the IFC. Based on the comments received on the IFC, the Surgeon General's report, and other evidence, we proposed changes to § 410.31. We solicited comments on these proposals.

4. Analysis of and Response to Comments on the June 24, 1998 IFC and the CY 2007 PFS Proposed Rule

In this final rule, we are responding to the public comments that we received on our proposed revisions to § 410.31. In addition, as we stated in CY 2007 proposed rule, we are responding to the public comments received on the June 24, 1998 IFC. We received approximately 35 timely public comments on our proposed revisions to the regulations regarding coverage for bone mass measurements (§ 410.31). Most commenters supported the proposed coverage revisions and noted their specific concerns and provided suggested revisions to several of the coverage provisions. However, most of the commenters expressed significant concerns regarding proposed payment reductions for these tests that would result from initiatives described in other sections of the proposed rule relative to PE and other payment calculations. Comments and our responses regarding the proposed payment reductions are detailed in section II.A.4. of the preamble to this final rule. The following is a summary of our proposals and the comments received and our responses on the coverage for bone mass measurement:

a. "BMM" Definition (§ 410.31(a))

At § 410.31(a)(2), we proposed to revise the definition of "bone mass measurement" to remove coverage for the use of SPA, which uses isotope sources to measure BMD. Many medical experts indicate that SPA has largely been replaced by the newer techniques of DXA, which are believed to be superior in accuracy and precision. Medicare claims data in recent years

continue to show a steady decline in the use of the SPA procedure by the beneficiary population. Further, there is a lack of evidence to support continued use of SPA, an older procedure where the metrics have not been correlated with fracture rate.

We proposed to revise the definition of a "bone mass measurement" to read, "Is performed with either a bone densitometer (other than a single-photon or dual-photon absorptiometry) or with a bone sonometer system that has been cleared for marketing for this use by the FDA under 21 CFR part 807, or approved for marketing by the FDA for this use under 21 CFR part 814."

Comment: We requested comments on our proposal to noncover SPA, including any evidence of benefit for this technique, particularly in comparison with other alternatives. Most of the commenters supported the position that SPA has largely been replaced by the newer, more accurate, and precise techniques such as SEXA and DXA, and we should not continue to cover them. However, a commenter from the June 24, 1998 IFC suggested that while use of SPA devices (at the wrist) is declining as newer and faster equipment is becoming available, we should continue to cover their use indefinitely based on the view that their accuracy and precision are close to that of x-ray based techniques at the wrist and heel and that their radiation exposure is low.

Response: We agree with the more recent comments concerning SPA and note that we proposed to noncover SPA tests beginning in CY 2007. In response to the June 24, 1998 IFC comment regarding continuing coverage indefinitely, we note that Medicare claims data in recent years continue to show a steady decline in the use of the SPA procedure by the beneficiary population as the more accurate and precise procedures have become much more widely available. We agree that there is a lack of evidence to support continued use of the older SPA procedure where the metrics have not been correlated with fracture risk. Therefore, we are revising the definition of "bone mass measurement" in § 410.31(a) to remove coverage for the use of SPA. As a result, the status indicator for CPT code 78350 will change from active (A) to noncovered (N) effective January 1, 2007.

Comment: A June 24, 1998 IFC commenter expressed the view that available research and their experience had demonstrated that the use of peripheral DXA at the heel is superior to any other BMD test taken at any other peripheral site. The commenter believes

that the heel DXA is a superior approach for the initial osteoporosis screening because of its—(1) strong correlation to fracture probability; (2) the reactive nature of the heel to bone mass changes; (3) patient preference for a less threatening exam; (4) the elimination of radiation exposure to the abdomen that results from a central bone mass measurement; and (5) the ability of the peripheral heel DXA to deliver a service at a lower cost than most other BMM technologies.

Response: Based on our review of the available medical literature, we have determined that there is insufficient evidence to conclude that peripheral DXA at the heel is a superior method of BMD measurement when compared to other peripheral sites. Thus, we are not making any changes to our proposal based on this comment.

Comment: A commenter expressed concern about our statement in the June 24, 1998 IFC indicating that QCT can measure bone density at the spine and hip. The commenter indicated that only central (axial) DXA can measure BMD at the spine or hip and QCT is limited to the spine or the wrist. The commenter also stated that spine QCT exposes the patient to a significantly higher dose of radiation and that the technique is significantly less precise than central DXA or peripheral DXA or ultrasound. The commenter recommended that we drop coverage of this technique once there is sufficient geographic overlap between QCT and the alternative techniques, which are believed to be less costly, safer, and a more precise means of measuring bone mass than the QCT technique.

Response: On the basis of our review of the existing medical literature, we have determined that QCT can provide both central (spine and hip) and peripheral BMD measurements but does expose the patient to significantly higher doses of radiation. Though the appropriate use of QCT has yet to be defined, it may be used as an alternative to spine and hip DXA measurements as a method for measuring BMD (Surgeon General's Report, 2004). Therefore, we are not making any changes to our proposal as a result of this comment.

Comment: Another commenter from the June 24, 1998 IFC stated that there is insufficient evidence to support the clinical utility of BMD measurements of an individual's finger, tibia, or patella, which are performed by the use of either a peripheral x-ray or an ultrasound device, and suggested that measurement of those peripheral sites not be covered under Medicare.

Response: Measurement of peripheral bone density for screening and initial

diagnosis can be accomplished by various techniques, though the appropriate use of these technologies in the prediction of bone disease and the risk of fracture has yet to be clearly defined. Therefore, we are not revising our proposal based on this comment.

b. Conditions for Coverage (§ 410.31(b))

In § 410.31(b), we proposed to revise the conditions for coverage for BMMs by requiring that for a medically necessary BMM to be covered for an individual being monitored to assess the response to or efficacy of an FDA-approved osteoporosis drug therapy (§ 410.31(d)(5)) the individual would be required to meet the present conditions for coverage under § 410.31(b), and the monitoring would have to be performed by the use of an DXA system (axial system).

We recognized that in the June 24, 1998 IFC, we allowed the physician or qualified NPP treating the beneficiary more flexibility in ordering those diagnostic measurements, but we proposed to limit that flexibility for the type of BMM that is used for monitoring individuals receiving osteoporosis drug therapy and other purposes (as discussed later in this section) because of new evidence and other information received since publication of the June 24, 1998 IFC that supports the need for requiring the use of the DXA measurement (axial skeleton) in those circumstances. In addition to the 2004 Surgeon General's Report that recognized the superiority of the DXA (axial skeleton) for measuring bone mass over time, the International Society for Clinical Densitometry currently recommends that if an individual has a low bone mass using a peripheral measurement (appendicular skeleton) he or she should have a DXA (axial skeleton) performed for monitoring or confirmatory diagnostic purposes.

Therefore, we also proposed to revise § 410.31(b) by adding a requirement that in the case of any individual who qualifies for a BMM as provided for in § 410.31(d) and who receives a confirmatory baseline BMM to permit monitoring in the future, Medicare may cover a medically necessary BMM for that individual, if the present conditions for coverage under § 410.31(b) are met, and the BMM is performed by a DXA system (axial skeleton) (if the initial measurement was not performed by this system).

As indicated previously in this section, the most widely accepted method for measuring BMD is the use of DXA (Surgeons General's Report 2004) at axial skeletal sites. DXA (axial skeleton) measures BMD at the hip and

spine (sites likely to fracture in patients who have osteoporosis). DXA is precise, safe, and low in radiation exposure, and permits more accurate and reliable monitoring of individuals over time. DXA of the femoral neck is the best validated test to predict hip fracture and is comparable to forearm measurements for predicting fractures at other sites (Evidence Report/Technology Assessment No 28, Agency for Healthcare Research and Quality (AHRQ), January 2001).

Comment: Several June 24, 1998 IFC commenters expressed concern regarding the following statement from the June 24, 1998 IFC that "there is a consensus that measurements of the central skeletal sites is the preferred method of assessment" as compared with measurements of peripheral skeletal sites. These commenters stated that peripheral devices provide basically the same measurement benefits as central devices and have the added advantages of being easier to use, allowing greater patient accessibility, and reducing patient radiation exposure. However, the majority of the commenters on both the IFC and the proposed rule, strongly supported the aforementioned statement from the IFC and expressed specific concern that the IFC allowed for coverage of peripheral BMMs that have not been demonstrated to be useful in monitoring patients who are receiving osteoporosis drug therapies. These commenters agreed that only central devices (especially the DXA device) were useful in monitoring patients receiving pharmacologic therapy and they specifically recommended that peripheral tests be limited to screening for osteoporosis, and not be used for monitoring patients receiving FDA-approved osteoporosis drug therapy.

Response: As we indicated in the proposed rule, we agree that the most widely accepted method for measuring BMD is the use of dual x-ray absorptiometry (DXA) (Surgeon General's report 2004) at central skeletal sites. DXA measures BMD at the hip and spine (sites likely to fracture in patients who have osteoporosis), is precise, safe, and low in radiation exposure, and permits monitoring over time. DXA of the femoral neck is the best validated test to predict hip fracture and is comparable to forearm measurements for predicting fracture at other sites (AHRQ report 2001). The World Health Organization (WHO) classification of BMD for the diagnosis of osteoporosis is based primarily on reference data obtained by DXA of the axial skeleton. When monitoring the effectiveness of therapy, these central skeletal sites are

more likely than peripheral sites to show an increase in BMD over time. For these reasons, we believe that the use of DXA at central sites is the best method for measuring BMD for both monitoring patients receiving FDA-approved osteoporosis drug therapy, and confirming BMD measurements performed on peripheral devices for patients who may be monitored in the future. In view of the comments received and our review of the medical literature, and other information, we are adopting our revision of § 410.31(b) without change.

Comment: While most of the commenters supported our proposal to limit coverage of monitoring patients receiving osteoporosis drug therapy and for performing confirmatory baseline tests to the DXA of the central (axial) skeleton, several commenters urged us not to preclude coverage of QCT of the central (axial) skeleton for these purposes for individuals who have had an initial screening with a peripheral test. These commenters stated that the QCT technology has been relied upon for some time now by certain hospitals and imaging centers, and it would be unfair to them and their patients to preclude coverage for their tests in the final rule.

Response: We agree with the commenters who supported our proposal to limit coverage of monitoring patients receiving osteoporosis drug therapy, for performing confirmatory baseline test to the DXA of the central (axial) skeleton, and to not allow coverage of the QCT for these purposes. (Surgeon General's Report, 2004). The radiation exposure is significantly higher, for example, with the use of the lumbar spine QCT than is the case with the use of the DXA at central skeletal sites (Surgeon General's Report, 2004). Therefore, we are not making any change to our proposal based on these comments.

Comment: A commenter supported our proposal to change the conditions of coverage and standards on frequency of bone mass measurements to encourage the use of DXA of the axial skeleton for confirmatory baseline tests and for monitoring a patient's response to therapy, but cautioned that the medical literature does not support the use of DXA or other BMMs to assess efficacy of osteoporosis therapies. The commenter recommended that CMS clarify that BMM is not appropriate for monitoring the efficacy of osteoporosis therapies in preventing bone fractures.

Response: We recognize that the goals of monitoring patients are to increase adherence to treatment regimens and determine treatment response even

though monitoring by densitometry has not been demonstrated to be effective in improving compliance (NIH Consensus Panel, 2001). Importantly, BMD changes are not correlated with the fracture risk reduction resulting from antiresorptive treatment (Roux, Garnero 2005). Therefore, while the efficacy of antiresorptive treatments has been verified in large trial powered to show reductions in fracture risk, it does not appear that fracture risk can be measured in individual patients being treated for osteoporosis. We are not making any changes to the final rule based on this comment.

c. Bone Mass Measurement: Standards on Frequency of Coverage (§ 410.31(c))

To conform the examples of a BMM exception to the standards on frequency of coverage in § 410.31(c)(2) to the regulation change we proposed in § 410.31(b)(3), we proposed to revise the confirmatory baseline test example in § 410.31(c)(2)(ii) to read, "Allowing for a confirmatory baseline measurement to permit monitoring of beneficiaries in the future if the requirements of paragraph (b)(3) of this section are met."

Comment: A number of commenters offered recommendations on the exceptions in paragraph (c)(2) to the general rule in paragraph (c)(1) that provided that "Except as allowed under paragraph (c) (2) of this section, Medicare may cover a bone mass measurement (BMM) for a beneficiary if at least 23 months have passed since the month the last BMM was performed." The exceptions specified were— (1) monitoring beneficiaries on long-term glucocorticoid (steroid) therapy of more than 3 months; and (2) allowing for a confirmatory baseline BMM to permit monitoring of beneficiaries in the future. These commenters indicated that in addition to the exceptions specified in paragraph (c)(2), there were certain individuals who were at higher risk of bone loss due to a disease, drug therapy, or other reasons who should be measured more frequently than once every 2 years. Most of these commenters recommended that these individuals should have a follow-up measurement at least once every 12 or every 12 to 18 months. Another commenter asked us to make an exception under paragraph (c) (2) for individuals with hyperparathyroidism who due to their diagnosis require both a DXA of the axial and the appendicular skeleton upon initial testing.

Response: In establishing the frequency of coverage general rule in § 410.31(c)(1) of the IFC, we relied upon the guidance of the American Association of Clinical

Endocrinologists, the ACR, and the National Osteoporosis Foundation, which appeared to be generally in agreement for the need to follow certain clinical guidelines for performing follow-up BMMs to the initial BMM that is performed. Based on that information, we specified in the June 24, 1998 IFC a general frequency of coverage interval of one follow-up examination every 2 years, identifying examples of situations where more frequent BMMs may be covered when medically necessary. We have decided to basically retain that general frequency of coverage standard and continue to allow Medicare contractors to cover additional exceptions to the specified exception examples based on medical necessity, even though there is a lack of evidence that adjusting therapy based on serial densitometry at any level improves outcomes (AHRQ Report 2001). Follow-up testing should be done when the expected change in BMD is at least equal to or exceeds the least significant change, which is the smallest change in BMD that is beyond the range of error, as changes in BMD are usually small in proportion to the error inherent in the test itself (Baim, Wilson *et al.*, 2005). Each DXA facility should determine its precision error and then calculate the least significant change (Baim, Wilson *et al.*, 2005). Regarding the comment on individuals with hyperparathyroidism, we recognize that the mechanics of bone loss may be different for these patients than they are for estrogen-deficient postmenopausal women, resulting in fracture risks that may be different and more difficult to determine (Miller, Bilezikian, 2002). Thus, it may be medically necessary for a treating provider to perform both a DXA of the axial and the appendicular skeleton in the initial screening of patients with this diagnosis. However, we believe the evidence is insufficient to establish a national policy exception to the 2-year frequency standard for these individuals as specified in § 410.31(c). Nonetheless, we have decided to allow the treating provider to determine what is medically necessary in any particular case, subject to the review of the local Medicare contractor.

Comment: A June 24, 1998 IFC commenter questioned whether we would cover bone mass measurements for individuals on steroid therapy every 6 months after the initial treatment, as well as a baseline exam at the start of therapy as was suggested in the reference to the recommendations of others in the June 24, 1998 IFC (63 FR 34234).

Response: For those individuals on steroid therapy who are at high risk for

osteoporosis, as well as for other medical circumstances where it might be appropriate to cover more than one BMM every 2 years, the treating provider currently has considerable flexibility in accordance with our regulations to determine the frequency of testing in any particular case, subject to the review of the local Medicare contractor. However, in the absence of sufficient evidence in the medical literature to support any specific frequency interval for individuals receiving steroid therapy, we are not establishing any specific frequency interval for coverage of these individuals in this regulatory example of possible exceptions to the general standard in section § 410.31(c) of the final rule. Rather, we are leaving this to our local Medicare contractors, based on the best evidence that is available to them and their medical consultants.

Comment: A June 24, 1998 IFC commenter expressed concern regarding our policy in § 410.31(c)(2)(ii) that allows coverage of a confirmatory baseline BMM (either central or peripheral) to permit monitoring of beneficiaries in the future if the initial test was performed with a technique that is different from the proposed monitoring method. That is, a qualified individual may be tested initially with DXA at the hip and spine and then have a confirmatory test with a peripheral device on which the patient is to be monitored every 2 years. The commenter suggested that this policy be revised to preclude coverage of the confirmatory test by the use of a peripheral device because its precision is significantly poorer than the stationary table DXA. The commenter believes that peripheral devices are best suited for screening and initial diagnosis and not for monitoring a patient's response to drug therapy.

Response: We agree that confirmatory testing with a peripheral device should be precluded from coverage. As stated in the Surgeon General's report, as well as recommendations by the International Society of Clinical Densitometry (Journal of Clinical Densitometry 2004; 7:1-5), central skeletal sites are most appropriate for monitoring the effectiveness of therapy, as they are more likely than peripheral sites to show an increase in BMD in response to treatment. Therefore, we included a provision in the proposed rule revising § 410.31(c)(2)(ii) to preclude coverage of a confirmatory test that is performed with the use of a peripheral device and to limit such coverage to a central (axial) DXA. For the reasons described above, as well as the general support of the public

commenters on the proposed rule, we are adopting this revision as final without change.

d. Bone Mass Measurement: Beneficiaries Who May Be Covered (§ 410.31(d))

The Congress has recognized that individuals receiving long-term glucocorticoid steroid therapy are qualified individuals for purposes of section 1861(rr)(1) of the Act. Therapy to prevent bone loss in most patients beginning long-term therapy has been recommended at a prednisone equivalent of greater than 5 mg/day for at least 3 months (McIlwain, 2003). Based on our review of the current evidence, we proposed to reduce the dosage equivalent in § 410.31(d)(3) from an average of 7.5 mg/day of prednisone for at least 3 months to an average of 5.0 mg/day of prednisone for the same period.

Comment: A number of commenters expressed concern that certain categories of individuals that warranted inclusion under the BMM benefit were not covered and they recommended that the IFC be revised to include them in the final rule. However, a commenter noted that the Medicare law needed to be amended so that the legal definition of "qualified" individuals for BMM coverage keeps pace with additional current scientific and clinical evidence on who is at risk for osteoporosis. Overall, more than 27 additional categories of "qualified" individuals were recommended for coverage of bone mass measurements under the benefit. These included patients diagnosed with male hypogonadism, Parkinson's disease, multiple sclerosis, myasthenia gravis, Gaucher's disease, mastocytosis, malabsorption syndromes, history of bulimia, chronic lung disease, renal disease, diabetes mellitus, rheumatoid arthritis, secondary hyperparathyroidism and nonvertebral fractures, tobacco dependence, as well as patients on heparin therapy, anticonvulsant therapy, methotrexate therapy, thyroid replacement therapy, and antiepileptic drug therapy, *etc.*

Response: We have carefully reviewed the above additional categories of individuals who have been recommended for Medicare coverage under the final rule, and have concluded that they do not qualify for coverage under the specific statutory language mentioned above. Section 1861(rr) of the Act provides that the term "qualified individual" for purposes of this benefit means "an individual who is (in accordance with regulations prescribed by the Secretary)—(A) an estrogen-deficient

woman at clinical risk for osteoporosis; (B) an individual with vertebral abnormalities; (C) an individual receiving long-term glucocorticoid steroid therapy; (D) an individual with primary hyperparathyroidism; or (E) an individual being monitored to assess the responsive to or efficacy of an approved osteoporosis drug therapy." Therefore, we believe a change in the Medicare statute would be required in order for us to cover these additional categories of individuals under the BMM benefit.

Comment: Most of the commenters supported our broad interpretation of the statutory category of "An estrogen-deficient woman and at clinical risk for osteoporosis" that was specified in the interim final regulation provision § 410.31(d)(1). A June 24, 1998 IFC commenter noted that because the risk factors associated with osteoporosis are so numerous and complex, it is appropriate to allow a woman's treating physician or other treating practitioner to determine whether she is estrogen-deficient or a clinical risk of osteoporosis. However, several June 24, 1998 IFC commenters were concerned about how the definition would be implemented by Medicare contractors. A commenter expressed concern that because there is not an existing ICD-9-CM diagnosis code to describe the condition of estrogen-deficient, this could result in the need for practitioners to use several other ICD-9-CM codes that describe conditions likely to result from estrogen deficient, and in variations in Medicare coverage from carrier to carrier.

Response: We allowed the treating physician or other treating practitioner the discretion and flexibility to determine whether a female beneficiary is estrogen-deficient and at clinical risk for osteoporosis. Creating a code specifically for reimbursement when the condition is described by other codes is not required. Therefore, we are not making any changes to our proposals based on these comments.

Comment: Several IFC commenters indicated that the beneficiary category in § 410.31(d)(5) of "An individual being monitored to assess the response to or efficacy of an FDA-approved osteoporosis drug therapy" is too limited and should be expanded to include coverage of individuals receiving other treatments, including certain medications that do not have FDA approval for osteoporosis treatment, and certain rehabilitation treatments such as therapy-weight lifting and similar interventions. A commenter noted, for example, that didronel, which has been approved by the FDA for the treatment of Paget's

disease, is not FDA-approved for osteoporosis treatment but, its safety and efficacy in reducing or reversing steroid-induced osteoarthritis is supported by a large body medical literature.

Response: We recognize that not all Medicare beneficiaries who are treated for osteoporosis are prescribed FDA-approved osteoporosis drug therapy. However, in implementing the statutory mandate in section 1861(rr)(2) of the Act to include as a "qualified individual" for Medicare-covered bone mass measurements "an individual being monitored to assess the response to, or efficacy of an approved osteoporosis drug therapy," we do not believe it is appropriate for us to extend such coverage to beneficiaries who are receiving non-FDA approved osteoporosis drug therapies. Thus, we are not adopting the changes recommended by the commenters.

Comment: A number of commenters addressed our proposal to revise § 410.31(d)(3) which stated that one of the categories of beneficiaries who was entitled to receive Medicare coverage for a medically necessary BMM was "An individual receiving (or expecting to receive) glucocorticoid (steroid) therapy equivalent to 7.5 mg of prednisone, or greater, per day for more than 3 months." The majority of these commenters suggested that the minimum requirement of 7.5 mg of prednisone, or greater, per day provision was too strict, and that a dose requirement of 5.0 mg per day was more appropriate. However, several commenters stated that even lower dosage amounts than 5.0 mg have been shown to cause significant bone loss over prolonged periods of time, usually because of comorbidities such as rheumatoid arthritis. A commenter recommended that this beneficiary category be expanded to allow coverage for any patient taking steroids for longer than 3 months regardless of the dose that is taken by the patient. Another commenter was also concerned about the 7.5 mg of prednisone, or greater, per day provision, but suggested a minor change that would allow an individual receiving (or expecting to receive) glucocorticoid (steroid) therapy equivalent to an average of 7.5 mg of prednisone, or greater, per day for more than 3 months to be covered under the benefit. This commenter stated that use of the average measurement is more in line with the realities of modern medicine and would clarify that those individuals who are receiving the same dosage at different intervals (every other day) are eligible for coverage.

Response: We agree that the minimum 7.5 mg of prednisone dose provision needs to be lowered and that use of an average dose measurement in specifying this standard is appropriate. Patients with glucocorticoid-induced osteoporosis appear to be at high risk for fractures. Researchers have reported that reductions in bone mass have been seen as early as 3 months after starting therapy (McIlwain, 2003). Therapy to prevent bone loss in most patients beginning long-term therapy has been recommended at a prednisone equivalent of ≥ 5 mg/day for at least 3 months (McIlwain, 2003). Based on the comments that we have received and our review of the current evidence, we are adopting our proposal to revise § 410.31(d)(3) to reduce the minimum dosage requirement from 7.5 mg to an average of 5.0 mg/day of prednisone for at least 3 months.

Comment: Several IFC commenters expressed concern that Medicare beneficiaries at risk for osteoporosis due to their use of antiepileptic drugs are not eligible for an initial bone mass screening because they are not included in any of the five categories of patients defined as "qualified individuals." The commenter indicates that if it is not possible to change this under current law is it possible for us to confirm that follow-up monitoring tests would be covered every 2 years for a patient on anti-epileptic drugs who shows signs of osteoporosis and who is then placed on osteoporosis FDA-approved drug therapy.

Response: We agree that patients on antiepileptic drugs may be at increased risk for fractures. Still, the current law does not generally address this group of patients as "qualified" individuals under section 1861(rr) of the Act. Monitoring of individuals on anti-epileptic drugs who may also be FDA-approved drug therapy for osteoporosis, of course, may be covered as provided under the BMM benefit.

e. Use of the NCD Process (§ 410.31(f))

To facilitate future consideration of coverage of additional BMM systems for purposes of proposed paragraphs § 410.31(b)(2) and (b)(3), which will limit coverage of BMMs for monitoring individuals receiving osteoporosis drug therapy and for performing confirmatory baseline measurements, we proposed to identify additional BMM systems for those purposes through the NCD process. By using the NCD process, we could conduct a timely assessment of FDA-approved BMMs. Use of an NCD to add coverage of effective BMM systems for these purposes is authorized by the reasonable and necessary provision of

sections 1862(a)(1)(A) and 1871(a)(2) of the Act.

Comment: One commenter requests that we give Medicare carriers discretion to cover new and advanced technologies that become available to screen for risk of fracture rather than requiring that such technologies be evaluated through the NCD as specified in the proposed rule. The commenter stated that the NCD process can be long and cumbersome, and that requiring that new technologies be added through this process could prevent beneficiaries from having access to these new and better technologies for some length of time.

Response: The IFC implemented section 4106 of the BBA by establishing conditions for coverage and frequency standards for BMMs to ensure that (among other things) they are paid for uniformly throughout the Medicare program. To ensure that important new and advanced BMM technologies as defined under the statute and regulations are paid for uniformly under the program, we believe they should be identified and evaluated through the NCD process. By relying on the NCD process for this purpose, we believe we will be able to conduct a timely assessment of FDA-approved BMMs for possible uniform coverage under the program that is not possible if we left this to local contractor discretion. In most circumstances, the NCD process is required to be completed within 9 to 12 months of the time that we accept a formal request for an NCD on a particular procedure.

Comment: Several commenters noted that the WHO is currently in the process of developing a standardized methodology for determining fracture risk. A commenter indicated that although DXA is one important tool for measuring fracture risk, there are other clinical risk factors that are also important to evaluation, specifically to determine which patients are likely to best respond to treatment. The commenters suggested that employing the new risk assessment methodology may lead to better patient outcomes by helping providers better identify those patients who should be on therapy and they ask CMS to recognize this new assessment methodology for coverage under Medicare Part B when WHO completes its work on it.

Response: We do not know enough about the parameters of the standardized methodology for determining fracture risk that the WHO is developing to respond very specifically to this comment. However, if this standardized methodology for measuring fracture risk relies on the use

of a device or technique that meets our definition of a BMM as defined in § 410.31(a), we believe it would be appropriate to consider evaluating any formal request for an NCD for such a device or technique, if it were submitted to us for evaluation.

f. Other Issues

Comment: A commenter questioned why there was no discussion in the IFC about the importance of ethnicity as a risk factor for low bone mass and osteoporosis. The commenter suggests that ethnicity is one of the most important risk factors for low bone mass and osteoporosis.

Response: We agree that ethnicity as well as many other risk factors may result in certain individuals being considered to be more likely to develop osteoporosis than other individuals. For example, the National Osteoporosis Foundation (NOF) and other medical professional organizations have reported that Caucasians and Asians appear to be more at risk for developing osteoporosis than other ethnic groups. However, the NOF has also indicated that significant risk has been reported in people of all ethnic backgrounds, including African-Americans and Hispanic-Americans. The reason that this subject was not discussed in the IFC was that ethnicity was not specifically identified in the BMM Amendment that was enacted in 1997 as a risk factor or medical indication that warranted Medicare coverage of bone mass measurements. Therefore, a careful examination of this subject is beyond the scope of this final rule. However, we expect that in completing an evaluation of the beneficiary's need for the bone mass measurement, as provided in § 410.31(b)(1), the physician or other qualified practitioner (as these terms are defined in the regulation) will take ethnicity and other significant risk factors into account in ordering medically necessary tests for individual patients to the extent that it is possible to do so under the statutory beneficiary categories specified in § 410.31(d).

Comment: Several commenters indicated that the IFC offered insufficient guidance on how to document the medical necessity of bone mass measurements performed on "qualified individuals" (§ 410.31(d)) by the use of ICD-9-CM diagnosis codes. The commenter suggested that we develop national guidelines that would help providers in documenting the medical necessity of bone mass measurements.

Response: The IFC did not provide guidance on the ICD-9-CM diagnosis codes that could be used by physicians

or other providers in documenting Medicare claims for bone mass measurements. However, our original intent was that local Medicare contractors were to be responsible for developing those appropriate specific diagnostic coding guidelines for the physicians and other providers in their respective localities and for communicating those guidelines to them and to the general medical community, and they have been doing that successfully since 1998. We expect our contractors will continue to do this as necessary in the future.

Comment: A commenter suggests the need for a unique CPT code or modifier to help distinguish a "confirmatory baseline bone mass measurement" from a BMM that may be in violation of the frequency of coverage standard of one follow-up monitoring test every 2 years.

Response: We do not believe there is a need to establish a unique CPT code or modifier to distinguish a "confirmatory baseline bone mass measurement" for a BMM that may be in violation of the frequency of coverage standard of one follow-up monitoring test every 2 years because local Medicare contractors rely on the use of frequency screens (or edits) in determining whether follow-up tests are medically necessary for individual patients. These frequency screens (or edits) do not require the use of a unique CPT code or modifier by providers in billing for these follow-up tests in order for local contractors to be effective in making their medical necessity determinations.

In view of the comments and our review of the medical literature, and other information, we are adopting our proposed revisions to § 410.31 as final without change.

L. Independent Diagnostic Testing Facility (IDTF) Issues

1. IDTF Changes

During the course of a national review in 2003-2004, the OIG found a potential \$71 million in improper payments made to IDTFs (Review of Claims Billed by Independent Diagnostic Testing Facilities for Services Provided to Medicare Beneficiaries During Calendar Year 2001 (A-03-03-00002)). The OIG found that erroneous payments were made as the result of poor or missing documentation or lack of medical necessity. Moreover, in recent years, we have determined with the help of our contractors that a number of IDTFs in California and other States are perpetrating schemes to defraud the Medicare program.

Since 2000, the number of IDTFs in California has increased by 40 percent, which is a far greater percentage increase than the Medicare population in that State. The number of IDTFs billing Medicare in California alone increased more than 400 percent from 2000 to 2005. The increased use of IDTF services has not lowered the use of diagnostic testing within other settings. The increased rates of utilization within IDTFs are likely to be unrealistic due to an increase in the need for diagnostic testing within California's Medicare population. Also, these IDTFs are growing at a rate faster than we can survey these facilities. The actual growth of IDTFs is not a problem. However, the results of the OIG audit make it clear that we need to closely monitor IDTFs and establish standards to ensure quality care for Medicare beneficiaries. To address the erroneous payments identified by the OIG, we proposed to establish IDTF performance standards similar to those in § 424.57 which we adopted for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers in the Additional Supplier Standards final rule published in the October 11, 2000 **Federal Register** (65 FR 60366).

In the CY 2007 PFS proposed rule, we proposed that each IDTF be required to be in compliance with the proposed fourteen supplier standards discussed in section II.L.2. of this final rule with comment period to obtain or retain enrollment in the Medicare program (71 FR 49061). Accordingly, at § 410.33(h), we proposed that if an IDTF fails to meet one or more of the standards at the time of enrollment or at the time of re-enrollment, then its enrollment application would be denied. Also, if at any time we determine that an enrolled IDTF no longer meets the performance standards, its billing privileges would be revoked.

We believe that these performance standards are needed to ensure that minimum quality standards are met to protect beneficiaries, as well as the Medicare Trust Fund. These standards are merely good business practices that will help to ensure that suppliers are providing a quality care to Medicare beneficiaries. Examples of the kind of standards are a primary business phone number and address. Another example is a posting of standards for review by patients and the public.

For IDTFs, we proposed to adopt a number of standards that we adopted for DMEPOS suppliers, including supplier standard number 6 which requires a supplier to maintain a comprehensive liability insurance policy of \$300,000 or 20 percent of its average annual

Medicare billings, whichever amount is greater, that covers both the place of business and all customers and employees of the IDTF.

Furthermore, we proposed in the new performance standard number 7 that an IDTF agrees not to directly solicit patients. This provision does not preclude the IDTF from public advertisement or marketing its services to physicians and other suppliers, however it does prohibit recruitment of beneficiaries through direct solicitation.

Additionally, the IDTF will be required to grant us, or our designated fee-for-service contractors, including our agents, to have access to the IDTF physical location, all equipment, and beneficiary medical records during normal business hours. For portable equipment, an IDTF will be required to maintain a catalog of portable equipment and be able to produce the cataloged equipment within 2 business days. If the IDTF denies this access, the IDTF's Medicare enrollment will be immediately revoked.

To ensure that equipment used by an IDTF is maintained and operates properly, we sought public comments regarding IDTF supplier standard number 11, which requires that an IDTF must have its testing equipment calibrated per equipment instructions or in compliance with applicable industry standards. Specifically, we sought public comments regarding the organizations or entities that may currently establish testing specifications for diagnostics equipment. Further, if these organizations or entities do not exist, we invited public comments on the establishment of a supplier standard that relies on the manufacturer's maintenance and calibration standards.

2. Performance Standards for IDTFs

The IDTF would be required to meet the following standards as of January 1, 2007 and any newly or reenrolling IDTF would be required to certify in its enrollment application that it meets and will continue to meet the standards. At § 410.33, we proposed to specify that the IDTF is required to—

- Operate its business in compliance with all applicable Federal, State, and local licensure and regulatory requirements for the health and safety of patients;
- Provide complete and accurate information on its enrollment application as stated in the "Requirements for Providers and Suppliers to Establish and Maintain Enrollment final rule" (April 21, 2006, 71 FR 20754). Any change in enrollment information must be reported to the designated fee-for-service contractor on

the Medicare enrollment application within 30 calendar days;

- Maintain a physical facility on an appropriate site. For the purposes of this standard, a post office box or commercial mailbox is not considered a physical facility. The physical facility must contain space for equipment appropriate to the services designated on the enrollment application, facilities for hand washing, adequate patient privacy accommodations, and the storage of both business records and current medical records;

- Have all applicable testing equipment available at the physical site, excluding portable equipment. A catalog of portable equipment, including equipment serial numbers, must be maintained at the physical site. In addition, portable equipment must be made available for inspection within 2 business days of our inspection request. The IDTF will be required to maintain a current inventory of the equipment (including serial/registration numbers), provide this information to the designated fee-for-service contractor and notify the contractor of any changes in equipment;

- Maintain a primary business phone under the name of the business. The business phone must be located at the designated site of the business. The telephone number or toll free numbers must be available in a local directory and through directory assistance;

- Have a comprehensive liability insurance policy of at least \$300,000 or 20 percent of its average annual Medicare billings, whichever amount is greater, that covers both the place of business and all customers and employees of the IDTF. The insurance policy must be carried by a non-relative owned company. The policy must list the serial numbers of any and all equipment used by the IDTF;

- Agree not to directly solicit patients, which includes, but is not limited to, a prohibition on telephone, computer, or in-person contacts. The IDTF will accept only those patients referred for diagnostic testing by an attending 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. NPPs may order tests as set forth in § 410.32(a)(3);

- Answer beneficiaries' questions and respond to their complaints.

Documentation of those contacts must be maintained at the physical site;

- Openly post these standards for review by patients and the public;
- Disclose to the government, any person having ownership, financial or

control interest, or any other legal interest in the supplier at the time of enrollment or within 30 days of a change;

- Have its testing equipment calibrated per equipment instructions and in compliance with applicable national standards;
- Have technical staff on duty with the appropriate credentials to perform tests. The IDTF must produce the applicable Federal or State licenses and/or certifications of the individuals performing these services;
- Have proper medical record storage and be able to retrieve medical records upon request from CMS or its designated fee-for-service contractor within 2 business days; and
- Permit CMS, including its agents or its designated fee-for-service contractors, to conduct unannounced, on-site inspections to confirm the IDTF's compliance with these standards. The IDTF is required to provide access, during regular business hours, to CMS and beneficiaries, as well as maintain a visible sign posting the normal business hours of the IDTF.

3. Supervision

To ensure quality care is provided to Medicare beneficiaries, we proposed to revise § 410.33(b)(1) to read that physicians will be limited to providing supervision to "no more than three IDTF sites."

4. Place of Service

In addition to establishing specific performance standards for IDTFs, at § 410.33(i), we proposed to define the "point of the actual delivery of service" as the correct "Place of Service" for the claim form in the case of diagnostic testing performed outside the IDTF's physical location. For example, when an IDTF performs a diagnostic test at a beneficiary's residence, we believe that it is reasonable to establish the beneficiary's residence as the "Place of Service." Previously, there has been no set procedure, so therefore, we believe that the information is gathered at the collection point from the beneficiary, and this is the point service. While most diagnostic tests are performed in an office setting, we solicited public comments regarding the types of services that can be safely and appropriately used in a residential setting.

5. Analysis of and Responses to Public Comments

Comment: Several commenters agreed with our proposal to limit the number of IDTFs that a physician can oversee to three. Conversely, some commenters

expressed concern about our proposal to limit the number of IDTFs that a physician can oversee.

Response: While we understand the concerns associated with limiting the number of IDTFs that a physician can oversee to three, we believe that limiting the number of IDTFs that a physician can oversee will promote quality of care. We are defining the supervising physician to be the person who is listed in Attachment 2, Section E on the CMS-855B enrollment application.

Comment: Several commenters suggested that the proposed standards be revised to reflect that mobile IDTFs will have different needs and requirements from those IDTFs which are stationary.

Response: We appreciate this comment and have revised our policy in this final rule with comment period to address IDTF performance standards for both fixed and mobile IDTFs.

Comment: Several commenters recommended that we expand the proposed IDTF performance standards to all imaging services.

Response: While we appreciate this comment, we will consider this change in a future rulemaking document.

Comment: One commenter expressed concern regarding our proposal that an IDTF maintain a physical facility on an appropriate site and that IDTFs would be required to maintain a specified number of square feet per facility.

Response: While we understand the commenter's concern, it was never our intent to establish a minimum square foot requirement. We believe that the size of an IDTF can vary depending on the services performed. Accordingly, we believe that the size of a fixed-based IDTF should be of sufficient size to provide the services offered by the IDTF, such as maintaining records, and performing administrative tasks.

Comment: Several commenters recommended that physicians can be proficient in analyzing test results without being considered a specialist in the field relating to that specific type of diagnostic testing.

Response: This issue is outside of the scope of the provisions of the proposed rule, and therefore, we are not providing a response at this time.

Comment: In lieu of the specific performance standards proposed, several commenters recommended that we use accreditation as a method for improving compliance and limiting fraud and abuse with IDTFs.

Response: While we appreciate this comment, we are not able to adopt this recommendation. We believe that it is essential that we obtain additional

information from the public before adopting IDTF accreditation standards.

Comment: Several commenters recommended establishing a grace period before carriers begin the revocation process for those IDTFs that fail to meet the new performance standards.

Response: While we understand the concerns of the commenters, we do not believe that it is practical to delay implementation of these standards. With the publication of this final rule with comment period, all IDTFs are being notified of the new performance standards. Moreover, we believe that most IDTFs meet the performance standards that we are adopting, or that they can do so within the time period between the publication of this final rule with comment period and its effective date. In addition, as we put this policy into operation, we will consider phasing-in our implementation approach. In the event that an IDTF's billing privileges are revoked, the supplier can appeal the revocation.

Comment: Several commenters expressed the concern that an unannounced site visit by CMS or our representatives could be potentially disruptive to an IDTF's operations.

Response: We believe that unannounced site visits are a useful tool to ensure that IDTFs are meeting their enrollment requirements and performance standards. We will work closely with our contractors to limit any disruptions during a site visit.

Comment: One commenter recommended that we eliminate the IDTF benefit.

Response: We believe that establishing performance standards and the other changes in this regulation will improve quality and assist us in our efforts to reduce fraud and abuse in the Medicare program. Accordingly, we are finalizing this proposal.

Comment: One commenter recommended eliminating the requirement to maintain a primary business phone located at the designated site for business, especially with regards to mobile IDTFs.

Response: We believe that it is essential that fixed and mobile IDTFs maintain a primary business telephone number. Moreover, we believe the primary business telephone number for fixed-based IDTFs is located at the practice location for the IDTF. For mobile IDTFs, we believe that the primary business telephone number is the home location for the mobile facility.

Comment: Several commenters recommended that we clarify where

mobile IDTFs would store patient records.

Response: We believe that it is appropriate for a mobile IDTF to store patient records at their home location.

Comment: In lieu of the proposed performance standards, several commenters recommended that we implement modality specific standards to address the diverse nature of the services provided by IDTFs.

Response: We are not able to adopt this recommendation because we believe that it is essential that we obtain additional information from the public before adopting modality-specific standards.

Comment: Several commenters stated that our proposal for a physician to be responsible for overall operations and administration of an IDTF has no basis, and that a physician should solely play a clinical or technical role.

Response: We believe that a supervising physician, as identified in Attachment 2 of the CMS-855B Medicare enrollment application, is fundamentally responsible for the proper administration of an IDTF's services.

Comment: Several commenters questioned our interpretation for the point-of-service for services provided outside the IDTF, specifically at the beneficiary's residence.

Response: The beneficiary's location will be considered the place of service for pure, home-based testing. Those diagnostic tests which have another element outside of the testing location will continue to have the IDTF as the place of service of that diagnostic procedure.

Comment: Several commenters recommended that there is a need for a supervising physician within an IDTF and that the language in the proposed rule stating that, "a physician could oversee no more than three IDTFs," could be interpreted to mean that a physician does not have to oversee an IDTF.

Response: We concur with this recommendation and believe that this standard should be interpreted as a physician will oversee one to no more than three IDTFs, not that an IDTF does not need a supervising physician.

Comment: We received numerous comments concerning one aspect of performance standard 6. We proposed that the IDTF would have to maintain a comprehensive liability insurance policy of \$300,000 or 20 percent of the IDTF's Medicare billings, whichever amount is greater. We received comments suggesting the removal of the 20 percent condition as this would be an undue burden to the IDTF.

Additionally, we received comments suggesting that we establish a flat rate such as the \$300,000 proposed, having a \$300,000 policy for each facility, an increase to a \$500,000 flat coverage, a comprehensive insurance policy of \$1 million, or an aggregate rate of \$3 million.

Response: In order to reduce administrative burden associated with calculating comprehensive liability insurance for suppliers and to ensure compliance of this new standard, we will establish a comprehensive liability insurance amount of \$300,000 per location for IDTFs. We agree with the recommendation that comprehensive liability insurance coverage of \$300,000 per facility location is more appropriate, given that the likelihood of an incident occurring would increase as the number of facilities increases. We believe that the \$300,000 per location represents the reasonable level of coverage for a facility's comprehensive liability insurance and we will change performance standard 6 to reflect this change.

Comment: One commenter suggested that we eliminate the provision that insurance policy must be carried by a non-relative-owned company.

Response: Consistent with our DMEPOS supplier standards, we believe the comprehensive liability insurance must be obtained from a verified third party to ensure that the coverage exists.

Comment: Several commenters recommended our performance standards address State requirements, and that we should develop a Federal set of standards that would not vary from State to State.

Response: While we understand this concern, we believe that each State should continue to establish its own licensing requirements. Further, we believe that all IDTFs must maintain compliance with applicable Federal, State, and local licensure and regulatory requirements.

Comment: Several commenters expressed concern with our proposed supplier standard 7 which states that an IDTF agrees not to directly solicit patients, and these commenters recommended that we remove or clarify standard seven.

Response: We understand the concerns of the commenters, but we are not attempting to prohibit public advertising. Supplier standard 7 is designed to prohibit an IDTF or its representative from direct, person-to-person solicitation of beneficiaries by means of phone, computer, or in-person. Clearly, an IDTF can use public advertisement, including advertising on

television, radio, internet, direct mailing, billboards, or newspapers.

Comment: One commenter recommended that complaints by beneficiaries should be documented on paper and kept at a home office location.

Response: At this time, we are not requiring that an IDTF collect and maintain a log of beneficiaries' questions and complaints because we did not propose this requirement in the CY 2007 PFS proposed rule. In a future rulemaking document, we will address a formal collection process for this documentation.

Comment: Several commenters expressed concern regarding the storage and specifications of medical records (namely the comprehensive medical records of the beneficiaries they are currently treating or have treated), as well as how we would be defining current medical records, largely due to the additional burden of HIPAA requirements associated with a patient's comprehensive medical treatments.

Response: We view current medical records as consisting of the services provided by the IDTF to its current and prior patients. Upon request, CMS or its contractors may request comprehensive medical records for an IDTF.

Comment: Several commenters expressed support for IDTF supplier standard 11 which mandates the calibration of all IDTF testing equipment. These commenters recommended that we work with the National Electrical Manufacturers Association (NEMA) prior to establishing any calibration and maintenance requirements.

Response: We appreciate these comments and intend to work with NEMA and other organizations in the development of calibration and maintenance requirements.

Comment: We received a comment stating that IDTFs should not be required to post performance standards.

Response: We believe that posting performance standards educates patients of an IDTF regarding their rights within the IDTF setting. Therefore, we will adopt this standard as proposed.

Comment: Several commenters recommended that we postpone implementing the proposed IDTF performance standards in 2007 and work with industry to develop standards for the CY 2008 PFS.

Response: Given the widespread support of IDTF performance standards, we believe it is appropriate to implement our proposed changes as soon as possible. Therefore, we will

implement the IDTF standards in this final rule with comment period.

Comment: Several commenters recommended that our proposed 30-day timeframe for reporting changes in enrollment data was insufficient and that IDTFs should be allowed to continue to report changes within 90 days.

Response: Consistent with the reporting requirements for DMEPOS suppliers, and given the fraud and abuse concerns in this area, we believe that it is appropriate to adopt the 30-day timeframe for IDTFs to report changes in enrollment information.

6. Provisions of the Final Rule.

a. Performance Standards for IDTFs

We received numerous valuable comments concerning the proposed supplier standards and have revised them to reflect the issues brought forth during the comment period. Therefore, we have amended these new standards to reflect the differences in an IDTF's setting and the services which they provide. We are adopting the provisions contained in the proposed rule as final with the following changes.

We are revising supplier standard number 3 to address concerns regarding how performance standards affect mobile-IDTFs, rather than fixed location IDTFs. Specifically, we are adopting a position that IDTF performance standards apply to the home location of the mobile IDTF, not the mobile vehicle. Accordingly, the home location of the mobile IDTF, not the mobile IDTF vehicle, is required to maintain patient records, a primary business phone, and meet all other performance standards met by fixed location IDTFs.

We are revising supplier standard number 6 to establish a set amount for comprehensive liability insurance in the amount of \$300,000 per location (an amount similar to the amount of insurance coverage for DMEPOS suppliers). We are adopting, for IDTFs, supplier standard number 6 which requires a supplier to maintain a comprehensive liability insurance policy of \$300,000 for each IDTF location, which covers both the place of business and all customers and employees of the IDTF. We believe that the second part of the proposed provision of 20 percent of its average annual Medicare billings, if greater than the \$300,000 would be a burdensome task for supplier to calculate on annual basis and lead to compliance concerns.

We are clarifying supplier standard number 7 that an IDTF agrees not to directly solicit patients. While this provision does not preclude an IDTF

from public advertisement or marketing of its services to beneficiaries, physicians and other suppliers, it does prohibit recruitment of beneficiaries through direct solicitation, namely through person-to-person contact, whether it be in-person, by computer, or telephone.

Since we did not include the requirement in the CY 2007 PFS proposed rule, we are revising performance standard 8 and removing the sentence concerning the documentation of contacts concerning beneficiaries' questions and complaints because we believe it would be unfair and confusing to the public, and would present an undue paperwork burden.

We are revising supplier standard number 11 to state that each piece of diagnostic testing equipment be maintained and calibrated to its manufacturer's standards. To ensure that equipment used by an IDTF is maintained and operates properly, we sought public comments regarding IDTF supplier standard number 11, which requires that an IDTF must have its testing equipment calibrated per equipment instructions or in compliance with applicable industry standards. Specifically, we sought public comments regarding the organizations or entities that may currently establish testing specifications for diagnostics equipment. We received a number of comments supporting this proposal with minor changes suggested by leaders within this industry. We are adopting a recommendation that we use each manufacturer's maintenance and calibration standards which they have determined are appropriate for the diagnostic testing equipment they manufacture for use within these IDTFs. We will continue to consult with industry leaders regarding the best approaches to ensure that all IDTF testing equipment is maintained and calibrated in accordance with manufacturer's specifications.

We are clarifying supplier standard number 14 that fixed and mobile IDTFs are required to grant CMS, or our designated fee-for-service contractors, access to the IDTF physical location, all equipment, and beneficiary medical records during normal business hours. We also adopted the position that for portable equipment, an IDTF will be required to maintain a catalog of portable equipment and be able to produce the cataloged equipment within 2 business days. If the IDTF denies CMS or our designated fee-for-service contractor access to its fixed located or the home location for a mobile vehicle, the IDTF's Medicare enrollment will be denied if initially enrolling or revoked

if currently enrolled in the Medicare program.

Accordingly, at § 410.33(h), we are stating that if an IDTF fails to meet one or more of the standards at the time of enrollment, then the enrollment application would be denied. Also, we are adopting the position that if at any time we determine that an enrolled IDTF no longer meets one or more of the IDTF performance standards, the IDTF's billing privileges would be revoked.

As specified in § 410.33, the IDTF will be required to meet the following standards as of January 1, 2007 and any newly or reenrolling IDTF will be required to certify in its enrollment application that it meets and will continue to meet the standards.

- Operate its business in compliance with all applicable Federal, State, and local licensure and regulatory requirements for the health and safety of patients;

- Provide complete and accurate information on its enrollment application as stated in the "Requirements for Providers and Suppliers to Establish and Maintain Enrollment final rule" published in the April 21, 2006 *Federal Register* (71 FR 20754). Any change in enrollment information must be reported to the designated fee-for-service contractor on the Medicare enrollment application within 30 calendar days;

- Maintain a physical facility on an appropriate site. For the purposes of this standard, a post office box or commercial mailbox is not considered a physical facility. The physical facility, including mobile units, must contain space for equipment appropriate to the services designated on the enrollment application, facilities for hand washing, adequate patient privacy accommodations, and the storage of both business records and current medical records within the office setting of the IDTF, or IDTF home office, not within the actual mobile unit;

- Have all applicable diagnostic testing equipment available at the physical site, excluding portable diagnostic testing equipment. A catalog of portable diagnostic testing equipment, including diagnostic testing equipment serial numbers, must be maintained at the physical site. In addition, portable diagnostic testing equipment must be made available for inspection within 2 business days of our inspection request. The IDTF will be required to maintain a current inventory of the diagnostic testing equipment (including serial/registration numbers), provide this information to the designated fee-for-service contractor and

notify the contractor of any changes in equipment;

- Maintain a primary business phone under the name of the business. The primary business phone must be located at the designated site of the business, or within the home office of mobile IDTF units. The telephone number or toll free numbers must be available in a local directory and through directory assistance;

- Have a comprehensive liability insurance policy of at least \$300,000 per location that covers both the place of business and all customers and employees of the IDTF. The insurance policy must be carried by a non-relative owned company. The policy must list the serial numbers of any and all diagnostic equipment used by the IDTF, whether the equipment is stationary, in a mobile unit, or at the beneficiary's residence;

- Agree not to directly solicit patients, which includes, but is not limited to, a prohibition on telephone, computer, or in-person contracts. The IDTF will accept only those patients referred for diagnostic testing by an attending 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. NPPs may order tests as set forth in § 410.32(a)(3);

- Answer beneficiaries' questions and respond to their complaints;

- Openly post these standards for review by patients and the public;

- Disclose to the government, any person having ownership, financial or control interest, or any other legal interest in the supplier at the time of enrollment or within 30 days of a change;

- Have its testing equipment calibrated and maintained per equipment instructions and in compliance with applicable manufacturers suggested maintenance and calibration standards;

- Have technical staff on duty with the appropriate credentials to perform tests. The IDTF must produce the applicable Federal or State licenses and certifications of the individuals performing these services;

- Have proper medical record storage and be able to retrieve medical records upon request from CMS or our designated fee-for-service contractor within 2 business days; and

- Permit CMS, including our agents or our designated fee-for-service contractors, to conduct unannounced, on-site inspections to confirm the IDTF's compliance with these standards. The IDTF is required to

provide access, during regular business hours, to CMS and beneficiaries, as well as maintain a visible sign posting the normal business hours of the IDTF.

While we understand that these additional standards could lead certain IDTFs to withdraw from the Medicare program rather than comply with the new standards, we believe that legitimate businesses would not oppose these changes. Moreover, we emphasize that services provided by an IDTF are also readily available to beneficiaries through other avenues such as physicians' offices, outpatient laboratories, outpatient radiology facilities, and outpatient clinics. We believe that the implementation of these standards would improve the quality of services provided to Medicare beneficiaries by IDTFs without any associated access concerns.

b. Supervision

To ensure quality care is provided to Medicare beneficiaries, we are adopting the position to revise § 410.33(b)(1) to read that physicians will be limited to providing supervision to "no more than three (3) IDTF sites." This reference to the supervising physician applies to the individual listed as the supervising physician in the Medicare enrollment application (that is, CMS-855 B, Attachment 2, Section E), not the physician supervising the interpretation of a diagnostic test.

c. Place of Service

In addition to establishing specific performance standards for IDTFs, we are defining the "point of the actual delivery of service" as the correct "Place of Service" on the claim form. In the case of diagnostic testing that is performed completely outside of a fixed facility location, we believe that the point of actual delivery of service is the beneficiary's residence, or location where the test is being administered. As such, these services should be billed to the designated Medicare contractor. For example, when a diagnostic test is performed at a beneficiary's residence, we believe that it is reasonable to establish the beneficiary's residence as the "Place of Service" and that these services be billed to the designated Medicare contractor where the beneficiary resides. Previously, there has been no set policy regarding diagnostic testing performed by beneficiary. Accordingly, mobile IDTF and portable x-ray supplier services performed in beneficiary's residence would be billed to the designated Medicare contractor where the beneficiary resides, rather than the

home location of the mobile IDTF or portable x-ray supplier.

However, when a diagnostic test contains a home-based element (that is, the beneficiary performs a portion of the testing in his or her residence) and a facility-based element (that is, an IDTF reads or monitors the test results), the place of service is not clearly established and the fixed location of the IDTF will remain as the place of service for these tests. Accordingly, diagnostic tests containing both home-based and facility-based elements are billed to the designated Medicare contractor associated with the practice location of the fixed IDTF.

In a future rulemaking effort, we will seek public input regarding the appropriate place of service for diagnostic testing when services are rendered in multiple parts in different locations.

M. Independent Laboratory Billing for the TC of Physician Pathology Services to Hospital Patients

The TC of physician pathology services refers to the preparation of the slide involving tissue or cells that a pathologist will interpret. (In contrast, the pathologist's interpretation of the slide is the PC service. If this service is furnished by the hospital pathologist for a hospital patient, it is separately billable. If the independent laboratory's pathologist furnishes the PC service, it is usually billed with the TC service as a combined service.)

In the CY 2000 PFS final rule (64 FR 59380 and 59408 through 59409), we stated that we would implement a policy to pay only the hospital for the TC of physician pathology services furnished to hospital patients. Before that proposal, any independent laboratory could bill the carrier under the PFS for the TC of physician pathology services for hospital patients. As stated in the CY 2000 PFS final rule, this policy has contributed to the Medicare program paying twice for the TC service, first through the inpatient prospective payment rate to the hospital where the patient is an inpatient and again to the independent laboratory that bills the carrier, instead of the hospital, for the TC service.

Therefore, in the CY 2000 PFS final rule at § 415.130, we provided that, for services furnished on or after January 1, 2001, the carriers would no longer pay claims to the independent laboratory under the PFS for the TC of physician pathology services for hospital patients.

Ordinarily, the provisions in the final PFS are implemented in the following year. However, in this case, the change to § 415.130 was delayed one year (until

January 1, 2001), at the request of the industry, to allow independent laboratories and hospitals sufficient time to negotiate arrangements. Moreover, our full implementation of § 415.130 was further delayed through CY 2006. Most recently, under section 732 of the MMA, we were required to pay separately under Medicare Part B for the TC of physician pathology services for services furnished during 2005 and 2006.

However, we continue to believe that hospital prospective payment amounts already compensate hospitals for the TC of physician pathology tests and that additional payment under the PFS is inappropriate. Therefore, we are amending § 415.130 to provide that, for services furnished after December 31, 2006, an independent laboratory may not bill the carrier for the TC of physician pathology services furnished to a hospital inpatient or outpatient. Under § 415.130(d), we will pay under the PFS for the TC of a physician pathology service furnished by an independent laboratory for services provided to an inpatient or outpatient of a "covered hospital" (as defined in § 415.130(a)(1)) on or before December 31, 2006.

We received comments from individuals and groups.

Comment: Several commenters stated that the policy, in the CY 2000 PFS final rule, was based on flawed assumptions and facts, and that the hospital's inpatient payment rate does not include payment for this service.

Response: We addressed specific comments regarding the establishment of the inpatient prospective payment system (IPPS) and the inclusion of the TC physician pathology costs in this payment system in the final rule published in the CY 2000 PFS final rule (64 FR 59408 through 59409). We believe that our discussion in that final rule is still valid.

Comment: Several commenters indicated that hospitals and independent laboratories will have to set up costly and administratively complex billing systems and procedures. These commenters and others asked us to allow hospitals and independent laboratories that have these grandfathered arrangements to continue bill in the same manner.

Response: We are not requiring the hospitals to establish new billing procedures or systems. The billing of TC physician pathology services involves the same billing procedures and processes that the hospital may have established for any outsourced diagnostic tests for hospital inpatients, such as MRI, CT scan, and ultrasound

scans. Only hospitals that have outsourced no other diagnostic services other than physician pathology services may have to establish new billing systems or procedures.

Similarly, we are not requiring independent laboratories to establish new billing procedures and systems. Independent laboratories have similar billing systems in operation for clinical laboratory services that are provided to hospital inpatients. Also, neither individual laboratories nor any industry laboratory specialty group for independent laboratories has commented on this increased complexity, cost, and burden.

Comment: One individual commented on a draft instruction that has been sent to the Medicare carriers for comment. The instruction implements the payment policy for physician pathology TC services beginning in 2007.

Response: This item is not a subject of the proposed rule and we are not addressing this comment as part of this rule. The draft Internet Only Manual instructions are reviewed by carriers during their development. There is a formal review process for evaluation of these comments apart from the regulation process.

Comment: Several commenters identified an issue involving proposed § 415.130. The commenters expressed concern that the effect of the proposed regulation would not be limited to the TC of physician services. Proposed § 415.130 reads, "For services furnished after December 31, 2006, an independent laboratory may not bill the carrier for physician pathology services furnished to a hospital inpatient or outpatient."

Response: We appreciate the issue that the commenters have identified through their careful reading of the proposed rule. The quoted sentence omitted the reference to the "technical component" of physician pathology services. We are revising the regulation text accordingly as this was clearly our intent.

N. Public Consultation for Medicare Payment for New Outpatient Clinical Diagnostic Laboratory Tests

Section 1833(h) of the Act requires the Secretary to establish fee schedules for clinical laboratory tests under Medicare Part B. We proposed to implement section 942(b) of the MMA which specifies annual procedures for consulting the public on how to establish payment for new clinical laboratory test codes to be included in the annual update of the clinical laboratory fee schedule.

1. Medicare, Medicaid, and SCHIP Benefits Improvement Protection Act of 2000 (BIPA)

Section 531(b) of BIPA mandated that we establish, no later than 1 year after the date of enactment, procedures that permit public consultation for payment determinations for new clinical diagnostic laboratory tests under Medicare Part B in a manner consistent with the procedures established for implementing ICD-9-CM coding modifications. In the CY 2002 PFS final rule (66 FR 58743), we specified the procedures to implement section 531(b) of BIPA.

These procedures were most recently used to determine the payments for new 2006 clinical laboratory fee schedule codes. First, we convened a public meeting to solicit expert input on the nature of the new tests before rate determinations were made. We have held these meetings each year since 2002 to receive this expert input on the next year's codes. Our most recent meeting was announced in the **Federal Register** on May 27, 2005 (70 FR 30734) and occurred on July 18, 2005. In that meeting, we requested that presenters address the new test codes, each test's purpose, method, cost, and a recommendation for one of two methods (crosswalking or gapfilling) for determining payment for the new clinical laboratory codes. Crosswalking and gapfilling are discussed in section II.N.2.d of this final rule with comment period.

Following the public meeting, we posted a summary of the new codes and the payment recommendations that were presented during the public meeting on our Web site. The summary also displayed our tentative payment determinations and indicated a comment period for interested parties to submit written comments. After reviewing the comments received, we issued Medicare Transmittal 750, 2006 Annual Update for Clinical Laboratory Fee Schedule, which provided all instructions and final rate determinations for the 2006 clinical laboratory fee schedule including the new codes and fees, on November 18, 2005.

2. Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA)

In the CY 2007 PFS proposed rule (71 FR 49064), we proposed to implement section 942(b) of the MMA which requires that we establish procedures for consulting the public on how to establish payment for new clinical laboratory test codes to be included in

the annual update of the clinical laboratory fee schedule. Similar procedures were already mandated by legislation in section 531(b) of the BIPA which requires payment determinations for new clinical diagnostic laboratory tests under Medicare Part B be made in a manner consistent with the procedures established for implementing ICD-9-CM coding modifications.

Specifically, the MMA requires the Secretary to establish by regulation procedures for determining the basis for and amount of payment for a clinical diagnostic laboratory test that is assigned a new or substantially revised HCPCS code on or after January 1, 2005. We refer to these tests as "new tests."

a. Basis and Scope (§ 414.500)

We proposed to add a new subpart implementing provisions of section 1833(h)(8) of the Act—procedures for determining the basis for, and amount of, payment for a new clinical diagnostic laboratory test with respect to which a new or substantially revised HCPCS code is assigned on or after January 1, 2005.

We received no comments on this subpart. Therefore, we are finalizing § 414.500 as proposed.

b. Definition (§ 414.502)

As specified in section 942(b) of the MMA, we are defining the term "Substantially Revised Healthcare Common Procedure Coding System Code" to mean a code for which there has been a substantive change to the definition of the test or procedure to which the code applies (such as a new analyte or a new methodology for measuring an existing analyte specific test).

We did not receive comments on this subpart. Therefore, we are finalizing § 414.502 as proposed.

c. Procedures for Public Consultation for Payment for a New Clinical Diagnostic Laboratory Test (§ 414.506)

For a clinical laboratory test that is assigned a new or substantially revised code on or after January 1, 2005, section 1833(h)(8)(B) of the Act provides that determinations of payment amounts for new tests shall be made only after the Secretary:

- Makes available to the public (through an Internet Web site and other appropriate mechanisms) a list that includes codes for which establishment of a payment amount is being considered for the next calendar year;

- Publishes a **Federal Register** notice of a meeting to receive public comments and recommendations (and data on

which recommendations are based) on the appropriate basis for establishing payment amounts for the list of codes made available to the public on the same day the list of codes is made available;

- Convenes a meeting that includes representatives of CMS officials involved in determining payment amounts, to receive public comments and recommendations (and data on which the recommendations are based) not less than 30 days after publication of the notice in the **Federal Register**; and

- Considers the comments and recommendations (and accompanying data) received at the public meeting, develops and makes available to the public (through an Internet Web site and other appropriate mechanisms)—

- + A list of determinations for the appropriate basis for establishing a payment amount for each code, together with an explanation of the reasons for each determination, the data on which the determinations are based, and a request for public written comments on the proposed determination; and

- + A list of final determinations of the payment amounts for tests, together with the rationale for each determination, the data on which the determinations are based, and responses to comments and suggestions from the public.

In the CY 2007 PFS proposed rule, we indicated these procedures have been most recently used to finalize the payments for new 2006 clinical laboratory fee schedule codes and we believe that our current process for providing for public consultation on the establishment of payment amounts for new clinical laboratory tests is consistent with the requirements of section 1833(h)(8)(B) of the Act. We currently make available to the public through a posting on the CMS Web site a list of new laboratory test codes for the next calendar year. We publish a **Federal Register** notice of a meeting to receive public comments and recommendations and convene the meeting with appropriate CMS officials in attendance. We consider the input received at the public meeting and we make available to the public on the CMS Web site a list of the proposed determinations and seek comment. We then make available to the public our final determinations in the instructions that we provide to our claims processing contractors to implement the Medicare Part B clinical laboratory fee schedule each year.

The most significant change required by section 1833(h)(8)(A) of the Act with respect to our procedures for public

consultation is that we codify this process in regulations. Therefore, we proposed to codify our current process for public consultation for new clinical diagnostic laboratory tests paid under the Medicare Part B clinical laboratory fee schedule at new Subpart G—Payment for New Clinical Diagnostic Laboratory Tests (§ 414.502 through § 414.506).

Comment: Several comments supported the consultation process for new clinical diagnostic laboratory tests paid under the Medicare Part B clinical laboratory fee schedule. Commenters suggested changes to the meeting and posting of data presented in the meeting. For example, a commenter suggested we should require a 60-day time period from the **Federal Register** notice of the public meeting and the date of the public meeting. Commenters also requested that we post on the Internet additional detail regarding data and rationale used for public recommendations and final payment decisions.

Response: We want to take this opportunity to explain the timeframes for the annual update to the clinical laboratory fee schedule. The Medicare Part B clinical laboratory fee schedule utilizes the codes developed by the AMA's Current Procedural Terminology (CPT) Editorial Panel. The CPT codes are developed as the result of quarterly meetings throughout the year and the codes to be included in the upcoming year's fee schedule (effective January 1st) are available as early as May. We then list the new clinical laboratory tests codes on our Web site in June along with registration information for the public meeting. We schedule the date of the public meeting not fewer than 30 days after announcing the meeting in the **Federal Register**. This timeframe results in a July date for the public meeting, followed by a posting of our tentative payment determinations and a comment period in September. The updated clinical laboratory fee schedule is prepared in October for release to our contractors during the first week in November. Our contractors have many information system steps to complete during the months of November and December so that the updated clinical laboratory fee schedule is ready to pay claims effective January 1st of the calendar year.

With the constraints of the this process, we will strive to provide as much time as is feasible between the announcement of the meeting and the meeting itself. As required under both the statute and § 414.506, the public meeting will take place "not fewer" than 30 days after we publish notice of

the meeting in the **Federal Register**. Our proposed regulatory language allows us flexibility to provide additional time when feasible. However, extending the notification period announcing the date of the public meeting to 60 days from the **Federal Register** notice of the public meeting could cause delays to the rate-setting process and to the timely release of the updated clinical laboratory fee schedule.

Commenters also requested that when we announce public recommendations or our determinations, we should include data and the rationale on which the recommendation or determination is based. However, we note that recommendations from the public meeting have sometimes lacked the detail requested by commenters. We have considered all payment recommendations received from the public, even those that have sometimes lacked the supporting detail requested by commenters. In some cases, companies have expressed concern about revealing data to laboratory competitors during the public meeting. When soliciting public input for the meeting, we will recommend that all participants in the public consultation process strive for transparency and try to provide as much supporting information as possible to assist us and others in evaluating the recommendation. As required by the statute, we will provide the rationale for our payment determinations.

Comment: Two commenters stated that a whole new generation of diagnostic tests will contribute to treatment that is more tailored to the individual so that maintaining the current system for setting payment will not be sufficient because the new generation tests are more complex than the individual test codes currently paid under the clinical laboratory fee schedule. Also, the commenters indicated that some of the new generation tests may be performed by only one laboratory in the country so that establishing a payment amount for the new test becomes a *de facto* national price which may be insufficient for other laboratories in the future.

Response: We appreciate the commenters' recognition that establishing payment for new technology testing is complex and subject to many professional perspectives. In this rulemaking, we are complying with the MMA mandate to codify a public consultation process for payment of new clinical laboratory test codes. The statute requires that we host a public meeting to receive recommendations on individual test codes added to the Medicare Part B

clinical laboratory fee schedule. We state in the public meeting notice that presentations should address the new test code(s) and descriptor(s), the test purpose and method, costs and charges, and other background information. We certainly encourage presenters to include in their presentations market availability of the test and other information on the new technology. Also, a question and answer period is scheduled during the meeting to permit a robust discussion of each new test code. As noted, when we have hosted the public meetings in the past, the laboratory industry has sometimes submitted payment recommendations that are sparse of information and data supporting the payment recommendations. Thus, we do not believe opportunities for information gathering on new technology tests have been fully utilized within the public meeting process. While we can work with laboratories to explore other payment options for new technology tests, we must implement the statutorily required public meeting process. We encourage the laboratory industry to fully participate in this process and to include in its public recommendations data detailed background information on market availability and other concerns that laboratories have for the new technology test codes.

Comment: We received a comment requesting that we establish a reconsideration process that would allow interested parties to request a formal review of payment rate determinations. The commenter suggested that interested parties be given an opportunity to request and receive a reconsideration of a CMS decision to crosswalk or gapfill a new or revised test code, CMS crosswalk determination, a contractor determination of a gapfill price, or a CMS calculation of the NLA for a new test.

Response: We understand the concerns of the commenter, but we are not establishing a formal reconsideration process in this final rule. However, we are revising § 414.508 to provide that, if we gapfill a test, but determine after the first year of gapfilling that carrier-specific gapfilled amounts will not pay for the test appropriately, we may crosswalk the test. Furthermore, we expect to solicit comments on a potential reconsideration process in a future rulemaking.

After careful review of the public comments, we are finalizing § 414.508 as proposed.

d. Payment for a New Clinical Diagnostic Laboratory Test—
Crosswalking and Gapfilling (§ 414.508)

We proposed to add new § 414.508 to indicate when, in establishing the payment amount for a new clinical laboratory test, one of two payment methods can be utilized. The first payment method, called "crosswalking," is used if a new test is determined to be comparable to an existing test, multiple existing test codes, or a portion of an existing test code. We proposed that a new test code would be assigned the related existing local fee schedule amounts and national limitation amount (NLA).

In new § 414.508, we proposed to use the second method, called "gapfilling," when no comparable, existing test is available. Currently when using this method, manual instructions are provided to each Medicare carrier to determine a payment amount for its geographic area(s) for use in the first year, and the carrier-specific amounts are used to establish an NLA for following years. Consistent with our current process, the sources of information carriers examine in determining gapfill amounts, if available, include—

- Charges for the test and routine discounts to charges;
- Resources required to perform the test;
- Payment amounts determined by other payers; and
- Charges, payment amounts, and resources required for other tests that may be comparable or otherwise relevant.

Currently, our manual instructions allow carriers to consider other sources of information as appropriate, including clinical studies and information provided by clinicians practicing in the area, manufacturers, or other interested parties. Carriers are also instructed to establish carrier specific amounts on or before March 31 of the year and to revise their carrier specific amount, if necessary, on or before September 1 of the year. In this manner, a carrier may revise its carrier specific amount based on additional information, but there is also a specific time frame to perform this revision so that we have adequate time to receive and use the carrier specific amounts for the calculation of the next year's clinical laboratory fee schedule.

In light of MMA provisions, we proposed to prospectively eliminate payment of new gapfilled tests at a carrier specific amount after the first year in new § 414.508. Section 1833(h)(8)(A) of the Act gives the

Secretary authority to establish procedures for determining the payment amount for laboratory tests for which new or substantially revised HCPCS codes were established on or after January 1, 2005. Under this authority, in new § 414.508(b), we proposed to pay for a new gapfilled laboratory test under our existing methodology for the first year (the carrier would establish a gapfill amount.) Beginning in the second year, the test would be paid at the national limitation amount. This would result in consistent payment in geographic areas for a new test using the median of the carriers' gapfilled amounts.

Comment: Commenters were supportive of our proposal to set the price for gapfilled tests at the NLA. Other commenters suggested that the method used by contractors to determine their price for gapfilled tests should be more specific.

Response: We appreciate the support for our proposal to establish the payment rate for a gapfilled test at the NLA. However, we do not agree specific changes to the gapfilling methodology should be made in the final rule, without a chance to receive multi-stakeholder input on the commenter's suggestions. We do believe that we must engage the clinical laboratory community and our contractors in additional discussions regarding the procedures and data used to determine the payment amounts for gapfilled tests. We will plan to discuss with our contractors their experience establishing the gapfill amounts and also to host a forum or meeting during the upcoming year to listen to additional suggestions from the public. After participating in these additional information gathering steps, we will consider possible changes to the regulations for the 2008 proposed rule and/or additional subregulatory guidance if appropriate.

As discussed above, in response to a comment suggesting that we establish a reconsideration process, we are revising § 414.508 to provide that we may crosswalk a test if we determine that carrier-specific gapfilled amounts will not pay for the test appropriately.

We are finalizing § 414.508 with the exceptions noted above in this section.

3. Other Laboratory Issues

a. Quality

In the CY 2007 PFS proposed rule (71 FR 49064), we discussed that we are exploring the development of measures related to the quality and efficiency of care, including those involving clinical laboratory fee schedule services. We stated our interest to work with

physicians, providers and the clinical laboratory community to identify ways to promote utilization decisions such as using a laboratory claims attachment standard involving the Logical Observation Identifiers Names and Codes (LOINC®) database as a means for reporting test result data. This could be one possible component of a comprehensive system of collecting clinical laboratory test data. Detailed information on the LOINC® reporting system is available at the Web site at <http://www.loinc.org>.

Comment: Several commenters endorsed our interest in working with the laboratory community on laboratory quality of care initiatives. However, two commenters objected to LOINC® reporting system as operationally burdensome for laboratory information systems because it would require merging a data quality field from the laboratory information system to the laboratory billing system, training information systems staff, and sending reference laboratory result data to the referral laboratory who prepares the claim. One of these commenters also stated that regulations on privacy of medical information should be considered. One commenter indicated that the LOINC® reporting system requires narrative reporting for some microbiology tests which is not in a data quality field format.

Response: We are pleased the commenters supported the development of measures related to the quality of clinical laboratory services. We agree that it is imperative to work with physicians, providers and the clinical laboratory community to identify quality measures that can efficiently be incorporated into the laboratory billing system. We understand the reporting of laboratory quality measures must reach compatibility with privacy rules. Furthermore, the important role of quality measures in the evolution of healthcare reporting will remain strong. While changes to information technology may be required, laboratories should be anticipating further interest to include a laboratory quality measure field in laboratory billing systems.

b. Blood Glucose Monitoring in SNFs

In the CY 2007 PFS proposed rule (71 FR 49064), we included a discussion of our longstanding policy on blood glucose monitoring in SNFs submitted for payment under the Medicare Part B clinical laboratory fee schedule. We explained that section 1862(a)(1)(A) of the Act requires that a service be reasonable and necessary for diagnosis and treatment to be eligible for coverage

by Medicare. Our regulations at § 410.32(a) already require that, for any diagnostic test, including a clinical diagnostic laboratory test, to be considered reasonable and necessary, it must be both ordered by the physician and the ordering physician must use the result in the management of the beneficiary's specific medical problem. Tests not ordered by the physician who is treating the beneficiary are not reasonable and necessary.

In the context of blood glucose monitoring, we most recently explained this policy in Transmittal AB-00-108, which is available on our Web site at <http://www.cms.gov/transmittals/downloads/ab00108.pdf>. This interpretation of § 410.32 also is the basis for our policy in section 90.1 of Chapter 7 of the Medicare Claims Processing Manual ("Skilled Nursing Facility Part B Billing," which is available on our Web site at <http://www.cms.hhs.gov/manuals/downloads/clm104c07.pdf>.)

In addition, separate authority under section 1835(a)(2)(B) of the Act provides that, in the case of certain "medical and other health services" (including clinical diagnostic laboratory services), payment may be made for Part B services that are furnished by a provider of services only if a physician certifies—and recertifies where those services are furnished over a period of time, with such frequency, and accompanied by such supporting material, as may be provided by regulation—that those services were medically necessary. In the CY 2007 PFS proposed rule (71 FR 49065), we proposed to use our authority under section 1835(a)(2)(B) of the Act to amend § 424.24 to provide that, for each blood glucose test furnished to a resident of a SNF, the physician must certify that the test is medically necessary. We also proposed to clarify that a physician's standing order is not sufficient to order a series of blood glucose tests.

Comment: Many commenters explained that it is common medical practice in the nursing home for the physician to certify a standing order for a 1-month time period for the nurse to perform daily glucose monitoring fingerstick tests throughout the month and based on the results, the nursing staff dispense insulin, as needed by the patient. Thus, the commenters objected that the proposal will impose a burden on SNFs who perform tests under these situations.

Response: This amendment to § 424.24 establishes a certification requirement that affects only services that are furnished by a provider of services for which the provider of

services seeks payment under Medicare Part B. To the extent payment is available under Medicare Part A or the services are not furnished by a provider of services (as defined under section 1861(u) of the Act), this certification requirement does not apply.

Payment for glucose monitoring is encompassed under other payment systems that are available to the nursing homes. Medicare pays as part of the bundled payment to the facility for beneficiaries in a Part A-covered stay in a hospital or in a SNF. It is when the provider requests Medicare to separately pay for a blood glucose test under the outpatient Part B clinical laboratory fee schedule that the service must meet the certification requirement under § 424.24(f).

We also note that the revisions to § 424.24 does not alter existing policies issued under section 1862(a)(1)(A) of the Act. As discussed above in this section, under § 410.32(a), the test must be ordered by the physician who is treating the beneficiary and the physician must use the results promptly in the management of the beneficiary's specific medical condition.

Comment: Some commenters raised concerns that coverage policies are not consistently describing diabetes care categories, glucose monitoring protocols, and an individual glucose test service. The commenters suggested more specific coverage policies would benefit providers.

Response: We understand the suggestion that refinements to coverage policies could benefit providers. The 2002 NCD for blood glucose tests specifies coverage and frequency limitations for reimbursement under the Part B. The NCD is not specific to nursing home common practices and applies to all providers submitting claims for payment under the clinical laboratory fee schedule. During the years since the release of the NCD, laboratories along with other providers who seek payment from the clinical laboratory fee schedule have had opportunity to carefully review the NCD and request further refinements and examples to enhance the NCD's interrelationship with payment under the clinical laboratory fee schedule. Interested parties can find more information on the coverage policy process on our Web site at <http://www.cms.hhs.gov/center/coverage.asp>.

With respect to the burden of this certification requirement, we believe that, by enacting section 1835(a)(2)(B) of the Act, the Congress recognized that it may be appropriate for the Secretary to impose conditions of payment for services furnished by providers of

services for which providers bill separately under Medicare Part B. We recognize the value of blood glucose testing and strongly support this testing when it is medically necessary. However, we must also ensure that blood glucose testing is medically necessary when furnished by a provider of services for which the provider bills Medicare Part B. We believe that this revision to § 424.24 strikes the appropriate balance between our commitment to beneficiary access to blood glucose testing and our obligation to ensure that each test is medically necessary.

We do not believe that our amendment to § 424.24 imposes a new obligation. As discussed above in this section, § 410.32(a) and our program instructions already require that a laboratory test must be ordered by a physician and the ordering physician must use the result in the management of the beneficiary's specific medical problem. However, as discussed in the proposed rule, we have received inquiries regarding the application of § 410.32(a) in the context of blood glucose testing provided by SNFs. In addition, we received a specific inquiry asking for clarification of section 90.1 of Chapter 7 of the Medicare Claims Processing Manual. Furthermore, we have become aware that some providers have filed claims before Administrative Law Judges challenging our policy regarding blood glucose testing in SNFs.

To the extent there has been confusion regarding our policies, our amendment to § 424.24 provides a clear rule that, for payment to be made for blood glucose tests under Medicare part B to a provider of services, a physician must certify that each test is medically necessary. We also have clarified that a physician's standing order is not sufficient to order a series of blood glucose tests.

Comment: One commenter alerted that some home health providers are engaging in inappropriate physician ordering of clinical diagnostic blood glucose tests, for payment under the Part B benefit, so that the clarification to the regulation should apply not just to SNFs but also to home health agencies.

Response: We agree with the commenter that the regulation should apply to providers of services who bill to the Medicare Part B clinical laboratory fee schedule, including home health agencies. We are revising § 424.24(f) to provide that the certification requirement applies to all providers of services.

Comment: One commenter disagreed with our proposal stating that it would

impose an unfair burden on clinical laboratories that provide services to SNFs because the independent laboratory is not informed or responsible for the documentation requirements in the SNF.

Response: Independent clinical laboratories are not providers of services, so our amendment to § 424.24 does not affect these entities. We disagree that an independent clinical laboratory that is providing services to SNF customers should not be informed or ensure the medical necessity documentation is sufficient. Independent clinical laboratories must comply with § 410.32(a). Furthermore, independent clinical laboratories must be certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) (Pub. L. 100-578). Under the standard for test requests at § 493.1241, the laboratory must have a written or electronic request for patient testing from an authorized person. An independent clinical laboratory, whether it is providing services to SNF customers or other provider types, must remain informed and involved to ensure the laboratory service is rendered in accordance with the regulation and instructions applicable for receiving payment under the clinical laboratory fee schedule.

Comment: One commenter asserted that we are obligated to perform a Regulatory Impact Analysis for our proposal to clarify § 424.24 requiring the physician to certify each test is medically necessary and stating that a physician's standing order is not sufficient to order blood glucose tests for payment under the Medicare Part B clinical laboratory fee schedule. Another commenter stated our amendment to § 424.24 does not comport with the Paperwork Reduction Act of 1995 to publish a notice in the **Federal Register** on collection of information.

Response: We do not believe our amendment to § 424.24 requires a regulatory impact analysis or a Paperwork Reduction Act notice. We believe that § 424.24(f) does not impose any new obligations, but merely codifies as a condition of payment what has long been required under § 410.32(a) and our program instructions.

After careful review of public comments, we are finalizing § 424.24(f) as proposed.

c. Other Lab Issues—Proposed Clinical Diagnostic Laboratory Date of Service (DOS) for Stored Specimens

In the CY 2007 PFS proposed rule (71 FR 49064), we proposed to add new § 414.510 to address concerns regarding

the date of service of a clinical diagnostic laboratory test that use a stored (or "archived") specimen. In the final rule of coverage and administrative policies for clinical diagnostic laboratory services (66 FR 58792) that we published in the November 23, 2001 **Federal Register**, we adopted a policy under which the date of service for clinical diagnostic laboratory services generally is the date the specimen is collected. However, for laboratory tests that use an archived specimen, the date of service is the date the specimen was obtained from the storage. We defined an "archived" specimen as a specimen that is stored for more than 30 calendar days before testing. The date of service for these archived specimens is the date the specimen was obtained from storage. Specimens stored 30 days or less have a date of service of the date the specimen was collected. In situations in which a specimen is taken while the patient is treated in a hospital setting, but then later used for a test after the patient has been discharged from the hospital setting, date of service of a test may affect payment because, if the date of service falls during an inpatient stay or outpatient procedure, payment for the laboratory test usually is bundled with the hospital service. To address concerns raised for tests related to cancer recurrence and therapeutic interventions, we proposed to modify our policy so that the date of service would be the date the specimen is obtained from storage, even if the specimen is obtained less than 31 days from the date it was collected, without violating the unbundling rules as long as the following conditions are met:

- The test is ordered by the patient's physician at least 14 days following the date of the patient's discharge from the hospital.
- The test could not reasonably have been ordered while the patient was hospitalized.
- The procedure performed while the beneficiary is a patient of the hospital is for purposes other than collection of the specimen needed for the test.
- The test is reasonable and medically necessary.

Comment: One commenter suggested adding a condition stating the test cannot be performed by the hospital laboratory.

Response: We disagree that the regulations should limit the type of laboratory performing the test on the specimen. The purpose of the regulatory change is directed to date of service for specimens.

Comment: Two commenters supported our proposal. However, one commenter expressed concern that on a

rare occasion a test that otherwise meets the conditions of the regulation may be ordered by the patient's physician less than 14 days following the date of the discharge from the hospital. The commenter requested the regulation be revised to reflect these rare situations.

Response: At this time, we do not believe it is appropriate to create an exception to the 14-day requirement. We remain very concerned that only tests that can legitimately be distinguished from the care a beneficiary receives in the hospital be subject to this provision regarding the date of service of the test, which results in separate payment for the test. We believe it is more difficult to determine that a test ordered less than 14 days before discharge is appropriately separable from the hospital stay that preceded the test. We would like more information about the circumstances and tests cited by the commenters before taking any additional action in this area. We are very concerned about the possibilities for unbundling care that appropriately should be associated with the hospital stay in these circumstances and will continue to review this policy in the future to ensure that our goal of appropriately recognizing hospital and post-hospital care is achieved.

Comment: Two commenters suggested rewording the second condition which states the test could not reasonably have been ordered while the patient was hospitalized. The commenters suggested the necessity of the test they are concerned with is unrelated to the procedure performed in the hospital but is necessary to determine cancer recurrence and therapeutic interventions after the patient is discharged from the hospital.

Response: We agree that the second criterion could be clarified, to state that it would be inappropriate to have collected the specimen other than during the procedure, and have done so in this final rule. Our intent in establishing this criterion was to ensure that tests that meet the definitions in this provision are not directly related to the care provided in the hospital, and we believe the modification we are finalizing meets that intent more clearly than our original proposal.

Comment: Three commenters discussed several high complexity clinical laboratory tests that are performed on specimens collected as a part of an inpatient procedure. The tests determine the sensitivity of the patient's cancer to particular types of chemotherapy. The specimen is prepared so that the live cancer cells, collected at the time of the procedure,

are cultured at the laboratory and ultimately tested. The commenters believe the result of this type of laboratory test does not relate to the procedure performed in the hospital, nor would the result typically affect treatment during the hospital stay if it were available immediately. The commenters requested the regulation specify the date of service for these types of fresh tissue sample tests to be different than the date of service for fixed tissue samples to permit separate payment under Medicare Part B.

Response: We agree with the commenters that these tests, which are almost always used to determine post-hospital chemotherapy care for patients who also require hospital treatment for tumor removal or resection, appear to be unrelated to the hospital treatment in cases where it would be medically inappropriate to collect a test specimen other than at the time of surgery, especially when the specific drugs to be tested are ordered at least 14 days following hospital discharge, as discussed above for tests on stored tissue samples. We are very concerned about unbundling services that are appropriately associated with hospital treatment, and therefore, believe it is critical to move cautiously in the area of determining different dates of service for tests for which the specimen collection occurs during a hospital service. As a result, we are adding § 414.510(b)(4), specifically for chemotherapy sensitivity tests, because we understand that the results of these tests, even if they were available immediately and not several weeks following the collection of the specimen, would almost never affect the treatment regimen at the hospital. Therefore, we see a valid distinction between these tests and other tests of cultured specimens that give results after hospital discharge, but that are directly related to not only the condition for which the patient is hospitalized, but would typically be used for the specific care during the hospital stay as well, if available during the hospital stay. This section will allow separate payment for chemotherapy sensitivity tests, as identified by the Secretary in subregulatory guidance, from the inpatient procedure as long as certain criteria are met.

We are finalizing § 414.510 as proposed with the exceptions noted above in this section.

O. Criteria for National Certifying Bodies That Certify Advanced Practice Nurses

Federal regulatory qualifications for NPs at § 410.75 require that an

individual be certified as an NP by a recognized national certifying body that has established standards for NPs. Similarly, Federal regulatory qualifications for clinical nurse specialists (CNSs) at § 410.76 require that an individual be certified as a CNS by a national certifying body that has established standards for CNSs and that is approved by the Secretary.

Currently, there is not a list of recognized or approved national certifying bodies for NPs and CNSs in regulations. However, Chapter 15, section 200 of the Benefit Policy Manual, Pub. 100-02 contains a list of national certifying bodies that are recognized by Medicare as being appropriate for certification of NPs. Although the manual provision regarding CNS services at Chapter 15, section 210 of the Benefit Policy Manual lists only the American Nurses Credentialing Center as an approved national certifying body for CNSs, we indicated that the list of recognized certifying bodies in the manual provision for NP services would also apply for CNSs in the "Revisions to Payment Policies Under the CY 2003 Physician Fee Schedule and Inclusion of Registered Nurses in the Personnel Provision of the Critical Access Hospital Emergency Services Requirement for Frontier Areas and Remote Locations; Payment Policies final rule (December 31, 2002, 67 FR 79987). The national certifying bodies that are listed under the manual instruction at section 200, and that currently apply for both NPs and CNSs (collectively, advanced practice nurses) are as follows:

- American Academy of Nurse Practitioners;
- American Nurses Credentialing Center;
- National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties;
- National Certification Board of Pediatric Nurse Practitioners and Nurses;
- Oncology Nurses Certification Corporation;
- Critical Care Certification Corporation.

In the December 31, 2002 final rule, in response to a public comment, we stated, "it is not the agency's intention to be overly restrictive in our program requirements and consequently prevent qualified CNSs who specialize in areas of medicine other than those certified by the American Nurses Credentialing Center (ANCC) from participating under the CNS benefit and from rendering care to patients in need of specialized services. Furthermore, the intent of the revision to the certification requirement

for CNSs is to recognize all appropriate national certifying bodies for CNSs as the program does for NPs." Accordingly, in an effort to recognize all appropriate national certifying bodies for CNSs and NPs, we added, at that time, the Oncology Nurses Certification Corporation (ONCC) and the Critical Care Certification Corporation (CCCC) to the list of recognized national certifying bodies for advanced practice nurses.

The National Board on Certification of Hospice and Palliative Care Nurses (NBCHPN) has requested that we now follow the same course of action as we did for the ONCC and the CCCC by adding its name to the list of recognized national certifying bodies. That is, NBCHPN believes that it is an appropriate national certifying body based on its certification experience, principles, services, and the certification exam that it administers to advanced practice nurses who specialize in palliative care for hospice patients.

The NBCHPN stated in information it sent to the agency that its organization is a well-established certification body with more than a 12-year history of certification and that it has been certifying advanced practice hospice and palliative nurses since 2003 in partnership with the ANCC. Starting in 2005, the NBCHPN became sole proprietor of the Advanced Certified Hospice and Palliative Nurse (ACHPN) examination. Master's level NPs and CNSs sit for this ACHPN examination that is based on a role delineation study for the advanced practice level of hospice and palliative nursing. Additionally, the NBCHPN stated that it has met the requirements of the American Board of Nursing Specialties and is an active member of the Board of Specialties, as is the ANCC. The Executive Director of the NBCHPN stated that she believes that the absence of the NBCHPN from the current list of recognized national certifying bodies presents a barrier for advanced practice nurses in the hospice palliative care specialty because they are denied enrollment on the basis that they do not meet the certification qualification requirement. The Web site for the NBCHPN can be found at <http://www.nbchpn.com>.

We solicited public comments on whether it would be appropriate to include the NBCHPN under the list of recognized and approved national certifying bodies for NPs and CNSs under manual instructions for both NPs and CNSs. We also solicited public comments on criteria or standards that we could use to determine whether an organization is an appropriate national

certifying body for advanced practice nurses. We realize that the agency may receive other requests in the future from organizations that wish to be added to the list of recognized or approved national certifying bodies. In anticipation of those requests, we are interested in developing certification standards that would facilitate the process for making these decisions.

We appreciate the comments that we received on these two issues related to the NP and CNS benefits. However, we are delaying our decision about whether to include the NBCHPN under the manual instruction listing of recognized national certifying bodies for NPs and CNSs until we have had more time to examine and investigate the comments that we received about this issue.

In regards to the issue concerning our establishment of certification criteria or standards to determine whether an organization should be listed as a recognized national certifying body for NPs and CNSs (that is, advanced practice nurses), we will consider the information that we received in comments on this issue for future rulemaking, and would consider proposing specific certification standards that an organization must meet in order to be included under the manual instruction listing of recognized national certifying bodies for NPs and CNSs.

P. Chiropractic Services Demonstration

In the CY 2006 PFS final rule with comment period (70 FR 70266), we included a discussion of the 2-year demonstration authorized by section 651 of the MMA to evaluate the feasibility and advisability of covering chiropractic services under Medicare. These services extend beyond the current coverage for manipulation to care for neuromusculoskeletal conditions typical among eligible beneficiaries, and cover diagnostic and other services that a chiropractor is legally authorized to perform by the State or jurisdiction in which the treatment is provided. The demonstration is being conducted in four sites, two rural and two urban. The demonstration must be budget neutral as the statute requires the Secretary to ensure that the aggregate payment made under the Medicare program does not exceed the amount which would be paid in the absence of the demonstration.

Ensuring BN requires that the Secretary develop a strategy for recouping funds should the demonstration result in costs higher than those that would occur in the absence of the demonstration. As we

stated in the CY 2006 PFS final rule with comment period (70 FR 70266), we would make adjustments in the national chiropractor fee schedule to recover the costs of the demonstration in excess of the amount estimated to yield BN. We will assess BN by determining the change in costs based on a pre- and post-comparison of costs and the rate of change for specific diagnoses that are treated by chiropractors and physicians in the demonstration sites and control sites. We will not limit our analysis to reviewing only chiropractor claims, because the costs of the expanded chiropractor services may have an impact on other Medicare costs.

Any needed reduction would be made in the 2010 and 2011 physician fee schedules as it will take approximately 2 years to complete the claims analysis. If we determine that the adjustment for BN is greater than 2 percent of spending for the chiropractor fee schedule codes (comprised of the 3 currently covered CPT codes 98940, 98941, and 98942), we would implement the adjustment over a 2-year period. However, if the adjustment is less than 2 percent of spending under the chiropractor fee schedule codes, we would implement the adjustment over a 1-year period. We will include the detailed analysis of BN and the proposed offset during the CY 2009 rulemaking process. Physical therapy (PT) services performed by chiropractors under the demonstration are subject to the PT therapy cap. These services are included under the cap because chiropractors are subject to the same rules as medical doctors for therapy services under the demonstration.

Comment: One commenter indicated that it continues to oppose our methodology for assuring BN under the demonstration. Instead of the application of an adjustment to the national chiropractor fee schedule, the commenter recommends that we make an adjustment to the totality of services payable under the Part B Trust Fund and that this would be consistent with the requirements in section 651(f)(A) of the MMA.

Response: Section 651(f)(1)(B) of the MMA requires that " * * * the Secretary shall ensure that the aggregate payments made by the Secretary under the Medicare program do not exceed the amount which the Secretary would have paid under the Medicare program if the demonstration projects under this section were not implemented." The statute does not specify a specific methodology for ensuring BN. We believe our intended methodology meets the statutory requirements.

Q. Promoting Effective Use of Health Information Technology (HIT)

We recognize the potential for health information technology (HIT) to facilitate improvements in the quality and efficiency of health care services. One recent RAND study found that broad adoption of electronic health records (EHRs) could save more than \$81 billion annually and, at the same time, improve quality of care.¹ The largest potential savings that the study identified was in the hospital setting because of shorter hospital stays promoted by better coordinated care; less nursing time spent on administrative tasks; better use of medications in hospitals; and better utilization of drugs, laboratory services, and radiology services in hospital outpatient settings. The study also identified potential quality gains through enhanced patient safety, decision support tools for evidence-based medicine, and reminder mechanisms for screening and preventive care. Despite these large potential benefits, the study found that only about 20 to 25 percent of hospitals have adopted HIT systems.

It is important to note the caveats to the RAND study. The projected savings are across the health care sector, and any Federal savings would be a reduced portion of the total savings. In addition, there are significant assumptions made in the RAND study. National savings are projected in some cases based on one or two small studies. Also, the study assumes patient compliance, in the form of participation in disease management programs and following medical advice. For these reasons, extreme caution should be used in interpreting these results.

In his 2004 State of the Union Address, the President announced a plan to ensure that most Americans have EHRs within 10 years.² One part of this plan involves developing voluntary standards and promoting the adoption of interoperable HIT systems that use these standards. The 2007 Budget states that "The Administration supports the adoption of HIT as a normal cost of doing business to ensure patients receive high quality care."

Over the past several years, we have undertaken several activities to promote the adoption and effective use of HIT in

coordination with other Federal agencies and with the Office of the National Coordinator for HIT. One of those activities is promotion of data standards for clinical information, as well as for claims and administrative data.

As noted above in this section, the Administration supports the adoption of HIT as a normal cost of doing business. The adoption and use of HIT may contribute to improved processes and outcomes of care, including shortened illnesses and the avoidance of adverse drug reactions.

Nine commenters responded to our HIT proposals. The following is a summary of the comments addressing the use of HIT to enhance quality of care, the costs associated with HIT adoption, the importance of interoperability standards, and the impact of new rules related to Medicare fraud and abuse statutes.

Comment: Several commenters stated that adoption of HIT could lead to improved quality, enhanced patient safety, and increased efficiency. Some commenters noted that HIT can reduce administrative costs; however, more commenters focused on the potential financial barriers to the adoption of HIT.

We received several comments addressing the high costs associated with HIT implementation. Most commenters stated that adoption of HIT is not a normal cost of doing business in health care. Several commenters emphasized that any reduction in physician payment related to the sustainable growth rate (SGR) would make it difficult for physicians to invest in HIT. Some commenters noted that incentives, such as loans, grants, and tax credits, could aid physicians by reducing the burden of cost for implementing HIT. A few commenters stated that implementation of HIT should be a shared expense between providers, purchasers, and payers.

Most commenters highlighted lack of interoperability standards as a current barrier to HIT implementation. Several commenters noted that interoperability standards are a critical component of any HIT system and must include a standard set of policies, procedures, and standards for data collection and documentation. One commenter stated that progress has been slow in disseminating standards and this discourages physician practices from making large investments in HIT that quickly may become obsolete.

One commenter applauded new regulatory provisions related to HIT for physician self-referral and anti-kickback statutes. However, the commenter further stated that Medicare fraud and

¹ RAND News Release: Rand Study Says Computerizing Medical Records Could Save \$81 Billion Annually and Improve the Quality of Medical Care, September 14, 2005, available at: <http://rand.org/news/press.05/09.14.html>.

² Transforming Health Care: The President's Health Information Technology Plan, available at: http://www.whitehouse.gov/infocus/technology/economic_policy200404/chap3.html.

abuse statutes continue to hinder the adoption of HIT because the rules are still unclear on some issues.

We received a few comments noting that specific issues related to HIT use in health care, such as the protection of patient privacy and data stewardship, still need to be resolved.

Response: We thank all commenters for their thoughtful and valuable discussion of the issues. In the HIT section of the preamble to the proposed rule, we recognized the potential for effective HIT to facilitate improvements in the quality and efficiency of health care services. We also pointed out our promotion of the adoption and effective use of HIT in coordination with other Federal agencies and the Office of the National Coordinator for HIT. Here, we will discuss three areas that we are emphasizing to promote the effective use of HIT, in light of the comments we received: (1) Value-based purchasing, (2) the recent CMS and OIG final rules regarding donation of certain HIT, and (3) infrastructure and interoperability standards.

We continue our work toward the implementation of value-based purchasing payment system reforms because we believe that, among other advantages, value-based purchasing can encourage physicians to invest in activities, such as effective HIT, that have the potential to improve quality and decrease unnecessary costs. However, linking a portion of Medicare payments to valid measures of quality and effective use of resources could give physicians more direct incentives to implement innovative ideas and approaches that may result in improved value of care. We agree with the commenters that noted that the use of effective HIT could increase quality, efficiency, and patient safety. We also agree with the commenters that noted that effective use of HIT can be used to decrease the burden of reporting to value-based purchasing programs. However, we disagree with the commenters that recommended direct government funding of HIT. As stated in the President's 2007 Budget, "the Administration supports the adoption of [HIT] as a normal cost of doing business to ensure patients receive high quality care."

Commenters noted that multiple stakeholders in the health care system, including purchasers and payers, benefit from provider adoption and use of effective HIT and should share in the cost. CMS and OIG have recently issued final rules to allow hospitals and other health care providers under some circumstances to donate electronic prescribing and EHRs technology to

physicians and others without running afoul of the Stark (physician self-referral) and anti-kickback statutes. We believe that these rules facilitate the adoption of HIT by physicians and other health care providers who might otherwise have been unable or unwilling to invest in the technology.

We also believe that these regulatory changes help to stimulate the adoption of effective HIT, and that, as HIT use spreads, the benefits relative to the costs of implementation may increase for all stakeholders.

The majority of commenters pointed out that the current lack of HIT infrastructure, including lack of interoperability standards, is a major obstacle to adoption and effective use of HIT. To address the lack of infrastructure, the Secretary has undertaken a national strategy that calls for Federal agencies to collaborate with private stakeholders in the development of architecture, standards, certification processes, and methods of governance to facilitate the adoption of effective HIT. In September 2005, the Secretary selected 16 commissioners to serve on the American Health Information Community (AHIC), which is a federally chartered collaborative forum of private and public interests charged with advising the Secretary on how to make health information digital and interoperable. The goals of the Community include immediate access to vital medical information at the point of care, privacy protection, better data for research, and overall cost savings. The work of the Community has been divided among four workgroups: (1) The EHRs Workgroup, (2) the Chronic Care Workgroup, (3) the Consumer Empowerment Workgroup, and (4) the Biosurveillance Workgroup, (5) the Confidentiality, Privacy, and Security Workgroup, and (6) the Quality Workgroup. The AHIC Workgroups have made recommendations, as their initial "breakthroughs," pertaining to: An electronic medication summary and registration history; secure messaging capabilities for individuals with chronic disease; biosurveillance monitoring; and, through secure means, broadening the availability and access to current and historical laboratory results and interpretations. More information about the Community is available at: <http://www.hhs.gov/healthit/ahic.html>.

R. Health Care Information Transparency Initiative

The United States (U.S.) faces a dilemma in health care. Although the rate of increase in health care spending slowed last year, costs are still growing at an unsustainable rate. The U.S.

spends \$1.9 trillion on health care, or 16 percent of the gross domestic product (GDP). By 2015, projections are that health care will consume 20 percent of GDP. As indicated in the 2006 Annual Report of the Boards of Trustees, the Medicare program alone consumes 3.2 percent of the GDP and by 2040 it will consume 8.0 percent of the GDP.

Part of the reason health care costs are rising so quickly is that most consumers of health care, that is, patients, are frequently not aware of the actual cost of their health care. Health insurance coverage shields them from the full cost of services, and they have only limited information about the quality and costs of their care. Consequently, consumers do not have incentives or means to carefully shop for providers offering the best value. Thus, providers of health care are not subject to the competitive pressures that exist in other markets for offering quality services at the best possible price. Reducing the rate of increase in health care prices and avoiding health services that are of little value could help to stem the growth in health care spending, and potentially reduce the number of individuals who are unable to afford health insurance. Part of the President's health care agenda is to expand Health Savings Accounts (HSAs), which would provide consumers with greater financial incentives to compare providers in terms of price and quality, and choose those physicians and services that offer the best value.

In order to exercise those choices, consumers must have accessible and useful information on the price and quality of health care items and services. Typically, health care providers do not publicly quote or publish their prices. Moreover, list prices, or charges, generally differ from the actual prices negotiated and paid by different health plans. Thus, even if consumers were financially motivated to shop for the BP, it would be very difficult at the current time for them to access usable information.

For these reasons, HHS has launched a major health care information transparency initiative. This effort builds on steps taken by CMS to make quality and price information available. For example, Medicare has provided unprecedented information about drug prices in the Medicare prescription drug benefit, and is now adding to these efforts in other areas. Medicare payment information for common elective procedures and other common admissions for all hospitals by county has been posted on our Web site at <http://www.cms.hhs.gov/HealthCareConInIt/>.

On our Web site, we will be posting geographically-based Medicare payment information for common procedures for ambulatory surgery centers, hospitals, OPDs, and physician offices. In addition, a number of tools providing usable healthcare information are already available to Medicare beneficiaries. Supported by the public and private quality alliances, consumers can access "Compare" Web sites through www.medicare.gov where they can evaluate important aspects of their health care options for care at a hospital, nursing home, home health agency (HHA), and dialysis facility, as well as compare their costs and coverage when choosing a prescription drug plan.

We are developing a new project with the goals of providing Medicare beneficiaries with more comprehensive information on quality and costs, including more complete measures of health outcomes, satisfaction, and volume of services that matter to consumers, and more comprehensive measures of costs for entire episodes of care, not just payments for particular services and admissions. We intend for this Medicare project to incorporate private health care data, Medicaid data, and Medicare data to measure cost and quality of care information at the physician and hospital levels. Under this project, quality, cost, pricing, and patient information will be reported to Medicare beneficiaries in a meaningful and transparent way.

In response to the CY 2007 PFS proposed rule (71 FR 49064), we received the following comments on the transparency issue.

Comment: Most commenters supported our efforts to release quality information to create a more transparent health care system so that patients and consumers will be able to make more informed decisions about their health care. Several commenters questioned the usefulness of price information and many suggested criteria for determining what information would be most credible, accessible and meaningful both to consumers and to providers and other stakeholders. The commenters stated that the information must be valid, reliable, and sensitive to the care being delivered in order for the information to be useable. Several commenters also noted the importance of relying on the AQA (a multi-stakeholder group identifying ambulatory quality measures) and the joint steering committee formed by AQA, the Hospital Quality Alliance (HQA), and the Quality Alliance Steering Committee, to be the forum where all stakeholders come together to identify useful measures. One

commenter also noted the important work of the AMA Consortium for Performance Improvement in bringing together multiple physician medical specialties.

Response: We agree that physician price and quality information must be credible, accessible, and meaningful to consumers and other stakeholders. To ensure this is the case for our transparency efforts, we rely heavily on physician groups and broad stakeholder coalitions to help advise as to the measures we are using, particularly for quality and in considering episodes of care. We are actively working with the AMA Consortium for Performance Improvement, the AQA, the National Quality Forum (NQF), and various medical specialty groups to identify useful quality measures. We are conducting research and working directly with the AQA to identify potential episode of care measures. We are building on the model we used for inpatient and ambulatory surgery centers to provide the most accurate information possible when releasing Medicare payment data. By December 2006, we plan to release Medicare data, including the number of services, charges and payment rates for a group of common physicians' services by locality.

Comment: Many comments focused on the usefulness of price information. One commenter questioned the premise that consumers should use price information in health care decisions. Several other commenters noted the limitations of price information and the need for consumers and patients to understand the context for it. They added that providing price information on health care services should not be placed in the same class as shopping for airline tickets or hotel accommodations. They further questioned whether price plays a significant role in choosing a physician or hospital, particularly when a patient is facing a life threatening illness. Other commenters have advised that the price is subject to individual health plan benefit packages and could change depending on the course of beneficiary illness. Further, in an emergency, additional services may be required which will therefore raise the costs of services for beneficiaries.

Response: We agree that making health care decisions, including the selection of providers, is a serious undertaking. For this reason, it is critical that consumers, patients, and their families have information which will help them make important health care decisions. For those patients in the early stages of illness, or those who may need preventive care, choosing a

provider based on the knowledge of the potential overall costs of care, and taking into account whether the physician is effective at helping the patient prevent life threatening illnesses, could help the patient avoid unnecessary costs later on.

For patients with life threatening illnesses, cost is also at issue. However, most insurance, including Medicare, does require cost sharing, and if information on price and quality is available it may be possible for beneficiaries to choose high quality providers at a reduced cost, which would therefore minimize the patient's out-of-pocket costs. We also agree that it is important to recognize that beneficiary out-of-pocket costs are in part driven by the type of coverage the beneficiary has and whether the beneficiary has any supplemental coverage. Combining information on multiple services related to the same clinical condition into a broader episode of care could provide a prospective patient and his or her family even more useful cost and quality information. For example, if a patient has a serious illness, he or she (or his or her family) would be better able to choose a physician or other health care provider that more closely suits the patient's preferences by comparing, before treatment: (1) The cost of treatment; (2) the various types of services and treatments associated with that particular illness; and (3) the outcome for patients with similar health conditions.

Comment: One commenter questioned whether releasing price information could increase health care costs because the pricing information could encourage patients to delay necessary care and which presumably may result in more advanced disease. The commenter stated that price information should not be released for E/M, and preventive services.

Response: We believe that the release of price information will not inhibit a patient's use of appropriate health care services, in particular, preventive or evaluative services. It is our expectation that the transparency of price and quality information will encourage patients to obtain health care services that are proven in quality of care and outcomes for patients and the provision of these chosen services should result in a decrease in the overall costs of health care.

Comment: One commenter thought that payment information should be broken into the work component, PE and malpractice. They further suggested arraying information to reflect the relative costliness of different settings of

care for the same services, such as ambulatory surgery centers, OPDs, or physicians' offices.

Response: We agree that those separate service components could be of some interest, but we do not understand how they would be of benefit to the patient or consumer when he or she is making health care decisions. Such service component break outs provide no information on out-of-pocket or overall costs as to the specific service or as to a broader episode of care that takes into consideration care delivered across settings and time.

We believe that providing comparative information on the costs of care in different settings when the services and patient needs are similar is an interesting concept. We will consider suggestions as to how this type of data may be provided.

Comment: One commenter stated that it is inappropriate to make public efficiency information, cost and utilization ratings without commensurate quality data, and that efficiency measurement should be restricted to areas where this type of data are available, and risk adjusted. Further, the commenter added that payers should make their methodology and data sources easily available to physicians.

Response: We agree that both cost and quality data are important for consumers to make informed decisions about providers and treatment options. We are exploring a range of options for how to measure efficiency, including risk adjustment options. We also agree that it is important for physicians to understand how cost and quality data are being measured.

Comment: One commenter questioned whether all the resources going into the transparency efforts might be better spent supporting physician adoption of EHRs, patient registries, and group medical visits.

Response: Our transparency efforts are aimed at helping consumers make better informed health care decisions. We have many other initiatives aimed at supporting these other important physician tools, for example, Quality Improvement Organizations (QIOs) are working across the country to provide technical assistance to physicians to help these physicians redesign work practices to adopt EHRs. Several significant initiatives, including the Physician Group Practice demonstration and the Medicare Health Support program are identifying effective care management strategies, including the physician adoption of EHRs, patient registries, and group medical visits as recommended by the commenter.

Further, we are working with the Department to lessen the barriers to IT adoption by identifying and endorsing standards for seamless movement of information across settings.

Comment: One commenter said the primary driver of health care costs was the lack of productivity increases in health care and questioned whether providing more information to consumers would have any impact on the efficiency of the system. The commenter stated that the reason for this lack of productivity improvement was due to the labor intensive nature of our health care system since the United States government did not purchase HIT directly for providers.

Response: We agree that health care is labor intensive and that increased adoption of effective HIT has the potential to improve productivity. For these reasons, increasing adoption of effective HIT, including EHRs is one of the most important initiatives for this administration. As we have stated previously in our other responses in this section, we have in place a number of initiatives aimed at lessening the barriers to adoption and initiatives supporting both hospitals and physicians. However, we strongly support the notion that market forces, including consumers empowered to make more informed health care decisions, are also critical for improving the value of the health system.

Comment: One commenter stated that health plans should be required to release their fee schedules showing total charges and methods of calculating fees for physicians and hospitals.

Response: The purpose of our transparency initiative is to make it easier for consumers and patients to make better informed health care decisions based on their own unique health circumstances. We have partnered with the Agency for Healthcare Research and Quality, and we are exploring, in the context of the AQA and the Quality Alliance Steering Committee, a variety of options for releasing pricing, payment and episode of care costs.

Comment: One commenter questioned whether physicians could report directly to us or to carriers on the clinical quality measures currently reflected in the Physician Voluntary Reporting Program (PVRP) initiative instead of through the established mechanism of G-codes or CPT category II codes (if available).

Response: Currently, the PVRP data are not reported publicly, as would be the case in a transparency initiative, but are provided confidentially to physicians. These measures are based

on the work of a multi-stakeholder consensus process through the National Quality Forum and the AQA. We are also relying on this process to identify physician quality measures for transparency. The PVRP can be a building-block for future efforts to measure physician quality.

Further, we are seeking to benefit the Medicare program by applying quality measures developed by the private sector to comprehensive data on physicians' services to improve the quality of Medicare services, and to provide Medicare beneficiaries with useful quality information. Specifically, under a new Medicare project that will begin in six areas, data from Medicare and private purchasers are being combined to create quality measures that will be reported to Medicare beneficiaries. Information on physician performance on quality will be used for feedback to physicians on services provided to Medicare beneficiaries, and information on physician performance will be made available to beneficiaries. The purpose of this important project is to encourage improvements in the quality of Medicare services, and provide information to Medicare beneficiaries that will permit them to make more informed choices about how and where they will receive their care. Over time, using the experience of these initiatives, we will identify which measures and what data collection mechanisms are best used to release physician specific information to Medicare beneficiaries.

Regarding the earlier comment about G-code reporting, we chose the path of reporting quality measures on claims through G-codes because those claims could be built on existing data systems, creating fewer burdens for physician offices and CMS. Physicians, predominantly, already use claims supported data systems so, therefore, we believe at this time it is the most practical system. In the future, we hope to be able to accept, and for physicians to be able to report, using the electronic means outlined by the commenter. We ask the commenter to work with us to ensure that EHRs and other information systems are designed to collect the clinical data components necessary to measure a broad range of quality indicators.

Comment: A commenter also suggested that group practices should be allowed to create scores for their whole group and report at the aggregate level. The commenter stated that group practices have internal mechanisms, including incentive structures, for improving quality that should be used.

Response: We recognize that comparing groups of physicians by price and quality measures could be useful both for consumers and patients in regions where these groups are widely available. We also appreciate the usefulness of the data for internal quality improvement for physician groups. However, for purposes of consumer choice, it may be important to have physician-specific information. Even with a group, beneficiaries would want to know the physician's treatment patterns, including quality information, to best suit the beneficiary's needs or preferences. We agree that information on both price and quality on individual physicians would be useful for consumers and patients.

S. Bad Debt Payment for Services Associated With Reasonable Charge/Fee Schedules

Under the Medicare program, payment may be made for unrecovered costs (bad debt) attributable to uncollectible deductible and coinsurance of Medicare beneficiaries as specified in § 413.89 and the Provider Reimbursement Manual (PRM) (CMS Pub. 15 Part 1, Chapter 3). Entities currently eligible to receive Medicare bad debt payments, with some limitations, include hospitals, skilled nursing facilities (SNFs), CAHs, RHCs, ESRD facilities, FQHCs, community mental health clinics, health maintenance organizations (HMOs) reimbursed on a cost basis, competitive medical plans (CMPs), and health care pre-payment plans. The bad debt policy for ESRD facilities is set forth in § 413.178.

The current bad debt regulation at § 413.89(i) excludes payment of bad debts specifically for those services furnished by anesthetists paid under a fee schedule. In the February 10, 2003 Federal Register, we published the Provider Bad Debt Payment proposed rule where we proposed to amend the language in the existing bad debt regulations to clarify that bad debts are not recognized or reimbursed for all covered services paid for under a reasonable charge-based methodology or a fee schedule (68 FR 6682). As stated in that proposed rule, the proposed amendment was intended to clarify our longstanding policy and is not a change in policy.

In this final rule with comment period, we are finalizing the amendment to the regulations, as proposed in the February 10, 2003 proposed rule, to clarify that payment of bad debts for covered services paid for under a reasonable charge-based methodology or a fee schedule is not allowable. In the

February 10, 2006 Federal Register (71 FR 6991), we issued a notice extending the timeline for publication of a final rule associated with provisions of the February 10, 2003 proposed rule by one year to February 10, 2007. At this time, we are not finalizing other proposed provisions of the February 10, 2003 proposed rule.

We received the following comment regarding this provision from the February 10, 2003 proposed rule.

Comment: A commenter stated that the clarification of policy that bad debt reimbursement is not available for services paid under a fee schedule is a change in policy for outpatient therapy.

Response: During the initial stages of developing the Medicare program in 1966, the issue of "bad debt" arose but was not mentioned explicitly in the statute. However, at that time, based on the intent of the anti-cross-subsidization principle found in the definition of "reasonable cost" at section 1861(v)(1)(A) of the Act, Medicare adopted the policy to pay for the unrecovered costs attributable to uncollectible deductible and coinsurance of Medicare beneficiaries. Accordingly, we believe that this statutory prohibition on cross-subsidization does not apply where services are reimbursed on anything other than the basis of "reasonable costs".

The Medicare program has never allowed payment of bad debts for services paid for on the basis of a fee schedule or reasonable charge methodology, such as but not limited to, services of physicians, suppliers, certified registered nurse anesthetists, or NPs. Under a fee schedule or reasonable charge methodology, Medicare does not share proportionately in an entity's incurred costs but rather makes payment for a specific service. The payment is not related to the cost of a service and thus, does not embody the concept of unrecovered costs due to uncollected amounts of deductibles and coinsurance. Thus, payment of bad debt applies only to services reimbursed on the basis of reasonable cost or to services paid under one of Medicare's prospective payment systems that have a basis in reasonable costs that do not reflect Medicare payment of bad debts during a specified provider base period. Accordingly, when outpatient therapy services began to be paid for on a fee schedule methodology, payment of bad debts associated with these services was no longer available.

Therefore, we do not agree with the commenter and we are revising § 413.89(i) and adding new § 413.178(d) as proposed.

III. Revisions to the Payment Policies of Ambulance Services under the Fee Schedule for Ambulance Services and the Ambulance Inflation Factor Update for CY 2007.

Under the ambulance fee schedule, the Medicare program pays for transportation services for Medicare beneficiaries when other means of transportation are contraindicated. Ambulance services are classified into different levels of ground (including water) and air ambulance services based on the medically necessary treatment provided during transport. These services include the following levels of service:

- For Ground—
 - + Basic Life Support (BLS)
 - + Advanced Life Support, Level 1 (ALS1)
 - + Advanced Life Support, Level 2 (ALS2)
 - + Specialty Care Transport (SCT)
 - + Paramedic ALS Intercept (PI)
- For Air—
 - + Fixed Wing Air Ambulance (FW)
 - + Rotary Wing Air Ambulance (RW)

A. History of Medicare Ambulance Services

1. Statutory Coverage of Ambulance Services

Under sections 1834(l) and 1861(s)(7) of the Social Security Act (the Act), Medicare Part B (Supplemental Medical Insurance) covers and pays for ambulance services, to the extent prescribed in regulations, when the use of other methods of transportation would be contraindicated by the beneficiary's medical condition.

The House Ways and Means Committee and Senate Finance Committee Reports that accompanied the 1965 Social Security Amendments suggest that the Congress intended that—

- The ambulance benefit cover transportation services only if other means of transportation are contraindicated by the beneficiary's medical condition; and
- Only ambulance service to local facilities be covered unless necessary services are not available locally, in which case, transportation to the nearest facility furnishing those services is covered (H.R. Rep. No. 213, 89th Cong., 1st Sess. 37 and Rep. No. 404, 89th Cong., 1st Sess. Pt 1, 43 (1965)).

The reports indicate that transportation may also be provided from one hospital to another, to the beneficiary's home, or to an extended care facility.

2. Medicare Regulations for Ambulance Services

Our regulations relating to ambulance services are set forth at 42 CFR part 410, subpart B and 42 CFR part 414, subpart H. Section 410.10(i) lists ambulance services as one of the covered medical and other health services under Medicare Part B. Therefore, ambulance services are subject to basic conditions and limitations set forth at § 410.12 and to specific conditions and limitations included at § 410.40. Part 414, subpart H, describes how payment is made for ambulance services covered by Medicare.

The national fee schedule for ambulance services is being phased in over a 5-year transition period beginning April 1, 2002 as specified in § 414.615. As of January 1, 2006, the total payment amount for air ambulance providers and suppliers is based on 100 percent of the national ambulance fee schedule. In accordance with section 414 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) (Pub. L. 108-173), we added § 414.617 which specifies that for ambulance services furnished during the period July 1, 2004 through December 31, 2009, the ground ambulance base rate is subject to a floor amount, which is determined by establishing nine fee schedules based on each of the nine census divisions, and using the same methodology as was used to establish the national fee schedule. If the regional fee schedule methodology for a given census division results in an amount that is lower than or equal to the national ground base rate, then it is not used, and the national fee schedule amount applies for all providers and suppliers in the census division. If the regional fee schedule methodology for a given census division results in an amount that is greater than the national ground base rate, then the fee schedule portion of the base rate for that census division is equal to a blend of the national rate and the regional rate. For CY 2006, this blend is 40 percent regional ground base rate and 60 percent national ground base rate. As of January 1, 2007, the total payment amount for ground ambulance providers and suppliers will be based on either 100 percent of the national ambulance fee schedule or 80 percent of the national ambulance fee schedule and 20 percent of the regional ambulance fee schedule.

B. Provisions of the Final Regulation

In this rule, we are finalizing changes to the fee schedule for payment of ambulance services by adopting revised geographic designations for urban and rural areas as set forth in OMB's Core-Based Statistical Areas (CBSAs) standard. We are adding the definition

of "urban area" as defined by the Executive Office of Management and Budget (OMB). In addition, we are removing the definition of "Goldsmith modification" and amending our definition of "rural area" to include areas determined to be rural under the most recent version of the Goldsmith modification.

We are withdrawing our proposal to change the language of our regulation defining "specialty care transport (SCT)" to conform to our existing payment policies. In response to public comments, we are broadening and clarifying our interpretation of the existing language and responding to other issues associated with the definition of SCT.

In addition, we are discontinuing our annual review of the original CF assumptions and of the original air ambulance rates from the initial implementation of the fee schedule in 2002 because we have not identified any significant differences from those assumptions in the 4 years since the implementation of the fee schedule. We will continue to monitor payment and billing data on an ongoing basis and make adjustments to the CF and to air ambulance rates as appropriate to reflect any significant changes in these data.

Finally, in response to public comment, we are withdrawing our proposal to revise our current definition of "Emergency response" to further specify the conditions that warrant a higher payment for immediate response. Our reasons for withdrawing our proposal are explained in section III.B.4. of this preamble.

1. Adoption of New Geographic Standards for the Ambulance Fee Schedule

Historically, the Medicare ambulance fee schedule has used the same geographic area designations as the acute care hospital IPPS and other Medicare payment systems to take into account appropriate urban and rural differences. This provides a consistent and objective national definition for ambulance payment purposes within the ambulance fee schedule and generally across Medicare payment systems. It also utilizes geographic area designations that more realistically reflect rural and urban populations, resulting in more accurate payments for ambulance services. Accordingly, we are adopting OMB's CBSA-based geographic area designations, which have been adopted for the IPPS, to more accurately identify urban and rural areas for ambulance fee schedule payment purposes. We are also adopting the most recent modification of the Goldsmith

Modification, consistent with the provisions of section 1834(l), to more accurately determine rural census tracts within metropolitan areas.

These changes will affect whether certain areas are recognized as rural or urban. The distinction between urban and rural is important for ambulance payment purposes because ambulance payments are based on the point of pick-up for the transport, and the point of pick-up for urban and rural transport is paid differently. Of particular significance to the ambulance fee schedule, the changes would affect whether or not certain areas are eligible for certain rural bonus payments under the ambulance fee schedule. For example, the changes would affect whether or not certain areas are recognized as what we refer to as "Super Rural Bonus" areas established by section 414(c) of the MMA and set forth in section 1834(l)(12) of the Act. That section specifies that, for services furnished during the period July 1, 2004 through December 31, 2009, the payment amount for the ground ambulance base rate is increased by a "percent increase" (Super Rural Bonus) where the ambulance transport originates in a rural area (which includes Goldsmith areas) that we determine to be in the lowest 25th percentile of all rural populations arrayed by population density.

a. Core-Based Statistical Areas (CBSAs): Revised Office of Management and Budget (OMB) Metropolitan Area Definitions

In the February 27, 2002 final rule (67 FR 9100), we stated that we could not easily adopt and implement, within the timeframe necessary to implement the fee schedule, a methodology for recognizing geographic population density disparities other than MSA/nonMSA. We also stated that we would consider alternative methodologies that may more appropriately address payment to isolated, low-volume rural ambulance providers and suppliers at a later date. The application of any rural adjustment is determined by the geographic location of the beneficiary at the time he or she is placed on board the ambulance. We are now finalizing the adoption of OMB's revised geographic area designations for urban and rural areas and the most recent modification of the Goldsmith Modification to address payment to those isolated, low-volume rural providers and suppliers.

Prior to the 2000 decennial census, geographic areas were consistently defined by OMB as Metropolitan Statistical Areas (MSAs) with an MSA being defined as an urban area and

anything outside an MSA being defined as a rural area. In addition, for purposes of ambulance policy, we recognized the 1990 update of Goldsmith areas (generally, rural census tracts within counties that covered large tracts of land with one predominant urban area only) as rural areas (65 FR 55077 through 55100). In Fall 1998, OMB chartered the Metropolitan Area Standards Review Committee to examine the Metropolitan Area (MA) standards and develop recommendations for possible changes to those standards. Three notices related to the review of the standards were published on the following dates in the *Federal Register*, providing an opportunity for public comment on the recommendations of the Committee: December 21, 1998 (63 FR 70525 through 70561); October 20, 1999 (64 FR 56627 through 56644); and August 22, 2000 (65 FR 51059 through 51077).

In the December 27, 2000, *Federal Register* (65 FR 82227 through 82238), OMB announced its new standards. In that notice, OMB defined a CBSA, beginning in 2003, as "a geographic entity associated with at least one core of 10,000 or more population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties." CBSAs are conceptually areas that contain a recognized population nucleus and adjacent communities that have a high degree of integration with that nucleus. The purpose of the new OMB standards is to provide nationally consistent definitions for collecting, tabulating, and publishing Federal statistics for a set of geographic areas.

The OMB standards designate and define two categories of CBSAs: Metropolitan Statistical Areas (MSAs); and Micropolitan Statistical Areas (65 FR 82227 through 82238). According to OMB, MSAs are based on urbanized areas of 50,000 or more population and Micropolitan Statistical Areas (referred to in this discussion as Micropolitan Areas) are based on urban clusters of at least 10,000 population but less than 50,000 population. Counties that do not fall within CBSAs are deemed "Outside CBSAs."

Under the ambulance fee schedule, MSAs would continue to be recognized as urban areas and all other areas outside MSAs (including Micropolitan Areas, areas "Outside CBSAs", and areas that are determined to be rural under the most recent modification of the Goldsmith Modification) would be recognized as rural areas. As noted previously, these designations are important because under the ambulance fee schedule, Medicare transports are

designated either urban or rural based on the pick-up point of the transport.

As of June 6, 2003, the new OMB definitions recognized 49 new MSAs and 565 new Micropolitan Areas, and extensively revised the composition of many of the existing MSAs. There are 1,090 counties in MSAs under the new definitions (previously, there were 848 counties in MSAs). Of these 1,090 counties, 737 are in the same MSA as they were prior to the changes, 65 are in a different MSA, and 288 were not previously designated to any MSA (69 FR 49027).

There are 674 counties in Micropolitan Areas. Of these, 41 were previously in an MSA, while 633 were not previously designated to an MSA. There are five counties that previously were designated to an MSA, but are no longer designated to either an MSA or a new Micropolitan Area (Carter County, Kentucky; St. James Parish, Louisiana; Kane County, Utah; Culpepper County, Virginia; and King George County, Virginia) (69 FR 49027).

Our adoption of CBSA-based geographic area designations means that ambulance providers and suppliers that pick up Medicare beneficiaries in areas that are now outside of MSAs (but had been within MSA areas) may experience increases in payment, while those ambulance providers and suppliers that pick up Medicare beneficiaries in areas that are now within MSA areas (but had been outside of MSAs) may experience decreases in payment.

The use of updated geographical areas means the recognition of new urban and rural boundaries based on the population migration that occurred over a 10-year period, between 1990 and 2000.

We believe that updating the MSA definition to conform with OMB's CBSA-based geographic area designations, coupled with updating the Goldsmith Modification (that is, using the current Rural Urban Commuting Areas (RUCAs) version, as discussed in section III.B.1.b of this final rule), will more accurately reflect the contemporary urban and rural nature of areas across the country for ambulance payment purposes and cause ambulance fee schedule payments to become more accurate.

As of October 1, 2004, the IPPS adopted OMB's revised metropolitan area definitions to identify "urban areas" for payment purposes. Under the IPPS, MSAs are considered urban areas and Micropolitan Areas and areas "Outside CBSAs" are considered rural areas as specified in § 412.64(b). We are adopting similar CBSA-based designations of "urban area" and "rural

area" under the ambulance fee schedule for the reasons discussed. Therefore, we are revising § 414.605 to include a definition of urban area and to reflect OMB's revised CBSA-based geographic area designations in our definition of rural area.

Comment: Some commenters suggested that we should mitigate any financial impact of the CBSA-based geographic changes by holding negatively-affected ambulance companies harmless or by adopting a phase-in of the CBSA-based geographic changes.

Response: While we understand the concern of some ambulance companies about the CBSA-based geographic changes, we think most negative impacts will be mitigated when we incorporate the updated Goldsmith Modification using RUCAs, as we discuss in section III.B.1.b. of this final rule. The RUCAs allow us to continue to recognize sub-county rural areas in CBSA-based MSAs. Further, we believe that accurate payments to rural areas should not be further delayed. Ambulance payments will not reflect the population changes documented by the CY 2000 decennial census and reflected in CBSA-based geographic designations until CY 2007. Finally, ambulance providers and suppliers who benefit from the floor amount based on Regional fee schedules will continue to receive transition payments through CY 2009, mitigating the overall financial impacts of the ambulance fee schedule.

Comment: Several commenters suggested delaying the implementation of the CBSA-based geographic changes until the findings of the GAO report on costs and access as they relate to ambulance services is published. The final report is currently due to be published by December 2007.

Response: We contacted the GAO concerning this report. At this time, the draft findings are not available and GAO is not permitted to discuss the report until its release. In view of the mitigating effects of our use of RUCAs, and in light of the fact that no "super rural bonus" areas are affected by the CBSA-based geographic designations, we think that the better course of action is to finalize our adoption of CBSA-based urban and rural designations. However, we will maintain contact with the GAO and, when their findings are available, we will consider whether any further adjustments are necessary.

b. Updated Goldsmith Modification: Rural Urban Commuting Areas (RUCAs)

The Goldsmith Modification evolved from an outreach grant program sponsored by the Office of Rural Health

Policy of the Health Resources and Services Administration (HRSA). This program was created to establish an operational definition of rural populations lacking easy access to health services in Large Area Metropolitan Counties (LAMCs). Dr. Harold F. Goldsmith and his associates created a methodology for identifying rural census tracts located within a large metropolitan county of at least 1,225 square miles. Using a combination of data on population density and commuting patterns, census tracts were identified as being so isolated by distance or physical features that they were more rural than urban in character. The original Goldsmith Modification was developed using data from the 1980 census. To more accurately reflect current demographic and geographic characteristics of the nation, HRSA's Office of Rural Health Policy, in partnership with the Department of Agriculture's Economic Research Service and the University of Washington, developed an update to the Goldsmith modification designated as Rural-Urban Commuting Area Codes (RUCAs) (69 FR 47518 through 47519).

Rather than being limited to LAMCs, RUCAs use urbanization, population density, and daily commuting data to categorize every census tract in the country. Thus, RUCAs are used to identify rural census tracts in all metropolitan counties. Section 1834(l) of the Act requires that we use the most recent modification of the Goldsmith Modification to determine rural census tracts within MSAs. Therefore, we are removing the definition of "Goldsmith modification" at § 414.605 and incorporating a reference to the most current version of the Goldsmith modification, which are the Rural Urban Commuting Areas (RUCAs), in the definition of "rural area."

Comment: We received numerous comments from members of the ambulance industry that were concerned about the geographic status of their pick-up areas. Ambulance companies located in areas that have been traditionally recognized as rural areas were concerned that population shifts based on whole county designations might not accurately reflect pockets of rurality within those counties.

Response: The most recent modification of the Goldsmith Modification, which we are adopting in this final rule, uses RUCAs to recognize levels of rurality in census tracts located in every county across the nation. As a result, many counties that are designated urban at the county level based on population do, indeed, have

rural census tracts within them that will be recognized as rural areas through our use of RUCAs. While this may not mean that every commenter will be ultimately satisfied, we believe that using RUCAs to identify sub-county rural areas within urban counties will resolve many of the commenters' concerns.

Comment: Although a number of commenters were supportive of our use of RUCAs, they requested that we clarify how we intend to define rurality using RUCA categories.

Response: The RUCA system is an updated version of the Goldsmith Modification that uses a 10-point scale of rurality. RUCA levels are assigned to a census tract based on the association of a given area's population to the nearest urban commuting area as follows:

- (1) Metropolitan-area core: Primary flow within an urbanized area (UA).
- (2) Metropolitan-area high commuting: Primary flow 30% or more to a UA.
- (3) Metropolitan-area low commuting: Primary flow 5 percent to 30 percent to a UA.
- (4) Large town core: Primary flow within a place of 10,000 to 49,999.
- (5) Large town high commuting: Primary flow 30 percent or more to a place of 10,000 to 49,999.
- (6) Large town low commuting: Primary flow 5 percent to 30 percent to a place of 10,000 to 49,999.
- (7) Small town core: Primary flow within a place of 2,500 to 9,999.
- (8) Small town high commuting: Primary flow 30 percent or more to a place of 2,500 to 9,999.
- (9) Small town low commuting: Primary flow 5 percent to 30 percent to a place of 2,500 to 9,999.
- (10) Rural areas: Primary flow to a tract without a place of 2,500 or more.

Furthermore, census tracts under RUCAs can be broken down by zip code for every county, allowing us to modify rural and urban areas within a given county. In the May 26, 2006 proposed rule (71 FR 30358), we did not specify where we would draw the line on the RUCA scale for urban/rural purposes. According to HRSA, the generally accepted breakpoint is to define a level less than 4.0 on the scale as urban and levels equal to or greater than 4.0 on the scale as rural. Under section 330A of the Public Health Service Act, the Office of Rural Health Policy within HRSA determines eligibility for its rural grant programs through the use of the RUCA code methodology. Under this methodology, any rural census tract that is in a RUCA code 4.0 or higher is determined to be a rural census tract. We agree with the majority of the

commenters who suggested that we follow HRSA's guidelines and consider areas to be rural if they fall within RUCA levels 4 through 10. One commenter suggested that a rurality level of 2.0 might be a better breakpoint for EMS purposes. However, we believe that HRSA's guidelines accurately identify rural areas for ambulance payment purposes and are generally consistent with Medicare payment policies. We will, therefore, consider any census tract falling at or above RUCA level 4.0 to be a rural area for purposes of payment for ambulance services. We are finalizing our proposal to use the most recent modification of the Goldsmith Modification incorporating RUCAs, as directed by section 1834(l) of the Act. We will use 4.0 on the RUCA scale as the delineation between rural and urban (4.0 and greater is rural and less than 4.0 is urban).

Comment: One commenter discussed zip code areas that "bleed" from one type of geographic area to another, such as from rural to urban. This commenter was concerned that zip codes that were predominantly, but not totally, located within a rural area would not receive rural payments for ambulance pick-ups in those areas due to the urban influence of part of the zip code area.

Response: When we review a claim for ambulance services, we specifically examine the zip code for the pick-up point to determine whether that zip code contains both urban and rural areas. Census tracts under RUCAs can be broken down by zip code for every county, which allows us to identify rural and urban areas within a given county. Generally, we would categorize a zip code as urban or rural, and make payment accordingly, based on where the bulk of the population in that zip code resides.

Comment: Several commenters were concerned about the impact of the proposed CBSA-based geographic changes on the provisions of the Medicare Modernization Act (MMA) for rural service areas, specifically concerning the "Super Rural Bonus" areas.

Response: The "Super Rural Bonus" areas are areas that we determine to be in the lowest 25th percentile of all rural populations arrayed by population density in accordance with section 1834(l)(12) of the Act. Ambulance pick-ups in these areas currently receive a 22.6 percent add-on to their Medicare payments. None of the Super Rural Bonus areas should be adversely affected by the proposed CBSA-based changes, as our use of RUCA levels will preserve the rural status of an area

whether or not it is located in a county which is designated as urban under the OMB definitions. Areas that do lose their rural status to become urban have become urban because of a significant increase in the surrounding population.

Comment: One commenter stated that the ambulance is dispatched to the patient to provide care at his or her pick-up point and, therefore, the ambulance payment system should reflect this procedure. Another commenter suggested that we should retain the Goldsmith Modification in its current form and not update payments under the ambulance fee schedule to reflect the use of RUCAs.

Response: We agree that the ambulance pick-up point is the determining factor in establishing payment under the ambulance fee schedule, and we intend to retain this procedure in the payment process. In addition, we agree that we need to recognize levels of rurality, and are doing so by adopting the updated Goldsmith Modification which uses RUCAs to identify rural areas within urban counties. We are directed by section 1834(l) of the Act to use the most recent update of the Goldsmith Modification in the payment process.

Comment: Another commenter suggested that we allow ambulance companies to present data to justify rurality, similar to the IPPS hospital reclassification process.

Response: Once again, we understand the concern of some ambulance companies to retain the rural status of their pick-up areas. However, as discussed in this section, we believe that, where applicable, the use of the RUCAs, and our ability to identify rural zip codes within census tracts, will address this concern in a consistent manner. Therefore, we do not believe it is necessary to complicate the payment process by developing an additional data submission and evaluation methodology. While the commenter directly referred to the hospital reclassification process that is administered under the IPPS, wherein hospitals can apply for geographic reclassification for purposes of determining the wage index adjustment to their inpatient payments, the hospital reclassification process was established by statute specifically for inpatient hospitals. Therefore, this IPPS reclassification methodology does not apply to ambulance services.

2. Specialty Care Transport (SCT)

In the February 27, 2002 **Federal Register** (67 FR 9100), we published a final rule with comment period entitled "Fee Schedule for Payment of

Ambulance Services and Revisions to the Physician Certification Requirements for Coverage of Nonemergency Ambulance Services" that implemented the ambulance fee schedule. In that final rule, we defined SCT in § 414.605 as the "interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including medically necessary supplies and services, at a level of service beyond the scope of the EMT [(Emergency Medical Technician)]—Paramedic. SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training."

Additionally, ambulance vehicle staff must be certified as emergency medical technicians and legally authorized to operate all lifesaving and life-sustaining equipment that are on board the vehicle as specified in § 410.41(b)(1). Typically, a SCT level of care occurs when the patient, who is already receiving a high level of care in the transferring facility, requires a further level of care that the transferring facility is not able to provide.

We implemented the SCT level of payment for hospital-to-hospital ground ambulance transports upon implementation of the ambulance fee schedule on April 1, 2002 and we defined SCT at § 414.605. The definition of SCT in § 414.605 refers to "interfacility transportation." As we stated in the preamble to the February 27, 2002 final rule with comment period (67 FR 9100), the SCT level of care includes the situation where a beneficiary is taken by ground ambulance from the hospital to an air ambulance and then from the air ambulance to the final destination hospital. Also, we stated in the preamble for both the September 12, 2000 proposed rule (65 FR 55077) and the February 27, 2002 final rule (67 FR 9108), that SCT was proposed as a level of interhospital service. As stated in our May 26, 2006 proposed rule, we based our payment for SCT-level ground ambulance transports on hospital-to-hospital ambulance transportation data.

Subsequent to the implementation of the ambulance fee schedule, we clarified our definition of SCT as hospital-to-hospital transport in a Program Memorandum to Medicare contractors, which was issued on September 27, 2002. (Program Memorandum Intermediaries/Carriers, Transmittal AB-02-130—Change Request 2295, September 27, 2002).

That document and subsequent questions and answers related to the definition of SCT were made available to the public on the Ambulance policy Web page on the CMS Web site.

In addition, we clarified our definition of SCT in the Medicare Benefit Policy Manual, Chapter 10—Ambulance Services, in which we stated that SCT is regarded as a highly-skilled level of care of a critically injured or ill patient during transfer from one hospital to another. We have also clarified our policy in Ambulance Open Door Forums, conference calls, and oral and paper communication written in response to questions posed by individuals and groups representing the ambulance industry.

Despite our previous attempts to clarify the scope of SCT transport, we continued to receive questions from ambulance suppliers and providers and there was confusion on this point among the Medicare contractors. For this reason, we had proposed to change the definition of "specialty care transport" at § 414.605 to read "hospital-to-hospital" transport as opposed to "interfacility" transportation to conform our regulation text to our existing policy.

Comment: Many commenters suggested that we expand the SCT level of ambulance service to include transportation for neonates and adults transported from the scene of an accident to a hospital, as well as transport between hospitals and between hospitals and skilled nursing facilities (SNFs). In addition, commenters requested a clearer definition of the terms "hospital" and "critical care." Some commenters suggested that we reconvene the Negotiated Rulemaking Committee to develop a definition of "critical care."

Response: We carefully considered the commenters' recommendations to expand our interpretation of the term "interfacility" to include other origin and destination points in addition to hospitals. The SCT level of transport is intended to be used only for transfer of the most critically ill beneficiaries, who require ongoing specialized care beyond the scope of the EMT-paramedic. Typically, SCT level transport occurs when a beneficiary who is already receiving a high level of specialized care in one facility is moved to another facility to receive more specialized services. Although such specialized care is usually provided in a hospital, we recognize that some beneficiaries receive specialized care in a skilled nursing facility (SNF) and may require the SCT level of transport from the SNF to a hospital or from a hospital to a SNF.

Therefore, we are withdrawing our proposal to revise § 414.605 to read "hospital-to-hospital" instead of "interfacility" and expanding our interpretation of "interfacility" to include both hospitals and SNFs. In addition, in response to comments, we are further clarifying the kinds of facilities that we include as origin or destination points for "interfacility" transport for SCT purposes.

Many of our Medicare contractors indicate that they have been administering the "interfacility" requirement in the SCT definition broadly, paying claims at the SCT level of service beyond the scope of "hospital-to-hospital." An examination of the latest available claims data shows that SCT-level payments are made predominantly for hospital-to-hospital transportation, as expected, with a small percentage of SCT-level ambulance transports involving other origin and destination points, primarily SNFs.

Therefore, for purposes of SCT payment, we consider a "facility" to include a SNF or a hospital that participates in the Medicare program. In addition, we consider the term "facility" to include a hospital-based facility that meets our requirements for provider-based status, as specified at § 413.65. Facilities that meet our requirements for provider-based status, like the main provider with which they are affiliated, are held to high standards of safety and patient care. Therefore, we believe that such facilities, due to their close association with a Medicare hospital and their adherence to high standards of care under our regulations, are also among the facilities equipped to provide the SCT level of care to patients and to provide the additional specialized care that is required under the SCT level of ambulance transport. We will continue to enforce our medical necessity requirements concerning all interfacility transports so that we can remain assured that they are occurring for only the most critical patients.

We appreciate the request by commenters that we clarify the kinds of facilities we consider to be included for SCT payment purposes. As explained above, our claims data indicate that SCT level care is needed primarily during inter-hospital transfers and, in some cases, during transfers between a hospital and a SNF. Therefore, for purposes of SCT payment, we consider a "facility" to include only a SNF or a hospital that participates in the Medicare program, or a hospital-based facility that meets our requirements for provider-based status.

Medicare hospitals include, but are not limited to, rehabilitation hospitals,

cancer hospitals, children's hospitals, psychiatric hospitals, Critical Access Hospitals (CAHs), inpatient acute-care hospitals, and Sole Community Hospitals (SCHs).

However, we do not agree with commenters who recommended that a more comprehensive definition of "critical care" is warranted at this time. The Negotiated Rulemaking Committee was unable to precisely define "critical care" at the time it originally convened and recognized that a definition provided at the State or local level would be expected to fit, since there are no national standards available (Summary Minutes, Medicare Ambulance Fee Schedule Negotiated Rulemaking, October 4 and 5, 1999). We have no additional data that would permit us to develop a more precise definition at this time. In addition, we believe that a more precise definition might conflict with State or local parameters already in place, as well as possibly limiting the scope of SCT payments in localities where a broader State or local definition would otherwise apply.

"Critical care" will continue to be interpreted by our Medicare contractors in conjunction with directives provided at the State or local level.

Comment: Many commenters also suggested that we consider including the ongoing monitoring of a patient by a specially-trained health care professional, beyond the scope of the EMT-Paramedic, to be within the realm of the SCT level of service.

Response: We carefully considered these commenters' concerns, and we agree that in cases where a critically injured or ill patient requires the SCT-level of transport from one facility to another, the ongoing care that must be furnished by a health professional in an appropriate specialty area, beyond the scope of the EMT-Paramedic, may include ongoing determinations as to whether the patient requires specialized care during the transport. We do not require that specialized treatment actually be furnished during the transport to satisfy the standard for SCT-level transport. However, we do require that the need for specialized treatment can only be ascertained by a health professional with specialized training beyond the scope of the EMT-Paramedic. We agree with commenters who indicated that an ambulance service should not be expected to bear the cost of an additional health professional to accompany a patient "just in case" the need for specialized treatment arises during transport. When such "specialized monitoring" is medically necessary, we agree that it is

part of the ongoing care that falls within the definition of SCT.

Comment: One commenter stated that certain modifiers, such as the "D" modifier representing a stand-alone emergency room or the "I" modifier used when transferring a patient from the airport or helipad to the ambulance, exclude these types of ambulance transports from the SCT level of service.

Response: The commenter is correct that we generally do not recognize either "D" or "I" modifier-type ambulance transports to be SCT level ambulance services. The "D" modifier would be used to describe a non-hospital-based, non-hospital-owned, or non-hospital-operated diagnostic facility or clinic. We have defined the SCT level of ambulance service as interfacility ground transportation, involving transport between hospitals, hospital-based facilities and SNFs. Therefore, a stand-alone emergency room that is not provider-based or a freestanding clinic that is not provider-based would not meet the requirements for an origin or destination point for SCT level transport. The "I" modifier indicates an origin or destination that is a transfer point between ambulances, such as transfer from air to ground ambulance service at a helicopter pad. Unless the origin of the first leg of the transport is a facility and unless the SCT level of care is medically necessary after the transfer occurs, we would not consider the transport from the transfer point to the final destination to be SCT level transport.

3. Recalibration of the Ambulance Fee Schedule Conversion Factor

In the February 27, 2002 final rule with comment period (67 FR 9102 and 9103), we indicated that we would adjust the CF if actual experience under the fee schedule was significantly different from the assumptions used to determine the initial CF and air ambulance rates. We specifically stated that we would monitor payment data and evaluate whether the assumptions used were accurate.

We have continued to review our assumptions annually to determine whether or not a CF adjustment is warranted. We examined the effects of the relative volumes of the different levels of ambulance services (service mix) and the extent of low billing charges to determine whether we should adjust the CF to reflect actual practices. In the 4 years since the implementation of the ambulance fee schedule, no significant differences from our original assumptions have emerged. We have observed only insignificant differences, and, to date, no adjustments in any 1

year have been warranted. It is for this reason that we believe it is appropriate to discontinue our annual review of the original CF assumptions. We also believe that the formal annual review of air ambulance rates should be discontinued as we will monitor all ambulance rates and make adjustments on an "as needed" basis. The ambulance industry has available multiple venues for notifying us of potential issues. These include the ambulance fee schedule open door forums and telephone calls to designated CMS personnel. As an additional safeguard, we generally conduct a review of ambulance data each year in preparation for issuing the Ambulance Inflation Factor (AIF).

Therefore, we are revising § 414.610(g) to indicate that we will monitor payment and billing data on an ongoing basis and adjust the CF and air ambulance rates as appropriate to reflect annual practices under the fee schedule.

Comment: Commenters were supportive of our proposal to discontinue the annual practice of examining the low biller data and the CF via the rulemaking process.

Response: We appreciate the support of the commenters on these points.

We are finalizing our proposal to discontinue the annual practice of examining the low biller data and the CF, as well as air ambulance rates, and to change the language at § 414.610(g) to reflect this.

4. Hospital-to-Hospital Ambulance Service: Emergency Response

In § 414.605, we define "emergency response" for purposes of ambulance service to mean "responding immediately at the BLS (Basic Life Support) or ALS1 (Advanced Life Support Level 1) level of service to a 911 call or the equivalent in areas without a 911 call system. An immediate response is one in which the ambulance entity begins as quickly as possible to take the steps necessary to respond to the call." In our February 27, 2002 final rule with comment period (67 FR 9100), in our definition of "emergency response" we stated that the additional payment for emergency response is for the additional overhead cost of maintaining the resources required to respond immediately to a call and not for the cost of furnishing a certain level of service to the beneficiary.

The current emergency response definition has created confusion for those transports that originate at a hospital emergency department and the ambulance is transporting the beneficiary to an emergency department

at another hospital for either admittance or treatment. For example, in most of these cases, the beneficiary must be stabilized prior to the transport. Therefore, the need to maintain a state of readiness to respond immediately to an urgent call, warranting a higher emergency response payment, does not appear to be applicable to these situations.

Another example occurs when the ambulance is owned by the originating hospital. We stated in a Program Memorandum to the Medicare contractors (Transmittal AB-02-130, Change Request 2295, September 27, 2002) that upon receipt of a call for ambulance services, the dispatcher makes the determination of whether the call constitutes an Emergency response. When the ambulance service is already readily available at the originating hospital, an emergency call may not be necessary, much less through a dispatcher for a 911 service.

While we recognize that there may be instances when an emergency response payment is warranted for a transport between two hospital emergency departments, we believe that payment based on readiness to respond immediately is not justified 100 percent of the time. For this reason, we believed our current definition of Emergency response needed to be clarified to reflect only circumstances where payment for immediate response is truly warranted. We proposed to revise the definition of Emergency response to mean that an ambulance entity—

- Maintains readiness to respond to urgent calls at the BLS or ALS1 level of service; and
- Responds immediately at the BLS or ALS1 level of service to 911 calls, the equivalent in areas without a 911 call system or radio calls within a hospital system when the ambulance entity is owned and operated by the hospital.

Comment: We received many comments on revising the definition of "emergency response". Most commenters expressed concern that this revised definition would put private ambulance services at a disadvantage. They interpreted our proposed definition to include only ambulance services owned and operated by hospitals that respond to radio calls within a hospital system. Essentially, their interpretation of our proposed definition was that only ambulance services owned and operated by hospitals would be able to transport patients at the "emergency response" level of service and, therefore, be able to receive the higher "emergency response" payment as a result.

Response: Certainly, this was not our intent. Our view of the problem we were attempting to address was the issue of "readiness" when responding to a 911 call. We expect "emergency response" payment to be made only in circumstances where readiness to respond immediately is truly required. Therefore, we proposed to clarify the circumstances under which we expected this to occur. However, we agree with comments stating that ambulance service calls generally do not originate through a 911 service but through the hospital's radio dispatch at the location where the ambulance is stationed. Private ambulance services stationed at inpatient hospitals would, therefore, be at a disadvantage if we specify that responding to hospital radio calls only qualifies as "emergency response" when the ambulance entity is owned or operated by the hospital. This would not affect off-site ambulance services whose calls originate through a 911 or equivalent service. We agree that the proposed change in the definition of "emergency response" could have an unintended adverse effect on private ambulance services in these circumstances.

Comment: Several commenters stated that our existing definition of emergency response more clearly reflects the intent of the Negotiated Rulemaking Committee in that all ambulance services should have equal access to the use of the emergency level of service by accessing it through established State protocols, such as 911 or an equivalent service.

Response: We also agree that the current definition of emergency response is consistent with the Negotiated Rulemaking Committee's intent and does not present other problems raised by commenters. For the BLS and ALS1 levels of service, an ambulance service that qualifies for an emergency response is assigned a higher relative value to recognize the additional costs incurred in responding immediately. We think that requiring an ambulance service to respond to a 911 call, or the equivalent in areas without a 911 call system, satisfies this requirement.

Therefore, we are withdrawing our proposal to revise the "emergency response" definition and will retain the current definition at 414.605. We expect that the State protocol (a 911 call or the equivalent in areas without a 911 call system) for requesting emergency ambulance services will be followed in all instances.

C. Analysis of and Responses to Public Comments

We received a total of 102 timely public comments in response to the May 26, 2006 proposed rule (71 FR 30358). Commenters included national trade associations, health care providers, hospitals, CMS contractors, and private citizens.

All public comments were reviewed and grouped by like or related topics. Comments are addressed in the individual sections of discussion to which they apply.

D. Ambulance Inflation Factor (AIF) for 2007

Section 1834(l)(3)(B) of the Act provides the basis for updating payment amounts for ambulance services. Our regulations at § 414.610(f) provide that the ambulance fee schedule must be updated by the AIF annually, based on the CPI for all urban consumers (CPI-U) (U.S. city average) for the 12-month period ending with June of the previous year. For CY 2007, that percentage is 4.3 percent.

Section 414.620 specifies that changes in payment rates resulting from incorporation of the AIF will be announced by notice in the **Federal Register** without opportunity for prior comment. We find it unnecessary to undertake notice and comment rulemaking because the statute and regulations specify the methods of computation of annual updates. This notice does not change policy, but merely applies the update methods specified in the statute and regulations.

The national fee schedule for ambulance services has been phased in over a 5-year transition period beginning April 1, 2002 as specified in § 414.615.

Prior to January 1, 2006, during the transition period, the AIF was applied separately to both the fee schedule portion of the blended payment amount (regardless of whether a national or regional fee schedule applied) and to the reasonable cost or charge portion of the blended payment amount, respectively, for each ambulance provider or supplier. Then, these two amounts were added together to determine the total payment amount for each provider or supplier. Beginning January 1, 2006, the total payment for air ambulance providers and suppliers is based on 100 percent of the national ambulance fee schedule, while the total payment amount for ground ambulance providers and suppliers is based on either 100 percent of the national ambulance fee schedule or a combination of the national ambulance

fee schedule and the regional ambulance fee schedule. As of January 1, 2007, the combination rate will be 80 percent of the national ambulance fee schedule and 20 percent of the regional ambulance fee schedule.

IV. Five-Year Refinement of Relative Value Units Under the Physician Fee Schedule: Responses to Public Comments on the Five Year Review of Work Relative Value Units

A. Scope of the Five-Year Review

This final rule includes the culmination of the third 5-Year Review of work RVUs required by the statute. The work RVUs affected by this review will be effective for services furnished beginning January 1, 2007.

In the June 29, 2006 proposed notice, "Five-Year Review of Work Relative Value Units Under the Physician Fee Schedule and Proposed Changes to the Practice Expense Methodology", we explained the process used to conduct the 5-Year Review of work RVUs. In response to our solicitation of public comments that appeared in the November 15, 2004 **Federal Register** (69 FR 66370), we received comments from approximately 35 specialty groups, organizations, and individuals involving over 500 Current Procedural Terminology (CPT) codes. After review by our medical staff, we shared these comments with the AMA's Relative Value Update Committee (RUC) along with additional services we had identified as potentially misvalued.

After a comprehensive review process, the RUC submitted work RVU recommendations for all of these codes except for the codes that were withdrawn or referred to the CPT Editorial Panel for further review or action, and CPT code 32020 for which no specialty society expressed an interest in conducting a survey. We analyzed all of the RUC recommendations by evaluating the methodology used by each workgroup to develop the recommendations, the recommended work RVUs, and the rationale for the RUC recommendations. When appropriate and feasible, if we had concerns about the application of a particular methodology, we assessed whether the recommended work RVUs were appropriate by using alternative methodologies.

In conducting our review of the RUC recommendations we considered whether: (1) The code was part of a completed survey process; (2) the methodology used by the specialty society followed the standard RUC process; (3) the survey respondents stated the work had or had not changed

in the past 5 years; (4) databases (for example, Society of Thoracic Surgeons (STS), National Surgical Quality Improvement Program (NSQIP), and Medicare diagnosis-related group (DRG)) were used in lieu of the standard RUC methodology or as a supplement to the standard methodology; and (5) the intra-service work per unit of time (IWPUT) calculation was used to determine work RVUs in lieu of the standard RUC process. Although we recognize that the work values of codes may change over time, it is the responsibility of the specialty society to present compelling evidence that a code is misvalued. (For additional information on the review process, please see the June 29, 2006 proposed notice (71 FR 37172).)

B. Review of Comments

Many commenters expressed support for our proposed valuations of many of the services. However, other commenters expressed specific concern or disagreement with the proposed valuation of approximately 106 codes, with the major concern being that the codes would be undervalued.

We convened a multi-specialty panel of physicians to assist us in the review of comments. The comments we did not submit for panel review are discussed at the end of this section. The panels were moderated by our medical staff and consisted of:

- Clinicians representing the commenting specialty(s), based on our determination of those specialties which are most identified with the services in question. Although commenting specialties were welcomed to observe the entire refinement process, they were only involved in the discussion of those services for which they were invited to participate.

- Primary care clinicians nominated by the American Academy of Family Physicians (AAFP) and the American College of Physicians.

- Four carrier medical directors.
- One to two clinicians who practice in related specialties and have knowledge of the services under review.

We submitted 30 codes for evaluation by the panel. The panel discussed the work involved in each procedure under review in comparison to the work associated with other services on the fee schedule. We assembled a set of reference services and asked the panel members to compare the clinical aspects of the work for services they believed were incorrectly valued to one or more of the reference services. In compiling the reference set, we attempted to include: (1) Services that are commonly furnished for which work RVUs are not

controversial; (2) services that span the entire spectrum of work intensity from the easiest to the most difficult; and (3) at least three services performed by each of the major specialties so that each specialty would be represented. Group members were encouraged to make comparisons to these reference services. The intent of the panel process was to capture each participant's independent judgment based on the discussion and his or her clinical experience. Following the discussion for each service, each participant rated the work for that procedure. Ratings were individual and confidential; there was no attempt to achieve consensus among the panel members.

We then analyzed the ratings based on a presumption that the RVUs published in the proposed notice were correct. To overcome that presumption, the inaccuracy of the proposed RVUs had to be apparent to the broad range of physicians participating in the panel. Ratings of work were analyzed for consistency among the groups represented on the panel. In general terms, we used statistical tests to determine whether there was enough agreement among the groups on the panel, and if so, whether the agreed-upon RVUs were significantly different from the proposed RVUs that appeared in the June 29, 2006 proposed notice to demonstrate that the proposed RVUs

should be modified. We did not modify the RVUs unless there was a clear indication for a change. If there was agreement across groups for change, but the groups did not agree on what the new RVUs should be, we eliminated the outlier group, and looked for agreement among the remaining groups as to the basis for new RVUs. We used the same methodology in analyzing the ratings that we first used in the refinement process for the CY 1993 physician fee schedule final rule published in the November 25, 1992 **Federal Register** which described the statistical tests in detail (57 FR 55938).

Our decision to convene a multi-specialty panel of physicians and to apply the statistical tests described above in this section was based on our need to balance the interests of those who commented on the work RVUs against the redistributive effects that would occur in other specialties. Of the 30 codes reviewed by the multi-specialty panel, all were the subject of requests for increased values.

Of the proposed codes that were reviewed, 11 increased, and 19 were not changed.

Table 12 lists the codes reviewed during the 5-Year Review on which we received comments. This table includes the following information:

- **CPT/HCPSC Code.** This is the CPT or alphanumeric HCPSC code for a service.

- **Modifier.** A modifier -26 is shown if the work RVUs represent the professional component (PC) of the service.

- **Description.** This is an abbreviated version of the narrative description of the code.

- **Proposed Work RVUs.** This column includes the work RVUs proposed in the June 29, 2006 proposed notice for each reviewed code.

- **Requested Work RVUs.** This column identifies the work RVUs requested by the commenters. If the commenters requested different RVUs, the table lists the highest requested RVUs.

- **RUC Recommendation.** This column identifies the work RVUs recommended by the RUC that appeared in the June 29, 2006 proposed notice.

- **HCPAC Recommendation.** This column identifies the work RVUs recommended by the HCPAC that appeared in the June 29, 2006 proposed notice.

- **2007 Work RVUs.** This column contains the work RVUs for the CY 2007 physician fee schedule.

- **Basis for Decision.** This column indicates whether the CY 2007 work RVUs resulted from comments received or the refinement panel process.

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TABLE 12: Work RVU Revisions in Response to the June 29, 2006 Proposed Notice

CPT/ HCPCS Code ¹	Mod	Descriptor	Proposed Work RVU	Work RVUs requested by commenters	RUC REC	HCPAC REC	2007 Work RVU ²	Basis for Decision
10060		Drainage of skin abscess	1.17	1.50	-----	1.50	1.17	refinement
11040		Debride skin, partial	0.48	0.65	-----	0.55	0.50	refinement
11041		Debride skin, full	0.60	0.80	-----	0.80	0.60	refinement
11042		Debride skin/tissue	0.80	1.20	-----	1.12	0.80	refinement
17004		Destroy lesions, 15 or more	1.58	1.80	1.80	-----	1.80	comments
22612		Lumbar spine fusion	20.97	22.00	22.00	-----	21.79	refinement
27130		Total hip arthroplasty	15.96	20.09	20.09	-----	20.09	comments
27236		Treat thigh fracture	12.77	15.58	15.58	-----	15.58	comments
27447		Total knee arthroplasty	19.30	21.45	21.45	-----	21.45	comments
29580		Application of paste boot	0.55	0.60	-----	0.60	0.55	refinement
31360		Removal of larynx	24.00	28.00	28.00	-----	26.22	refinement
31365		Removal of larynx	31.50	37.00	37.00	-----	35.00	refinement
31367		Partial removal of larynx	24.00	28.00	27.36	-----	27.00	refinement
31368		Partial removal of larynx	30.50	36.00	36.00	-----	30.50	refinement
31390		Removal of larynx & pharynx	35.00	40.00	40.00	-----	38.33	refinement
31395		Reconstruct larynx & pharynx	39.50	44.00	44.00	-----	39.50	refinement
32141		Remove treat lung lesions	13.98	25.48	23.90	-----	23.90	comments
32442		Sleeve pneumonectomy	32.86	55.50	51.45	-----	51.45	comments
32445		Removal of lung	34.95	62.69	57.74	-----	57.74	comments
32484		Segmentectomy	20.66	25.27	23.25	-----	23.25	comments
32486		Sleeve lobectomy	28.40	43.94	39.44	-----	39.44	comments
32488		Complection pneumonectomy	28.87	40.97	38.95	-----	38.95	comments
32540		Removal of lung lesion	19.94	28.44	26.42	-----	26.42	comments
32651		Thoracoscopy, surgical	14.26	18.67	16.64	-----	16.64	comments
32652		Thoracoscopy, surgical	20.75	27.73	26.35	-----	26.35	comments
32653		Thoracoscopy, surgical	18.05	17.62	16.24	-----	16.24	comments
32654		Thoracoscopy, surgical	15.82	20.34	17.73	-----	17.73	comments
32655		Thoracoscopy, surgical	13.59	16.06	14.69	-----	14.69	comments
32657		Thoracoscopy, surgical	13.63	12.97	11.90	-----	11.90	comments
32662		Thoracoscopy, surgical	16.42	15.36	14.29	-----	14.29	comments
32663		Thoracoscopy, surgical	18.44	24.57	23.00	-----	23.00	comments
32665		Thoracoscopy, surgical	15.52	21.05	19.56	-----	19.56	comments
32815		Close bronchial fistula	31.17	46.99	42.94	-----	42.94	comments
33140		Heart vevascularize (lmr)	19.97	32.50	25.49	-----	25.49	comments
33141		Heart lmr w/other procedure	4.83	2.43	2.43	-----	2.43	comments
33300		Repair of heart wound	25.09	46.05	40.03	-----	40.03	comments
33305		Repair of heart wound	27.05	74.23	70.21	-----	70.21	comments
33400		Repair of aortic valve	36.23	40.30	38.33	-----	38.33	comments
33405		Replacement of aortic valve	36.64	39.78	37.82	-----	37.82	comments
33406		Repacement of aortic valve	45.54	51.14	49.18	-----	49.18	comments
33410		Replacement of aortic valve	35.36	44.87	42.91	-----	42.91	comments
33411		Replacement of aortic valve	52.12	63.36	56.91	-----	56.91	comments
33413		Replacement of aortic valve	51.76	63.09	56.19	-----	56.19	comments
33415		Revision, subvakular	27.11	37.00	34.58	-----	34.58	comments

CPT/ HCPCS Code ¹	Mod	Descriptor	Proposed Work RVU	Work RVUs requested by commenters	RUC REC	HCPAC REC	2007 Work RVU ²	Basis for Decision
		tissue						
33425		Repair of mitral valve	34.55	52.53	45.97	-----	45.97	comments
33426		Repair of mitral valve	37.95	41.86	39.78	-----	39.78	comments
33427		Repair of mitral valve	39.94	44.35	41.82	-----	41.82	comments
33430		Replacement of mitral valve	45.57	54.05	46.45	-----	46.45	comments
33460		Revision of tricuspid valve	23.56	50.75	40.19	-----	40.19	comments
33463		Valvuloplasty, tricuspid	36.59	57.01	50.93	-----	50.93	comments
33464		Valvuloplasty, tricuspid	26.78	44.85	40.30	-----	40.30	comments
33465		Replace tricuspid valve	28.75	51.80	45.72	-----	45.72	comments
33474		Revision of pulmonary valve	23.01	39.41	36.39	-----	36.39	comments
33475		Replacement, pulmonary valve	41.97	41.76	39.39	-----	39.39	comments
33510		CABG, vein, single-vein single	30.37	36.49	31.75	-----	31.75	comments
33511		CABG, vein, two	31.51	39.96	35.22	-----	35.22	comments
33512		CABG, vein, three	35.16	46.55	40.26	-----	40.26	comments
33513		CABG, vein, four	36.12	47.94	41.65	-----	41.65	comments
33514		CABG, vein, five	36.93	50.65	44.36	-----	44.36	comments
33516		Cabg, vein, six or more	38.39	52.33	46.04	-----	46.04	comments
33517		CABG, artery	2.57	3.36	3.36	-----	3.36	comments
33518		CABG, artery-vein, two	4.84	7.41	7.41	-----	7.41	comments
33519		CABG, artery-vein, three	7.11	9.91	9.91	-----	9.91	comments
33521		CABG, artery-vein, four	9.39	12.01	12.01	-----	12.01	comments
33522		CABG, artery-vein, five	11.65	13.53	13.53	-----	13.53	comments
33523		Cabg, art-vein, six or more	13.93	15.39	15.39	-----	15.39	comments
33530		Coronary artery, bypass/reop	5.85	9.78	9.78	-----	9.78	comments
33533		CABG, arterial, single	34.63	32.66	30.85	-----	30.85	comments
33534		CABG, arterial, two	36.06	38.79	36.98	-----	36.98	comments
33535		CABG, arterial, three	38.73	43.66	41.85	-----	41.85	comments
33536		Cabg, arterial, four or more	38.04	47.34	45.53	-----	45.53	comments
33542		Removal of heart lesion	28.81	50.28	44.20	-----	44.20	comments
33545		Repair of heart damage	36.72	64.12	52.49	-----	52.49	comments
33641		Repair heart septum defect	26.70	28.52	27.71	-----	27.71	comments
33860		Ascending aortic graft	39.29	62.54	55.45	-----	55.45	comments
33863		Ascending aortic graft	44.93	61.85	55.10	-----	55.10	comments
33877		Thoracoabdominal graft	53.00	64.04	64.04	-----	64.04	comments
33945		Transplantation of heart	42.04	90.22	80.84	-----	80.84	comments
34201		Removal of artery clot	17.00	18.31	18.31	-----	17.94	refinement
35081		Repair defect of artery	31.00	34.55	31.00	-----	31.00	refinement
35102		Repair defect of artery	34.00	39.80	36.28	-----	34.00	refinement
35556		Artery bypass graft	25.00	31.58	27.25	-----	25.00	refinement
35566		Artery bypass graft	30.00	39.20	32.00	-----	30.00	refinement
35583		Vein bypass graft	26.00	32.26	26.00	-----	26.00	refinement
35585		Vein bypass graft	30.00	39.42	32.00	-----	30.00	refinement
35820		Explore chest vessels	25.53	38.76	32.24	-----	32.24	comments
39220		Removal chest lesion	17.39	19.97	18.40	-----	18.40	comments
39400		Visualization of chest	5.60	7.61	7.61	-----	7.61	comments

CPT/ HCPCS Code ¹	Mod	Descriptor	Proposed Work RVU	Work RVUs requested by commenters	RUC REC	HCPAC REC	2007 Work RVU ²	Basis for Decision
41155		Tongue, jaw, & neck surgery	36.00	40.00	40.00	-----	40.00	refinement
42845		Extensive surgery of throat	29.00	32.00	32.00	-----	29.00	refinement
43108		Removal of esophagus	57.20	81.36	76.55	-----	76.55	comments
43113		Removal of esophagus	40.41	75.56	73.23	-----	73.23	comments
43116		Partial removal of esophagus	65.85	89.49	87.16	-----	87.16	comments
43118		Partial removal of esophagus	46.37	65.89	61.08	-----	61.08	comments
43121		Partial removal of esophagus	41.80	48.92	46.59	-----	46.59	comments
43123		Partial removal of esophagus	57.14	80.95	76.14	-----	76.14	comments
43124		Removal of esophagus	56.51	62.83	60.61	-----	60.61	comments
43135		Removal of esophagus pouch	20.52	25.66	24.20	-----	24.20	comments
44120		Removal of small intestine	18.00	21.11	20.11	-----	18.00	refinement
44130		Bowel to bowel fusion	20.00	20.87	20.87	-----	20.00	refinement
47600		Removal of gallbladder	14.00	15.88	15.88	-----	15.85	refinement
61697		Brain aneurysm repr, complex	57.31	58.82	57.31	-----	57.31	refinement
61700		Brain aneurysm repr, simple	46.01	47.52	46.01	-----	46.01	refinement
61702		Inner skull vessel surgery	54.28	55.79	54.28	-----	54.28	refinement
63048		Remove spinal lamina add-on	3.26	3.55	3.55	-----	3.47	refinement
76075		Dxa bone density, axial	0.20	0.30	0.20	-----	0.20	refinement
95872		Muscle test, one fiber	2.00	3.00	3.00	-----	2.88	refinement

¹All CPT codes and descriptors copyright 2005 American Medical Association

²Values for 10- and 90-day global period codes does not reflect E/M increases. Increases due to E/M changes are reflected in Addenda B and C.

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C. Discussion of Comments by Clinical Area

1. Dermatology and Plastic Surgery

In addition to comments received in support of our proposed work RVUs for services reviewed by the RUC's Workgroup 1, we received the following comments.

For CPT code 17004, *Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), all benign or pre-malignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions*, the RUC considered a change to the work RVUs for this CPT code based on the understanding that when rank order anomalies arising from the 5-Year Review were identified, the specialty could bring these additional codes forward for re-evaluation at the February 2006 RUC meeting. A standard RUC survey was conducted for this code. During the discussion, the RUC agreed that the descriptor of the code

needed to be changed, as well as the intra-service descriptor and time to reflect only the destruction of pre-malignant lesions. The RUC agreed that, due to these changes, a work value halfway between the 25th and median survey percentile was appropriate and recommended work RVUs of 1.80 for CPT code 17004.

CMS Proposed Valuation

For CPT code 17004, we believed that the work associated with benign and pre-malignant lesions does not really differ; therefore, the recommended work RVUs for CPT code 17004 were too high. We used a "building block" methodology to develop our proposed RVUs for this service. That is, based on our proposed valuation of CPT code 17003 (the code used for 2-14 lesions), of 0.07 work RVUs for each additional lesion, the 14th lesion would equal 0.91 work RVUs (0.07 x 13 lesions) plus the 0.6 work RVUs for the initial lesion, base code CPT code 17000, which is billed once in conjunction with 17003, for a total of 1.51 work RVUs for the

service. We proposed to value CPT code 17004, at the level determined for the 15th lesion, at 1.58 work RVUs by adding the 0.07 work RVU increment of CPT code 17003 and the 0.6 work RVUs for the base code, CPT code 17000, which is not billed in conjunction with CPT code 17004.

Comment: While the American Academy of Dermatology (AAD) was pleased that the RUC-recommended work RVUs were accepted for the 36 CPT codes for the excision of benign and malignant lesions, both the AADA and the RUC disagreed with our proposed valuation of 1.58 work RVUs for CPT code 17004 and requested that we accept the RUC-recommended 1.8 work RVUs. They continue to support the premise that benign and pre-malignant lesions are not comparable and believe that recent changes to the code descriptors made by the CPT editorial panel to CPT codes 17000-17004 and CPT codes 17110-17111 for CPT 2007 also support this position. These descriptor changes specifically differentiate between destruction of pre-

malignant and benign lesions, respectively. The RUC and AADA maintain that the destruction of pre-malignant lesions in CPT 17004 requires a greater mental effort and judgment, technical skill, intensity and time than that for the destruction of benign lesions in CPT code 17111. In addition, the commenters presented data collected during the survey process to show that the median number of lesions destroyed in the typical service of CPT code 17004 was 22 lesions, and the average number was 23.439.

Response: We have reviewed the information supplied by the RUC and the AADA, especially for the median number of lesions destroyed in the typical service of CPT code 17004. By applying the same calculations we used in the proposed rule to value the 15th lesion at 1.58 work RVUs, we determined that the RUC proposed work value of 1.8 work RVUs represents 18 lesions for a typical service for CPT code 17004.

Final Decision: Based on these comments and our calculations, we now believe that the RUC recommendation is reasonable and will accept the RUC-recommended work value of 1.80 work RVUs for CPT 17004.

Other Issues

Comment: The American Society of Plastic Surgeons (ASPS) was pleased that we agreed with the RUC recommendations for the codes performed by plastic surgeons. ASPS also clarified that the reason CPT code 19361 was withdrawn from the 5-Year Review process and sent to CPT was due to the ambiguity of the code descriptor, and not due to an invalid survey as was listed in Table 3 of the June 29, 2006 proposed notice (71 FR 37189).

Response: We thank the society for the clarification and regret the erroneous rationale that was noted for the withdrawal of CPT code 19361 from this 5-Year Review process.

2. Orthopedic Surgery

In addition to comments received in support of our proposed work RVUs for services reviewed by the RUC's Workgroup 2, we received comments on the following CPT codes.

For CPT code 27130, *Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft*; CPT code 27236, *Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement*; and CPT code 27447, *Arthroplasty, knee, condyle and plateau; medial AND lateral*

compartments with or without patella resurfacing (total knee arthroplasty), we originally presented these codes to the workgroup with data other than survey data supporting the work RVU requests. Because of concerns regarding the methodology used by the specialty society, the codes were temporarily withdrawn with the understanding that survey data could be presented at the October 2006 meeting. After reviewing the survey data in October 2006, the RUC did not find any compelling evidence to change the current work RVUs assigned to these services. Based on this review, the RUC recommended maintaining the current work RVUs of 20.09 work RVUs for CPT code 27130, 15.58 work RVUs for CPT code 27236, and 21.45 work RVUs for CPT code 27447, but also recommended using the new physician time survey data for each of these services.

CMS Proposed Valuation

We disagreed with the RUC-recommended values for CPT codes 27130, 27236 and 27447, based on the specialty's presentation to the workgroup in August. We instead proposed alternative work RVUs determined by comparing these codes to services with similar times and adjusting for any differences in hospital visits. As a result of this analysis, we proposed 15.96 work RVUs for CPT code 27130, 12.77 work RVUs for CPT code 27236, and 19.30 work RVUs for CPT code 27447.

Comment: Several commenters, including societies representing orthopedics and the RUC, expressed concern about the methodology we used to develop our proposed work RVUs for these services. Commenters questioned the comparisons we used to arrive at the proposed values (that is, high volume orthopedic procedures being compared to rarely furnished non-orthopedic procedures of lower risk and intensity), and also stated that our proposed work RVUs would create substantial rank order anomalies within the families. The American Academy of Orthopaedic Surgeons/American Association of Orthopaedic Surgeons (AAOS) and the American Society for Surgery of the Hand (ASSH) stated that we had misunderstood the method that was used to develop the RUC-recommended work RVUs for these procedures. They indicated that we were incorrect in stating that a RUC survey had not been conducted for these codes; the work RVU recommendations that were adopted by the RUC are based on surveys conducted by AAOS and are the result of extensive RUC review and discussion.

AAOS acknowledged that the initial recommendations presented by AAOS in August 2005 were based on NSQIP and DRG data due to flaws in the original surveys. However, based on reservations expressed by CMS at that time, subsequent surveys were conducted. The RUC-recommended work RVU recommendations were then based on this survey data and the NSQIP data was used only as an adjunctive methodology to credit or discredit the survey data.

In addition, these codes were compared with other RUC-reviewed codes to show that the recommended values and times placed the codes in proper rank order. The RUC-recommended values are further supported when compared to other procedures within the associated families. The commenters urged us to reconsider our position and accept the RUC recommendations.

Response: The commenters are correct that we based our rejection of the RUC-recommended work RVU for these services (CPT codes 27130, 27236, and 27447) on the August workgroup presentation and had inadvertently overlooked the surveys that were presented at the October meeting. After reviewing the more recent survey data, we now agree that the RUC recommendations appear reasonable. Therefore, based on a review of the information provided by the commenters, we have decided to accept the RUC recommendation to maintain the current work RVUs of 20.09 for CPT code 27130, 15.58 work RVUs for CPT code 27236 and 21.45 work RVUs for CPT code 27447.

3. Gynecology, Urology, Pain Medicine, and Neurosurgery

We received comments disagreeing with our proposed work RVUs on the following two services: CPT code 22612, *Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)*; and CPT code 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (e.g., spinal or lateral recess stenosis)), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure.)*. The RUC had recommended increases in work RVUs for these two codes, but less than the increases requested by the specialty society. The RUC agreed that these procedures were undervalued due to increases in length of stay and the incorrect assumptions made in the

previous valuation of the service. The specific RUC-recommended work RVUs were 22.00 work RVUs for CPT code 22612 and 3.55 work RVUs for CPT code 63048.

CMS Proposed Valuation

We had technical concerns with the recommendations for CPT codes 22612 and 63048. The workgroup had recommended the survey's 25th percentile for CPT code 22612 to keep the appropriate rank order with the reference service, CPT code 22595, that the RUC stated is a more complex procedure. However, there was a typographical error in the information presented by the specialty society that listed the work RVUs for the reference code as 23.36, rather than the correct value of 19.36 work RVUs. Therefore, the recommended work value of 22.00 RVUs appeared appropriate and we proposed to maintain the current work RVUs of 20.97 for this service.

There was what we believed to be an additional typographical error in the specialty society survey data for CPT code 63048. The summary information presented to the RUC lists the reference code as also being CPT code 63048. Therefore, there is no information submitted that compares the respondents' estimates of complexity and intensity between CPT code 63048 and a reference code. Because we do not have sufficient information to decide if the recommended work RVUs are appropriate, we proposed to maintain the current work RVUs of 3.26 for CPT code 63048.

Comment: We received comments from the North American Spine Society, the American Association of Orthopaedic Surgeons, the American Association of Neurological Surgeons (AANS), and the RUC requesting that we do not implement our proposed RVUs for these services (CPT codes 22612 and 63048), but rather accept the RUC-recommended work RVUs. The commenters stated that we had misunderstood the process used by the presenting societies to develop the suggested RVUs for both codes. The commenters stated that the survey respondents did not notice the values for a reference service, but rather were asked to compare the current work and intensity with the work and intensity of furnishing the procedure in 2000. Therefore, the societies contend, the misprint of the value for what was listed as a "reference" code had no effect on the valuation of CPT code 22595, nor did the absence of a separate reference code for CPT code 63048 negatively affect its valuation. According to the commenters, they believe that the

workgroup based its recommendation on the validity of the survey data and the building block methodology presented as additional rationale. The specialty society representing spine surgeons also commented that when the respondents were asked to rate how the complexity and intensity of these services had changed in the past 5 years, the ratings showed that the survey respondents believed that the intensity and complexity for both codes had increased.

The AAFP questioned why we would propose a value for CPT code 22612 that, though equal to the current value, was still higher than a more complex reference code. According to the AAFP, the RUC appeared to be recommending that the ratio of work between CPT codes 22612 and 22595 was 0.942 work RVUs; therefore, we should have recommended a work value of 18.23 work RVUs for CPT code 22612.

Response: We thank the commenters for clarifying the process used in surveying for these services. However, we still have concerns regarding the RUC recommendations for these services. First, though the survey respondents did not see the erroneous work RVUs listed for CPT code 22595, the reference code used for CPT code 22612, the workgroup did account for these errors. As a result, the RUC recommendation for CPT code 22612 was higher than the current work RVUs for CPT code 22595, a procedure the workgroup considered more complex. Second, although the survey respondents may have indicated on the rating scale that CPT codes 22612 and 63048 were more complex procedures in 2005 than they were in 2000, when they were asked simply whether the work for these services had changed in the last 5 years, 80 percent disagreed for CPT code 22612 and 50 percent disagreed for CPT code 63048. Therefore, based on the comments received, we referred this code to a multi-specialty refinement panel for review.

Final Decision: As a result of our analysis of the refinement panel ratings, we have assigned 21.79 work RVUs to CPT code 22612 and 3.47 work RVUs to CPT code 63048.

For CPT code 61697 *Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation*; CPT code 61700 *Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation*; and CPT code 61702 *Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation*, we received the following comments.

Comment: The AANS disagreed with the RUC recommendations that we proposed to accept for CPT codes 61697, 61700 and 61702 because of changes made by the workgroup to "standardize the pre-service and post-service times." The commenter stated that the standard 60 minutes of pre-service time was not adequate for such complex neurological procedures and stated reasons for the need for extended times. AANS also objected to the adjustments made by the workgroup to the level and number of post-operative visits by changing each post-operative critical care visit to a single high level subsequent hospital care visit. The society stated its belief that this change "significantly understates the post-operative time and intensity of the work that was described by survey respondents," and urged us to add the time and work RVUs of an additional critical care code, CPT code 99233, to all three services.

Response: We do not believe that, based on this comment, we have sufficient information to make the requested change. Therefore, we referred this code to a multi-specialty refinement panel for review.

Final Decision: As a result of our analysis of the refinement panel ratings, we have assigned 57.31 work RVUs to CPT code 61697.

4. Radiology, Pathology, and Other Miscellaneous Services

In addition to comments received in support of our proposed work RVUs for services reviewed by the RUC's Workgroup 4, we received the following comments.

For CPT code 76075, *Dual energy x-ray absorptiometry (DXA), bone density study, one or more sites; axial skeleton (e.g., hips, pelvis, spine)*, the RUC recommended a reduction from the current 0.30 work RVUs for the DXA service because the workgroup believed that the actual work is less intense and more mechanical than the specialty society's description of the work. The RUC-recommended work RVUs for this code were 0.20 and we agreed with this recommendation.

Comment: Many commenters, including individual providers, national and State organizations, specialty societies, manufacturers, and Congressional and State legislators, wrote expressing concern about the proposed reduction in payments for this service; some of which is attributable to the proposed work RVUs. These commenters expressed concern that the proposed reduction in payment would have a detrimental impact on beneficiary health and is contrary to a Surgeon General's Report that

emphasized the importance of such testing.

The ACR commented that, while they participated in the survey process that resulted in the RUC-recommended work RVU for this service, other specialties that provide this service such as family medicine, internal medicine and rheumatology were not represented. ACR encouraged us to consider comments from other specialty societies and organizations furnishing this service, including those that do not participate in the RUC process (such as the International Society for Clinical Densitometry (ISCD)), so that their views may be considered. ACR indicated that it would like to participate should it be determined that this will be addressed through a refinement panel. Other commenters, including specialty organizations and the ISCD, provided additional information regarding this service.

Many of the commenters also expressed concern about the payment for CPT code 76077, although this code was not included in the 5-Year Review of work. Changes in payment for this code are attributed to the changes in PE methodology discussed in section II.A. of this final rule with comment period.

Response: We proposed to accept the RUC-recommended work RVU of 0.20 for CPT code 76075, which was lower than the requested 0.30 work RVUs requested by the specialty. Therefore, based on the comments received, we referred this code to a multi-specialty refinement panel for review.

Final Decision: As a result of our analysis of the refinement panel ratings, we have assigned 0.20 work RVUs to 76075. (Note: For 2007, CPT code 76075 has been renumbered to 77080.)

For CPT code 95872, *Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied*, the RUC agreed that there was compelling evidence that CPT code 95872 was undervalued and recommended increasing the existing work RVUs from 1.50 to 3.00 work RVUs.

CMS Proposed Valuation

We had concerns that the work recommendation for 95872, which was based on the survey's 75th percentile for work, is inappropriate for this service. To determine our proposed valuation for CPT code 95872, we utilized a multi-tiered approach. First, we calculated the pre-service and post-service work RVUs using the surveyed physician time data. Then, to determine an intra-service work RVU, we subtracted the surveyed

intra-service time from the current time and multiplied this difference in time by the calculated IWPUT using the specialty recommended total work RVUs. Adding these calculated work RVUs resulted in a work valuation of slightly less than 2.00 work RVUs, which is approximately the same value as the survey median work RVU. In accordance with this analysis and the survey median, we proposed a work RVU of 2.00.

Comment: The RUC believes, and specialty societies for neurology agree, that the RUC's justification to increase the work of CPT code 95872 to 3.00 work RVUs is reasonable and outweighs our proposed valuation of 2.00 work RVUs, which is solely based on IWPUT. Commenters provided additional information concerning the activities associated with this procedure and requested acceptance of the RUC-recommended work RVUs.

Response: Based on the comments received, we referred this code to a multi-specialty refinement panel for review.

Final Decision: As a result of our analysis of the refinement panel ratings, we have assigned 2.88 work RVUs to CPT code 95872.

5. Evaluation and Management (E/M) Services

Comment: There was strong support for the proposal to increase work RVUs for E/M services from many commenters, including specialty societies, the RUC, MedPAC and individual physicians. For example, specialty societies or organizations representing internal medicine, family physicians, thoracic medicine, rheumatology, endocrinology, neurology, HIV medicine, clinical oncology, group practice, infectious disease, critical care, physical medicine, emergency medicine, geriatrics, geriatric psychiatry, osteopathy, urology, gastroenterology, pediatrics, renal medicine, as well as the RUC, all expressed their appreciation for our acceptance of the RUC recommendations for E/M services. The American College of Physicians stated that our proposed E/M work RVUs are supported by data from the annual National Ambulatory Medical Care Survey which show that patients now have more chronic conditions, are older, and have more diagnoses per encounter. In addition, the commenter contended that the proposed increased values for E/M services would provide an incentive for appropriate E/M service utilization and would also ensure a sufficient supply of primary care physicians. Another commenter

applauded the E/M proposals because "they correct the dramatic erosion of the relative weight accorded to E/M services over the past 14 years."

However, an umbrella specialty society for surgery raised several objections to our proposal. First, the commenter contended that the compelling evidence standard was not met because any false assumptions involved in the original valuation of the codes were corrected in the first 5-Year Review and because any increase in work for E/M services has been compensated by the billing of higher-level office visits. Second, the commenter expressed concern that the proposal will lead to rank order anomalies because of the disproportionate distribution of values within the E/M family and suggested that we spread out the increases more proportionately by increasing the values of lower E/M codes and decreasing the proposed increases to CPT codes 99213 and 99214. These concerns were also echoed in the comments from the specialty societies representing colon and rectal surgery, vascular surgery, orthopaedic surgery, hand surgery, prosthetic urology and from other commenters.

The specialty society representing otolaryngology submitted a similar comment that also stated that the proposed increases are excessive and unsupported by a careful analysis of the data, including an analysis of the IWPUT. In addition, the commenter stated that the IWPUTs that result from our proposal are illogical within families of codes and exceed the levels of many complex surgical procedures. The society recommended that we either maintain the 2006 work RVUs or transition the new work RVUs over several years.

The society representing social workers, as well as individual social workers and other NPPs, commented that clinical social workers and other NPPs are unable to use the E/M codes and requested that we withdraw the proposed increase for E/M services until all Medicare providers can receive fair and adequate increases. The society representing psychologists recommended that we reduce the increase for E/M services because it is inequitable to reward some at the expense of others or that they be permitted to bill for E/M services.

Response: We appreciate the strong support shown for our proposed work RVUs for E/M services and are appreciative of the thoughtful concerns raised by other commenters. We certainly understand how contentious this issue has been, particularly in light

of the large BN adjustment that our acceptance of the RUC recommendations for these services would require. The concerns surrounding the valuation of E/M services were discussed during at least three RUC meetings before consensus was finally reached. We believe the final RUC recommendations represented acceptable relative values for the E/M services in question. After reviewing the comments, we believe that the RUC recommendations for the E/M services should be implemented in full beginning January 1, 2007.

With regard to the question of compelling evidence of the need for a change to the work RVUs, we believe that the rationale for revision of these RVUs did not rest solely on previous false assumptions, but also on the claim that there has been a change in the complexity of the patient population resulting in more diagnoses per encounter and more ambitious management goals. In reviewing the RUC's recommendations for the 5-Year Review, we found the evidence in support of a change in the work for E/M services as compelling as the evidence presented for most of the codes that we proposed to revise in this 5-Year Review. As to the comments regarding the IWPUTs of the E/M services, we are not yet convinced about the validity of the IWPUT analysis when applied to such "cognitive" services, particularly if such an analysis were to be used to negate the findings of acceptable surveys. In addition, even if there might be merit to the contention that the RUC recommendations will cause some rank order anomalies, we do not have the information that would be needed to rectify this; this is an issue that might be better handled by the RUC and the specialties involved.

Though we are sympathetic to the concerns of those who would not benefit from an increase to E/M services, but would face potential reductions in payment as a result of the BN adjustment, we do not believe that the appropriate answer would be to deprive primary care physicians, and other practitioners who provide these services, of an increase that the commenters otherwise appeared to consider reasonable and commenters did not suggest other viable alternatives. We would be happy to work with any group or individual that believes they have been unfairly impacted by this change to determine if there is any other appropriate other measure that might address their concerns.

We also do not believe that it would be either equitable or appropriate to transition the E/M increases, as

suggested by some commenters. The work RVUs for E/M services were accepted by a RUC consensus and we believe them to be reasonable. We have never before transitioned changes in work RVUs that we accept based on RUC recommendations, and we believe it would be unfair in this case to single out these increases for transition when other services that received even greater increases would benefit immediately.

We did not propose to make any changes in our policy regarding the types of suppliers that can bill for E/M services, and are not making any changes at this time. Our Internet Only Manual 100-02 Chapter 15 Section 160 continues to state that "any therapeutic services that are billed by clinical psychologists (CPS) under CPT psychotherapy codes that include medical evaluation and management services are not covered."

Comment: Several commenters representing renal physicians and patients, as well as the RUC, requested that we make an adjustment for the ESRD-related services, which have been valued using the E/M codes as building blocks, by adding the increase in the E/M RVUs to these services.

Response: Since the G-codes now used for these ESRD-related services have markedly different descriptors than the previously valued CPT codes, we are unable to determine at this time which levels of E/M visits are most appropriately associated with these G-codes. As explained in the CY 2004 PFS final rule (68 FR 63218), we established RVUs for these G-codes to equal the aggregate payments for the services provided under the CPT codes that had been previously recognized for these services. Because we based our payment of the G-codes on the aggregate payments for CPT codes 90918-90921, the specific CPT codes that are building-blocks of this payment system cannot be directly correlated. We suggest that the specialty could request that the CPT panel consider revising the CPT codes for these ESRD-related services to mirror our current G-codes; these could then be reviewed by the RUC to determine the level of E/M services that are typically associated with each code.

Comment: An organization representing long term care providers commented that we stated incorrectly at the end of the discussion concerning the RUC recommendations for the E/M services that nursing facility codes are not part of the 5-Year Review process. The commenter clarified that the RUC requested that these codes not be surveyed until after the 5-Year Review, when there could be appropriately valued codes to use as reference

services. Though the surveys will be conducted after the RVUs for E/M services are published, the commenter requested that we review the recommendations and update the nursing facility E/M RVUs to become effective in January 2008.

Response: The commenter is correct. The RUC recommended delaying the survey of these services pending RUC recommendations on E/M codes that could be used as reference services. If we receive the RUC's recommendations in time, we will review the recommendations for the work RVUs for nursing facility E/M services and publish our proposals in next year's proposed rule and will consider this part of the third 5-Year Review.

Comment: The specialty society representing home care physicians stated that the home care visit and domiciliary care visit codes were not included in the 5-Year Review; the domiciliary codes so that they could be valued through the RUC and, the home visits so that they could be used as reference codes. The society recommended that we adjust the work RVUs for these codes to reflect the revalued comparable office E/M codes for new and established patients. The commenter contended that the home visit and domiciliary care codes have been "referenced" to the office visit codes in the past and the changes proposed through the 5-Year Review process should be reflected in these derivative code families.

Response: It is unfortunate that these services were not included in the recent 5-Year Review and that the specialty did not propose them for review. We believe that it would be inappropriate to apply increases to these codes without a multi-specialty review of the work involved in these services. However, we would be willing to consider any RUC recommendations that might be forthcoming for revised work RVUs for the home visit and domiciliary care codes. Such a RUC review could be completed at the same time that the RUC is reviewing the nursing facility E/M services previously discussed in this section. As we indicated for the nursing facility E/M codes in the prior response, we would consider forthcoming RUC recommendations for the home care and domiciliary care E/M codes as part of the third 5-Year Review because of the similarity to the other E/M services considered in this review.

We continue to believe acceptance of the RUC recommendations for E/M services is appropriate and will implement the proposed work RVUs for E/M services beginning January 1, 2007.

6. Cardiothoracic Surgery

We received a number of comments concerning the cardiothoracic surgery proposals.

Comment: Commenters were supportive of the proposed valuation of the congenital cardiac surgery services and CPT code 32020, *Tube thoracostomy with or without water seal (e.g., for abscess, hemothorax, empyema) (separate procedure)*. However, commenters did not agree with the proposed work RVUs for the general thoracic and adult cardiac surgery codes. One commenter questioned why the work RVUs had not been maintained at the current levels. Commenters representing surgical specialties, including thoracic and cardiac surgery, questioned the methodology we used to arrive at the proposed work RVUs. They believe the proposed work values create rank order anomalies and disturb the relativity within the cardiothoracic family. Additionally, the commenters stated that we failed to include pre- and post-service work in the add-on codes, contrary to a policy stated in the CY 2002 physician fee schedule final rule (67 FR 79966). The commenters provided additional detailed information concerning the STS database, as well as their use of mean values for the intra-service time and the intensity survey methods used to estimate IWPUT.

Response: As we discussed in the June 29, 2006 proposed notice, the general thoracic and adult cardiac surgery codes submitted to the RUC for review did not undergo the standard RUC survey methodology (71 FR 37218). Rather, the data pertaining to these codes were derived from the STS database, a voluntary registry developed by the STS that has reportedly captured data on approximately 70 percent of all cardiac surgical procedures in the United States.

We believe the STS database represents a significant advance in the effort to improve the quality of patient care and we hope that this kind of data collection will be emulated by other specialties. We also believe that the time and visit data contained in this database could be a useful adjunct to the RUC's validation of the standard RUC survey results.

We appreciate the detailed information provided by the commenters in response to the concerns we had outlined in the June 29, 2006 proposed notice. Based upon a review of the specific information provided by the commenters concerning the STS database, as well as the information

provided specifically addressing the use of the mean values for the intra-service time and methodology used to estimate IWPUT, we will accept the RUC-recommended work RVUs for these services.

We note that it is our responsibility to assure all medical specialties that we will review and evaluate their services using an approach that is accepted by the RUC and CMS. We will continue to work with the RUC to better determine how to use the alternative data sources such as the STS data to compare the relativity of services. Unless an alternative approach can be found that can be applied to all services, we would not want to see the RUC abandon its survey methodology. We understand that the standard RUC survey process is not flawless, but it does provide an even playing field for all specialties and we would be concerned if each specialty was allowed to develop its own unique method for estimating work RVUs. Therefore, we will work with the RUC and continue to review this issue to determine the appropriate use of data sources other than the RUC survey.

Comment: The STS and the American Association for Thoracic Surgery (AATS) requested that we approve the RUC-recommended work RVUs of 49.41 for CPT code 33548, indicating that this was submitted as part of the 5-Year Review process since the valuation of this service was based on a reference code (CPT code 33542) that was in the refinement process. The commenter also stated that this was part of the RUC recommendations forwarded in September 2005.

Response: We did not receive CPT code 33548 as part of the 5-Year Review process, and therefore, we will maintain the current value for this service.

7. General, Colorectal and Vascular Surgery

For the following services, we received comments that disagreed with our proposed work RVUs.

a. Vascular Surgery

For CPT code 33877, *Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass*; CPT code 34201, *Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision*; CPT code 35081, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta*; CPT code 35102 *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or*

total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external); CPT code 35556 *Bypass graft, with vein; femoral-popliteal*; CPT code 35566 *Bypass graft, with vein; femoral-anterior tibial, posterior tibial*; CPT code 35583 *In-situ vein bypass; femoral-popliteal*; and CPT code 35585, *In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery*, the RUC reviewed both the survey data and the NSQIP data for these services.

For these codes, the RUC believed that physicians responding to the survey underestimated the intra-service time and that the NSQIP data more accurately reflected the actual intra-service times for these procedures. For CPT code 33877, the RUC accepted a work value greater than the survey's 75th percentile that was derived from a building block approach using the NSQIP data for the service. For CPT codes 34201, 35102, 35556, 35566, and 35585, the RUC used the same methodology and accepted work values greater than the survey's median percentile. However, for CPT codes 35081 and 35583, the recommended increase was no greater than the surveyed median work RVUs.

The RUC-recommended work RVUs for these services were: 33877 = 64.04 work RVUs; 34201 = 18.31 work RVUs; 35081 = 31.00 work RVUs; 35102 = 36.28 work RVUs; 35556 = 27.25 work RVUs; 35566 = 32.00 work RVUs; 35583 = 26.00 work RVUs; and 35585 = 32.00 work RVUs.

CMS Proposed Valuation

We agreed with the RUC-recommended work RVUs for CPT codes 35081 and 35583. We disagreed with the RUC recommendations for CPT codes 33877, 34201, 35102, 35556, 35566, and 35585. For these services, the RUC used the NSQIP time data to increase the work values above the survey median, and for several codes above the 75th percentile. We rejected this use of the NSQIP data and proposed to use the survey median work RVUs for these CPT codes: 33877 = 53.00 work RVUs; 34201 = 17.00 work RVUs; 35102 = 34.00 work RVUs; 35556 = 25.00 work RVUs; 35566 = 30.00 work RVUs; and 35585 = 30.00 work RVUs. All of these proposed work RVUs are higher than the current values.

Comment: We received comments from the American College of Surgeons (ACS) and Society for Vascular Surgery (SVS) concerning these CPT codes. The ACS and the SVS, as well as the RUC,

stated that our proposed work RVUs would undervalue several of the vascular surgery procedures. Both the ACS and the RUC maintained that we should accept the RUC recommendations for all these services.

For CPT code 33877, the commenters contended that the proposed value would create a rank order anomaly with the partial esophagectomy service, CPT code 43118, for which we proposed 61.08 work RVUs, even though it is a less intense procedure. The ACS also maintained that, under our proposal, the IWP/PUT of this service would be too low.

For CPT code 34201, the commenters disagreed with our proposal to reject the NSQIP-derived increase with one noting that we accepted the NSQIP-derived reduction in length of stay for CPT code 34201. The RUC commented that the presenting specialty assumed NSQIP time to be more accurate than RUC survey time and used NSQIP time when available, whether it increased or reduced the RUC survey times.

For CPT code 35102, the commenters asserted that we proposed work RVUs that would decrease the IWP/PUT to 0.075, which is inconsistent with other similar surgical procedures. Therefore, they urged us to accept the RUC recommendation of 36.28 work RVUs for this service.

For CPT codes 35556, 35566, 35583 and 35585, the commenters maintained that the NSQIP data demonstrated that survey respondents consistently underestimated their intra-service time. The ACS commented that our proposals would lead to low IWP/PUTs that are considerably less than similar surgical procedures. The RUC commented that we would be creating rank order anomalies between these codes and the total colectomy services, CPT codes 44150 and 44151.

The SVS also disagreed with our proposed work RVUs for seven of its specialty's services, and disagreed with the RUC recommendations for all but one of the codes. In the extensive and detailed comments we received, the society defended the use of the NSQIP data to deviate from the survey median, stating that NSQIP intra-service time and hospital length of stay were used even when it reduced the recommendation compared to the RUC survey.

The commenter also offered additional rationale to support their requested work RVUs for CPT codes 33877, 35101, 35081, 35556, 35566, 35583 and 35585. In each case, the SVS presented the building block components for each service, a comparison with other vascular codes by IWP/PUT analysis, and a detailed

comparison to other selected procedures. The commenters also provided an additional discussion asserting that the number of hospital visits assigned by the RUC, and accepted by us, was underestimated for these services (with the exception of CPT code 33877.)

Response: We appreciate the comments that were submitted on our proposed work RVUs for these vascular surgery services. However, we note that there is disagreement among the commenters, with ACS and the RUC requesting that we accept the RUC recommendations for these codes and the SVS requesting acceptance of yet higher values for all the services (with the exception of CPT code 33877.) In addition, we have concerns that the SVS-recommended IWP/PUTs, for all but CPT code 33877, might be overstated. Therefore, based on the comments, we are accepting the RUC-recommended work RVUs of 64.04 for CPT code 33877, but referred the other seven codes to a multi-specialty refinement panel for review.

Final Decision: As a result of our analysis of the refinement panel ratings, we have assigned 17.94 work RVUs to CPT code 34201, 31.00 work RVUs to CPT code 35081, 34.00 work RVUs to CPT code 35102, 25.00 work RVUs to CPT code 35556, 30.00 work RVUs to CPT code 35566, 26.00 work RVUs to CPT code 35583, and 30.00 work RVUs to CPT code 35585.

b. Colorectal Surgery

For CPT code 44120, *Enterectomy, resection of small intestine; single resection and anastomosis*; CPT code 44130, *Enterointerostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)*; and CPT code 47600, *Cholecystectomy*, the RUC believed the physicians responding to the survey underestimated their intra-service time. Therefore, the RUC applied what was believed to be an appropriate IWP/PUT to the additional NSQIP time and added the resulting work RVUs to the survey median. The RUC-recommended work values for these CPT codes were as follows: 44120 = 20.11 work RVUs; 44130 = 20.87 work RVUs; and 47600 = 15.88 work RVUs.

CMS Proposed Valuation

We had concerns with the RUC recommendation to use the NSQIP data to increase the work RVUs, for CPT codes 44120, 44130 and 47600, above the survey median, and, for 47600, above the 75th percentile. While we support the use of such a database as validation for survey results, we believe that the application of the NSQIP

IWP/PUT to the difference in intra-time between the survey and NSQIP is questionable for the following reasons.

It is still not clear whether the NSQIP data is truly representative and the IWP/PUT applied to the additional time is higher than the IWP/PUT for the rest of the intra-time. In addition, this methodology assumes, without evidence, that there is a linear relationship between the survey respondents' estimate of time and estimate of work RVUs; however, even if the survey time estimates had matched the NSQIP data, it is not clear whether or by how much the respondents would have increased their work value estimate. Finally, until we have available valid and representative data such as the NSQIP for all procedures, there is the risk that applying the data randomly could distort the relativity between services. Therefore, we proposed to use the median survey values of 18.00, 20.00 and 14.00 as the work RVUs for CPT codes 44120, 44130 and 47600, respectively.

Comment: We received comments from the ACS and the American Society of Colon and Rectal Surgeons (ASCRS), as well as the RUC, urging us to accept the RUC recommendations for these 3 services. These commenters stated that the median work value that we proposed in the June 29, 2006 proposed notice for CPT code 44120 was incorrect; CPT code 44120 should be 19.00 work RVUs, not 18.00 work RVUs (71 FR 37228).

The ACS presented a lengthy defense of the NSQIP data that was echoed in the ASCRS comments. For example, ACS contended that the NSQIP data on intra-service skin-to-skin time is verified through operating room logs and is the "absolute gold standard" for estimating surgeon intra-service time. The commenters also disagreed that this data cannot be used until it is available for all services, since the best data should always be used rather than relying on "the lowest common denominator." The ACS further stated that a variety of different methodologies have been used to evaluate physician services and we have not, until now, required that one methodology be used for all codes. Finally, the ACS disputed our concerns that the NSQIP might not be representative, though it did agree that the number of Veterans Administration hospitals currently reporting is greater than the number of community and academic hospitals.

For CPT codes 44120 and 44130, ASCRS and ACS, as well as the RUC, contended that two reference codes were considered by the workgroup that

led the RUC to agree that the survey median work RVUs underestimated the total work of these procedures and would create rank order anomalies.

For CPT code 47600, the AGS maintained that the RUC's recommendation was based on a belief that the survey's median work RVU underestimated the total work for this procedure because the survey respondents were not considering the correct patient demographics. The commenters stated that, if we did not accept the recommendations where the use of NSQIP resulted in a value greater than the survey median, we should also do the same for those recommendations that were lower than the median. The commenters emphasized that the RUC also used a comparison with a reference code to develop the recommendation for this procedure.

Conversely, the American College of Physicians (ACP) expressed support for our decision to reject the RUC recommendations that were based on extraction of time information from the NSQIP database rather than the survey

median. The ACP questioned the representative nature of the data in the database and stated that allowing work values to be adjusted from the survey median, based on dubious relationships between work and time, would hurt the integrity of the RBRVS and should not be allowed.

Response: We appreciate the comments regarding the use of NSQIP data in the valuation of physician work. However, we would consider this the beginning of the discussion, not the end. There are still many issues that need to be fully explored (for example: what the criteria should be for the acceptance of a given database; whether databases can take the place of surveys; whether IWPUT should be used to create work RVUs, rather than to validate them; and, whether there is a linear relationship between survey respondents' estimate of work and time.)

In the case of these three services, CPT codes 44120, 44130 and 47600, although the commenters offered some valid points regarding the use of NSQIP, not all the concerns discussed in the

proposed notice and summarized in this section of this final rule with comment period have been thoroughly discussed. Therefore, based on the comments received, we referred this code to a multi-specialty refinement panel for review.

Final Decision: As a result of our analysis of the refinement panel ratings, we have assigned 18.00 work RVUs to CPT code 44120, 20.00 work RVUs to CPT code 44130, and 15.85 work RVUs to CPT code 47600.

For the proctoscopy-anoscopy family of codes in Table 13, the RUC agreed that the surveyed median work RVUs, and often even the 25th percentile, were inconsistent with the reference code. Therefore, the RUC did not reference the surveyed RVUs in arriving at the recommendations. Rather, the RUC used the surveyed times for each service and applied what the workgroup considered an appropriate IWPUT to these times to arrive at the recommended work RVUs for this family.

TABLE 13.—PROCTOSCOPY-ANOSCOPY FAMILY OF CODES

CPT Code	Descriptor
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure).
45303	Proctosigmoidoscopy, rigid; with dilation (e.g., balloon, guide wire, bougie).
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple.
45307	Proctosigmoidoscopy, rigid; with removal of foreign body.
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery.
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique.
45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique.
45317	Proctosigmoidoscopy, rigid; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator).
45320	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (e.g., laser).
45321	Proctosigmoidoscopy, rigid; with decompression of volvulus.
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation).
46600	Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure).
46604	Anoscopy; with dilation (e.g., balloon, guide wire, bougie).
46606	Anoscopy; with biopsy, single or multiple.
46608	Anoscopy; with removal of foreign body.
46610	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery.
46611	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique.
46612	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique.
46614	Anoscopy; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator).
46615	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique.

The specific RUC work RVU recommendations for these colon and rectal surgery CPT codes were as follows: 45300 = 0.91 work RVUs; 45303 = 2.22 work RVUs; 45305 = 2.01 work RVUs; 45307 = 2.22 work RVUs; 45308 = 2.01 work RVUs; 45309 = 2.22 work RVUs; 45315 = 2.22 work RVUs; 45317

= 1.08 work RVUs; 45320 = 2.43 work RVUs; 45321 = 2.76 work RVUs; 45327 = 3.63 work RVUs; 46600 = 0.49 work RVUs; 46604 = 1.08 work RVUs; 46606 = 1.76 work RVUs; 46608 = 1.95 work RVUs; 46610 = 1.95 work RVUs; 46611 = 1.08 work RVUs; 46612 = 2.14 work

RVUs; 46614 = 1.08 work RVUs; and 46615 = 1.18 work RVUs.

CMS Proposed Valuation

We proposed not to accept the RUC recommendations for all the presented codes in the proctoscopy-anoscopy family. We proposed to maintain the

current work RVUs for CPT codes 45300, 45303, 45305, 45307, 45308, 45309, 45315, 45317, 45320, 45321, 45327, 46600, 46604, 46606, 46608, 46610, 46611, 46612, 46614 and 46615.

As we stated in the June 29, 2006 proposed notice, we believe that the method used by the RUC to obtain work values for these services was flawed (71 FR 37229). The calculation of the recommended work RVUs depended solely on applying a workgroup-derived IWP/PUT to the surveyed physician time from surveys that were considered otherwise unusable. We also stated that we do not believe that the use of IWP/PUT, in the absence of other supporting data, has been previously accepted by the RUC. We believe the RUC has established rules that state that IWP/PUT cannot be the sole rationale for valuation and it appears that this workgroup might not have adhered to that standard. However, we stated that, if the specialty society wishes to resurvey these codes and the RUC submits work RVU recommendations to us, we would certainly be willing to consider them.

Comment: The ASCRS expressed their appreciation for the opportunity to again present survey data to the RUC for these services and the ACS stated that it will be working with ASCRS to facilitate this process. The RUC commented that the specialty society recommendations for these services were presented at the October 2006 RUC meeting.

Response: At the October 2006 RUC meeting, the Society presented the original surveys with additional rationales to support the requested work RVUs. After much discussion, the RUC decided that the original surveys were still not usable and that new surveys would be needed before a recommendation for revised work RVUs could be made. Therefore, we are maintaining the current work RVUs for this series of codes, as proposed.

Other Issues

Comment: A few commenters, while agreeing with the increase in work RVUs for CPT code 19180 (total mastectomy), expressed concern that the work RVUs for CPT code 19160 (partial mastectomy) were not reviewed. These commenters believed that the work RVUs for CPT code 19160 should be addressed in a similar fashion and the work RVUs should be adjusted to avoid a potentially adverse impact on patient treatment for breast cancer. One of these commenters suggested that this disparity in work RVUs needed to be addressed before the next 5-year review,

as this disparity could impact on medical decision-making.

Response: As part of the 5-year review process, the specialty societies were asked to identify whether the RUC-recommended changes in the work RVUs created anomalies within a family of codes. Any such potential anomalies identified by the specialty societies were then reviewed at subsequent RUC meetings. Unfortunately, this potential anomaly was not identified or reviewed. However, we will ask the RUC to review this code (CPT code 19160) and will consider this RUC recommendation as part of the third 5-Year Review.

8. Otolaryngology and Ophthalmology

In addition to comments received in support of the proposed work RVUs for services reviewed by the RUC's workgroup 8, we received the following comments.

For CPT code 31360, *Laryngectomy; total, without radical neck dissection*; CPT code 31365, *Laryngectomy; total, with radical neck dissection*; CPT code 31390, *Pharyngolaryngectomy, with radical neck dissection; without reconstruction*; and CPT code 31395, *Pharyngolaryngectomy, with radical neck dissection; with reconstruction*, the specialty society presented survey data with the rationale that the current work RVUs create rank order anomalies, and that there also has been a change in the patient population. The RUC agreed that increasing the work RVUs of these procedures by accepting the 75th percentile of survey results corrected the specific rank order anomalies and also accounted for the change in the patient population. The RUC recommended work RVUs for these CPT codes are as follows: 31360 = 28.00 work RVUs; 31365 = 37.00 work RVUs; 31390 = 40.00 work RVUs; and 31395 = 44.00 work RVUs.

For CPT code 31367, *Laryngectomy; subtotal supraglottic, without radical neck dissection* and CPT code 31368, *Laryngectomy; subtotal supraglottic, with radical neck dissection*, the specialty society presented survey data with the rationale that the current work values are based on a flawed methodology that creates rank order anomalies, and that there also has been a change in patient population. The RUC agreed with the specialty society and recommended increasing the work RVUs for these services to maintain rank order between the codes in the family and to establish the correct intensity of the procedure based on the change in patient population. The RUC recommended work RVUs for these CPT codes are as follows: 31367 = 27.36

work RVUs; and 31368 = 36.00 work RVUs.

For CPT code 41155, *Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)*, the specialty society presented survey data, noting that the current work RVUs create a rank order anomaly. The RUC agreed that increasing the work RVUs would correct these rank order anomalies and that these increases were justified by the survey results. The RUC recommended 40.00 work RVUs for CPT code 41155.

For CPT code 42845, *Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap*, the specialty society's survey data demonstrated that the code was currently undervalued due to a previous flawed methodology. The RUC believed that the survey results reflected the appropriate physician work and time necessary in performing this procedure and recommended the 32.00 work RVUs for CPT code 42845.

CMS Proposed Valuation

For the laryngopharyngectomy procedures, including CPT codes 31360, 31365, 31367, 31368, 31390 and 31395, the number of hospital days decreased by at least 2 days and the post-operative outpatient visits increased by 1 day. However, in one instance the number of outpatient visits decreased (CPT code 31395). The median values for intra-service times were accepted by the RUC for these services, which is an indication that a lower value than the 75th percentile for work also may be appropriate. Therefore, we proposed using median values for these services resulting in the following work RVUs for these CPT codes: 31360 = 24.00 work RVUs; 31365 = 31.50 work RVUs; 31367 = 24.00 work RVUs; 31368 = 30.50 work RVUs; 31390 = 35.00 work RVUs; and 31395 = 39.50 work RVUs.

CPT code 41155 was valued by the RUC at the 75th percentile for work, but CPT code 41150 was valued based on the median work value. The median values for intra-service times were accepted by the RUC for these services, which is an indication that a value other than the 75th percentile for work also may be appropriate. Therefore, we proposed 36.00 work RVUs for CPT code 41155.

CPT code 42845 was valued by the RUC at the 75th percentile for work rather than the median as the RUC recommended for the other procedures in this family (CPT codes 42842 and 42844). Therefore, we proposed 29.00 work RVUs for CPT code 42845.

Comment: The RUC and several specialty societies, including the American Head and Neck Society (AHNS) and the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), disagree with the proposed work RVUs for CPT codes 31360, 31365, 31367, 31368, 31390, 31395, 41135, 42845. They provided information, data, and rationales concerning the valuation of these services and, recommended that we accept the RUC recommendations. The specialty societies objected to our proposed RVUs on the grounds that they created rank order anomalies; they believe the reference codes used were a poor choice that resulted in an underestimation of work by the survey respondents; and they believe the codes had been undervalued for years.

Response: Based on the comments received, we referred these codes to a multi-specialty refinement panel for review. Panel review is appropriate for reasons including the RUC acceptance of the median values for intra-service times, which is an indication that a value other than the 75th percentile for work may be appropriate, and the need for further discussion regarding the appropriateness of the reference codes chosen by the survey respondents as comparable services to the codes being valued.

Final Decision: As a result of our analysis of the refinement panel ratings, we have assigned 26.22 work RVUs to CPT code 31360, 35.00 work RVUs to CPT code 31365, 27.00 work RVUs to CPT code 31367, 30.50 work RVUs to CPT code 31368, 38.33 work RVUs to CPT code 31390, 39.50 work RVUs to CPT code 31395, 40.00 work RVUs to CPT code 41155, and 29.00 work RVUs to CPT code 42845.

Miscellaneous Issues

Comment: The American Academy of Ophthalmology (AAO) stated its belief that the 5-Year Review process was fair in its consideration of the ophthalmic codes. However, the AAO expressed disappointment in the decrease in value for cataract surgery (CPT code 66984) and its hope that this "downward reimbursement reward" does not lead to a decrease in research and innovation in medical care. The AAO also expressed disappointment in our decision to unlink the long-standing relationship of the Ophthalmology Examination codes (92002-92014) to the E/M codes. The AAO urged us to reaffirm this linkage and increase those values to reflect the proposed increases in E/M services. If this is not possible, AAO suggested that the work values prior to the linkage in 1996 be restored since they were

lowered during the first 5-Year Review to facilitate the linkage process.

Response: We acknowledge that currently the work RVUs for ophthalmology examination services are linked to the work RVUs for certain E/M codes. However, the work RVUs for the E/M codes are being increased based on our acceptance of the rationale that the work required to furnish these services has itself changed. This increase in work RVUs also implies that the E/M services today are not exactly the same services to which we initially linked the eye examination services. Unfortunately, because the specialty did not bring the ophthalmology examination codes to the 5-Year review for evaluation of any change in the work of furnishing these services, it is not known to what extent, if at all, the work for the ophthalmology examination codes would have mirrored the change in the work of the E/M codes. We note that the E/M increases have been added to other services only when the E/M codes were clearly used as the building blocks for valuing the services, for example, for global surgical services with post-operative visits. Therefore, we will implement the work RVUs for CPT codes 92002-92014 as proposed. However, if received in time for next year's proposed rule, we would be willing to consider any RUC recommendations for work RVUs for these services for implementation in FY 2008 and would consider this as part of the third 5-Year Review.

Comment: For CPT code 69210 *Removal impacted cerumen (separate procedure), one or both ears*, while we accepted the RUC-recommended work RVUs for this service, in the June 29, 2006 proposed notice we had expressed concern about the valuation of this service for the use of this code for routine removal of ear wax and indicated we would monitor the use of this code for the appropriate circumstances (71 FR 37233). The RUC and other specialty societies provided additional information to address our concern with this valuation for the use of this code for routine removal of ear wax during a physical examination of a patient. One commenter believes that there is the potential for misuse of this code due to a lack of understanding by other specialties of the physician work included in this procedure. The commenter recommends that we issue clarifying instructions or an educational article so that this code will be used in a manner consistent with the criteria outlined by AAO-HNS and contained in the July 2005 issue of the AMA's CPT Assistant.

Response: We appreciate these comments and will consider the suggestions made by the commenters.

9. HCPAC codes

In addition to comments received in support of the proposed work RVUs for services reviewed by the HCPAC, we received the following comments.

For CPT code 10060, *Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single*; CPT code 11040, *Debridement; skin, partial thickness*; CPT code 11041 *Debridement; skin, full thickness*; CPT code 11042 *Debridement; skin, and subcutaneous tissue*; and CPT code 29580 *Strapping; Unna boot*, the HCPAC agreed with the specialty society that there was compelling evidence that the valuation of these services was incorrect due to a flawed methodology used in the previous Harvard valuation for the podiatric codes considered under the 5-Year Review.

For CPT codes 10060 and 29580, the HCPAC supported an increase in the existing work values for these codes and recommended work RVUs of 1.50 for CPT code 10060 and 0.60 work RVUs for CPT code 29580, both of which represent the median of the survey data for these services.

For CPT code 11040, the HCPAC did not support the work RVU increase recommended by the specialty society, but instead recommended 0.55 work RVUs, which represented the 25th percentile work RVU from the survey data.

For CPT code 11041, the HCPAC recommended a decrease in the work RVUs and, based on the median from the survey data, recommended 0.80 work RVUs.

For CPT code 11042, the HCPAC did not agree with the specialty society that the work RVUs should be increased to 1.20 work RVUs. The HCPAC recommended maintaining the current work RVUs of 1.12 for this CPT code, which was slightly higher than the survey's 25th percentile work value of 1.10 work RVUs.

The HCPAC-recommended work values for these services were as follows: 10060 = 1.50 work RVUs; 11040 = 0.55 work RVUs; 11041 = 0.80 work RVUs; 11042 = 1.12 work RVUs; and 29580 = 0.60 work RVUs.

CMS Proposed Valuation

For CPT code 10060, we compared the survey times with the current Harvard-based times used to value this service. These times are comparable

and, therefore, we proposed maintaining the current work RVUs of 1.17 for this code.

For CPT codes 11040, 11041 and 11042, the survey times all reflect significant reductions from current Harvard-based times used to value these services. Based on this comparison, which shows decreases in time ranging from 47 percent to 68 percent, we believe that the low values from the surveys more accurately represent the valuation of these services. Therefore, we proposed to assign work RVUs as follows: 11040 = 0.48 work RVUs; 11041 = 0.60 work RVUs; and 11042 = 0.80 work RVUs. In addition, to ensure that the other codes in this family are properly valued, we recommended the RUC review the valuation of CPT codes 11043 and 11044.

For CPT code 29580, we compared the current Harvard-based times with the survey times. For this code, there was a small reduction in survey time as compared to the current Harvard-based time used to value this service, and, therefore, we do not believe the recommended increase in work RVUs is supported. We proposed to assign 0.55 work RVUs to this service, which represents the 25th percentile of the survey and more accurately reflects the time associated with this service.

Comment: The American Podiatric Medical Association (APMA) and the HCPAC disagreed with the rationale we provided to explain our disagreement with the HCPAC-recommended work RVUs for 5 CPT codes (11060, 11040, 11041, 11042, and 29580) that are predominantly provided by the podiatry specialty. The commenters noted that our proposed valuation of these services was based solely on a comparison of the RUC-surveyed times to the Harvard-based times, despite the HCPAC's concurrence with the specialty that the current Harvard work values were incorrect due to a flawed methodology. In addition, the commenters noted that our proposed valuation fails to address the intensity measures inherent to each service. The specialty presented recent literature abstracts to demonstrate that the treatment of diabetic ulcers has become more complicated in recent years and also supports that the diabetic ulcer is the primary cause of infections and, ultimately, leads to amputations in this population. The APMA and the HCPAC urged us to consider these inherent risks in treating this population and to accept the HCPAC-recommended work RVUs.

For CPT codes 11040, 11041 and 11042, the HCPAC recommended an increased work RVU for CPT 11040, a slight decrease in work RVUs for 11041,

and the same work RVUs for 11042. Based on their belief that there is increased complexity and inherent risks in treating the diabetic patient, the APMA and the HCPAC in their comments urged us to accept the HCPAC-recommended work RVUs for this family of codes at 0.55 work RVUs, 0.80 work RVUs and 1.2 work RVUs, respectively. The commenters also strongly object to our reliance on a time-based comparison from the RUC surveys and the Harvard data (which the HCPAC and APMA agreed was based on a flawed methodology) to derive the work RVUs for these debridement codes.

For CPT code 11060, the APMA and the HCPAC requested that we accept the HCPAC recommendations for this 10-day global service based on the lack of intensity measures in our valuation that relied on a comparison of the RUC surveyed time to the Harvard-based time which, as mentioned previously, had been determined to be based on a flawed methodology. The APMA believes that by using this time-based comparison and maintaining the current RVUs at 1.17 work RVUs, we are proposing to distort the relativity of CPT 10060 with other comparable services (for example, CPT codes 10140 and 11421) and results in an unreasonably low IWPOT, at 0.009. The HCPAC and the APMA urged us to accept the recommended work value at 1.5 work RVUs that represents an IWPOT of 0.031.

For CPT code 29580, the specialty society indicated that the typical patient requiring the application of an Unna boot is a diabetic with lower extremity edema, often with the presence of an ulcer. The typical patient requires repetitive applications of this Unna boot strapping, so most applications will also require the removal of the Unna boot, a thorough cleansing of the area, physical examination, and a careful reapplication of the strapping material. The APMA believes that our valuation of 0.55 work RVUs—using just the surveyed time, without specifically addressing the intensity measures inherent to the care of the diabetic patient—undervalues this service. The HCPAC and the APMA urged us to adopt the recommended value (survey median) of 0.60 work RVUs.

Response: We appreciate the comments and information forwarded by the HCPAC and the APMA. However, based on our review of the data and literature contained in their comments, we are not convinced that the complexity and intensity measures inherent to the treatment of the diabetic patient have changed significantly over the past 5 years. In addition, we

understand the specialty's concern that the Harvard time data was flawed. However, we believe that the lower times presented from the survey do not warrant the recommended work RVUs. Nonetheless, we believe that the HCPAC and the APMA should have the opportunity to present their evidence relative to the work RVUs for these five codes to a multi-specialty panel for review. As such, we have referred CPT codes 10060, 11040, 11041, 11042, and 29580 for refinement.

Final Decision: As a result of our analysis of the refinement panel ratings, we have assigned 1.17 work RVUs to CPT code 10060, 0.50 work RVUs to CPT code 11040, 0.60 work RVUs to CPT code 11041, 0.80 work RVUs to CPT code 11042, and 0.55 work RVUs to CPT code 29580.

Other Issues

Other commenters representing nutritionists and dietitians referenced the medical nutrition codes that were referred to the CPT Editorial Panel, indicating that these services should be assigned work RVUs. This issue is discussed in section II.B.4.c. of this final rule with comment period, as it was specifically addressed in the CY 2007 PFS proposed rule (71 FR 48982).

D. Other Issues Under the 5-Year Review

1. Anesthesia Services

Although anesthesia services are paid under the PFS, they are paid on the basis of an anesthesia code-specific base unit and time units that vary based on the anesthesia time of the case. Since anesthesia services do not have a work value per code as do other medical and surgical services, a work value must be imputed for each anesthesia code.

As a result of its relationship with the RUC and the past recommendations for valuing anesthesia services, which were discussed in detail in the June 29, 2006 proposed notice (71 FR 37237), the American Society of Anesthesiologists (ASA) requested that we address the valuation of anesthesia services reported under CPT codes 00100 through 01999. The ASA furnished an analysis that builds on the methodology used in the last 5-Year Review for the valuation of work for anesthesia services. We recommended that the valuation of anesthesia services, namely the proposed valuation of the post-induction time, be referred to the AMA RUC for review and consideration.

Comment: The RUC indicated that it will consider any specific CMS request and asked that we clarify the scope of review and elements of the anesthesia

relativity that is supposed to be addressed. Many commenters, including individuals and a specialty group, expressed concern that the proposed reductions in payment for anesthesia services may lead to future manpower shortages and could affect the provision of surgical services. They asked us to work with the ASA and the RUC to appropriately value the work of anesthesia services.

Response: We understand that the ASA and the RUC will be reviewing this issue in an upcoming meeting and will make a recommendation to CMS in 2007.

A second issue concerning anesthesia services pertains to the impact of the revised work values for E/M services and their relationship to the valuation of pre- and post-anesthesia services, components of the building-block approach. The pre- and post-anesthesia services derive their work values from the lower level E/M codes for new patients, the subsequent hospital care codes, and the initial inpatient consultation codes.

In the June 29, 2006 proposed notice, we proposed to increase the work of the pre- and post-anesthesia components of the 19 anesthesia codes, previously reviewed by the AMA RUC in the last 5-Year Review of work. Specifically, we proposed to increase the anesthesia work to reflect the increased work values for the E/M codes where there were increases in the work of those E/M codes.

Comment: One specialty group noted that we should refer the valuation of pre- and post-anesthesia issues to the RUC for its review and consideration, and should not make any changes in the value of pre- and post-anesthesia services at this time. The ASA requested that we increase the work of all anesthesia services, not just the 19 anesthesia codes, to account for the increase in work values for E/M codes. They noted that all anesthesia services have E/M services included in the pre- and post-anesthesia components and the work of all anesthesia services should be increased.

Response: We disagree with the comment asking us to defer action on re-valuing the work of anesthesia services to account for the increased work of certain E/M codes. We are making the adjustment, but will ask the RUC and the ASA to review the E/M codes assigned to the pre- and post-anesthesia periods to ensure that they are still clinically relevant. While we understand the concerns of the ASA, we are unable to make that type of adjustment across all anesthesia services. The pre- and post-anesthesia

components of the anesthesia service are not uniformly linked to the same E/M code. Rather, the E/M code can vary based on the complexity of the anesthesia service. For example, for cataract anesthesia, the pre-anesthesia service is linked to a blend of CPT codes 99201 and 99202 and the post-anesthesia service is linked to CPT code 99211. The work values for each of these E/M codes did not change in this 5-Year Review of work. Conversely, for anesthesia for coronary bypass surgery, the pre-anesthesia service is linked to CPT code 99232 and the post-anesthesia service is linked to a blend of CPT codes 99231 and 99232. The work value for each of these E/M services increased in this 5-Year Review of work. Thus, in the June 29, 2006 proposed notice, we proposed to increase the work for E/M services in anesthesia for coronary bypass surgery but made no adjustment in the work for cataract anesthesia (71 FR 37237).

It is not clear how the pre- and post-anesthesia services of the non-surveyed anesthesia codes would be tied to the 19 surveyed codes and whether the work of the proposed linked E/M services are increased. We will look at this issue in context of any proposed changes that may be made to anesthesia work next year.

2. Discussion of Post-Operative Visits included in the Global Surgical Packages

We have established a national definition for a global surgical package so that payment is made consistently for the same set of services across all contractor jurisdictions. In constructing the RVUs for a global surgery service, all services that are believed to be typically included in the defined global period are built into the final resource-based RVUs and are not separately billable within the defined global period as reflected in the proposed work RVUs in Addenda B and C. This includes pre-surgery work, the intra-service time of actually furnishing the surgical procedure, and the post-operative (follow-up) visits associated with the monitoring and recovery of the patient.

As stated above in this section, we proposed to apply the RUC-recommended new values for the E/M services to all surgical services with a 10- or 90-day global period. However, because of variations in the patient population and in practice patterns, there is some question whether the assumptions about the number and level of visits within the global period reflect the actual post-operative work furnished. Some surgeons have commented that they furnish more visits

than are included in the global period for their services. It is also likely that some patients require fewer than the "typical" number of follow-up visits included in the global period.

Although we are not proposing any changes to our global policy at this time, we solicited comments concerning our current policy of including these post-operative visits in the global surgical packages and what advantages or disadvantages might be associated with proposing a change to this policy in the future.

We received several comments concerning incorporating the new E/M values into all surgical services with a 10- or 90-day global period. With respect to our request for comments concerning our current policy of including these post-operative visits in the global surgical packages, we also received many suggestions. These comments and suggestions are addressed in this section.

Comment: Many commenters, including specialties representing primary care physicians and surgeons, as well as the RUC, supported the incorporation of the revised E/M work RVUs into the surgical global periods for each CPT code with a global of 010 and 090 as recommended by the RUC. Commenters, including the RUC, noted that we may have incorrectly implemented the RUC recommendation. They indicated that in implementing this proposal, we used discounted work RVUs, developed for pricing post services under the first 5-Year Review, rather than the undiscounted work RVUs that reflect the actual RVUs accepted by us for the E/M services. This resulted in incorrect, and lower, work RVUs being added to all of the services with post-operative visits in the 010 and 090 global periods and was contrary to the RUC recommendation that the full increase of the E/M be incorporated. The RUC requested that we review the calculations and implement the correct work RVUs for all procedures that have a 010 and 090 global period to reflect their recommendation. Other commenters stated that we should verify the accuracy of the data to ensure that the values, as recommended by the RUC, are appropriately implemented.

A few commenters also suggested that, should changes be made to the valuation of the E/M services, these changes would need to be carried through to the global package revisions.

Response: We have discussed this issue with the RUC and will ensure that the correct undiscounted values are incorporated.

Comment: MedPAC stated that in comparison to other payment systems, the unit of payment under the PFS is very narrow and consists of many discrete services. MedPAC reiterated its longstanding concern that such a unit of payment might give physicians a financial incentive to increase payments by increasing the volume of services, which could lead to unnecessary services being provided. Therefore, in the absence of information suggesting that access to appropriate care is being compromised, MedPAC supports the current concept of packaging/bundling these services to encourage efficient and appropriate care. Several commenters representing surgical specialties agreed with this position, and additionally one commenter stated that such a change might also increase the risk of "fee splitting." The commenter also supports the expansion of the global concept into disease management.

Other commenters suggested that we drop the global surgical model and replace this concept with a system that measures the actual amount of post-service work included in these global surgical services. Commenters suggested that this would "level" the playing field for documentation requirements and be less detrimental to "centers for excellence" which usually provide more care than is currently included within the global period. Commenters also suggested there are additional advantages to eliminating the global surgical model including the valuation of services being straightforward, the reduction of errors in PE valuation, and the facilitation of research, quality improvement and utilization tracking. However, there would be an associated increase in the volume of claims to be processed.

One commenter suggested that we meet with stakeholders prior to implementing such a change, while another commenter urged us to conduct a study on impact of revising the global surgical concept.

Response: We appreciate these comments and suggestions and will consider these along with additional information as we continue to study this issue.

3. Budget Neutrality

As discussed in the June 29, 2006 proposed notice, section 1848(c)(2)(B)(ii) of the Act requires that increases or decreases in RVUs for 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 this threshold is exceeded, we must make

adjustments to preserve budget neutrality (BN). This year, we expected that BN adjustments would be required as a result of changes in RVUs resulting from the 5-Year Review. We considered making the statutorily required BN adjustments (under section 1848(c)(2)(B)(ii)(II) of the Act) to account for the 5-Year Review of physician work by reducing all work RVUs. We estimated that all work RVUs would have to have been reduced by 10 percent under this option. Alternatively, we considered making an adjustment to the PFS CF to meet the provisions of section 1848(c)(2)(B)(ii)(II) of the Act. This option would have required an estimated 5 percent reduction to the CF. We also noted that the application of the BN adjustments to the CF would negatively impact all PFS services; whereas the application of the BN adjustment to the work RVUs would impact only those services that have physician work RVUs. Because the need for BN adjustment would be largely due to changes proposed as a result of the 5-Year Review of work RVUs, we believed it was more equitable to apply the adjustment across services that have work RVUs. We proposed to establish a BN adjustor that would reduce all work RVUs by an estimated 10 percent to meet the BN provisions of section 1848(c)(2)(B)(ii)(II) of the Act.

Comment: We received numerous comments on this issue. Many of the commenters were opposed to our proposal and requested that the adjustment be made to the CF for the following reasons:

- (1) Applying the BN adjustor to all work RVUs has been problematic in the past.
- (2) By imposing the full burden of BN on the pool of work values, we would be significantly mitigating the improved accuracy of the values that have now been assigned to E/M services.
- (3) This approach obfuscates the recommended changes of the RUC and could potentially have an inappropriate effect on relativity.
- (4) The application of a separate work adjustor is not consistent with our goal of cost transparency and may adversely affect payments by non-Medicare payers.

These commenters, which include the AMA, the RUC, and the AMA-HCPAC, asserted that applying the BN adjustor to the work RVUs is contrary to our longstanding policy. In addition, they do not believe that we provided an adequate rationale for shifting to this new approach, which we have previously stated is neither appropriate, nor effective. These associations noted that when in the past we applied a BN

adjustor to the work RVUs, it caused considerable confusion among many non-Medicare payers, as well as physician practices that use the Medicare relative values as efficiency measures, and that the constant fluctuations in the work RVUs due to BN adjustments impeded the process of establishing work RVUs for new and revised services.

In addition to these objections, numerous specialty societies, organizations, groups, and providers also indicated that an adjustment to the CF is preferable because it would recognize that BN is mandated for monetary reasons. Thus, the CF, as the monetary multiplier in the Medicare payment formula, is the most appropriate place to adjust for BN.

A number of commenters, including representatives of some radiology and oncology providers, were supportive of our proposal because it fairly applies the required BN adjustment to the portion of the fee schedule that was the subject of review.

A few commenters also stated that although the BN adjustment methodology set forth in the June 29, 2006 proposed notice is not ideal, they believe that it is the best of the available alternatives under the circumstances (71 FR 37241). These commenters also believe that making all BN and scaling adjustments on a fee-schedule-wide basis would apparently result in unacceptable fee-schedule-wide reductions and is clearly inequitable for TC services. Another commenter urged us to delay the implementation of the BN adjustor for 1 year to allow more time to explore ways to increase recognition of E/M services without imposing such a financial hardship on select physician and nonphysician providers and to allow physicians and nonphysicians the opportunity to work with us to suggest alternative approaches.

Other commenters also discussed the interaction of the application of the BN adjustment and the DRA OPD cap on imaging services. As required by the DRA, reductions in imaging payments because of the OPD cap result in actual savings to the Medicare program (that is, they are not done in a budget neutral manner). The commenters note that if the BN is applied to the CF and not to the work RVUs, then the impact of the DRA cap on total Medicare spending is lower. This is because applying BN to the CF will narrow the payment differential between imaging services furnished in physicians' offices and hospital OPDs, and thus reduce the effect of the DRA cap on payments for imaging services.

Response: We appreciate the information presented by the commenters. We do not have the authority to delay implementing the BN adjustment and we must apply a BNF to offset the increases in work RVUs effective for 2007.

We are very appreciative of the work the RUC and the specialty societies have done in the past several years to prepare for this 5-Year Review. As a result of their dedication and analysis, the work RVUs are now more accurate and reflective of the time and resources associated with them. We do not believe that applying the BN on the work RVUs would undermine or diminish the RUC or specialty societies' contributions or the resulting improvements.

Section 1848(c)(2)(B)(ii)(II) of the Act requires a BN adjustment. Regardless of whether the BN is achieved by applying an adjustment factor to the work RVUs, as we proposed in the proposed rule, or the CF, which is the preferred option of many of the commenters, the values associated with the work ultimately will be decreased. Therefore, we do not agree with the commenters' suggestions that applying the BN to the work RVUs would do the system a great harm. Specifically, we disagree that it would significantly reverse the improved accuracy of the values that have now been assigned to E/M services. Further, we do not think that this approach would distort the relativity of the RVUs. Because such an adjustment is uniformly applied to all the work RVUs, it does not alter the relationship among them.

We also note that this rule finalizes a change in the PE methodology. Changes to the PE RVUs are being budget neutralized within those PE RVUs. Applying BN adjustments at this time, within each set of RVUs, maintains equity and helps to ensure that the weights between work, PE and malpractice are consistent with the weighting used in the MEL.

Therefore, for the reasons discussed above in this section, we will be applying the statutorily-required BN adjustment to the work RVUs as proposed in the proposed rule. We note that we previously applied a separate adjuster to the work RVUs following the first 5-Year Review of physician work in 1997. We understand that many commenters would find it preferable for us to make the required BN adjustment to the CF. However, we believe the best and most equitable approach to applying BN for this 5-Year Review of work is to adjust the work RVUs for 2007 using a separate adjuster for those RVUs. Achieving BN by adjusting the CF would have the effect of reducing

payment for all services on the fee schedule. This would include reductions to RVUs for a number of services that have no physician work and were, therefore, outside the scope of the 5-Year Review. We believe it would be unfair, given the significant negative update to the CF this year, to impose additional reductions resulting from the BN adjustment on codes that have no work values associated with them.

We share the commenters' concerns about transparency and recognize the Medicare PFS is used by other payors and for other purposes than just Medicare payments. To maintain a high level of transparency in the fee schedule, the Addendum B published in this rule will show the RVUs without the BN adjustment applied. This will serve as a reference for any interested party and should help to minimize any confusion about the unadjusted codes. There also is a discussion of the BN work adjuster and the payment formula for 2007 included in the section IX. of this final rule with comment period, "Anesthesia and Physician Fee Schedule Conversion Factors for 2007." Payment for services will be calculated as follows:

$$\text{Payment} = [(\text{RVU work} \times \text{BN adjuster} \times \text{GPCI work}) + (\text{RVU PE} \times \text{GPCI PE}) + (\text{RVU malpractice} \times \text{GPCI malpractice})] \times \text{CF}.$$

We appreciate the commenters pointing out to us that the approach used in applying BN has an interactive effect with the DRA imaging OPD cap and has an effect on the total Medicare spending on physicians' services. However, as previously described in this section, we continue to believe the most equitable way to adjust for changes in the work RVUs resulting from the 5-Year Review is to apply a BN adjuster to work RVU.

Comment: Some commenters suggested that applying the BN adjustment to the CF could also be applied to the PE BN application, but only after we have addressed all of the RUC's recommendations related to the methodology and the PE relativity is stable. Ultimately, however, PEs for individual services should be evaluated under a 5-Year Review, at which point a similar application for BN to the CF could be appropriate.

Response: We appreciate and will consider these suggestions as we proceed with the implementation of the revised PE methodology.

4. Review Process

Comment: MedPAC and several specialties, as well as the RUC, commented on the process used for the

5-Year Review, including the methodology and data sources used in the review process. MedPAC stated that it continues to have concerns that overvalued services are ignored and referenced the MedPAC March 2006 Report to Congress. In this report, it recommended the creation of a standing panel to—

- Assist in identifying misvalued services;
- Establish a process for analyzing data to ensure automatic review of new services after a certain period; and
- Periodically review all services.

Several specialty societies expressed support for the existing RUC methodologies for estimating intensity, but also supported the use of objective data from large clinical databases and urged us not to discount the use of alternative data sources.

Response: As indicated earlier in this section, we believe that it will be necessary for the RUC and the specialty societies to join us in further dialog concerning the role of alternative databases. There are still many questions that need to be fully explored including: what should the criteria be for the acceptance of a given database; can databases take the place of surveys; can IWP/UT be used to create work RVUs, rather than just to validate them; is there a linear relationship between survey respondents' estimate of work and time; and, can survey respondents accurately estimate IWP/UTs. We are also continuing to examine how best to identify misvalued services. As part of this initiative, the RUC has indicated that it has established a subcommittee to suggest approaches to identifying overvalued services and the RUC's Research Subcommittee has initiated discussion regarding existing time data and indicated its willingness to consider issues related to any other concerns that we and the specialty societies wish to address regarding the use of databases in the valuation of physician work. We look forward to working with these groups and will carefully evaluate suggestions and recommendations that are provided.

V. Refinement of Relative Value Units for Calendar Year 2007 and Response to Public Comments on Interim Relative Value Units for 2006

[If you choose to comment on issues in this section, please include the caption "Interim Relative Value Units" at the beginning of your comments.]

A. Summary of Issues Discussed Related to the Adjustment of Relative Value Units

Section V.B. and V.C. of this final rule with comment describes the methodology used to review the comments received on the RVUs for physician work and the process used to establish RVUs for new and revised CPT codes. Changes to codes on the PFS reflected in Addendum B are effective for services furnished beginning January 1, 2007.

B. Process for Establishing Work Relative Value Units for the 2006 Physician Fee Schedule

The CY 2006 PFS final rule with comment period (70 FR 70116) contained the work RVUs for Medicare payment for existing procedure codes under the PFS and interim RVUs for new and revised codes beginning January 1, 2006. We considered the RVUs for the interim codes to be subject to public comment under the annual refinement process. In this section, we summarize the refinements to the interim work RVUs published in the CY 2006 PFS final rule with comment period and our establishment of the work RVUs for new and revised codes for the CY 2007 PFS.

C. Work Relative Value Unit Refinements of Interim Relative Value Units

1. Methodology (Includes Table titled "2006 Interim Work Relative Value Units for Codes Reviewed Under the Refinement Panel Process")

Although the RVUs in the CY 2006 PFS final rule with comment period were used to calculate 2006 payment amounts, we considered the RVUs for the new or revised codes to be interim. We accepted comments for a period of 60 days. We received substantive comments for 7 CPT codes with interim work RVUs.

To evaluate these comments, we used a process similar to the process used since 1997. (See the CY 1998 PFS final rule published in the October 31, 1997 *Federal Register* (62 FR 59084) for the discussion of refinement of CPT codes with interim work RVUs.) We convened a multi-specialty panel of physicians to assist us in the review of the comments. The comments that we did not submit to panel review are discussed at the end of this section, as well as those that

were reviewed by the panel, which are contained in Table 14, 2006 Interim Work Relative Value Units for Codes Reviewed Under the Refinement Panel Process. We invited representatives from the organizations from which we received substantive comments to attend a panel for discussion of the code on which they had commented. The panel was moderated by our medical staff, and consisted of the following voting members:

- Clinicians representing the commenting specialty(ies), based on our determination of those specialties which are most identified with the services in question. Although commenting specialties were welcomed to observe the entire refinement process, they were only involved in the discussion of those services for which they were invited to participate.

- Primary care clinicians nominated by the AAFP and the American College of Physicians.

- Four carrier medical directors.
- One or two clinicians who practice in related specialties and have knowledge of the services under review.

The panel discussed the work involved in the procedure under review in comparison to the work associated with other services under the PFS. We assembled a set of reference services and asked the panel members to compare the clinical aspects of the work for the service a commenter believed was incorrectly valued to one or more of the reference services. In compiling the reference set, we attempted to include: (1) Services that are commonly furnished for which work RVUs are not controversial; (2) services that span the entire spectrum of work intensity from the easiest to the most difficult; and (3) at least three services furnished by each of the major specialties so that each specialty would be represented. The intent of the panel process was to capture each participant's independent judgment based on the discussion and his or her clinical experience. Following the discussion for each service, each participant rated the work for that procedure. Ratings were individual and confidential; there was no attempt to achieve consensus among the panel members.

We then analyzed the ratings based on a presumption that the interim RVUs were correct. To overcome that presumption, the inaccuracy of the

interim RVUs had to be apparent to the broad range of physicians participating in each panel.

Ratings of work were analyzed for consistency among the groups represented on each panel. In general terms, we used statistical tests to determine whether there was enough agreement among the groups on the panel and, if so, whether the agreed-upon RVUs were significantly different from the interim RVUs published in Addendum C of the CY 2006 PFS final rule with comment to demonstrate that the interim RVUs should be modified. We did not modify the RVUs unless there was a clear indication for a change. If there was agreement across groups for change, but the groups did not agree on what the new RVUs should be, we eliminated the outlier group, and looked for agreement among the remaining groups as to the basis for new RVUs. We used the same methodology in analyzing the ratings that we first used in the refinement process for the CY 1993 PFS final rule published in the November 25, 1992 *Federal Register* which described the statistical tests in detail (57 FR 55938). Our decision to convene a multi-specialty panel of physicians and to apply the statistical tests described above in this section was based on our need to balance the interests of those who commented on the work RVUs against the redistributive effects that would occur in other specialties.

Table 14 lists those interim codes reviewed under the refinement panel process described in this section. This table includes the following information:

- CPT Code. This is the CPT code for a service.

- Description. This is an abbreviated version of the narrative description of the code.

- 2006 Work RVU. The work RVUs that appeared in the CY 2006 final rule are shown for each reviewed code.

- Requested Work RVU. This column identifies the work RVUs requested by commenters.

- 2007 Work RVU. This column contains the final RVUs for physician work as a result of the multi-specialty panel (**Note:** Values for 10- and 90-day global period codes do not reflect E/M increases. Increases due to E/M changes are reflected in Addenda B.)

TABLE 14.—2006 INTERIM WORK RELATIVE VALUE UNITS FOR CODES REVIEWED UNDER THE REFINEMENT PANEL PROCESS

CPT code ¹	Mod	Descriptor	2006 Interim work RVU	Requested work RVU	2007 work RVU ²
22523		PERCUT KYPHOPLASTY, THOR	8.94	8.94	8.94
22524		PERCUT KYPHOPLASTY, LUMBAR	8.54	8.54	8.54
22525		PERCUT KYPHOPLASTY, ADD-ON	4.47	4.67	4.47
88334		INTRAOP CYTO PATH CONSULT 2	0.59	0.80	0.73
95251		GLUC MONITOR, CONT, PHYS I&R	0.52	0.85	0.85

¹All CPT codes and descriptions copyright 2005 AMA. All rights reserved and applicable FARS/DFARS clauses apply.

²Values for 10- and 90-day global period codes do not reflect E/M increases. Increases due to E/M changes are reflected in Addendum B.

2. Interim 2006 Codes

For CPT code 22523, *Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (e.g., kyphoplasty); thoracic*; CPT code 22524, *Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (e.g., kyphoplasty); lumbar*; and CPT code 22525, *Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (e.g. kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)*, the RUC recommended 8.94 work RVUs for CPT code 22523, 8.54 work RVUs for CPT code 22524 and 4.47 work RVUs for CPT code 22525, which we accepted.

Comment: Commenters disagreed with the RUC-recommended work values for these services, which we had accepted. The commenters believed that the recommended values were primarily based on a comparison to vertebroplasty services and did not reflect important data that is associated with kyphoplasty procedures. Based on these comments, we referred these codes to the multi-specialty validation panel for review.

Response: As a result of the statistical analysis of the 2006 multi-specialty validation panel ratings, we have assigned 8.94 work RVUs to CPT code 22523, 8.54 work RVUs to CPT code 22524 and 4.47 work RVUs to CPT code 22525.

For CPT code 88334, *Pathology consultation during surgery; cytologic examination (e.g., touch prep, squash prep), each additional site*, the RUC recommended a work RVU of 0.80 for this service based on a comparison of this procedure to CPT code 88332,

Pathology consultation during surgery; each additional tissue block, with frozen section(s). The RUC reviewed the specialty society's survey data and noted that the surveyed CPT code 88334, when compared to the reference CPT code 88332 has higher intensity/complexity measures (20 minutes) and an additional five minutes of intra-service time (15 minutes). Although CPT code 88334 has an additional 5 minutes of intra-service time, we believed that CPT code 88334 is very similar in work to CPT code 88332, and therefore, should be valued the same. We assigned 0.59 work RVUs to CPT code 88334.

Comment: Commenters did not agree with our comparison of CPT code 88334 to 88332, as there is increased work mainly vested on the necessity to examine every field under 10X magnification in CPT code 88334, which is not inherent in the frozen section process represented by CPT code 88332. Based on these comments, we referred this code to the multi-specialty validation panel for review.

Response: As a result of the statistical analysis of the 2006 multi-specialty validation panel ratings, we have assigned 0.73 work RVUs to CPT code 88334.

For CPT code 95251, *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; physician interpretation and report*, the RUC recommended a work RVU of 0.85 for this service. We disagree with the RUC's recommendation because we believe the work for this service is similar to CPT code 93268, *Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30-day period of time; includes transmission, physician review and interpretation*, which involves the review of data over a 30-day period. Therefore, we assigned 0.52 work RVUs to 95251.

Comment: Commenters disagreed with our comparison of CPT code 95251 to 93268, as they believe the amount and complexity of the data that needs to be reviewed for CPT code 95251 is considerable. Based on these comments, we referred this code to the multi-specialty validation panel for review.

Response: As a result of the statistical analysis of the 2006 multi-specialty validation panel ratings, we have assigned 0.85 work RVUs to CPT code, 95251.

For CPT code 61630, *Balloon angioplasty, intracranial (e.g., atherosclerotic stenosis), percutaneous*; CPT code 61635, *Transcatheter placement of intravascular stent(s), intracranial (e.g., atherosclerotic stenosis), including balloon angioplasty if performed*; CPT code 61640, *Balloon dilatation of intracranial vasospasm, percutaneous, initial vessel*; CPT code 61641, *Balloon dilatation of intracranial vasospasm, percutaneous, initial vessel*; each additional vessel in same vascular family; and CPT code 61642, *Balloon dilatation of intracranial vasospasm, percutaneous, initial vessel; each additional vessel in different vascular family*, the RUC recommended 21.08 work RVUs for CPT code 61630, 23.08 work RVUs for CPT code 61635, 12.32 work RVUs for CPT code 61640, 4.33 work RVUs for CPT code 61641 and 8.66 work RVUs for CPT code 61642. We assigned a status indicator of N for these services because they are noncovered under Medicare due to a National Coverage Decision (NCD).

Comment: Commenters questioned the assignment of the status indicator of N for these services. Commenters also requested that the RVUs be published for these services. (**Note:** In the correction notice that appeared in the February 24, 2006 *Federal Register* (71 FR 9458), RVUs were published for CPT codes 61630 and 61635.)

Response: Based on an NCD regarding the non-coverage of performance of percutaneous transluminal angioplasty to treat obstructive lesions of the

vertebral and cerebral arteries we will maintain the status indicator of N for these services. (Note: The RUC-recommended RVUs for these codes will be reflected in Addendum B.)

For CPT codes 98960, *Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient*; CPT code 98961, *Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients*; and CPT code 98962, *Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients*, a status indicator of N was erroneously assigned for these services in the CY 2006 PFS final rule published in the November 21, 2005 **Federal Register** (70 FR 70282). The status indicator was corrected to B in the correction notice that appeared in the February 24, 2006 **Federal Register** (71 FR 9458).

Comment: Commenters questioned the assigned status indicator of N for these services and urged acceptance of the RVUs, as physician education is a service covered under Medicare Part B and, as one commenter indicated, included and reported in an E/M code. However, the commenter stated that the E/M service that we might believe is appropriate (CPT code 99211) is not sufficient for the amount of time and work described by these services. Other commenters requested that the RUC-assigned RVUs be published, even if they are not used for Medicare payment, as other payers use the PFS to establish payment.

Response: As stated above in this section, the status indicator for these codes was corrected to a status indicator of B in the correction notice that appeared in the February 24, 2006 **Federal Register** (71 FR 9458). We believe these services are bundled into E/M services. Other than the diabetic education services (CPT codes G0108 and G0109) specified by the Congress, we do not cover separate education services outside of demonstrations or the Medicare Health Support program. For diabetic education services, CPT codes G0108 and G0109 should be used to bill for these services. CPT codes 98960-98962 will not be recognized as separate services for diabetic education.

Additional information on the DSMT benefit is available in § 410.140 through § 410.146, and on our Web site at <http://www.cms.hhs.gov/DiabetesSelfManagement/>. We are available to discuss certification requirements with interested providers. As requested by the commenters, we have published the RUC-assigned RVUs for these codes.

For CPT code 99143, *Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status, under 5 years of age; first 30 minutes intra-service time*, CPT code 99144, *Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status, age 5 years or older; first 30 minutes intra-service time*, CPT code 99145, *Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status, age 5 years or older; each additional 15 minutes intra-service time*, CPT code 99148, *Moderate sedation services (other than those services described by codes 00100-01999) provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports, under 5 years of age; first 30 minutes intra-service time*, CPT code 99149, *Moderate sedation services (other than those services described by codes 00100-01999) provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports, age 5 years or older; first 30 minutes intra-service time*, and CPT code 99150, *Moderate sedation services (other than those services described by codes 00100-01999) provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports, each*

additional 15 minutes intra-service time, the CPT Editorial Panel created six new codes to accurately report 2 separate families of moderate sedation. One family describes the provision of moderate sedation services by the physician who is performing the diagnostic or therapeutic service and supervising an independent trained observer while the other family describes moderate sedation services performed by a physician (other than an anesthesiologist) other than the physician performing a diagnostic or therapeutic service. These new codes replace CPT code 99141, *Sedation with or without analgesia (conscious sedation); intravenous, intra-muscular or inhalation*, and CPT code 99142, *Sedation with or without analgesia (conscious sedation); oral, rectal and/or intranasal*, which were bundled under the PFS. The RUC recommended 0.70 work RVUs for CPT code 99143, 0.66 work RVUs for CPT code 99144, 0.23 work RVUs for CPT code 99145, 1.75 work RVUs for CPT code 99148, 1.65 work RVUs for CPT code 99149 and 0.47 work RVUs for CPT code 99150. We questioned whether the RUC-assigned values are appropriate and carrier priced these codes in order to gather information for utilization and proper pricing.

Comment: Commenters requested that the RUC-recommended value for these services be accepted as these values were based on valid surveys and vetted through the RUC process. The RUC also indicated it would be happy to provide any additional information that would address any concerns we might have.

Response: We will maintain carrier pricing of these codes and will continue to monitor utilization.

Comment: Commenters requested that we publish the RVUs for noncovered services for which we receive RUC recommendations.

Response: In response to comments, we have published the RVUs for noncovered services for which we received RUC recommendations (with the exception of carrier-priced codes).

In the CY 2006 PFS final rule with comment period (70 FR 66370), we also responded to the RUC recommendations on the PE inputs for the new and revised CPT codes for 2006. We received the following comments:

Comment: Although we assigned non-facility PE inputs based on information provided by the RUC for CPT code 28890, *Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia*, one commenter expressed concern that the

PE RVUs are not sufficient to cover the actual costs associated with the performance of this procedure in the office setting. The commenter acknowledged that a single payment scheme for the purchase or rental of the equipment associated with its service does not exist and believes the expense to be higher than what was represented in the PE database. The commenter indicated that a "technical fee" is frequently paid when the procedure is performed in the office setting. The costs associated with this "technical fee" can include: The shock wave equipment, a specialized transport truck, a service contract with the manufacturer, salary/benefits for technologist and the transport driver, medical director fee, anesthesia fee, supplies and training material, malpractice and liability insurance, and fuel cost.

Response: Under the PFS, the PE component is based on the resources used to furnish each service and, for CPT code 28890, consists of a total of 133 minutes of clinical labor, disposable supplies, including the necessary items to provide the regional anesthetic block, and equipment over \$500, including the "shock-wave" machine. The PE methodology utilizes the price of equipment (as if the physician owned it) and considers the time used for performing the procedure (36 minutes). Costs of leasing arrangements or per use fees are not recognized in our PE methodology. Therefore, we are maintaining the direct PE inputs for this service (except as discussed previously in this rule) because they are consistent with the typical clinical labor, supplies, and equipment needed to provide this service in the physician's office.

Comment: We received three comments concerning the PE inputs for CPT codes 36475, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency, first vein treated*, and 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency, second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary location)*. Two commenters supported our proposal to add the tilt table for these services and also suggested the tilt table be added to CPT

codes 36478 and 36479—the entire endovenous family. One commenter requested that 15 minutes of clinical labor time be added to CPT codes 36475 and 36476. However, the commenters disagreed with the addition of 15 minutes of clinical labor time to CPT codes 36475 and 36476, indicating that the description of the physician work for these codes states that, when needed, the physician places the patient in the required position. One of these commenters indicated that this was also to be addressed at the February 2006 RUC meeting.

Response: At the February 2006 RUC meeting, the PERC recommended the addition of the tilt table to the family of CPT codes, 36475, 36476, 36478 and 36479. However, the PERC did not accept the additional clinical labor time. The tilt table was added to the PE database for these CPT codes, in concert with the PERC recommendations for CY 2007, and the PE RVUs in Addendum B reflect these changes.

D. Establishment of Interim Work Relative Value Units for New and Revised Physician's Current Procedural Terminology (CPT) Codes and New Healthcare Common Procedure Coding System Codes (HCPCS) for 2007 (Includes Table titled "American Medical Association Specialty Relative Value Update Committee and Health Care Professionals Advisory Committee Recommendations and CMS's Decisions for New and Revised 2007 CPT Codes")

One aspect of establishing RVUs for 2007 was to assign interim work RVUs for all new and revised CPT codes. As described in our November 25, 1992 notice on the 1993 PFS (57 FR 55951) and in section III.B. of the CY 1997 PFS final rule (61 FR 59505), we established a process, based on recommendations received from the AMA's RUC, for establishing interim work RVUs for new and revised codes.

This year we received work RVU recommendations for 230 new and revised CPT codes from the RUC. Of the 230 codes, 56 were modified by editorial changes, 57 were renumbered and the work RVUs associated with these services were assigned to the new codes (not included in Table 15), and 1 code was renumbered and assigned a new work RVU (included in Table 15). Our staff and medical officers reviewed the RUC recommendations by comparing them to our reference set or to other comparable services for which

work RVUs had previously been established. We also considered the relationships among the new and revised codes for which we received RUC recommendations and agreed with the majority of the relative relationships reflected in the RUC values. In some instances, although we agreed with the relationships, we nonetheless revised the work RVUs to achieve work neutrality within families of codes. That is, the work RVUs were adjusted so that the sum of the new or revised work RVUs (weighted by projected frequency of use) for a family will be the same as the sum of the current work RVUs (weighted by projected frequency of use) for the family of codes. We reviewed all the RUC recommendations and accepted approximately 98 percent of the RUC-recommended values.

We received one recommendation from the Health Care Professional Advisory Committee (HCPAC), which we accepted.

Table 15, titled "AMA RUC and HCPAC Recommendations and CMS Decisions for New and Revised 2007 CPT Codes," lists the new or revised CPT codes, and their associated work RVUs, that will be interim in 2007. This table includes the following information:

- A "#" identifies a new code for 2007.
- CPT code. This is the CPT code for a service.
- Modifier. A "26" in this column indicates that the work RVUs are for the PC of the code.
- Description. This is an abbreviated version of the narrative description of the code.
- RUC recommendations. This column identifies the work RVUs recommended by the RUC.
- HCPAC recommendations. This column identifies the work RVUs recommended by the HCPAC.
- CMS decision. This column indicates whether we agreed or we disagreed with the RUC recommendation. Codes for which we did not accept the RUC recommendation are discussed in greater detail following this table.
- 2007 Work RVUs. This column establishes the interim 2007 work RVUs for physician work. (Note: Values for 10- and 90-day global period codes reflect E/M increases from the 5-Year Review.)

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TABLE 15: AMA RUC and HCPAC Recommendations and CMS' Decisions for New and Revised 2007 CPT Codes

CPT	Mod	Short Descriptor	RUC recommendation	HCPAC recommendation	CMS Decision	2006 work RVU
#15002		WND PREP, CH/INF, TRK/ARM/LG	3.65	-----	Agree	3.65
#15003		WND PREP, CH/INF ADDL 100 CM	0.80	-----	Agree	0.80
#15004		WND PREP CH/INF, F/N/HF/G	4.58	-----	Agree	4.58
#15005		WND PREP, F/N/HF/G, ADDL CM	1.60	-----	Agree	1.60
#15731		FOREHEAD FLAP W/VASC PEDICLE	14.12	-----	Agree	14.12
#15830		EXC SKIN ABD	16.90	-----	Agree	16.90
#15847		EXC SKIN ABD ADD-ON	Carrier Priced	-----	Agree	Carrier Priced
#17003		DESTRUCT PREMALG LES, 2-14	0.07	-----	Agree	0.07
#17004		DESTROY PREMLG LESIONS 15+	1.82	-----	Agree	1.82
#17311		MOHS, 1 STAGE, H/N/HF/G	6.20	-----	Agree	6.20
#17312		MOHS ADDL STAGE	3.30	-----	Agree	3.30
#17313		MOHS, 1 STAGE, T/A/L	5.56	-----	Agree	5.56
#17314		MOHS, ADDL STAGE, T/A/L	3.06	-----	Agree	3.06
#17315		MOHS SURG, ADDL BLOCK	0.87	-----	Agree	0.87
#19105		CRYOSURG ABLATE FA, EACH	3.69	-----	Agree	3.69
19361		BREAST RECONSTR W/LAT FLAP	23.17	-----	Agree	23.17
#22526		IDET, SINGLE LEVEL	6.07	-----	Agree	6.07
#22527		IDET, 1 OR MORE LEVELS	3.03	-----	Agree	3.03
#22857**		LUMBAR ARTIF DISKECTOMY	26.93	-----	Agree	26.93
#22862**		REVISE LUMBAR ARTIF DISC	32.43	-----	Agree	32.43
#22865**		REMOVE LUMB ARTIF DISC	31.55	-----	Agree	31.55
#25109		EXCISE TENDON FOREARM/WRIST	6.81	-----	Agree	6.81
#25606		TREAT FX DISTAL RADIAL	8.10	-----	Agree	8.10
#25607		TREAT FX RAD EXTRA-ARTICUL	9.35	-----	Agree	9.35
#25608		TREAT FX RAD INTRA-ARTICUL	10.86	-----	Agree	10.86
#25609		TREAT FX RADIAL 3+ FRAG	14.12	-----	Agree	14.12

CPT	Mod	Short Descriptor	RUC recommendation	HCPAC recommendation	CMS Decision	2006 work RVU
#32998		PERQ RF ABLATE TX, PUL TUMOR	5.68	-----	Agree	5.68
#33202		INSERT EPICARD ELTRD, OPEN	13.15	-----	Agree	13.15
#33203		INSERT EPICARD ELTRD, ENDO	13.92	-----	Agree	13.92
#33254		ABLATE ATRIA, LMTD	23.58	-----	Agree	23.58
#33255		ABLATE ATRIA W/O BYPASS, EXT	28.91	-----	Agree	28.91
#33256		ABLATE ATRIA W/BYPASS, EXTEN	34.77	-----	Agree	34.77
#33265		ABLATE ATRIA W/BYPASS, ENDO	23.58	-----	Agree	23.58
#33266		ABLATE ATRIA W/O BYPASS ENDO	32.91	-----	Agree	32.91
#33675		CLOSE MULT VSD	35.87	-----	Agree	35.87
#33676		CLOSE MULT VSD W/RESECTION	36.87	-----	Agree	36.87
#33677		CL MULT VSD W/REM PUL BAND	38.37	-----	Agree	38.37
33684		REPAIR HEART SEPTUM DEFECT	34.29	-----	Agree	34.29
33688		REPAIR HEART SEPTUM DEFECT	34.67	-----	Agree	34.67
#33724		REPAIR VENOUS ANOMALY	27.55	-----	Agree	27.55
#33726		REPAIR PUL VENOUS STENOSIS	37.04	-----	Agree	37.04
#35302		RECHANNELING OF ARTERY	21.27	-----	Agree	21.27
#35303		RECHANNELING OF ARTERY	23.52	-----	Agree	23.52
#35304		RECHANNELING OF ARTERY	24.52	-----	Agree	24.52
#35305		RECHANNELING OF ARTERY	23.52	-----	Agree	23.52
#35306		RECHANNELING OF ARTERY	9.25	-----	Agree	9.25
35501		ARTERY BYPASS GRAFT	28.99	-----	Agree	28.99
35509		ARTERY BYPASS GRAFT	27.99	-----	Agree	27.99
#35537		ARTERY BYPASS GRAFT	41.75	-----	Agree	41.75
#35538		ARTERY BYPASS GRAFT	46.82	-----	Agree	46.82
#35539		ARTERY BYPASS GRAFT	43.98	-----	Agree	43.98
#35540		ARTERY BYPASS GRAFT	49.20	-----	Agree	49.20
35601		ARTERY BYPASS GRAFT	26.99	-----	Agree	26.99
#35637		ARTERY BYPASS GRAFT	32.92	-----	Agree	32.92
#35638		ARTERY BYPASS GRAFT	33.47	-----	Agree	33.47
#35883		REVISE GRAFT W/NONAUTO GRAFT	23.07	-----	Agree	23.07
#35884		REVISE GRAFT W/VEIN	24.57	-----	Agree	24.57
#37210		EMBOLIZATION UTERINE FIBROID	10.60	-----	Agree	10.60
#43647		LAP IMPL ELECTRODE, ANTRUM	Carrier Priced	-----	Agree	Carrier Priced
#43648		LAP REVISE/REMV ELTRD ANTRUM	Carrier Priced	-----	Agree	Carrier Priced
#43881		IMPL/REDO ELECTRD, ANTRUM	Carrier Priced	-----	Agree	Carrier Priced
#43882		REVISE/REMOVE ELECTRD ANTRUM	Carrier Priced	-----	Agree	Carrier Priced
#44157		COLECTOMY W/LEOANAL ANAST	35.49	-----	Agree	35.49
#44158		COLECTOMY W/NEO-RECTUM POUCH	36.49	-----	Agree	36.49
#49324		LAP INSERTION PERM IP CATH	6.27	-----	Agree	6.27
#49325		LAP REVISION PERM IP CATH	6.77	-----	Agree	6.77
#49326		LAP W/OMENTOPEXY ADD-ON	3.50	-----	Agree	3.50
#49435		INSERT SUBQ EXTEN TO IP CATH	2.25	-----	Agree	2.25
#49436		EMBEDDED IP CATH EXIT-SITE	2.69	-----	Agree	2.69
54150		CIRCUMCISION W/REGIONL BLOCK	1.90	-----	Agree	1.90
#55876		PLACE RT DEVICE/MARKER, PROS	1.73	-----	Agree	1.73
#57296		REVISE VAG GRAFT, OPEN ABD	16.46	-----	Agree	16.46
58240		REMOVAL OF PELVIS CONTENTS	49.02	-----	Agree	49.02

CPT	Mod	Short Descriptor	RUC recommendation	HCPAC recommendation	CMS Decision	2006 work RVU
#58541		LSH, UTERUS 250 G OR LESS	14.57	-----	Agree	14.57
#58542		LSH W/T/O UT 250 G OR LESS	16.43	-----	Agree	16.43
#58543		LSH UTERUS ABOVE 250 G	16.74	-----	Agree	16.74
#58544		LSH W/T/O UTERUS ABOVE 250 G	18.24	-----	Agree	18.24
#58548		LAP RADICAL HYST	31.45	-----	Agree	31.45
#58957		RESECT RECURRENT GYN MAL	26.06	-----	Agree	26.06
#58958		RESECT RECUR GYN MAL W/LYM	29.06	-----	Agree	29.06
#64910		NERVE REPAIR W/ALLOGRAFT	11.21	-----	Agree	11.21
#64911		NEURORRAPHY W/VEIN AUTOGRAFT	14.21	-----	Agree	14.21
#70554	26	FMRI BRAIN BY TECH	2.11	-----	Agree	2.11
#70555	26	FMRI BRAIN BY PHYS/PSYCH	2.54	-----	Agree	2.54
#76776	26	US EXAM K TRANSPL W/DOPPLER	0.76	-----	Agree	0.76
#76813	26	OB US NUCHAL MEAS, 1 GEST	1.18	-----	Agree	1.18
#76814	26	OB US NUCHAL MEAS, ADD-ON	0.99	-----	Agree	0.99
#77371		SRS, MULTISOURCE	0.00	-----	Agree	0.00
#77372		SRS, LINEAR BASED	0.00	-----	Agree	0.00
#77373		SBRT DELIVERY	0.00	-----	Agree	0.00
#77435		SBRT MANAGEMENT	13.00	-----	Agree	13.00
78730	26	URINARY BLADDER RETENTION	0.15	-----	Agree	0.15
#91111	26	ESOPHAGEAL CAPSULE ENDOSCOPY	1.00	-----	Agree	1.00
#92025	26	CORNEAL TOPOGRAPHY	0.35	-----	Agree	0.35
#92640		AUD BRAINSTEM IMPLT PROGRAMG	-----	0.00	Agree	0.00
#94002		VENT MGMT INPAT, INIT DAY	1.99	-----	Agree	1.99
#94003		VENT MGMT INPAT, SUBQ DAY	1.37	-----	Agree	1.37
#94004		VENT MGMT NF PER DAY	1.00	-----	Agree	1.00
#94005		HOME VENT MGMT SUPERVISION	1.50	-----	Disagree	Bundled
#94610	26	SURFACTANT ADMIN THRU TUBE	0.17	-----	Agree	0.17
#94644		CBT, 1ST HOUR	0.00	-----	Agree	0.00
#94645		CBT, EACH ADDL HOUR	0.00	-----	Agree	0.00
#94774		PED HOME APNEA REC, COMPL	Carrier Priced	-----	Agree	Carrier Priced
#94775		PED HOME APNEA REC, HK-UP	Carrier Priced	-----	Agree	Carrier Priced
#94776		PED HOME APNEA REC, DOWNLD	Carrier Priced	-----	Agree	Carrier Priced
#94777		PED HOME APNEA REC, REPORT	Carrier Priced	-----	Agree	Carrier Priced
#95012		EXHALED NITRIC OXIDE MEAS	0.00	-----	Agree	0.00
#96020	26	FUNCTIONAL BRAIN MAPPING	3.43	-----	Agree	3.43
#96040		GENETIC COUNSELING, 30 MIN	0.00	-----	Disagree	Bundled
#96904**		WHOLE BODY PHOTOGRAPHY	0.00	-----	Agree	0.00
99251		INPATIENT CONSULTATION	1.00	-----	Agree	1.00
99252		INPATIENT CONSULTATION	1.50	-----	Agree	1.50
99253		INPATIENT CONSULTATION	2.27	-----	Agree	2.27
99254		INPATIENT CONSULTATION	3.29	-----	Agree	3.29
99255		INPATIENT CONSULTATION	4.00	-----	Agree	4.00
#99363		ANTICOAG MGMT, INIT	1.65	-----	Disagree	Bundled
#99364		ANTICOAG MGMT, SUBSEQ	0.63	-----	Disagree	Bundled

New CPT code.

* All CPT codes copyright 2006 AMA.

** Denotes restricted coverage of code.

Table 16, which is titled "AMA RUC Anesthesia Recommendations and CMS Decisions for New and Revised 2007 CPT Codes," lists the new or revised CPT codes for anesthesia and their base units that will be interim in 2007. This table includes the following information:

- CPT code. This is the CPT code for a service.
- Description. This is an abbreviated version of the narrative description of the code.
- RUC recommendations. This column identifies the base units recommended by the RUC.
- CMS decision. This column indicates whether we agreed or we

disagreed with the RUC recommendation. Codes for which we did not accept the RUC recommendation are discussed in greater detail following this table.

- 2007 Base Units. This column establishes the 2007 base units for these services.

TABLE 16.—AMA RUC ANESTHESIA RECOMMENDATIONS AND CMS DECISIONS FOR NEW AND REVISED CPT CODES

*CPT code	Description	RUC recommendation	CMS decision	2007 base units
#00625	ANES SPINE TRANTHOR W/O VENT	13.00	Agree	13.00
#00626	ANES, SPINE TRANSTHOR W/VENT	13.00	Agree	15.00

* All CPT codes copyright 2006 AMA.
New CPT code.

E. Discussion of Codes for Which There Were no RUC Recommendations or for Which the RUC Recommendations Were Not Accepted

The following is a summary of our rationale for not accepting particular RUC work RVUs. It is arranged by type of service in CPT order. This summary refers only to work RVUs.

For CPT code 22857, *Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, single interspace*; CPT code 22862, *Revision including replacement of total disc arthroplasty (artificial disc) anterior approach, lumbar, single interspace (includes approach)*; and CPT code 22865, *Removal of total disc arthroplasty (artificial disc), anterior approach, lumbar, single interspace*, the RUC recommended 25.07 work RVUs for CPT code 22857, 30.57 work RVUs for CPT code 22862 and 29.57 work RVUs for CPT code 22865. We are assigning a status indicator of R (Restricted) to these services due to an NCD for non-coverage of Lumbar Artificial Disc Replacement with the Charite™ lumbar artificial disc for patients over the age of 60.

For CPT code 94005, *Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (e.g., assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care*

plan (as appropriate), within a calendar month, 30 minutes or more, the RUC-recommended 1.50 work RVUs for this code. We are assigning a status indicator of B (Bundled) to this service because: (1) The patient is not present when this service is rendered and (2) we believe this service is captured in E/M services. (Note: The RUC-recommended RVUs for this code will be reflected in Addendum B.)

For CPT code 96040, *Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family*, this procedure does not have any physician work and to the extent that these services are covered, we consider them bundled into E/M services and have assigned as status indicator of B. (Note: The RUC-recommended RVUs for this code will be reflected in Addendum B.)

For CPT code 96904, *Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma*, this procedure does not have any physician work. We have assigned a status indicator of R (Restricted) to this service, and will only recognize this code when services are performed on patients with melanoma and not when services are performed for screening based on family history (because we did not cover screenings). We will implement edits for situations involving patients with melanoma and/or dysplastic nevus syndrome.

For CPT code 99363, *Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)*; and CPT code 99364, *Anticoagulant management for a patient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of three INR measurements)*, the RUC recommended 1.65 work RVUs for CPT code 99363 and 0.63 work RVUs for CPT code 99364. We believe these services are bundled into E/M services and have assigned a status indicator of B to these codes. (Note: The RUC-recommended RVUs for these codes will be reflected in Addendum B.)

F. Additional Pricing Issue

We are carrier-pricing the global and TC for the codes listed in Table 17. The TC is not paid in the facility setting under the PFS and the RUC did not forward recommendations in the non-facility setting because these services are performed infrequently, if at all in the non-facility setting. Work RVUs will continue to be used to establish payment for the PC.

TABLE 17.—CARRIER PRICED CODES

CPT code *	Mod	Short descriptor	Status indicator
70170 .....	.....	X-RAY EXAM OF TEAR DUCT	Carrier Priced.
70170	TC	X-RAY EXAM OF TEAR DUCT	Carrier Priced.

TABLE 17.—CARRIER PRICED CODES—Continued

CPT code *	Mod	Short descriptor	Status indicator
70555		FMRI BRAIN BY PHYS/PSYCH	Carrier Priced.
70555	TC	FMRI BRAIN BY PHYS/PSYCH	Carrier Priced.
71090		X-RAY EXAM OF EYE SOCKETS	Carrier Priced.
71090	TC	X-RAY EXAM OF EYE SOCKETS	Carrier Priced.
73530		X-RAY EXAM OF HIP	Carrier Priced.
73530	TC	X-RAY EXAM OF HIP	Carrier Priced.
74190		X-RAY EXAM OF PERITONEUM	Carrier Priced.
74190	TC	X-RAY EXAM OF PERITONEUM	Carrier Priced.
74305		X-RAY BILE DUCTS/PANCREAS	Carrier Priced.
74305	TC	X-RAY BILE DUCTS/PANCREAS	Carrier Priced.
74328		X-RAY BILE DUCT ENDOSCOPY	Carrier Priced.
74328	TC	X-RAY BILE DUCT ENDOSCOPY	Carrier Priced.
74330		X-RAY BILE/PANC ENDOSCOPY	Carrier Priced.
74330	TC	X-RAY BILE/PANC ENDOSCOPY	Carrier Priced.
74340		X-RAY GUIDE FOR GI TUBE	Carrier Priced.
74340	TC	X-RAY GUIDE FOR GI TUBE	Carrier Priced.
74355		X-RAY GUIDE, INTESTINAL TUBE	Carrier Priced.
74355	TC	X-RAY GUIDE, INTESTINAL TUBE	Carrier Priced.
74360		X-RAY GUIDE, GI DILATION	Carrier Priced.
74360	TC	X-RAY GUIDE, GI DILATION	Carrier Priced.
74420		CONTRST X-RAY, URINARY TRACT	Carrier Priced.
74420	TC	CONTRST X-RAY, URINARY TRACT	Carrier Priced.
74425		CONTRST X-RAY, URINARY TRACT	Carrier Priced.
74425	TC	CONTRST X-RAY, URINARY TRACT	Carrier Priced.
74445		X-RAY EXAM OF PENIS	Carrier Priced.
74445	TC	X-RAY EXAM OF PENIS	Carrier Priced.
74450		X-RAY, URETHRA/BLADDER	Carrier Priced.
74450	TC	X-RAY, URETHRA/BLADDER	Carrier Priced.
74470		X-RAY EXAM OF KIDNEY LESION	Carrier Priced.
74470	TC	X-RAY EXAM OF KIDNEY LESION	Carrier Priced.
74775		X-RAY EXAM OF PERINEUM	Carrier Priced.
74775	TC	X-RAY EXAM OF PERINEUM	Carrier Priced.
75801		LYMPH VESSEL X-RAY, ARM/LEG	Carrier Priced.
75801	TC	LYMPH VESSEL X-RAY, ARM/LEG	Carrier Priced.
75803		LYMPH VESSEL X-RAY, ARMS/LEGS	Carrier Priced.
75803	TC	LYMPH VESSEL X-RAY, ARMS/LEGS	Carrier Priced.
75805		LYMPH VESSEL X-RAY, TRUNK	Carrier Priced.
75805	TC	LYMPH VESSEL X-RAY, TRUNK	Carrier Priced.
75810		VEIN X-RAY, SPLEEN/LIVER	Carrier Priced.
75810	TC	VEIN X-RAY, SPLEEN/LIVER	Carrier Priced.
75894		X-RAYS, TRANSCATH THERAPY	Carrier Priced.
75894	TC	X-RAYS, TRANSCATH THERAPY	Carrier Priced.
75896		X-RAYS, TRANSCATH THERAPY	Carrier Priced.
75896	TC	X-RAYS, TRANSCATH THERAPY	Carrier Priced.
75898		FOLLOW-UP ANGIOGRAPHY	Carrier Priced.
75898	TC	FOLLOW-UP ANGIOGRAPHY	Carrier Priced.
75940		X-RAY PLACEMENT, VEIN FILTER	Carrier Priced.
75940	TC	X-RAY PLACEMENT, VEIN FILTER	Carrier Priced.
75945		INTRAVASCULAR US	Carrier Priced.
75945	TC	INTRAVASCULAR US	Carrier Priced.
75960		TRANSCATH IV STENT RS & I	Carrier Priced.
75960	TC	TRANSCATH IV STENT RS & I	Carrier Priced.
75970		VASCULAR BIOPSY	Carrier Priced.
75970	TC	VASCULAR BIOPSY	Carrier Priced.
75980		CONTRAST X-RAY EXAM BILE DUCT	Carrier Priced.
75980	TC	CONTRAST X-RAY EXAM BILE DUCT	Carrier Priced.
75992		ATHERECTOMY, X-RAY EXAM	Carrier Priced.
75992	TC	ATHERECTOMY, X-RAY EXAM	Carrier Priced.
76001		FLUOROSCOPE EXAM, EXTENSIVE	Carrier Priced.
76001	TC	FLUOROSCOPE EXAM, EXTENSIVE	Carrier Priced.
76125		CINE/VIDEO X-RAYS ADD-ON	Carrier Priced.
76125	TC	CINE/VIDEO X-RAYS ADD-ON	Carrier Priced.
76932		ECHO GUIDE FOR HEART BIOPSY	Carrier Priced.
76932	TC	ECHO GUIDE FOR HEART BIOPSY	Carrier Priced.
76940		US GUIDE, TISSUE ABLATION	Carrier Priced.
76940	TC	US GUIDE, TISSUE ABLATION	Carrier Priced.
76941		ECHO GUIDE FOR TRANSFUSION	Carrier Priced.
76941	TC	ECHO GUIDE FOR TRANSFUSION	Carrier Priced.
76945		ECHO GUIDE, VILLUS SAMPLING	Carrier Priced.
76945	TC	ECHO GUIDE, VILLUS SAMPLING	Carrier Priced.
76975		GI ENDOSCOPIC ULTRASOUND	Carrier Priced.
76975	TC	GI ENDOSCOPIC ULTRASOUND	Carrier Priced.

TABLE 17.—CARRIER PRICED CODES—Continued

CPT code *	Mod	Short descriptor	Status indicator
76998		US GUIDE, INTRAOP	Carrier Priced.
76998	TC	US GUIDE, INTRAOP	Carrier Priced.
77013		CT GUIDE FOR TISSUE ABLATION	Carrier Priced.
77013	TC	CT GUIDE FOR TISSUE ABLATION	Carrier Priced.
77022		MRI FOR TISSUE ABLATION	Carrier Priced.
77022	TC	MRI FOR TISSUE ABLATION	Carrier Priced.
92978		INTRAVASC US, HEART ADD-ON	Carrier Priced.
92978	TC	INTRAVASC US, HEART ADD-ON	Carrier Priced.
92979		INTRAVASC US, HEART ADD-ON	Carrier Priced.
92979	TC	INTRAVASC US, HEART ADD-ON	Carrier Priced.
93501		RIGHT HEART CATHETERIZATION	Carrier Priced.
93501	TC	RIGHT HEART CATHETERIZATION	Carrier Priced.
93503		INSERT/PLACE HEART CATHETER	Carrier Priced.
93505		BIOPSY OF HEART LINING	Carrier Priced.
93505	TC	BIOPSY OF HEART LINING	Carrier Priced.
93508		CATH PLACEMENT, ANGIOGRAPHY	Carrier Priced.
93508	TC	CATH PLACEMENT, ANGIOGRAPHY	Carrier Priced.
93510		LEFT HEART CATHETERIZATION	Carrier Priced.
93510	TC	LEFT HEART CATHETERIZATION	Carrier Priced.
93511		LEFT HEART CATHETERIZATION	Carrier Priced.
93511	TC	LEFT HEART CATHETERIZATION	Carrier Priced.
93524		LEFT HEART CATHETERIZATION	Carrier Priced.
93524	TC	LEFT HEART CATHETERIZATION	Carrier Priced.
93526		RT & LT HEART CATHETERS	Carrier Priced.
93526	TC	RT & LT HEART CATHETERS	Carrier Priced.
93527		RT & LT HEART CATHETERS	Carrier Priced.
93527	TC	RT & LT HEART CATHETERS	Carrier Priced.
93528		RT & LT HEART CATHETERS	Carrier Priced.
93528	TC	RT & LT HEART CATHETERS	Carrier Priced.
93529		RT, LT HEART CATHETERIZATION	Carrier Priced.
93529	TC	RT, LT HEART CATHETERIZATION	Carrier Priced.
93530		RT HEART CATH, CONGENITAL	Carrier Priced.
93530	TC	RT HEART CATH, CONGENITAL	Carrier Priced.
93531		R & L HEART CATH, CONGENITAL	Carrier Priced.
93531	TC	R & L HEART CATH, CONGENITAL	Carrier Priced.
93539		INJECTION, CARDIAC CATH	Carrier Priced.
93540		INJECTION, CARDIAC CATH	Carrier Priced.
93541		INJECTION FOR LUNG ANGIOGRAM	Carrier Priced.
93542		INJECTION FOR HEART X-RAYS	Carrier Priced.
93543		INJECTION FOR HEART X-RAYS	Carrier Priced.
93544		INJECTION FOR AORTOGRAPHY	Carrier Priced.
93545		INJECT FOR CORONARY X-RAYS	Carrier Priced.
93555		IMAGING, CARDIAC CATH	Carrier Priced.
93555	TC	IMAGING, CARDIAC CATH	Carrier Priced.
93556		IMAGING, CARDIAC CATH	Carrier Priced.
93556	TC	IMAGING, CARDIAC CATH	Carrier Priced.
93561		CARDIAC OUTPUT MEASUREMENT	Carrier Priced.
93561	TC	CARDIAC OUTPUT MEASUREMENT	Carrier Priced.
93562		CARDIAC OUTPUT MEASUREMENT	Carrier Priced.
93562	TC	CARDIAC OUTPUT MEASUREMENT	Carrier Priced.
93571		HEART FLOW RESERVE MEASURE	Carrier Priced.
93571	TC	HEART FLOW RESERVE MEASURE	Carrier Priced.
93600		BUNDLE OF HIS RECORDING	Carrier Priced.
93600	TC	BUNDLE OF HIS RECORDING	Carrier Priced.
93602		INTRA-ATRIAL RECORDING	Carrier Priced.
93602	TC	INTRA-ATRIAL RECORDING	Carrier Priced.
93603		RIGHT VENTRICULAR RECORDING	Carrier Priced.
93603	TC	RIGHT VENTRICULAR RECORDING	Carrier Priced.
93609		MAP TACHYCARDIA, ADD-ON	Carrier Priced.
93609	TC	MAP TACHYCARDIA, ADD-ON	Carrier Priced.
93610		INTRA-ATRIAL PACING	Carrier Priced.
93610	TC	INTRA-ATRIAL PACING	Carrier Priced.
93612		INTRAVENTRICULAR PACING	Carrier Priced.
93612	TC	INTRAVENTRICULAR PACING	Carrier Priced.
93615		ESOPHAGEAL RECORDING	Carrier Priced.
93615	TC	ESOPHAGEAL RECORDING	Carrier Priced.
93618		HEART RHYTHM PACING	Carrier Priced.
93618	TC	HEART RHYTHM PACING	Carrier Priced.
93619		ELECTROPHYSIOLOGY EVALUATION	Carrier Priced.
93619	TC	ELECTROPHYSIOLOGY EVALUATION	Carrier Priced.
93640		EVALUATION HEART DEVICE	Carrier Priced.
93640	TC	EVALUATION HEART DEVICE	Carrier Priced.

TABLE 17.—CARRIER PRICED CODES—Continued

CPT code*	Mod	Short descriptor	Status indicator
93641 .....	.....	ELECTROPHYSIOLOGY EVALUATION	Carrier Priced.
93641	TC	ELECTROPHYSIOLOGY EVALUATION	Carrier Priced.
96020 .....	.....	FUNCTIONAL BRAIN MAPPING	Carrier Priced.
96020	TC	FUNCTIONAL BRAIN MAPPING	Carrier Priced.

* All CPT codes copyright 2006 AMA.

G. Establishment of Interim PE RVUs for New and Revised Physician's Current Procedural Terminology (CPT) Codes and New Healthcare Common Procedure Coding System (HCPCS) Codes for 2007

We have developed a process for establishing interim PE RVUs for new and revised codes that is similar to that used for work RVUs. Under this process, the RUC recommends the PE direct inputs (the staff time, supplies and equipment) associated with each new code. We then review the recommendations in a manner similar to our evaluation of the recommended work RVUs. The RUC recommendations on the PE inputs for the new and revised 2007 codes were submitted to us as interim recommendations.

We have accepted, in the interim, the PE recommendations submitted by the RUC for the codes listed in the table titled "AMA RUC and HCPAC RVU Recommendations and CMS Decisions for New and Revised 2007 CPT Codes" except as noted below in this section.

For CPT code 15731, *Forehead flap with preservation of vascular pedicle (e.g., axial pattern flap, paramedian forehead flap)*; and CPT code 15830, *Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy*, we assigned 5 minutes for each post-operative visit for the digital camera used in the post-operative visits, rather than the entire clinical labor time for each post-operative period.

For CPT code 22527, *Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more additional levels (List separately in addition to code for primary procedure)*, we deleted the ambulatory blood pressure monitor because it duplicates the function of the 3-channel ECG machine.

For CPT code 55876, *Placement of interstitial device(s) for radiation guidance (e.g., fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple*, we deleted one package of gold markers (contains 3 markers each) because we believe that the typical number of gold

markers used in this procedure is 2 or 3 and we entered an interim price of \$119 per 3-pack. We are asking the specialty to provide us with: (a) Verification of the typical number of gold markers used in this procedure; and (b) documentation as to the typical price of these markers.

For CPT code 76776, *Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation*, we deleted the color laser printer because it is contained in the ultrasound room that is also used for the procedure.

For CPT code 77371, *Radiation treatment delivery, stereotactic radiosurgery (SRS) (complete course of treatment of cerebral lesion[s] consisting of 1 session); multi-source Cobalt 60 based*, we designated, as an interim measure, the \$15,000 radiation source with a specific 1-month life (that was included in the list of direct-expense equipment items for this service), as an indirect expense because we believe it does not meet the criteria for inclusion as a direct expense. To the extent that the specialty disagrees with our decision to assign the radiation source cost as an indirect expense, the interim nature of this designation gives the specialty the opportunity to provide us with documentation to support their belief that the radiation source should be considered a direct expense.

For CPT code 94644, *Continuous inhalation with aerosol medication for acute airway obstruction; first hour*, we did not include the peak flow meter as a supply item for this service because this item is reusable and was previously removed from the PE database at the time the supplies were re-priced.

For CPT code 96040, *Medical genetics and genetics counseling services, each 30 minutes face-to-face with patient/family*, the payment rate, at \$0.567, for "genetic counselor" was created from a non-BLS source that listed a 2003 national annual average salary of \$53,377. This salary was inflated to include fringe benefits (\$53,377 multiplied by 1.366), then deflated by the MEI to the year 2002 (the same year as the other labor costs in the PE database), then divided by 2080 (the number of hours in a work year), and

finally divided by 60 (the number minutes in an hour). We were not able to include a price for the pedigree software equipment as it was not provided with the PE inputs.

For CPT code 96904, *Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma*, the payment rate, at \$0.383, for "medical photographers", was created from a non-BLS source that gave a 2003 national annual average salary of \$36,000. This salary was inflated by a factor of 1.366 to include fringe benefits, then deflated by the MEI to 2002 (the labor base year), then divided by 2080 (the number of annual work hours), and lastly, divided by number 60 (the number of minutes in an hour). We are asking the specialty to submit acceptable documentation for all of the cameras and related equipment that are listed for this service. The prices submitted by the specialty have been entered on an interim basis for CY 2007.

For CPT code 58240, *Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof*, the supplies for this service were correctly entered as a quantity of 6—the number of post-operative visits (POVs)—rather than 4, as listed on the PE spreadsheet in the RUC recommendations. The correct labor and equipment times were entered as reflected by the level and number of POVs.

For CPT code 92025, *Computerized corneal topography, unilateral or bilateral with interpretation and report*, the specific topography equipment (at \$44,000) requested for this procedure was not included because we do not believe it is the typical unit used in physician offices. Instead, we used the existing topography unit (at \$13,495) and added a printer and computer with

monitor to the PE database for this service.

VI. Physician Self-Referral Prohibition: Annual Update to the List of CPT/HCPCS Codes

A. General

Section 1877 of the Act prohibits a physician from referring a Medicare beneficiary for certain designated health services (DHS) to a health care entity with which the physician (or a member of the physician's immediate family) has a financial relationship, unless an exception applies. Section 1877 of the Act also prohibits the DHS entity from submitting claims to Medicare or billing the beneficiary or any other entity for Medicare DHS that are furnished as a result of a prohibited referral.

As specified in our regulations at § 411.351, the following services are DHS:

- Clinical laboratory services.
- Physical therapy, occupational therapy, and speech-language pathology services.
- Radiology and certain other imaging services.
- Radiation therapy services and supplies.
- Durable medical equipment and supplies.
- Parenteral and enteral nutrients, equipment, and supplies.
- Prosthetics, orthotics, and prosthetic devices and supplies.
- Home health services.
- Outpatient prescription drugs.
- Inpatient and outpatient hospital services.

B. Nuclear Medicine

In the CY 2006 PFS proposed rule (70 FR 45764), we sought public comments on a proposal to amend the definitions of "radiation and certain other imaging services" and "radiation therapy services and supplies" at § 411.351 to include nuclear medicine services and supplies. In the CY 2006 PFS final rule with comment (70 FR 70116), we finalized the proposal and provided a delayed effective date of January 1, 2007 for the new provisions. We included a list of the nuclear medicine CPT and HCPCS codes in Table 31 and Addendum H of the CY 2006 PFS final rule with comment (70 FR 70290 through 70295 and 70472 through 70476).

In response to the CY 2006 PFS final rule with comment period, we received public comments from three organizations regarding the nuclear medicine issue. Because we had previously provided an opportunity for comment on the proposal in accordance

with the provisions of the Administrative Procedure Act (APA) (5 U.S.C. 551 *et seq.*), we are not required to respond further. Nevertheless, we are responding to the only comment that provided significant new information. Specifically, we are responding to the following comment from the AMA.

Comment: The AMA stated that it does not recognize diagnostic and therapeutic nuclear medicine services as a subspecialty of radiology, contrary to our statement in the CY 2006 PFS final rule (70 FR 70285). In that rule and in the proposed rule, we had explained that radiology and other imaging services should include diagnostic nuclear medicine procedures, because, among a number of other reasons, the AMA recognizes nuclear medicine as a subspecialty of radiology. We also noted in the CY 2006 PFS final rule (70 FR 70285) that the AMA had not objected to this statement in the proposed rule. In its comment, the AMA has now stated that its CPT coding categories are not intended to be a determination of subspecialties. The AMA added that nuclear medicine should be recognized as its own specialty, separate from radiology, because it has its own board certification and residency program.

Response: We accept the explanation by the AMA that it does not recognize diagnostic nuclear medicine services as a subspecialty of radiology. However, we continue to believe that we should include all forms of radiological imaging in the DHS category "radiology and other imaging services." As we noted in both the CY 2006 PFS proposed (70 FR 45855) and final rules (70 FR 70285), although there may be differences of opinion as to whether diagnostic nuclear medicine is a subset of radiology, it is an imaging service covered by 1861(s)(3) of the Act, and of the type for which the Congress intended to prohibit referrals.

C. Annual Update to the Code List

1. Background

In § 411.351, we specify that the entire scope of four DHS categories is defined in a list of CPT/HCPCS codes (the Code List), which is updated annually to account for changes in the most recent CPT and HCPCS publications. The DHS categories defined and updated in this manner are:

- Clinical laboratory services.
- Physical therapy, occupational therapy, and speech-language pathology services.
- Radiology and certain other imaging services.
- Radiation therapy services and supplies.

The Code List also identifies those items and services that may qualify for either of the following two exceptions to the physician self-referral prohibition:

- EPO and other dialysis-related drugs furnished in or by an ESRD facility (§ 411.355(g)).
- Preventive screening tests, immunizations or vaccines (§ 411.355(h)).

The Code List was last updated in the CY 2006 PFS final rule with comment period (70 FR 70116).

2. Response to Comments

We did not receive any comments relating to the Code List that became effective January 1, 2006.

3. Revisions Effective for 2007

The updated, comprehensive Code List effective January 1, 2007 appears as Addendum J in this final rule with comment and is available on our Web site at <http://www.cms.hhs.gov/PhysicianSelfReferral>. Addendum J reflects the addition of CPT code 86960 to the list of CPT codes in the 80000 series that are excluded from the definition of "clinical laboratory services." This code was a new CPT code last year and should have been added to the list of excluded 80000 series codes at that time. In addition, Addendum J reflects the changes indicated in Tables 18 and 19.

Tables 18 and 19 identify the additions and deletions, respectively, to the comprehensive Code List that was published in Addendum H of the CY 2006 PFS final rule (70 FR 70472 through 70476). Tables 18 and 19 also identify the additions and deletions to the lists of codes used to identify the items and services that may qualify for the exceptions in § 411.355(g) (regarding EPO and other dialysis-related outpatient prescription drugs furnished in or by an ESRD facility) and in § 411.355(h) (regarding preventive screening tests, immunizations and vaccines).

The additions specified in Table 18 generally reflect new CPT and HCPCS codes that become effective January 1, 2007, or that became effective since our last update. Although we included nuclear medicine codes in Addendum H of the CY 2006 PFS final rule, we are including them as additions in Table 18 since they will become effective January 1, 2007. In addition, Table 18 also reflects our decision to move several nuclear medicine procedures that had been added last year to the DHS category of "radiology and certain other imaging services" (but not effective until January 1, 2007) to the category of "clinical laboratory services." We

determined that the following CPT codes do not involve imaging services and are categorized more appropriately as clinical laboratory services: 78110, 78111, 78120, 78121, 78122, 78130, 78191, 78270, 78271, 78272 and 78725. We are also adding CPT code 86960 to the excluded portion of the "clinical laboratory services" category.

Additionally, we are adding several HCPCS codes for radiopharmaceuticals and high osmolar contrast materials to the category of "radiology of and certain other imaging services." We inadvertently omitted these codes in Addendum H of the CY 2006 PFS final rule with comment.

Table 19 reflects the deletions necessary to conform the Code List to the most recent publications of CPT and HCPCS. It also reflects our decision to delete certain nuclear medicine services (CPT codes 78110, 78111, 78120, 78121, 78122, 78130, 78191, 78270, 78271, 78272 and 78725) from the category of "radiology and certain other imaging services" and to move them to the more appropriate category of "clinical laboratory services."

We will consider comments regarding the codes listed in Tables 18 and 19 and the addition on Addendum J of CPT code 86960 to the list of CPT codes in the 80000 series that are excluded from the definition of "clinical laboratory services." Comments will be considered if we receive them by the date specified in the DATES section of this final rule with comment. We will not consider any comment that advocates a substantive change to any of the DHS defined in § 411.351.

TABLE 18.—ADDITIONS TO THE PHYSICIAN SELF-REFERRAL LIST OF CPT 1/HCPCS CODES

CLINICAL LABORATORY SERVICES	
78110	Plasma volume, single.
78111	Plasma volume, multiple.
78120	Red cell mass, single.
78121	Red cell mass, multiple.
78122	Blood volume.
78130	Red cell survival study.
78191	Pyelatelet survival.
78270	Vit B-12 absorption exam.
78271	Vit B-12 absorp exam, int fac.
78272	Vit B-12 absorp, combined.
78725	Kidney function study.
G0394	Blood occult test colorectal.
PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND SPEECH-LANGUAGE PATHOLOGY SERVICES	
[No additions].	
RADIOLOGY AND CERTAIN OTHER IMAGING SERVICES	
0144T	Ct heart w/ dye; qual calc.
0145T	Ct heart w/wo dye funct.
0146T	Ccta w/wo dye.
0147T	Ccta w/wo, quan calcium.
0148T	Ccta w/wo, strxr.
0149T	Ccta w/wo, strxr quan calc.

TABLE 18.—ADDITIONS TO THE PHYSICIAN SELF-REFERRAL LIST OF CPT 1/HCPCS CODES—Continued

0150T	Ccta w/wo, disease strxr.
0151T	Ct heart funct add-on.
0159T	Cad breast mri.
0174T	Cad crx with interp.
0175T	Cad crx remote.
70554	Fmri brain by tech.
70555	Fmri brain by phys/psych.
76776	Us exam k transl w/Doppler.
77014	Ct scan for therapy guide.
77051	Computer dx mammogram add-on.
77052	Comp screen mammogram add-on.
77055	Mammogram, one breast.
77056	Mammogram, both breasts.
77057	Mammogram, screening.
77058	Mri, one breast.
77059	Mri, both breasts.
77071	X-ray stress view.
77072	X-rays for bone age.
77073	X-rays, bone length studies.
77074	X-rays, bone survey, limited.
77075	X-rays, bone survey complete.
77076	X-rays, bone survey, infant.
77077	Joint survey, single view.
77078	Ct bone density, axial.
77079	Ct bone density, peripheral.
77080	Dxa bone density, axial.
77081	Dxa bone density/peripheral.
77082	Dxa bone density, vert fx.
77083	Radiographic absorptometry.
77084	Magnetic image, bone marrow.
78000	Thyroid, single uptake.
78001	Thyroid, multiple uptakes.
78003	Thyroid suppress/stimul.
78006	Thyroid imaging with uptake.
78007	Thyroid image, mult uptakes.
78010	Thyroid imaging.
78011	Thyroid imaging with flow.
78015	Thyroid met imaging.
78016	Thyroid met imaging/studies.
78018	Thyroid met imaging, body.
78020	Thyroid met uptake.
78070	Parathyroid nuclear imaging.
78075	Adrenal nuclear imaging.
78099	Endocrine nuclear procedure.
78102	Bone marrow imaging, ltd.
78103	Bone marrow imaging, mult.
78104	Bone marrow imaging, body.
78135	Red cell survival kinetics.
78140	Red cell sequestration.
78185	Spleen imaging.
78190	Platelet survival, kinetics.
78195	Lymph system imaging.
78199	Blood/lymph nuclear exam.
78201	Liver imaging.
78202	Liver imaging with flow.
78205	Liver imaging (3D).
78206	Liver image (3D) with flow.
78215	Liver and spleen imaging.
78216	Liver & spleen image/flow.
78220	Liver function study.
78223	Hepatobiliary imaging.
78230	Salivary gland imaging.
78231	Serial salivary imaging.
78232	Salivary gland function exam.
78258	Esophageal motility study.
78261	Gastric mucosa imaging.
78262	Gastroesophageal reflux exam.
78264	Gastric emptying study.
78278	Acute GI blood loss imaging.
78282	GI protein loss exam.
78290	Meckel's divert exam.
78291	Leveen/shunt patency exam.
78299	GI nuclear procedure.
78300	Bone imaging, limited area.
78305	Bone imaging, multiple areas.
78306	Bone imaging, whole body.
78315	Bone imaging, 3 phase.
78320	Bone imaging (3D).
78399	Musculoskeletal nuclear exam.

TABLE 18.—ADDITIONS TO THE PHYSICIAN SELF-REFERRAL LIST OF CPT 1/HCPCS CODES—Continued

78414	Non-imaging heart function.
78428	Cardiac shunt imaging.
78445	Vascular flow imaging.
78456	Acute venous thrombus image.
78457	Venous thrombosis imaging.
78458	Ven thrombosis images, bilat.
78459	Heart muscle imaging (PET).
78460	Heart muscle blood, single.
78461	Heart muscle blood, multiple.
78464	Heart image (3d), single.
78465	Heart image (3d), multiple.
78466	Heart infarct image.
78468	Heart infarct image (ef).
78469	Heart infarct image (3D).
78472	Gated heart, planar, single.
78473	Gated heart, multiple.
78478	Heart wall motion add-on.
78480	Heart function add-on.
78481	Heart first pass, single.
78483	Heart first pass, multiple.
78491	Heart image (pet), single.
78492	Heart image (pet), multiple.
78494	Heart image, spect.
78496	Heart first pass add-on.
78499	Cardiovascular nuclear exam.
78580	Lung perfusion imaging.
78584	Lung V/Q image single breath.
78585	Lung V/Q imaging.
78586	Aerosol lung image, single.
78587	Aerosol lung image, multiple.
78588	Perfusion lung image.
78591	Vent image, 1 breath, 1 proj.
78593	Vent image, 1 proj, gas.
78594	Vent image, mult proj, gas.
78596	Lung differential function.
78599	Respiratory nuclear exam.
78600	Brain imaging, ltd static.
78601	Brain imaging, ltd w/flow.
78605	Brain imaging, complete.
78606	Brain imaging, compl w/flow.
78607	Brain imaging (3D).
78608	Brain imaging (PET).
78609	Brain imaging (PET).
78610	Brain flow imaging only.
78615	Cerebral vascular flow image.
78630	Cerebrospinal fluid scan.
78635	CSF ventriculography.
78645	CSF shunt evaluation.
78647	Cerebrospinal fluid scan.
78650	CSF leakage imaging.
78660	Nuclear exam of tear flow.
78699	Nervous system nuclear exam.
78700	Kidney imaging, morphol.
78701	Kidney imaging with flow.
78707	K flow/funct image w/o drug.
78708	K flow/funct image w/drug.
78709	K flow/funct image, multiple.
78710	Kidney imaging (3D).
78730	Urinary bladder retention.
78740	Ureteral reflux study.
78761	Testicular imaging w/flow.
78799	Genitourinary nuclear exam.
78800	Tumor imaging, limited area.
78801	Tumor imaging, mult area.
78802	Tumor imaging, whole body.
78803	Tumor imaging (3D).
78804	Tumor imaging, whole body.
78805	Abscess imaging, ltd area.
78806	Abscess imaging, whole body.
78807	Nuclear localization/abscess.
78811	Tumor imaging (pet), limited.
78812	Tumor image (pet)/skull-high.
78813	Tumor image (pet) full body.
78814	Tumor image pet/ct, limited.
78815	Tumor image pet/ct skull-high.
78816	Tumor image pet/ct full body.
78890	Nuclear medicine data proc.
78891	Nuclear med data proc.
78999	Nuclear diagnostic exam.
91111	Esophageal capsule endoscopy.

TABLE 18.—ADDITIONS TO THE PHYSICIAN SELF-REFERRAL LIST OF CPT 1/HCPCS CODES—Continued

A4641	Radiopharm dx agent.
A4642	In111 satumomab.
A9500	Tc99m sestamibi.
A9502	Tc99m tetrofosmin.
A9503	Tc99m medronate.
A9504	Tc99m apcitide.
A9505	TL201 thallium.
A9507	In111 capromab.
A9508	I131 iodobenguatate, dx.
A9510	Tc99m disofenin.
A9512	Tc99m pertechnetate.
A9516	I123 iodide cap, dx.
A9521	Tc99m exametazime.
A9524	I131 serum albumin, dx.
A9526	Nitrogen N-13 ammonia.
A9528	Iodine I131 iodide cap, dx.
A9529	I131 iodide sol, dx.
A9531	I131 max 100uCi.
A9532	I125 serum albumin, dx.
A9536	Tc99m depreotide.
A9537	Tc99m mebrofenin.
A9538	Tc99m pyrophosphate.
A9539	Tc99m pentetate.
A9540	Tc99m MAA.
A9541	Tc99m sulfur colloid.
A9542	In111 ibritumomab, dx.
A9544	I131 tositumomab, dx.
A9546	CO57/58.
A9547	In111 oxyquinoline.
A9548	In111 pentetate.
A9550	Tc99m gluceptate.
A9551	Tc99m succimer.
A9552	F18 fdg.
A9553	Cr51 chromate.
A9554	I125 iothalamate, dx.
A9555	Rb82 rubidium.
A9556	Ga67 gallium.
A9557	Tc99m bismate.
A9558	Xe133 xenon 10mci.
A9559	Co57 cyano.
A9560	Tc99m labeled rbc.
A9561	Tc99m oxidronate.
A9562	Tc99m mertiatide.
A9565	In111 pentetreotide.
A9566	Tc99m fanolesomab.
A9567	Technetium TC-99m.
A9568	Tc99m arcitumomab.
A9700	Echocardiography contrast.
G0389	Ultrasound exam AAA screen.
Q9945	LOCM<=149mg/ml iodine, 1 ml.
Q9946	LOCM 150-199mg/ml iodine, 1ml.
Q9947	LOCM 200-249mg/ml iodine, 1ml.
Q9948	LOCM 250-299mg/ml iodine, 1ml.
Q9949	LOCM 300-349mg/ml iodine, 1ml.
Q9950	LOCM 350-399mg/ml iodine, 1ml.
Q9951	LOCM>=400 mg/ml iodine, 1ml.
Q9952	Inj Gad-base MR contrast, ml.
Q9953	Inj Fe-base MR contrast, ml.
Q9954	Oral MR contrast, 100 ml.
Q9955	Inj perflorane lip micros, ml.
Q9956	Inj octafluoropropane mic, ml.
Q9957	Inj perflutren lip micros, ml.
Q9958	HOCM <=149mg/ml iodine, 1ml.
Q9959	HOCM 150-199mg/ml iodine, 1ml.
Q9960	HOCM 200-249mg/ml iodine, 1ml.
Q9961	HOCM 250-299mg/ml iodine, 1ml.
Q9962	HOCM 300-349mg/ml iodine, 1ml.
Q9963	HOCM 350-399mg/ml iodine, 1ml.
Q9964	HOCM>= 400mg/ml iodine, 1ml.

TABLE 18.—ADDITIONS TO THE PHYSICIAN SELF-REFERRAL LIST OF CPT 1/HCPCS CODES—Continued

RADIATION THERAPY SERVICES AND SUPPLIES	
55875	Transperi needle place, pros.
55876	Place rt device/marker, pros.
77371	Srs, multisource.
77372	Srs, linear based.
77373	Sbrt delivery.
77435	Sbrt management.
79005	Nuclear rx, oral admin.
79101	Nuclear rx, iv admin.
79200	Nuclear rx, intracav admin.
79300	Nuclr rx, interstit colloid.
79403	Hematopoietic nuclear tx.
79440	Nuclear rx, intra-articular.
79445	Nuclear rx, intra-arterial.
79999	Nuclear medicine therapy.
92974	Cath place, cardio brachytx.
A9517	I131 iodide cap, rx.
A9527	Iodine I-125 sodium iodide.
A9530	I131 iodide sol, rx.
A9543	Y90 ibritumomab, rx.
A9545	I131 tositumomab, rx.
A9563	P32 Na phosphate.
A9564	P32 chromic phosphate.
A9600	Sr89 strontium.
A9605	Sm 153 lexidronm.
A9699	Radiopharm rx agent noc.
Q3001	Brachytherapy Radioelements.
DRUGS USED BY PATIENTS UNDERGOING DIALYSIS	
Q4081	Epoetin alfa, 100 units ESRD.
PREVENTIVE SCREENING TESTS, IMMUNIZATIONS AND VACCINES	
77052	Comp screen mammogram add-on.
77057	Mammogram, screening.
82270	Occult blood, feces.
90660	Flu vaccine, nasal.
G0389	Ultrasound exam AAA screen.

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TABLE 19.—DELETIONS TO THE PHYSICIAN SELF-REFERRAL LIST OF CPT 1/HCPCS CODES

CLINICAL LABORATORY SERVICES	
G0107	CA screen; fecal blood test.
PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND SPEECH-LANGUAGE PATHOLOGY SERVICES	
(No deletions).	
RADIOLOGY AND CERTAIN OTHER IMAGING SERVICES	
76006	X-ray stress view.
76020	X-rays for bone age.
76040	X-rays, bone evaluation.
76061	X-rays, bone survey.
76062	X-rays, bone survey.
76065	X-rays, bone evaluation.
76066	Joint survey, single view.
76070	Ct bone density, axial.
76071	Ct bone density, peripheral.
76075	Dxa bone density, axial.
76076	Dxa bone density/peripheral.
76077	Dxa bone density/v-fracture.
76078	Radiographic absorptiometry.
76082	Computer mammogram add-on.
76083	Computer mammogram add-on.
76090	Mammogram, one breast.
76091	Mammogram, both breasts.
76092	Mammogram, screening.

TABLE 19.—DELETIONS TO THE PHYSICIAN SELF-REFERRAL LIST OF CPT 1/HCPCS CODES—Continued

76093	Magnetic image, breast.
76094	Magnetic image, both breasts.
76370	Ct scan for therapy guide.
76400	Magnetic image, bone marrow.
76778	Us exam kidney transplant.
78110	Plasma volume, single.
78111	Plasma volume, multiple.
78120	Red cell mass, single.
78121	Red cell mass, multiple.
78122	Blood volume.
78130	Red cell survival study.
78191	Platelet survival.
78270	Vit B-12 absorption exam.
78271	Vit B-12 absrp exam, int fac.
78272	Vit B-12 absorp, combined.
78704	Imaging renogram.
78715	Renal vascular flow exam.
78725	Kidney function study.
78760	Testicular imaging.
A9511	Technetium TC 99m depreotide.
A9513	Technetium tc-99m mebrofenin.
A9514	Technetium tc-99m pyrophosphate.
A9515	Technetium tc-99m pentetate.
A9519	Technetiumtc-99m macroag albu.
A9520	Technetiumtc-99m sulfur cldd.
A9522	Indium111ibritumomabtiuxetan.
A9533	I131 tositumomab diagnostic.
Q3000	Rubidium RB-82.
Q3002	Gallium ga 67.
Q3003	Technetium tc99m bismate.
Q3004	Xenon xe 133.
Q3005	Technetium tc99m mertiatide.
Q3006	Technetium tc99m gluceptate.
Q3007	Sodium phosphate p32.
Q3008	Indium 111-in pentetreotide.
Q3009	Technetium tc99m oxidronate.
Q3010	Technetium tc99mlabeledrbc.
Q3011	Chromic phosphate p32.
Q3012	Cyanocobalamin cobalt co57.
RADIATION THERAPY SERVICES AND SUPPLIES	
0082T	Stereotactic rad delivery.
0083T	Stereotactic rad tx mngmt.
55859	Percut/needle insert, pros.
A9523	Yttrium90ibritumomabtiuxetan.
A9532	I125 serum albumin, dx.
A9534	I131 tositumomab therapeut.
Q3007	Sodium phosphate p32.
Q3011	Chromic phosphate p32.
DRUGS USED BY PATIENTS UNDERGOING DIALYSIS	
J0886	Epoetin alfa, esrd.
PREVENTIVE SCREENING TESTS, IMMUNIZATIONS AND VACCINES	
76083	Computer mammogram add-on.
76092	Mammogram, screening.
G0107	CA screen; fecal blood test.

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VII. Physician Fee Schedule Update for CY 2007

A. Physician Fee Schedule Update

The PFS update is determined using a formula specified by statute. Under section 1848(d)(4) of the Act, the update is equal to the product of 1 plus the percentage increase in the MEI (divided by 100) and 1 plus the UAF. For CY 2007, the MEI is equal to 2.1 percent

(1.021). The UAF is -7.0 percent (0.930). The product of the MEI (1.021) and the UAF (0.930) equals the CY 2007 update of -5.0 percent (0.94953).

Our calculations of these figures are explained in this section.

B. The Percentage Change in the Medicare Economic Index (MEI)

The MEI measures the weighted-average annual price change for various inputs needed to produce physicians' services. The MEI is a fixed-weight input price index, with an adjustment for the change in economy-wide multifactor productivity. This index, which has CY 2000 base year weights, is comprised of two broad categories: (1) Physician's own time; and (2) physician's PE.

The physician's own time component represents the net income portion of business receipts and primarily reflects the input of the physician's own time into the production of physicians' services in physicians' offices. This category consists of two subcomponents: (1) Wages and salaries; and (2) fringe benefits.

The physician's PE category represents nonphysician inputs used in the production of services in physicians' offices. This category consists of wages and salaries and fringe benefits for nonphysician staff and other nonlabor inputs. The physician's PE component also includes the following categories of nonlabor inputs: Office expense; medical materials and supplies; professional liability insurance; medical equipment; prescription drugs; and

other expenses. The components are adjusted to reflect productivity growth in physicians' offices by the 10-year moving average of productivity in the private nonfarm business sector. Table 20 presents a listing of the MEI cost categories with associated weights and percent changes for price proxies for the 2007 update. For CY 2007, the increase in the MEI is 2.1 percent, which includes a 1.3 percent productivity offset based on the 10-year moving average of multifactor productivity. This is the result of a 3.3 percent increase in physician's own time and a 3.6 percent increase in physician's PE. Within the physician's PE, the largest increase occurred in professional liability insurance, which increased 6.9 percent, and prescription drugs, which increased 7.7 percent.

TABLE 20.—INCREASE IN THE MEDICARE ECONOMIC INDEX UPDATE FOR CY 2007¹

Cost categories and price measures	CY 2000 weights ²	CY 2007 percent changes
Medicare Economic Index Total, productivity adjusted ³	N/A	2.1
Productivity: 10-year moving average of multifactor productivity, private nonfarm business sector ^{3, 4}	N/A	1.3
Medicare Economic Index Total, without productivity adjustment ⁴	100.000	3.5
1. Physician's Own Time ⁵	52.466	3.3
a. Wages and Salaries: Average Hourly Earnings, private nonfarm	42.730	3.3
Fringe Benefits: Employment Cost Index, benefits, private nonfarm	9.735	3.5
2. Physician's Practice Expense ⁵	47.534	3.6
a. Nonphysician Employee Compensation	18.653	2.9
(1) Wages and Salaries: Employment Cost Index, wages and salaries, weighted by occupation	13.808	2.6
(2) Fringe Benefits: Employment Cost Index, fringe benefits, white collar	4.845	4.0
b. Office Expense: Consumer Price Index for Urban Areas (CPI-U), housing	12.209	3.7
c. Drugs and Medical Materials and Supplies	4.319	4.8
(1) Medical Materials and Supplies: Producer Price Index (PPI), surgical appliances and supplies/CPI-U, medical equipment and supplies (equally weighted)	2.011	1.1
(2) Pharmaceuticals: Producer Price Index (PPI ethical prescription drugs)	2.308	7.7
d. Professional Liability Insurance: Professional liability insurance Premiums ⁶	3.865	6.9
e. Medical Equipment: PPI, medical instruments and equipment	2.055	-0.1
f. Other Expenses	6.433	2.2

1. The rates of historical change are estimated for the 12-month period ending June 30, 2006, which is the period used for computing the CY 2007 update. The price proxy values are based upon the latest available Bureau of Labor Statistics data as of August 31, 2006.

2. The weights shown for the MEI components are the 2000 base-year weights, which may not sum to subtotals or totals because of rounding. The MEI is a fixed-weight, Laspeyres-type input price index whose category weights indicate the distribution of expenditures among the inputs to physicians' services for CY 2000. To determine the MEI level for a given year, the price proxy level for each component is multiplied by its 2000 weight. The sum of these products (weights multiplied by the price index levels) over all cost categories yields the composite MEI level for a given year. The annual percent change in the MEI levels is an estimate of price change over time for a fixed market basket of inputs to physicians' services.

3. These numbers may not sum due to rounding and the multiplicative nature of their relationship.

4. On March 23, 2006, Bureau of Labor Statistics introduced a new Multi Factor Productivity (MFP) series based on the 1997 NAICS classification system to replace its SIC based series published until 2005 (the last historical value was for 2002). The new series differs historically from the old MFP series and adds two new historical values through 2004. Therefore, we used the most recently available information (thru CY 2004) to develop the productivity adjustment for the CY 2007 update.

5. The measures of productivity, average hourly earnings, Employment Cost Indexes, as well as the various Producer and CPIs can be found on the BLS Web site at <http://stats.bls.gov>.

6. Derived from data collected from several major insurers (the latest available historical percent change data are for the period ending second quarter of 2006).

Comment: Several commenters believe we are in violation of the Administrative Procedures Act (APA) for not proposing and soliciting comments on the incorporation of new Bureau of Labor Statistics Multifactor Productivity data in the MEI.

Response: We disagree with the commenters' claim that we are in

violation of the APA. The APA requires us to propose and solicit comments on substantive changes to our payment methodology. The PFS update published in this year's proposed rule is based on the same MEI methodology proposed and adopted in the CY 2003 and CY 2004 PFS proposed and final

rules. The CY 2003 final rule adopted the use of BLS' private nonfarm business multifactor productivity (MFP) as the official data used to adjust the MEI for productivity. Specifically, consistent with the proposal made in the CY 2003 proposed rule (67 FR 43860), the CY 2003 final rule (67 FR

80023) states "Thus, the productivity adjustment will be based on the latest available actual historical economy-wide multifactor productivity data, as measured by the BLS." For the CY 2007 proposed rule, we followed this methodology and incorporated the latest available BLS private nonfarm business multifactor productivity.

Comment: Several commenters believe the multifactor productivity estimate of 1.3 percent is high in light of the new Medicare initiatives such as the new Welcome to Medicare benefits, the new comprehensive Part D benefit, and compliance related to the Physician Voluntary Reporting Program (PVRP), which impose numerous time and paperwork burdens on physicians.

Response: Our proposed and adopted methodology for calculating the MEI utilizes BLS's private nonfarm business MFP as the proxy for productivity changes. We recognize that productivity in physicians' offices for a given year may not equate to that of the economy-wide measure. For that reason, as well as to remove the effect of normal business cycles, we employ a 10-year moving average as the official measure. Also, CMS, in conjunction with the Assistant Secretary for Planning and Evaluation, is in the process of conducting a study on productivity in the physicians' offices. This work is being done to determine if the presently-used economy-wide measure for multi-factor productivity provides a reasonable target for physicians. We will analyze the results from this study and carefully evaluate its findings and their applicability to future MEI updates.

Comment: Several commenters believe it is not warranted that we assume and calculate increased productivity levels for physicians while the payment update process for other providers does not include assumed or automatic productivity adjustments.

Response: Since its inception in the mid-1970's, the MEI has included a productivity adjustment. The payment system for physicians' services requires that factors affecting the payment update be reflected in the update formula itself. The statutory provision relating to the MEI contemplates that the Secretary would not increase payments except to the extent that the extent that the Secretary finds, on the basis of appropriate economic index data, that such higher level is justified by year-to-year economic changes. We have long maintained that an MEI framework that focuses solely on the inputs portion of the equation effectively ignores the efficiencies that are employed to produce the outputs associated with the provision of care. It

is necessary to account for these efficiencies to accurately reflect the net inflationary pressures encountered by physicians.

The intent of the MEI is to represent industry-wide output prices for physicians' services. We note that this index structure is similar to the CPI, which is an economy-wide output price index. The CPI implicitly incorporates a productivity adjustment. Except when the statute directs otherwise, the Medicare update for a number of types of services (for example, clinical diagnostic laboratory services, durable medical equipment, prosthetics and supplies) is based the CPI with its implicit productivity adjustment.

With respect to updates for other types of Medicare providers, such as institutional providers, we note that the underlying payment methodology is completely different from the payment system for physicians' services. Under the Medicare PFS, payments are made for unbundled services such as lab tests, follow-up visits, and x-rays. For institutions compensated by a PPS, a single payment is made for a bundle of services linked to treating a particular category of case (for instance, the services within one diagnosis-related group under the IPPS). Adjustments to payments associated with productivity and other payment framework-related considerations, when paying for bundled services, are addressed in other portions of the update process, such as via MedPAC recommendations and/or in the update itself when approved by the Congress.

Comment: Several commenters requested that we examine and address the broader problem that the MEI only measures changes in specific types of practice costs that existed in 1973. They further stated that inputs to the MEI are vastly different now than when the MEI was first developed in the early 1970s and that an array of government-imposed regulatory requirements now exist that did not in 1973. They claim that physician practice costs for these types of inputs are not currently taken into account for purposes of measuring the MEI, and therefore, the MEI undervalues actual medical cost increases. One commenter added that employee wages used in the MEI formula do not accurately reflect the skill mix of the industry and the MEI needs to be updated to account for the highly skilled staff necessary to deliver today's level of medical care service.

Response: We disagree with the commenter's claim that the MEI only measures changes in specific types of practice costs that existed in 1973. The current MEI is based on costs reported

by physicians for 2000, which would reflect changes in the distributions of the cost weights associated with the government-imposed regulatory requirements that applied in 2000. The 2000-based cost weights are derived from the 2003 AMA Physician Socioeconomic Characteristics publication (2003 Patient Care Physician Survey data), which measures physicians' earnings and overall PEs for 2000. This is the latest available AMA data on physician expenses. We are currently researching alternative data sources for rebasing the MEI.

Regarding skill mix, the current MEI uses the occupation mix for nonphysician wages from the 2000 Current Population Survey published by BLS. This reflected the latest occupation mix at the time of our most recent rebasing. We recognize that skill mix can change, thus, we will continue to use the most recently published data available to us for all future rebasings to ensure the MEI reflects the occupational blend at that time.

Comment: Many commenters objected to the 0.5 percentage point reduction of the 2007 PFS update relative to the forecasted update in the President's Budget and urged us to delay or withdraw any changes in the MEI until the proposed changes and the solicitation of public comments appear in a published *Federal Register*.

Response: As stated previously, we did not make any methodological changes to the calculation of the MEI, and therefore, it is not necessary to delay use of the MFP-adjusted MEI in order to solicit and respond to public comments. As we indicated in the 2003 and 2004 physician fee schedule proposed and final rules, we are using the latest-available historical data in the calculation of the MEI applicable to a year. As such, we are not required to propose or solicit public comments on changes in the MEI that result from use of latest available data. The inclusion of more recent, historical MFP data in the MEI reflects our adopted methodology as finalized in the CY 2003 PFS final rule which states the MEI "productivity adjustment will be based on the latest available actual historical economy-wide multifactor productivity data, as measured by the BLS."

Comment: One commenter believes that there are alternative measures of multifactor productivity available from BLS and the Census Bureau. The commenter states that we should identify and consider these alternatives and seek public comment before changing the data used to calculate the MEI.

Response: In the CY 2003 PFS final rule, we presented the research we had completed on evaluating the most appropriate productivity adjustment for the MEI. This research included an evaluation of all currently available productivity estimates produced by BLS to develop a better understanding of the strengths and weaknesses of these measures. It also included a review of the theoretical foundation of the MEI to develop a better understanding of how labor and multifactor productivity relate to the current physician payment system. Additionally, we studied the sparse and fragmented publicly-available data to begin to develop preliminary estimates of trends in physician specific productivity to better understand the current market conditions facing physicians. For a list of the experts that participated in this analysis, as well as a full description of the options that were identified and evaluated (67 FR 80019).

As stated earlier, CMS and ASPE are jointly sponsoring a study of physicians' office productivity. We will be evaluating the results of that study to determine if the use of BLS's private nonfarm business MFP is a reasonable target for physicians to achieve.

Comment: Several commenters claim that in previous years, there have been extensive discussions in the proposed rule of the upcoming year's update and the MEI. They further state that based on the impact table in the CY 2007 proposed rule, a -0.5 percent percentage point reduction in the update will result in a \$375 million cut in physician payments in 2007. One commenter claimed that our actions this year, in contrast to previous years, suggest we are attempting to hide the revision in the MEI for CY 2007.

Response: We disagree with the commenters' claim that in previous

years there has been extensive discussion of the upcoming year's MEI update in the proposed rule. With the exception of those updates that include a rebased and revised MEI, a detailed discussion, as well as the percent changes in the MEI cost categories, has been provided only in the final rule. When we rebase and revise the MEI, we do include extensive discussion on the MEI and solicit comments on proposed methodological changes. Given the historical precedent, we disagree with the commenter's suggestion that we were hiding any revision in the MEI.

C. The Update Adjustment Factor (UAF)

Section 1848(d) of the Act provides that the PFS update is equal to the product of the MEI and the UAF. The UAF is applied to make actual and target expenditures (referred to in the statute as "allowed expenditures") equal. Allowed expenditures are equal to actual expenditures in a base period updated each year by the SGR. The SGR sets the annual rate of growth in allowed expenditures and is determined by a formula specified in section 1848(f) of the Act.

1. Calculation Under Current Law

Under section 1848(d)(4)(B) of the Act, the UAF for a year beginning with 2001 is equal to the sum of the following—

- *Prior Year Adjustment Component.* An amount determined by—
 - + Computing the difference (which may be positive or negative) between the amount of the allowed expenditures for physicians' services for the prior year (the year prior to the year for which the update is being determined) and the amount of the actual expenditures for those services for that year;
 - + Dividing that difference by the amount of the actual expenditures for those services for that year; and

- + Multiplying that quotient by 0.75.

- *Cumulative Adjustment Component.* An amount determined by—

- + Computing the difference (which may be positive or negative) between the amount of the allowed expenditures for physicians' services from April 1, 1996, through the end of the prior year and the amount of the actual expenditures for those services during that period;

- + Dividing that difference by actual expenditures for those services for the prior year as increased by the SGR for the year for which the UAF is to be determined; and

- + Multiplying that quotient by 0.33.

Section 1848(d)(4)(E) of the Act requires the Secretary to recalculate allowed expenditures consistent with section 1848(f)(3) of the Act. Section 1848(f)(3) specifies that the SGR (and, in turn, allowed expenditures) for the upcoming CY (2007 in this case), the current CY (2006) and the preceding CY (2005) are to be determined on the basis of the best data available as of September 1 of the current year. Allowed expenditures are initially estimated and subsequently revised twice. The second revision occurs after the CY has ended (that is, we are making the final revision to 2005 allowed expenditures in this final rule with comment). Once the SGR and allowed expenditures for a year have been revised twice, they are final.

Table 21 shows annual and cumulative allowed expenditures for physicians' services from April 1, 1996 through the end of the current CY, including the transition period to a CY system that occurred in 1999. Also shown is the SGR corresponding with each period. The calculation of the SGR is discussed in detail below in this section.

TABLE 21.—ANNUAL AND CUMULATIVE ALLOWED AND ACTUAL EXPENDITURES FOR PHYSICIANS' SERVICES FROM APRIL 1, 1996 THROUGH THE END OF THE CURRENT CALENDAR YEAR

Period	Annual allowed expenditures (\$ in billions)	Annual actual expenditures (\$ in billions)	Cumulative allowed expenditures (\$ in billions)	Cumulative actual expenditures (\$ in billions)	FY/CY SGR
4/1/96-3/31/97	\$48.9	\$48.9	\$48.9	\$48.9	N/A
4/1/97-3/31/98	50.5	49.4	99.4	98.4	FY 1998=3.2%
4/1/98-3/31/99	52.6	50.5	152.0	148.9	FY 1999=4.2%
1/1/99-3/31/99	13.3	13.1	(1)	148.9	FY 1999=4.2%
4/1/99-12/31/99	42.1	39.5	(2)	188.4	FY 2000=6.9%
1/1/99-12/31/99	55.3	52.6	194.0	188.4	FY 1999/2000 (3)
1/1/00-12/31/00	59.4	58.1	253.4	246.5	CY 2000=7.3%
1/1/01-12/31/01	62.0	66.3	315.4	312.8	CY 2001=4.5%
1/1/02-12/31/02	67.2	71.0	382.6	383.7	CY 2002=8.3%
1/1/03-12/31/03	72.1	78.2	454.6	461.9	CY 2003=7.3%
1/1/04-12/31/04	76.8	87.1	531.5	549.0	CY 2004=6.6%
1/1/05-12/31/05	80.0	92.0	611.5	641.0	CY 2005=4.2%
1/1/06-12/31/06	81.7	94.9	693.3	735.9	CY 2006=2.1%

TABLE 21.—ANNUAL AND CUMULATIVE ALLOWED AND ACTUAL EXPENDITURES FOR PHYSICIANS' SERVICES FROM APRIL 1, 1996 THROUGH THE END OF THE CURRENT CALENDAR YEAR—Continued

Period	Annual allowed expenditures (\$ in billions)	Annual actual expenditures (\$ in billions)	Cumulative allowed expenditures (\$ in billions)	Cumulative actual expenditures (\$ in billions)	FY/CY SGR
1/1/07–12/31/07	83.2	NA	776.5	NA	CY 2007=1.8%

(1) Allowed expenditures for the first quarter of 1999 are based on the FY 1999 SGR.
 (2) Allowed expenditures for the last three quarters of 1999 are based on the FY 2000 SGR.
 (3) Allowed expenditures in the first year (April 1, 1996–March 31, 1997) are equal to actual expenditures. All subsequent figures are equal to quarterly allowed expenditure figures increased by the applicable SGR. Cumulative allowed expenditures are equal to the sum of annual allowed expenditures. We provide more detailed quarterly allowed and actual expenditure data on our web site at the following address: <http://www.cms.hhs.gov/SustainableGRatesConFact/>. We expect to update the web site with the most current information later this month.

Consistent with section 1848(d)(4)(E) of the Act, Table 21 includes our final revision of allowed expenditures for 2005, a recalculation of allowed expenditures for 2006, and our initial estimate of allowed expenditures for 2007. To determine the UAF for 2007, the statute requires that we use allowed

and actual expenditures from April 1, 1996 through December 31, 2006 and the 2007 SGR. Consistent with section 1848(d)(4)(E) of the Act, we will be making revisions to the 2006 and 2007 SGRs and 2006 and 2007 allowed expenditures. Because we have incomplete actual expenditure data for

2006, we are using an estimate for this period. Any difference between current estimates and final figures will be taken into account in determining the UAF for future years.

We are using figures from Table 21 in the following statutory formula:

$$UAF = \frac{Target_{06} - Actual_{06}}{Actual_{06}} \times 0.75 + \frac{Target_{4/96-12/06} - Actual_{4/96-12/06}}{Actual_{06} \times SGR_{07}} \times 0.33$$

UAF = Update Adjustment Factor
 Target₀₆ = Allowed Expenditures for 2006 = \$81.7 billion

Actual₀₆ = Estimated Actual Expenditures for 2006 = \$94.9 billion
 Target_{4/96-12/06} = Allowed Expenditures from 4/1/1996–12/31/2006 = \$693.3 billion

Actual_{4/96-12/06} = Estimated Actual Expenditures from 4/1/1996–12/31/2006 = \$735.9 billion
 SGR₀₇ = 1.8 percent (1.018)

$$\frac{\$81.7 - \$94.9}{\$94.9} \times .75 + \frac{\$693.3 - \$735.9}{\$94.9 \times 1.018} \times .33 = -0.250$$

Section 1848(d)(4)(D) of the Act indicates that the UAF determined under section 1848(d)(4)(B) of the Act for a year may not be less than -0.070 or greater than 0.03. Since -0.250 is less than -0.070, the UAF for 2006 will be -0.070.

Section 1848(d)(4)(A)(ii) of the Act indicates that 1.0 should be added to the UAF determined under section 1848(d)(4)(B) of the Act. Thus, adding 1.0 to -0.070 makes the UAF equal to 0.930.

VIII. Allowed Expenditures for Physicians' Services and the Sustainable Growth Rate

A. Medicare Sustainable Growth Rate

The SGR is an annual growth rate that applies to physicians' services paid by Medicare. The use of the SGR is intended to control growth in aggregate Medicare expenditures for physicians' services. Payments for services are not withheld if the percentage increase in actual expenditures exceeds the SGR. Rather, the PFS update, as specified in section 1848(d)(4) of the Act, is adjusted

based on a comparison of allowed expenditures (determined using the SGR) and actual expenditures. If actual expenditures exceed allowed expenditures, the update is reduced. If actual expenditures are less than allowed expenditures, the update is increased.

Section 1848(f)(2) of the Act specifies that the SGR for a year (beginning with 2001) is equal to the product of the following four factors:

- (1) The estimated change in fees for physicians' services;
- (2) The estimated change in the average number of Medicare fee-for-service beneficiaries;
- (3) The estimated projected growth in real GDP per capita; and
- (4) The estimated change in expenditures due to changes in statute or regulations.

In general, section 1848(f)(3) of the Act requires us to publish SGRs for 3 different time periods, no later than November 1 of each year, using the best data available as of September 1 of each year. Under section 1848(f)(3)(C)(i) of

the Act, the SGR is estimated and subsequently revised twice (beginning with the FY and CY 2000 SGRs) based on later data. (The Act also provides for adjustments to be made to the SGRs for FY 1998 and FY 1999. See the February 28, 2003 *Federal Register* (68 FR 9567) for a discussion of these SGRs). Under section 1848(f)(3)(C)(ii) of the Act, there are no further revisions to the SGR once it has been estimated and subsequently revised in each of the 2 years following the preliminary estimate. In this final rule with comment, we are making our preliminary estimate of the 2007 SGR, a revision to the 2006 SGR, and our final revision to the 2005 SGR.

B. Physicians' Services

Section 1848(f)(4)(A) of the Act defines the scope of physicians' services covered by the SGR. The statute indicates that "the term physicians' services includes other items and services (such as clinical diagnostic laboratory tests and radiology services), specified by the Secretary, that are commonly performed or furnished by a

physician or in a physician's office, but does not include services furnished to a Medicare+Choice plan enrollee." We published a definition of physicians' services for use in the SGR in the **Federal Register** (66 FR 55316) on November 1, 2001. We defined physicians' services to include many of the medical and other health services listed in section 1861(s) of the Act. For purposes of determining allowed expenditures, actual expenditures, and SGRs, we have specified that physicians' services include the following medical and other health services if bills for the items and services are processed and paid by Medicare carriers (and those paid through intermediaries where specified):

- Physicians' services.
 - Services and supplies furnished incident to physicians' services.
 - Outpatient physical therapy services and outpatient occupational therapy services.
 - Antigens prepared by, or under the direct supervision of, a physician.
 - Services of PAs, certified registered nurse anesthetists, certified nurse midwives, clinical psychologists, clinical social workers, NPs, and certified nurse specialists.
 - Screening tests for prostate cancer, colorectal cancer, and glaucoma.
 - Screening mammography, screening pap smears, and screening pelvic exams.
 - Diabetes outpatient self-management training (DSMT) services.
 - MNT services.
 - Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests (including outpatient diagnostic laboratory tests paid through intermediaries).
 - X-ray, radium, and radioactive isotope therapy.
 - Surgical dressings, splints, casts, and other devices used for the reduction of fractures and dislocations.
 - Bone mass measurements.
 - An initial preventive physical exam.
 - Cardiovascular screening blood tests.
 - Diabetes screening tests.
 - Telehealth services.
 - Physician work and resources to establish and document the need for a power mobility device (70 FR 50940).
- Telehealth services and the power mobility device related services were added because they meet the statutory criteria for services to be included in the SGR (that is, these services are commonly performed or furnished by a physician or in a physician's office) (70 FR 70305).

Summary of Comments on the Physician Update and the SGR

We appreciate the comments we received expressing concern about the negative update for 2007 and the SGR formula. Those comments are summarized below, along with our responses.

Comment: Commenters noted that physicians' costs are rising, while fees are being cut. Under current law, the 2006 Medicare Trustees Report projected negative updates of about -5 percent for at least nine consecutive years. The cumulative impact of the projected reductions from 2007 to 2015 was estimated to be about -37 percent. Because commercial insurance carriers and Medicaid base their payment updates upon Medicare's PFS, the overall negative impact is compounded and affects the entire health care industry. In contrast, the MEI increase over this same period is projected to be about 22 percent.

Commenters noted that increases in their practice costs are outpacing most inflationary measures, and they predicted that costs to provide care will soon exceed reimbursement. Many physician practices are small businesses that operate on slim margins. With ever increasing costs, they will not have the resources to absorb payment cuts resulting from the SGR formula. The result will be that patient quality of care will be compromised, with doctors taking drastic measures to cut costs of health care delivery to remain solvent. Eventually, physicians will be unable to absorb the sustained losses, and they will refuse or limit Medicare patients, resulting in reduced access to care. A survey conducted by the AMA found that 45 percent of physicians will either stop accepting or decrease the number of new Medicare patients they accept if payments are cut for 2007. Inadequate access to care will lead to a deterioration in the health status of Medicare beneficiaries. Beneficiaries will be forced to seek care in inpatient settings, which will be more costly for Medicare, less efficient in delivering care, and yield worse health outcomes for beneficiaries.

Commenters recommended that the SGR be replaced with an appropriate inflation rate linked to changes in the actual costs of medical practice. Commenters cited MedPAC's recommendation to replace the SGR with a system that reflects the increases in practice costs and other medical inflation variables, which would be 2.8 percent for 2007. Other commenters suggested using the MEI, which is

estimated at 2.1 percent for 2007, to update the CF.

Commenters suggested that we assume the leadership in pushing the Congress to enact legislation preventing a negative update for 2007, and to replace the SGR with a more sustainable system.

Response: We are fully cognizant of the potential implications of more than 9 years of negative physician updates. We remain concerned regarding those trends, and are closely monitoring physicians' participation in the Medicare program, as well as beneficiaries' access to care.

The formula for the SGR and the physician update are dictated by statute. We are required to follow this methodology when calculating the payment rates under the PFS.

We are working closely and collaboratively with medical professionals and the Congress on the most effective Medicare payment methodologies to compensate physicians for providing services to Medicare beneficiaries. We are engaging physicians on issues of quality and performance with the goal of encouraging the most effective approaches to achieve better health outcomes for Medicare beneficiaries. We are committed to developing systems that enable us to encourage quality, and to improve care without increasing overall Medicare costs.

Comment: Commenters requested that we implement administrative changes to the SGR calculation that would prevent a negative physician update for 2007. Specifically, many commenters requested that we remove the cost of Medicare-covered physician-administered drugs from the SGR on a retrospective basis. Commenters noted that expenditures on these drugs increased from \$1.8 billion in 1996, to \$8.6 billion in 2004, and was estimated at \$8.2 billion in 2005. The commenters opined that if we make the administrative changes now, worth about \$100 billion, then the cost of legislation revising the payment methodology for physicians' services will drop, and the likelihood of Congressional action to fix the SGR permanently will increase. Commenters expressed frustration that this recalculation has been requested numerous times, yet we have never implemented the change.

Some commenters requested that we remove all nonphysician services from the SGR calculation. Commenters stated that the annual spending growth of many nonphysician services, including drugs and physical therapy, far outstrip the growth of physician services.

Commenters requested separate funding pools for physician and nonphysician services, each with its own respective targets, to calculate separate update factors for physician and nonphysician services.

Response: We carefully reviewed our authority to make administrative changes, most notably the feasibility of removing Part B drugs from the SGR baseline. We indicated in the past (most recently in 70 FR 70307) that administrative changes, such as retrospective removal of drugs from the SGR, are statutorily difficult. For example, the statute requires estimates of the SGR to be refined twice based on actual data. We see no legal basis to re-estimate the SGR and recompute allowed expenditures for a year after the SGR has been estimated and revised twice. Further, our current estimates are that these administrative changes, including removing drugs retroactively from the SGR, would not provide relief to the negative updates projected for 2007 and the succeeding several years. As indicated above in this section, we are working with the Congress and health professional organizations on potential reforms that would improve the effectiveness of the payment methodology for physicians without increasing overall Medicare costs.

In reference to removing all "nonphysician services" from the SGR, the statute provides the Secretary with clear authority to specify the services that are included in the SGR. Section 1848(f)(4)(A) of the Act indicates that the term "physicians' services" includes other items and services specified by the Secretary that are commonly performed or furnished by a physician or in a physician's office. We published a definition of physicians' services for use in the SGR in the *Federal Register* (66 FR 55316) on November 1, 2001. For purposes of determining allowed expenditures, actual expenditures, and SGRs, we defined physicians' services to include many of the medical and other health services listed in section 1861(s) of the Act that meet the criterion of being commonly performed by a physician or are services and supplies furnished incident to physicians' services. We disagree with the comments suggesting that the Secretary should not include drugs and physical therapy services in the definition of physicians' services for purposes of determining allowed expenditures, actual expenditures, and the SGR. Further, we have no authority to create separate targets and update factors for what commenters are identifying as "physician" and "nonphysician" services.

Comment: Commenters noted that payment updates under the SGR are tied to GDP, which bears little relationship to Medicare beneficiaries' health care needs or physician practice costs. Commenters noted that medical needs of individual patients are not related to the growth of the overall economy, and beneficiaries' medical needs do not decline during economic downturns. Commenters stated that MEI is a better reflection than GDP of the growth in health care costs.

Response: Under section 1848(d)(4) of the Act, the PFS update is equal to the product of the percentage increase in the MEI and the UAF. The UAF is determined by comparing allowed and actual expenditures from prior years and the current year, and adjusting the update to account for the difference. The SGR is used to calculate allowed expenditures, and the GDP is one of the components used to calculate the SGR as specified in section 1848(f)(2)(C) of the Act.

The percentage change in the MEI is one of the key components used to update the PFS CF. In accounting for the weighted-average price change for various inputs involved with producing physicians' services, the MEI measures inflation in physician practice costs and general wage levels. Elements of the MEI include measures of physicians' PEs, including nonphysician employee compensation, office expenses, medical material and supplies, professional liability insurance, and medical equipment.

The GDP is a general measure of economic growth. It is not intended to reflect factors specific to operating a medical practice because these are captured in the MEI. Currently, the statute requires that we use the GDP as a component of the SGR, which is then used to calculate the target level of expenditures. Although both MEI and GDP are included in the calculation of the conversion factor, the MEI has a more direct and greater impact on the physician update than GDP.

Comment: Commenters believe that we continue to underestimate the impact of National and Local Coverage Decisions on physician spending. Through these coverage decisions, we are directly responsible for volume increases, and must adjust the SGR target accordingly.

Response: We do not have the authority to pay for a service lacking a defined statutory benefit listed in section 1861(s) of the Act. However, we do have the authority to establish national coverage decisions (NCDs) for items and services that are included in a benefit category listed in section

1861(s) of the Act. Further, we contract with Medicare carriers who may establish local coverage decisions (LCDs) for items and services that have a statutory benefit category.

Factor 4 of the SGR (1848(f)(2)(D)) requires us to estimate expenditures "which will result from changes in law and regulations." NCDs are not required to be issued by regulation, and we are not aware of any NCDs that have been issued via regulation. Although coverage decisions that reduce the coverage available for certain items and services must be published in the *Federal Register*, they are published as notices. Furthermore, as indicated above, LCDs are issued by contractors and are not binding on CMS or other contractors. As a result, it is unclear that we have the authority to consider NCDs or LCDs in our estimate of factor 4 of the SGR. Furthermore, while we may establish a national coverage decision (NCD) for a new item of service with a defined statutory benefit category, the NCD does not necessarily increase Medicare spending to the extent that the service has or would have been covered at local carrier discretion in the absence of a NCD. Because Medicare might cover these services without an NCD, it is unclear whether there are any additional costs associated with the NCDs.

At this time, we do not intend to make any adjustment to the SGR to account for new NCDs. We continue to examine the issue, but we expect that NCDs have, at most, limited impact on Medicare spending for physicians' services. (For a more detailed discussion see 70 FR 70308).

Comment: Commenters stated that additional funds need to be added to the SGR allowed expenditures for all the ancillary costs associated with new benefits. New benefits adjust the target, but they generate other services whose costs are not added to the targeted allowed expenditures. For example, the new AAA ultrasound benefit may reveal health problems that will generate additional visits, tests, and other services that are not reflected in the SGR's legislative factor.

Response: Section 1848(f)(2) of the Act specifies that the SGR for a year (beginning with 2001) is equal to the product of four factors. One of these factors is the estimated change in expenditures due to changes in statute or regulations. For 2007, this factor includes the AAA ultrasound referenced by commenters. Our estimate of changes in expenditures arising from changes in law and regulations include induced spending impacts, when applicable and material. Our estimate of the additional

expenditures associated with this new benefit, like all of the figures used to determine the 2007 SGR, is an estimate that will be revised based on subsequent data. A 2-year look back window allows adjustments to the estimates to reflect actual impacts. Any differences between these estimates and the actual measurement of these figures will be included in future revisions of the SGR and allowed expenditures and incorporated into subsequent PFS updates. (See further discussion below for all the new benefits that adjusted the

legislative factor in 2005, 2006, and 2007.)

Comment: Commenters suggested that CMS compliance programs, such as HIPAA, increased overhead expenses by 15 to 20 percent, but their costs are not included in SGR allowed expenditures.

Response: The statute provides the Secretary with clear authority to specify the services that are included in the SGR. Section 1848(f)(4)(A) of the Act indicates that the term "physicians' services" includes other items and services specified by the Secretary that are commonly performed or furnished by a physician or in a physician's office.

Overhead costs attributable to compliance programs do not meet the definition of physicians' services for determining SGR allowed expenditures.

C. Preliminary Estimate of the SGR for 2007

Our preliminary estimate of the 2007 SGR is 1.8 percent. We first estimated the 2007 SGR in March and made the estimate available to the MedPAC and on our Web site. Table 22 shows that March 2006 estimate and our current estimates of the factors included in the 2007 SGR.

TABLE 22.—2007 SGR CALCULATION

Statutory factors	March estimate	Current estimate
Fees	2.6 percent (1.026)	2.2 percent (1.022).
Enrollment	-2.9 percent (0.971)	-0.9 percent (0.991).
Real Per Capita GDP	2.2 percent (1.022)	2.0 percent (1.020).
Law and Regulation	-1.0 percent (0.990)	-1.5 percent (0.985).
Total	0.7 percent (1.007)	1.80 percent (1.018).

Note: Consistent with section 1848(f)(2) of the Act, the statutory factors are multiplied, not added, to produce the total (that is, $1.022 \times 0.991 \times 1.020 \times 0.985 = 1.018$). A more detailed explanation of each figure is provided in section VII.F.1 of this preamble.

D. Revised Sustainable Growth Rate for 2006

Our current estimate of the 2006 SGR is 2.1 percent. Table 23 shows our

preliminary estimate of the 2006 SGR that was published in the CY 2006 Final Rule (70 FR 70309) and our current estimate.

TABLE 23.—2006 SGR CALCULATION

Statutory factors	Estimate from CY 2006 final rule	Current estimate
Fees	2.7 percent (1.027)	2.2 percent (1.022).
Enrollment	-3.1 percent (0.969)	-2.2 percent (0.978).
Real Per Capita GDP	2.2 percent (1.022)	2.1 percent (1.021).
Law and Regulation	0.0 percent (1.000)	0.0 percent (1.000).
Total	1.7 percent (1.017)	2.1 percent (1.021).

A more detailed explanation of each figure is provided in section VII.F.2 of this preamble.

E. Final Sustainable Growth Rate for 2005

The SGR for 2005 is 4.2 percent. Table 24 shows our preliminary estimate of the 2005 SGR from the CY 2005 PFS

final rule with comment period (69 FR 66386), our revised estimate from the CY 2006 PFS final rule with comment period (70 FR 70309) and the final figures determined using the best available data as of September 1, 2006.

TABLE 24.—2005 SGR CALCULATION

Statutory factors	Estimate from CY 2005 final rule	Estimate from CY 2006 final rule	Final
Fees	1.3 percent (1.013)	0.8 percent (1.008)	0.8 percent (1.008).
Enrollment	-0.3 percent (0.997)	0.3 percent (1.003)	0.3 percent (1.003).
Real Per Capita GDP	2.2 percent (1.022)	2.2 percent (1.022)	2.1 percent (1.021).
Law and Reg	1.0 percent (1.010)	1.2 percent (1.010)	0.9 percent (1.009).
Total	4.3 percent (1.043)	4.6 percent (1.046)	4.2 percent (1.042).

A more detailed explanation of each figure is provided in section VII.F.3.

F. Calculation of 2007, 2006, and 2005 Sustainable Growth Rates

1. Detail on the 2007 SGR

All of the figures used to determine the 2007 SGR are estimates that will be revised based on subsequent data. Any differences between these estimates and the actual measurement of these figures will be included in future revisions of the SGR and allowed expenditures and incorporated into subsequent PFS updates.

• *Factor 1—Changes in Fees for Physicians' Services (Before Applying Legislative Adjustments) for 2007*

This factor is calculated as a weighted-average of the 2007 fee increases for the different types of services included in the definition of physicians' services for the SGR. Medical and other health services paid using the PFS are estimated to account for approximately 81.4 percent of total allowed charges included in the SGR in 2007 and are updated using the MEI.

The MEI for 2007 is 2.1 percent. Diagnostic laboratory tests are estimated to represent approximately 7.5 percent of Medicare allowed charges included in the SGR for 2007. Medicare payments for these tests are updated by the Consumer Price Index for Urban Areas (CPI-U). However, section 629 of the MMA specifies that diagnostic laboratory services will receive an update of 0.0 percent from 2004 through 2008.

Drugs are estimated to represent 11.1 percent of Medicare allowed charges included in the SGR in 2007. We estimated a weighted-average change in fees for drugs included in the SGR (using the ASP+6 percent pricing methodology) of 4.0 percent for 2007.

Table 25 shows the weighted-average of the MEI, laboratory and drug price changes for 2007.

TABLE 25

	Weight	Update
Physician	0.814	2.1
Laboratory	0.075	0.0

TABLE 26

	2006	2007
Overall	40.136 million	40.735 million
Medicare Advantage (MA)	6.369 million	7.265 million
Net	33.768 million	33.470 million
Percent Increase		-0.9 percent

An important factor affecting fee-for-service enrollment is beneficiary enrollment in MA plans. Because it is difficult to estimate the size of the MA enrollee population before the start of a CY, at this time we do not know how actual enrollment in MA plans will compare to current estimates. For this reason, the estimate may change substantially as actual Medicare fee-for-service enrollment for 2007 becomes known.

• *Factor 3—Estimated Real Gross Domestic Product Per Capita Growth in 2007*

We estimate that the growth in real GDP per capita from 2006 to 2007 will be 2.0 percent (based on the 10-year average GDP over the 10 years of 1998–2007). Our past experience indicates that there have also been changes in estimates of real per capita GDP growth made before the year begins and the actual change in GDP computed after the year is complete. Thus, it is possible that this figure will change as actual information on economic performance becomes available to us in 2007.

• *Factor 4—Percentage Change in Expenditures for Physicians' Services Resulting From Changes in Statute or Regulations in 2007 Compared With 2006*

The statutory and regulatory provisions that will affect expenditures in CY 2007 relative to CY 2006 are estimated to have an impact on expenditures of -1.5 percent. These provisions include the expiration of the work GPCI floor and DRA provisions adding the AAA ultrasound test to the Welcome to Medicare visit as a preventive benefit, and reducing payments for imaging services, which are discussed elsewhere in this final rule with comment.

2. Detail on the 2006 SGR

A more detailed discussion of our revised estimates of the four elements of the 2006 SGR follows.

• *Factor 1—Changes in Fees for Physicians' Services (Before Applying Legislative Adjustments) for 2006*

This factor was calculated as a weighted-average of the 2006 fee

TABLE 25—Continued

	Weight	Update
Drugs	0.111	4.0
Weighted-average	1.000	2.2

We estimate that the weighted-average increase in fees for physicians' services in 2007 under the SGR (before applying any legislative adjustments) will be 2.2 percent.

• *Factor 2—The Percentage Change in the Average Number of Part B Enrollees from 2006 to 2007*

This factor is our estimate of the percent change in the average number of fee-for-service enrollees from 2006 to 2007. Services provided to Medicare Advantage (MA) plan enrollees are outside the scope of the SGR and are excluded from this estimate. OACT estimates that the average number of Medicare Part B fee-for-service enrollees will decrease by 0.9 percent from 2006 to 2007. Table 26 illustrates how this figure was determined.

increases that apply for the different types of services included in the definition of physicians' services for the SGR.

We estimate that services paid using the PFS account for approximately 83.2 percent of total allowed charges included in the SGR in 2006. These services were updated using the 2006 MEI of 2.8 percent. We estimate that diagnostic laboratory tests represent approximately 7.1 percent of total allowed charges included in the SGR in 2006. Medicare payments for these tests are updated by the CPI-U. However, section 629 of the MMA specifies that diagnostic laboratory services will receive an update of 0.0 percent from 2004 through 2008.

We estimate that drugs represent 9.7 percent of Medicare-allowed charges included in the SGR in 2006. Sections 303 and 304 of the MMA require Medicare to pay for most drugs at 106 percent of ASP beginning January 1, 2005. We now estimate a weighted-average change in fees for drugs included in the SGR of -1.7 percent for 2006. The estimated weighted-average

change in the CY 2006 PFS final rule was 4.1 percent. The decline in the estimate is due to the availability of some actual data.

Table 27 shows the weighted-average of the MEI, laboratory and drug price changes for 2006.

TABLE 27

	Weight	Update
Physician	0.832	2.8
Laboratory	0.071	0.0

OACT's estimate of the -2.2 percent change in the number of fee-for-service enrollees, net of M+C enrollment for 2006 compared to 2005, is greater than our original estimate of -3.1 percent in the CY 2006 PFS final rule (70 FR 70310). While our current projection based on data from 8 months of 2006 is greater than our original estimate of -3.1 percent when we had no actual data, it is still possible that our final estimate of this figure will be different once we have complete information on 2006 fee-for-service enrollment.

• *Factor 3—Estimated Real Gross Domestic Product Per Capita Growth in 2006*

We estimate that the growth in real GDP per capita will be 2.1 percent for 2006 (based on the 10-year average GDP over the 10 years of 1997–2006). Our past experience indicates that there have also been differences between our estimates of real per capita GDP growth made prior to the year's end and the actual change in this factor. Thus, it is possible that this figure will change further as complete actual information on 2006 economic performance becomes available to us in 2007.

• *Factor 4—Percentage Change in Expenditures for Physicians' Services Resulting From Changes in Statute or Regulations in 2006 Compared With 2005*

The statutory and regulatory provisions that affect expenditures in CY 2006 relative to CY 2005 are estimated to have a net impact on expenditures of less than 0.05. These provisions include the expiration of the temporary higher payments to physicians in Alaska, the new power

TABLE 27—Continued

	Weight	Update
Drugs	0.097	-1.7
Weighted-average	1.000	2.2

After taking into account the elements described in Table 27, we estimate that the weighted-average increase in fees for physicians' services in 2006 under the SGR (before applying any legislative adjustments) will be 2.2 percent. Our

TABLE 28

	2005	2006
Overall	39.601 million	40.136 million.
Medicare+Choice	5.084 million	6.369 million.
Net	34.518 million	33.768 million.
Percent Increase .....	.....	-2.2 percent.

wheelchair code for physicians, and the impact of the new IVIG service.

3. Detail On the 2005 SGR

A more detailed discussion of our final revised estimates of the four elements of the 2005 SGR follows.

• *Factor 1—Changes in Fees for Physicians' Services (Before Applying Legislative Adjustments) for 2005*

This factor was calculated as a weighted-average of the 2005 fee increases that apply for the different types of services included in the definition of physicians' services for the SGR.

Services paid using the PFS accounted for approximately 84.2 percent of total Medicare-allowed charges included in the SGR for 2005 and are updated using the MEI. The MEI for 2005 was 3.1 percent. Diagnostic laboratory tests represented approximately 7.0 percent of total 2005 Medicare-allowed charges included in the SGR and are updated by the CPI-U. However, section 629 of the MMA specifies that diagnostic laboratory services will receive an update of 0.0 percent from 2004 through 2008. Drugs represented approximately 8.8 percent of total Medicare-allowed charges included in the SGR for 2005.

Historically, Medicare paid for drugs under section 1842(o) of the Act at 95 percent of the AWP. However, with some exceptions, in 2004 sections 303 and 304 of the MMA generally required Medicare to pay for drugs at 85 percent of the AWP determined as of April 1, 2003, or a specified percentage of AWP based on studies by the Government Accountability Office and the OIG. We implemented section 303 and 304 of the

estimate of this factor in the CY 2005 PFS final rule was 2.7 percent.

• *Factor 2—The Percentage Change in the Average Number of Part B Enrollees from 2005 to 2006*

OACT estimates that the average number of Medicare Part B fee-for-service enrollees (excluding beneficiaries enrolled in M+C plans) decreased by 2.2 percent in 2006. Table 28 illustrates how we determined this figure.

MMA in an interim final rule making changes to the PFS for 2004, which appeared in the **Federal Register** on January 7, 2004 (69 FR 1086). Beginning on January 1, 2005, sections 303 and 304 of the MMA require Medicare to pay for most drugs at 106 percent of the ASP. Taking into account sections 303 and 304 of the MMA, we estimate a weighted-average change in fees for drugs included in the SGR of -21.0 percent for 2005. Table 29 shows the weighted-average of the MEI, laboratory, and drug price increases for 2005.

TABLE 29

	Weight	Update
Physician	0.842	3.1
Laboratory	0.070	0.0
Drugs	0.088	-21.0
Weighted-average	1.000	0.8

After taking into account the elements described in Table 29, we estimate that the weighted-average increase in fees for physicians' services in 2005 under the SGR (before applying any legislative adjustments) was 0.8 percent. This figure is a final one based on complete data for 2005.

• *Factor 2—The Percentage Change in the Average Number of Part B Enrollees from 2004 to 2005*

We estimate the increase in the number of fee-for-service enrollees (excluding beneficiaries enrolled in M+C plans) from 2004 to 2005 was 0.3 percent. Our calculation of this factor is based on complete data from 2005. Table 30 illustrates the calculation of this factor.

TABLE 30

	2004	2005
Overall	39.099 million	39.601 million
Medicare +Choice	4.683 million	5.084 million
Net	34.416 million	34.518 million
Percent Increase		0.3 percent

• **Factor 3—Estimated Real Gross Domestic Product Per Capita Growth in 2005**

We estimate that the growth in real per capita GDP was 2.1 percent in 2005 (based on the 10-year average GDP over the 10 years of 1996–2005). This figure is a final one based on complete data for 2005.

• **Factor 4—Percentage Change in Expenditures for Physicians' Services Resulting From Changes in Statute or Regulations in 2005 Compared With 2004**

There are a number of statutory provisions that affected the 2005 SGR. Sections 303 and 304 of the MMA changed Medicare payment for drugs. These provisions also changed Medicare payments for the administration of drugs. Section 303(a)(1) of the MMA amended section 1848(c)(2) of the Act to require the Secretary to make a number of changes that increased Medicare payment for drug administration beginning January 1, 2004. Section 303(a)(4) of the MMA required an additional transitional adjustment (temporary increase) to Medicare's payment for drug administration of 32 percent for 2004 and 3 percent for 2005. We also adopted changes to the codes and payment amounts for drug administration based on recommendations from the AMA's CPT Editorial Panel and Relative Value Update Committee (RUC), under the authority of section 1848(c)(2)(J) of the Act. We further increased PFS payments by paying separately for injections provided on the same day as another PFS service.

Section 413(a) of the MMA established a 5 percent increase in the PFS payment for services provided in physician scarcity areas. Section 413(b)

of the MMA improved the procedures for paying the 10 percent PFS bonus payment for services provided in health professional shortage areas (HPSAs). Taken together, all of the statutory provisions for 2005, increased Medicare spending for physicians' services by 0.9 percent.

IX. Anesthesia and Physician Fee Schedule Conversion Factors for CY 2007

The 2007 PFS CF will be \$35.9848. The 2007 national average anesthesia CF is \$15.3328. Both CFs will be subject to a separate, independent BN adjustor, as described below.

A. Anesthesia Fee Schedule Conversion Factor

Under section 1848(d)(1)(A) of the Act, the PFS CF is equal to the CF for the previous year multiplied by the update determined under section 1848(d)(4) of the Act.

We illustrate the calculation for the 2007 PFS CF in Table 31.

TABLE 31

2006 Conversion Factor.	\$37.8975
2007 Update	-5.0 percent (0.94953)
2007 Conversion Factor.	\$35.9848

Section 1848(c)(2)(B)(ii)(II) of the Act requires that increases or decreases in RVUs for 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 this threshold is exceeded, we must make adjustments to preserve BN. The 5-Year Review of work RVUs would result in a change in expenditures that would exceed \$20 million if we made no offsetting adjustments to either the CF or RVUs. As discussed in section IV.D of this final rule with comment period, we are applying the following BN adjustor to the work RVUs in order to calculate payment for a service:

2007 Work Adjustor: 10.1 percent (0.8994)

Payment for services under the PFS will now be calculated as follows:

Payment = [(RVU work x BN adjustor x GPCI work) + (RVU PE x GPCI PE) + (RVU malpractice x GPCI malpractice)] x CF.)

B. Anesthesia Fee Schedule Conversion Factor

Anesthesia services do not have RVUs like other PFS services. Therefore, we account for any necessary RVU adjustments through an adjustment to the anesthesia fee schedule CF to simulate changes to RVUs. We modeled the resource-based PE methodology using imputed anesthesia RVUs that were made comparable to other PFS services. The adjustment factor in Table 32 includes the combined effect of the PE adjustment and the BN adjustment. We used the following figures to determine the anesthesia fee schedule CF as shown in Table 32.

TABLE 32

2006 Anesthesia Conversion Factor.	\$17.7663
2007 Update	-5.0 percent (0.94953)
2007 Combined Adjustment PE and BN.	0.9089
2007 Anesthesia Conversion Factor.	\$15.3328

X. Telehealth Originating Site Facility Fee Payment Amount Update

Section 1834(m) of the Act establishes the payment amount for the Medicare telehealth originating site facility fee for telehealth services provided from October 1, 2001 through December 31 2002, at \$20. For telehealth services provided on or after January 1 of each subsequent calendar year, the telehealth originating site facility fee is increased by the percentage increase in the MEI as defined in section 1842(i)(3) of the Act. The MEI increase for 2007 is 2.1 percent.

Therefore, for CY 2007, the payment amount for HCPCS code "Q3014, telehealth originating site facility fee" is 80 percent of the lesser of the actual charge or \$22.94. The Medicare telehealth originating site facility fee and MEI increase by the applicable time period are shown in Table 33.

TABLE 33

Facility Fee	MEI increase (percent)	Period
\$20.00	N/A	10/01/2001–12/31/2002.
20.60	3.0	01/01/2003–12/31/2003.
21.20	2.9	01/01/2004–12/31/2004.

TABLE 33—Continued

Facility Fee	MEI increase (percent)	Period
21.86	3.1	01/01/2005–12/31/2005.
22.47	2.8	01/01/2006–12/31/2006.
22.94	2.1	01/01/2007–12/31/2007.

XI. Provisions of the Final Rule

The provisions of this final rule with comment restate the provisions of the CY 2007 PFS proposed rule, except as noted elsewhere in the preamble.

XII. Waiver of Proposed Rulemaking and Delay in Effective Date

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** and invite public comment on the proposed rule. The notice of proposed rulemaking includes a reference to the legal authority under which the rule is proposed, and the terms and substances of the proposed rule or a description of the subjects and issues involved. This procedure can be waived, however, if an agency finds good cause that a notice-and-comment procedure is impracticable, unnecessary, or contrary to the public interest and incorporates a statement of the finding and its reasons in the rule issued.

As discussed in sections IV. and V. of this final rule, we utilize HCPCS codes for Medicare payment purposes. The HCPCS is a national drug coding system comprised of Level I (CPT) codes and Level II (HCPCS National Codes) that are intended to provide uniformity to coding procedures, services, and supplies across all types of medical providers and suppliers. Level I (CPT) codes are copyrighted by the AMA and consist of several categories, including Category I codes which are 5-digit numeric codes, and Category III codes which are temporary codes to track emerging technology, services and procedures.

The AMA issues an annual update of the CPT code set each Fall, with January 1 as the effective date for implementing the updated CPT codes. The HCPCS, including both Level I and Level II codes, is similarly updated annually on a CY basis. Annual coding changes are not available to the public until the Fall immediately preceding the annual January update of the PFS. Because of the timing of the release of these new codes, it is impracticable for CMS to provide prior notice and solicit comment on these codes and the RVUs assigned to them in advance of publication of the final rule that

implements the PFS. Yet, it is imperative that these coding changes be accounted for and recognized timely under the PFS for payment because services represented by these codes will be provided to Medicare beneficiaries by physicians during the CY in which they become effective. Moreover, regulations implementing HIPAA (42 CFR parts 160 and 162) require that the HCPCS be used to report health care services, including services paid under the PFS. We also assign interim RVUs to any new codes based on a review of the RUC recommendations for valuing these services. By reviewing these RUC recommendations for the new codes, we are able to assign RVUs to services based on input from the medical community and to establish payment for them, on an interim basis, that corresponds to the relative resources associated with providing the services. If we did not assign RVUs to new codes on an interim basis, the alternative would be to either not pay for these services during the initial CY or have each carrier establish a payment rate for these new codes. We believe both of these alternatives are contrary to the public interest, particularly since the RUC process allows for an assessment of the valuation of these services by the medical community prior to our establishing payment for these codes on an interim basis. Therefore, we believe it would be contrary to the public interest to delay establishment of fee schedule payment amounts for these codes.

For the reasons outlined above in this section, we find good cause to waive the notice of proposed rulemaking for the interim RVUs for selected procedure codes identified in Addendum C and to establish RVUs for these codes on an interim final basis. We are providing a 60-day public comment period.

In addition, we ordinarily publish a notice of proposed rulemaking in the **Federal Register** and provide a period for public comment before we make final the provisions of the notice. We can waive this procedure, however, if we find good cause that notice-and-comment procedure is impracticable, unnecessary, or contrary to the public interest and we incorporate a statement

of finding and its reasons in the notice issued. We find it unnecessary to undertake notice and comment rulemaking in this instance for the ambulance inflation factor because the law specifies the method of computation of annual updates, and we have no discretion in this matter. Further, we are merely applying the update method specified in statute and regulation. Therefore, under 5 U.S.C. 553(b)(B), for good cause, we waive notice and comment procedures for this ambulance inflation factor update.

XIII. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995, we are required to provide 30-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the 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 solicited public comment on each of these issues for the following sections of this document that contain information collection requirements:

Section 410.33 Independent Diagnostic Testing Facility

Section 410.33(e)(1) imposes a recordkeeping requirement on multi-State entities. Specifically, an independent diagnostic testing facility (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 operates. The burden associated with this requirement is the

time and effort it takes the IDTF to collect and maintain the aforementioned information.

While subject to the PRA, we believe this information collection requirement is exempt as defined in 5 CFR 1320.3(b)(2), because the time, effort, and financial resources necessary to comply with the requirement would be incurred by persons in the normal course of their activities (for example, in compiling and maintaining business records) and is considered to be usual and customary.

Section 410.33(g) discusses the application certification standards that an IDTF must meet. An IDTF must complete an enrollment application and certify the information contained in the application. The certification is part of an application that is subject to the PRA. The burden associated with this requirement is the time and effort necessary to complete the application. This requirement is currently approved in OMB No. 0938-0685, with a current expiration date of April 30, 2009.

Payment for Covered Outpatient Drugs and Biologicals (ASP Issues)

Section II.F.1 of the preamble provides background information pertaining to the use of average sales price (ASP) as the basis for our drug payment methodology. In accordance with section 1857 of the Act, Medicare Part B covered drugs and biologicals not paid on a cost of prospective payment basis are paid based on the ASP. The ASP data reporting requirements are outlined in section 1927(b) of the Act, and were implemented in the interim final rule with comment period that published on April 6, 2004 (69 FR 17935).

The collection of ASP data imposes a reporting requirement on the public. The burden associated with this requirement is the time and effort required by manufacturers of Medicare Part B drugs and biologicals to calculate, record, and submit the required data to CMS. While this requirement is subject to the PRA, it is currently approved under OMB control number 0938-0921, with an expiration date of May 31, 2009.

As required by section 3504(h) of the Paperwork Reduction Act of 1995, we have submitted a copy of this document to the OMB for its review of these information collection requirements.

XIV. Response to Comments

Because of the large number of public comments we normally receive on Federal Register documents, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and

time specified in the "DATES" section of this preamble, and, when we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

XV. Regulatory Impact Analysis

We have examined the impact of this rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review), the Regulatory Flexibility Act (RFA) (September 19, 1980 Pub. L. 96-354), section 1102(b) of the Social Security Act, the Unfunded Mandates Reform Act of 1995 (Pub. L. 104-4), and Executive Order 13132.

Executive Order 12866 (as amended by Executive Order 13258, which merely reassigns responsibilities of duties) directs agencies to assess all costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis must be prepared for final rules with economically significant effects (that is, a final rule that would have an annual effect on the economy of \$100 million or more in any one year, or would adversely affect in a material way the economy, a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities). As indicated in more detail below in this section, we estimate that the PFS provisions included in this final rule with comment period will redistribute more than \$100 million in 1 year. We are considering this final rule with comment period to be economically significant because its provisions are estimated to result in an increase, decrease or aggregate redistribution of Medicare spending that will exceed \$100 million. Therefore, this final rule with comment period is a major rule and we have prepared a regulatory impact analysis.

The RFA requires that we analyze regulatory options for small businesses and other entities. We prepare a regulatory flexibility analysis unless we certify that a rule would not have a significant economic impact on a substantial number of small entities. The analysis must include a justification concerning the reason action is being taken, the kinds and number of small entities the rule affects, and an explanation of any meaningful options that achieve the objectives with less significant adverse economic impact on the small entities.

Section 1102(b) of the Act requires us to prepare a regulatory impact analysis for any final rule that may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside a Metropolitan Statistical Area and has fewer than 100 beds. We have determined that this final rule with comment period would have minimal impact on small hospitals located in rural areas. Of the 201 hospital-based ESRD facilities located in rural areas, only 40 are affiliated with hospitals with fewer than 100 beds.

For purposes of the RFA, physicians, NPPs, and suppliers are considered small businesses if they generate revenues of \$6 million or less. Approximately 95 percent of physicians are considered to be small entities. There are about 980,000 physicians, other practitioners and medical suppliers that receive Medicare payment under the PFS.

For purposes of the RFA, approximately 80 percent of clinical diagnostic laboratories are considered small businesses according to the Small Business Administration's size standards.

In addition, most ESRD facilities are considered small entities, either based on nonprofit status or by having revenues of \$29 million or less in any year. We consider a substantial number of entities to be affected if the final rule is estimated to impact more than 5 percent of the total number of small entities. Based on our analysis of the 932 nonprofit ESRD facilities considered small entities in accordance with the above definitions, we estimate that the combined impact of the changes to payment for renal dialysis services included in this final rule with comment period would have a 0.8 percent increase in overall payments relative to current overall payments.

IDTFs are suppliers under the Medicare program. For purposes of the RFA, suppliers with annual sales of \$6 million or less are considered to be small entities. (Individuals and States are not included in the definition of a small entity.) We believe that our standards for IDTFs will help bar fraudulent suppliers from participating in the Medicare program and provide an added level of protection to Medicare beneficiaries. Therefore, we expect to have an impact on an unknown number of persons and entities who will effectively be prevented from practicing their aberrant billing activities. The vast

majority of suppliers would not be significantly affected by this final rule with comment period. The reduction in program overpayments and the added level of protection to beneficiaries that we expect to achieve as a result of this final rule with comment period justifies the relatively small burden this final rule with comment period would impose on all small entities.

Ambulance providers and suppliers for purposes of the RFA are also considered to be small entities. While we expect the initial change in geographic designations to have little, if any, overall effect on ambulance payments, application of the ambulance inflation factor (AIF) will result in an increase in payment rates for all ambulance services furnished by all types of ambulance providers.

The analysis and discussion provided in this section, as well as elsewhere in this final rule with comment period, complies with the RFA requirements.

Section 202 of the Unfunded Mandates Reform Act of 1995 also requires that agencies assess anticipated costs and benefits before issuing any rule that may result in expenditures in any year by State, local, or tribal governments, in the aggregate, or by the private sector, of \$120 million. Medicare beneficiaries are considered to be part of the private sector for this purpose.

We have examined this final rule with comment period in accordance with Executive Order 13132 and have determined that this regulation would not have any significant impact on the rights, roles, or responsibilities of State, local, or tribal governments. A discussion concerning the impact of this rule on beneficiaries is found later in this section.

We have prepared the following analysis, which, together with the information provided in the rest of this preamble, meets all assessment requirements. The analysis explains the rationale for and purposes of this final rule with comment period; details the costs and benefits of the rule; analyzes alternatives; and presents the measures we proposed to use to minimize the burden on small entities. As indicated elsewhere in this final rule with comment period, we proposed to change

our methodology for calculating resource-based PE RVUs and make a variety of other changes to our regulations, payments, or payment policies to ensure that our payment systems reflect changes in medical practice and the relative value of services. We provide information for each of the policy changes in the relevant sections of this final rule with comment period. We are unaware of any relevant Federal rules that duplicate, overlap or conflict with this final rule with comment period. The relevant sections of this final rule with comment period contain a description of significant alternatives if applicable.

A. RVU Impacts

1. Resource-Based Work and PE RVUs

Section 1848(c)(2)(B)(ii) of the Act requires that increases or decreases in RVUs may not cause the amount of expenditures for the year to differ by more than \$20 million from what expenditures would have been in the absence of these changes. If this threshold is exceeded, we make adjustments to preserve BN. This year, the estimated \$4 billion impact of changes in work RVUs resulting from the 5-Year Review require that a budget-neutrality adjustment be made.

As discussed in the June 29, 2006 proposed notice, we proposed making the statutorily required BN adjustment to account for the 5-Year Review of physician work by reducing all work RVUs. We estimated that all work RVUs would have to be reduced by 10 percent under this option. As discussed in section IV.D.1 of this final rule with comment period, we carefully reviewed the comments received concerning this issue, and to meet the BN provisions of section 1848(c)(2)(B)(ii)(II) of the Act, we are applying a BN adjustor of 0.8994 or -10.1 percent to the work RVUs.

Table 34 shows the specialty-level impact of the work and PE RVU changes.

Our estimates of changes in Medicare revenues for PFS services compare payment rates for CY 2006 with proposed payment rates for CY 2007 using CY 2005 Medicare utilization for all years. We are using CY 2005 Medicare claims processed and paid

through March 30, 2005, that we estimate are 98 percent complete. To the extent that there are year-to-year changes in the volume and mix of services provided by physicians, the actual impact on total Medicare revenues will be different than those shown in Table 34. The payment impacts reflect averages for each specialty based on Medicare utilization. The payment impact for an individual physician would be different from the average, based on the mix of services the physician provides. The average change in total revenues would be less than the impact displayed here because physicians furnish services to both Medicare and non-Medicare patients and specialties may receive substantial Medicare revenues for services that are not paid under the PFS. For instance, independent laboratories receive approximately 80 percent of their Medicare revenues from clinical laboratory services that are not paid under the PFS.

Table 34 shows only the payment impact on PFS services. The following is an explanation of the information represented in Table 34. Note that this table does include the impact of the CY 2007 update.

- **Specialty:** The physician specialty or type of practitioner/supplier.
- **Allowed Charges:** Allowed charges are the Medicare Fee Schedule amounts for covered services and include copayments and deductibles (which are the financial responsibility of the beneficiary). These amounts have been summed across all services provided by physicians, practitioners, or suppliers with a specialty to arrive at the total allowed charges for the specialty.
- **Impact of Work RVU Changes** from the five year review of work
- **Impact of PE RVU changes.** The impact is shown for both 2007, which is the first year of the four year transition using the new methodology, and 2010, which is the year in which the methodology is fully implemented.
- **Combined impact of the finalized work and PE RVUs** for both 2007 and 2010.

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TABLE 34: Combined Total Allowed Charge Impact for Work and Practice Expense RVU Changes

	Specialty	Allowed Charges (mil)	Impact of Work RVU Changes 2007	Impact of PE RVU Changes		Combined Impact of PE and Work Changes*	
				2007	2010	2007	2010
				(PE Trans. Year 1)	(PE Full Implement)	(PE Trans. Year 1)	(PE Full Implement.)
1	Total	\$ 75,408	0%	0%	0%	0%	0%
2	ALLERGY/IMMUNOLOGY	\$ 168	1%	1%	6%	2%	7%
3	ANESTHESIOLOGY	\$ 1,725	-6%	-1%	-4%	-7%	-10%
4	CARDIAC SURGERY	\$ 391	4%	-1%	-2%	3%	2%
5	CARDIOLOGY	\$ 7,512	0%	-1%	-4%	-1%	-5%
6	COLON AND RECTAL SURGERY	\$ 120	-1%	1%	3%	0%	2%
7	CRITICAL CARE	\$ 173	4%	0%	0%	4%	4%
8	DERMATOLOGY	\$ 2,156	-6%	3%	13%	-3%	7%
9	EMERGENCY MEDICINE	\$ 2,010	7%	0%	-1%	7%	6%
10	ENDOCRINOLOGY	\$ 321	6%	0%	0%	6%	6%
11	FAMILY PRACTICE	\$ 4,852	5%	0%	1%	5%	6%
12	GASTROENTEROLOGY	\$ 1,745	-1%	1%	6%	0%	5%

	Specialty	Allowed Charges (mil)	Impact of Work RVU Changes 2007	Impact of PE RVU Changes		Combined Impact of PE and Work Changes*	
				2007	2010	2007	2010
				(PE Trans. Year 1)	(PE Full Implement)	(PE Trans. Year 1)	(PE Full Implement.)
13	GENERAL PRACTICE	\$ 1,029	3%	0%	1%	3%	4%
14	GENERAL SURGERY	\$ 2,346	0%	0%	1%	0%	1%
15	GERIATRICS	\$ 134	2%	0%	0%	2%	2%
16	HAND SURGERY	\$ 77	-1%	-1%	-4%	-2%	-4%
17	HEMATOLOGY/ ONCOLOGY	\$ 1,771	3%	0%	-1%	3%	2%
18	INFECTIOUS DISEASE	\$ 454	8%	1%	3%	9%	11%
19	INTERNAL MEDICINE	\$ 9,601	5%	0%	0%	5%	5%
20	INTERVENTIONAL RADIOLOGY	\$ 235	-5%	0%	0%	-5%	-5%
21	NEPHROLOGY	\$ 1,600	0%	-1%	-4%	-1%	-4%
22	NEUROLOGY	\$ 1,343	2%	0%	0%	2%	2%
23	NEUROSURGERY	\$ 577	-1%	-1%	-2%	-2%	-3%
24	NUCLEAR MEDICINE	\$ 87	-5%	2%	9%	-3%	4%
25	OBSTETRICS/ GYNECOLOGY	\$ 630	1%	0%	-1%	1%	0%
26	OPHTHALMOLOGY	\$ 4,808	-2%	-1%	-3%	-3%	-6%
27	ORTHOPEDIC SURGERY	\$ 3,289	-1%	0%	-2%	-1%	-3%
28	OTOLARNGOLOGY	\$ 898	0%	0%	0%	0%	0%
29	PATHOLOGY	\$ 942	-5%	-1%	-2%	-6%	-7%
30	PEDIATRICS	\$ 75	2%	0%	-1%	2%	1%
31	PHYSICAL MEDICINE	\$ 793	2%	0%	-2%	2%	1%
32	PLASTIC SURGERY	\$ 283	-1%	0%	1%	-1%	0%
33	PSYCHIATRY	\$ 1,150	-3%	1%	2%	-2%	0%
34	PULMONARY DISEASE	\$ 1,592	6%	1%	2%	7%	8%
35	RADIATION ONCOLOGY	\$ 1,460	-1%	2%	6%	1%	5%
36	RADIOLOGY	\$ 5,407	-5%	0%	-1%	-5%	-5%
37	RHEUMATOLOGY	\$ 471	3%	-1%	-3%	2%	0%
38	THORACIC SURGERY	\$ 445	3%	0%	-2%	3%	1%
39	UROLOGY	\$ 1,959	1%	0%	0%	1%	1%
40	VASCULAR SURGERY	\$ 611	-1%	0%	2%	-1%	0%
41	AUDIOLOGIST	\$ 32	-1%	-1%	-3%	-2%	-4%
42	CHIROPRACTOR	\$ 783	-7%	-1%	-3%	-8%	-10%
43	CLINICAL PSYCHOLOGIST	\$ 562	-7%	-2%	-7%	-9%	-14%
44	CLINICAL SOCIAL WORKER	\$ 370	-7%	-2%	-6%	-9%	-14%
45	NURSE ANESTHETIST	\$ 657	-8%	0%	-1%	-8%	-9%
46	NURSE PRACTITIONER	\$ 719	0%	0%	1%	0%	1%
47	OPTOMETRY	\$ 846	-2%	-1%	-2%	-3%	-5%
48	ORAL/MAXILLOFACIAL SURGERY	\$ 38	-2%	1%	4%	-1%	2%

	Specialty	Allowed Charges (mil)	Impact of Work RVU Change \$ 2007	Impact of PE RVU Changes		Combined Impact of PE and Work Changes*	
				2007	2010	2007	2010
				(PE Trans. Year 1)	(PE Full Implement)	(PE Trans. Year 1)	(PE Full Implement.)
49	PHYSICAL/OCCUPATIONAL THERAPY	\$ 1,613	-6%	1%	6%	-5%	-1%
50	PHYSICIANS ASSISTANT	\$ 543	2%	0%	1%	2%	2%
51	PODIATRY	\$ 1,563	-3%	2%	7%	-1%	4%
52	DIAGNOSTIC TESTING FACILITY	\$ 1,228	-1%	-1%	-5%	-2%	-6%
53	INDEPENDENT LABORATORY	\$ 673	-3%	5%	20%	2%	17%
54	PORTABLE X-RAY SUPPLIER	\$ 88	-2%	1%	4%	-1%	2%

*Components may not sum to total due to rounding.

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2. Section 5102 of the DRA Adjustments for Payments for Imaging Services

As required by section 5102(a) of the DRA and described in section II.E.1. of this final rule with comment period, we are removing, from the PE RVUs under the PFS the 0.3 percent increase made to the PE RVUs in the CY 2006 PFS final rule with comment period to ensure the BN of the impact of the multiple imaging policy adopted for CY 2006. Section 5102(a) of the DRA exempts the CY 2006 and 2007 impact of the multiple imaging policy from BN. Because we proposed to maintain the current 25 percent payment reduction for multiple imaging procedures in CY 2007, there is no additional impact resulting from our policies for CY 2007. Section 5102 of the DRA also exempts the estimated savings from the application of the OPPS-based payment limitation on PFS imaging services from the PFS BN requirement. We estimate that the combined impact of the BN exemptions in section 5102 of the DRA would reduce PFS expenditures by approximately 0.9 percent in CY 2007.

3. Combined Impacts

Table 35 shows the specialty-level impact of: The work and PE RVU changes, section 5102 of the DRA, and our most recent estimate (-5.0 percent) of the CY 2007 Medicare PFS update. Additionally, the impacts in this final

rule with comment period reflect the use of updated physician time data from the AMA-RUC.

Our estimates of changes in Medicare revenues for PFS services compare payment rates for CY 2006 with proposed payment rates for CY 2007 using CY 2005 Medicare utilization for all years. We are using CY 2005 Medicare claims processed and paid through March 30, 2005, that we estimate are 98 percent complete. To the extent that there are year-to-year changes in the volume and mix of services provided by physicians, the actual impact on total Medicare revenues will be different than those shown in Table 35. The payment impacts reflect averages for each specialty based on Medicare utilization. The payment impact for an individual physician would be different from the average, based on the mix of services the physician provides. The average change in total revenues would be less than the impact displayed here because physicians furnish services to both Medicare and non-Medicare patients and specialties may receive substantial Medicare revenues for services that are not paid under the PFS. For instance, independent laboratories receive approximately 80 percent of their Medicare revenues from clinical laboratory services that are not paid under the PFS.

Table 35 shows only the payment impact on PFS services. The following is an explanation of the information represented in Table 35.

- Specialty: The physician specialty or type of practitioner/supplier.
- Allowed Charges: Allowed charges are the Medicare Fee Schedule amounts for covered services and include copayments and deductibles (which are the financial responsibility of the beneficiary.) These amounts have been summed across all services provided by physicians, practitioners, or suppliers with a specialty to arrive at the total allowed charges for the specialty.
- Impact of Work and PE RVU Changes using the methodology finalized in this rule.
- Impact of section 5102 of the DRA: The CY 2007 percentage decrease in allowed charges attributed to section 5102 of the DRA.
- Combined impact of the finalized work and PE RVUs and section 5102 of the DRA.
- CY 2007 Update: The percentage decrease in allowed charges attributed to the CY 2007 PFS conversion factor update (-5.0 percent).
- Combined impact with CY 2007 update: The CY 2007 percentage decrease in allowed charges attributed to the impact of the work and PE RVU changes, section 5102 of the DRA, and the CY 2007 update.

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TABLE 35: Combined CY 2007 Total Allowed Charge Impact for the 5-year Review of Work RVUs and Practice Expense Changes, Multiple Imaging Reduction, OPPIs Imaging Cap, and CY 2007 Update

	Specialty	Allowed Charges (mil)	Impact of Work and PE RVU Changes*	Impact of DRA 5102	Combined Impact RVU and DRA 5102**	CY 2007 Update	Combined Impact with CY 2007 Update**
1	Total	\$ 75,408	0%	-1%	-1%	-5%	-6%
2	ALLERGY/IMMUNOLOGY	\$ 168	2%	0%	2%	-5%	-3%
3	ANESTHESIOLOGY	\$ 1,725	-7%	0%	-7%	-5%	-12%
4	CARDIAC SURGERY	\$ 391	3%	0%	3%	-5%	-2%
5	CARDIOLOGY	\$ 7,512	-1%	-1%	-2%	-5%	-7%
6	COLON AND RECTAL SURGERY	\$ 120	0%	0%	0%	-5%	-5%
7	CRITICAL CARE	\$ 173	4%	0%	4%	-5%	-1%
8	DERMATOLOGY	\$ 2,156	-3%	0%	-3%	-5%	-8%
9	EMERGENCY MEDICINE	\$ 2,010	7%	0%	7%	-5%	2%
10	ENDOCRINOLOGY	\$ 321	6%	0%	6%	-5%	1%
11	FAMILY PRACTICE	\$ 4,852	5%	0%	5%	-5%	0%
12	GASTROENTEROLOGY	\$ 1,745	0%	0%	0%	-5%	-5%
13	GENERAL PRACTICE	\$ 1,029	3%	-1%	2%	-5%	-3%
14	GENERAL SURGERY	\$ 2,346	0%	-1%	-1%	-5%	-6%
15	GERIATRICS	\$ 134	2%	0%	2%	-5%	-3%
16	HAND SURGERY	\$ 77	-2%	0%	-2%	-5%	-7%
17	HEMATOLOGY/ONCOLOGY	\$ 1,771	3%	0%	3%	-5%	-2%

	Specialty	Allowed Charges (mil)	Impact of Work and PE RVU Changes*	Impact of DRA 5102	Combined Impact RVU and DRA 5102**	CY 2007 Update	Combined Impact with CY 2007 Update**
18	INFECTIOUS DISEASE	\$ 454	9%	0%	9%	-5%	4%
19	INTERNAL MEDICINE	\$ 9,601	5%	0%	4%	-5%	-1%
20	INTERVENTIONAL RADIOLOGY	\$ 235	-5%	-2%	-7%	-5%	-12%
21	NEPHROLOGY	\$ 1,600	-1%	0%	-1%	-5%	-6%
22	NEUROLOGY	\$ 1,343	2%	-1%	1%	-5%	-4%
23	NEUROSURGERY	\$ 577	-2%	-1%	-3%	-5%	-8%
24	NUCLEAR MEDICINE	\$ 87	-3%	-2%	-4%	-5%	-9%
25	OBSTETRICS/GYNECOLOGY	\$ 630	1%	0%	1%	-5%	-4%
26	OPHTHALMOLOGY	\$ 4,808	-3%	0%	-3%	-5%	-8%
27	ORTHOPEDIC SURGERY	\$ 3,289	-1%	0%	-1%	-5%	-6%
28	OTOLARNGOLOGY	\$ 898	0%	0%	0%	-5%	-5%
29	PATHOLOGY	\$ 942	-6%	0%	-6%	-5%	-11%
30	PEDIATRICS	\$ 75	2%	0%	2%	-5%	-3%
31	PHYSICAL MEDICINE	\$ 793	2%	0%	2%	-5%	-3%
32	PLASTIC SURGERY	\$ 283	-1%	0%	-1%	-5%	-6%
33	PSYCHIATRY	\$ 1,150	-2%	0%	-2%	-5%	-7%
34	PULMONARY DISEASE	\$ 1,592	7%	0%	6%	-5%	1%
35	RADIATION ONCOLOGY	\$ 1,460	1%	0%	0%	-5%	-5%
36	RADIOLOGY	\$ 5,407	-5%	-5%	-9%	-5%	-14%
37	RHEUMATOLOGY	\$ 471	2%	-1%	2%	-5%	-3%
38	THORACIC SURGERY	\$ 445	3%	-1%	3%	-5%	-2%
39	UROLOGY	\$ 1,959	1%	-1%	0%	-5%	-5%
40	VASCULAR SURGERY	\$ 611	-1%	-4%	-6%	-5%	-11%
41	AUDIOLOGIST	\$ 32	-2%	0%	-2%	-5%	-7%
42	CHIROPRACTOR	\$ 783	-8%	0%	-8%	-5%	-13%
43	CLINICAL PSYCHOLOGIST	\$ 562	-9%	0%	-9%	-5%	-14%
44	CLINICAL SOCIAL WORKER	\$ 370	-9%	0%	-9%	-5%	-14%
45	NURSE ANESTHETIST	\$ 657	-8%	0%	-8%	-5%	-13%
46	NURSE PRACTITIONER	\$ 719	0%	0%	0%	-5%	-5%
47	OPTOMETRY	\$ 846	-3%	0%	-3%	-5%	-8%
48	ORAL/MAXILLOFACIAL SURG	\$ 38	-1%	0%	-1%	-5%	-6%
49	PHYS/OCC THERAPY	\$ 1,613	-5%	0%	-5%	-5%	-10%
50	PHYSICIANS ASSISTANT	\$ 543	2%	0%	2%	-5%	-3%
51	PODIATRY	\$ 1,563	-1%	0%	-1%	-5%	-6%
52	DIAGNOSTIC TESTING FACILITY	\$ 1,228	-2%	-11%	-13%	-5%	-18%
53	INDEPENDENT LABORATORY	\$ 673	2%	0%	2%	-5%	-3%
54	PORTABLE X-RAY SUPPLIER	\$ 88	-1%	0%	-1%	-5%	-6%

Table 36 shows the impact on total payments for selected high-volume procedures of all of the changes previously discussed. We selected these procedures because they are the most

commonly provided by a broad spectrum of physician specialties. There are separate columns that show the change in the facility rates and the nonfacility rates. For an explanation of

facility and nonfacility PE refer to Addendum A of this final rule with comment period.

Table 36: Impact of Final Rule with Comment Period and Estimated Physician Update on 2007 Payment For Selected Procedures

CPT/ HCPCS	MOD	Description	FACILITY			NON-FACILITY		
			OLD	NEW	Percent Change	OLD	NEW	Percent Change
11721		Debride nail, 6 or more	\$ 31.08	\$ 27.35	-12%	\$ 39.79	\$ 37.06	-7%
17000		Destruct premalgn lesion	\$ 44.34	\$ 42.46	-4%	\$ 60.64	\$ 60.09	-1%
27130		Total hip arthroplasty	\$ 1,399.55	\$ 1,291.49	-8%	\$ 1,399.55	na	na
27244		Treat thigh fracture	\$ 1,137.68	\$ 1,045.00	-8%	\$ 1,137.68	na	na
27447		Total knee arthroplasty	\$ 1,511.35	\$ 1,390.45	-8%	\$ 1,511.35	na	na
33533		CABG, arterial, single	\$ 1,933.53	\$ 1,811.83	-6%	\$ 1,933.53	na	na
35301		Rechanneling of artery	\$ 1,128.97	\$ 1,017.65	-10%	\$ 1,128.97	na	na
43239		Upper GI endoscopy, biopsy	\$ 162.20	\$ 147.18	-9%	\$ 334.26	\$ 308.75	-8%
66821		After cataract laser surgery	\$ 230.80	\$ 241.10	4%	\$ 248.61	\$ 257.29	3%
66984		Cataract surg w/ol, 1 stage	\$ 683.67	\$ 609.94	-11%	\$ 683.67	na	na
67210		Treatment of retinal lesion	\$ 574.15	\$ 528.62	-8%	\$ 600.30	\$ 551.65	-8%
71010		Chest x-ray	\$ 28.04	na	na	\$ 28.04	\$ 24.83	-11%
71010	26	Chest x-ray	\$ 9.47	\$ 8.28	-13%	\$ 9.47	\$ 8.28	-13%
77056		Mammogram, both breasts	\$ 97.40	na	na	\$ 97.40	\$ 101.12	4%
77056	26	Mammogram, both breasts	\$ 45.10	\$ 39.22	-13%	\$ 45.10	\$ 38.14	-15%
77057		Mammogram, screening	\$ 85.65	na	na	\$ 85.65	\$ 73.77	-14%
77057	26	Mammogram, screening	\$ 36.38	\$ 31.67	-13%	\$ 36.38	\$ 30.95	-15%
77427		Radiation tx management, x5	\$ 172.05	\$ 167.33	-3%	\$ 172.05	\$ 167.33	-3%
78465	26	Heart image (3d), multiple	\$ 76.93	\$ 69.45	-10%	\$ 76.93	\$ 69.45	-10%
88305	26	Tissue exam by pathologist	\$ 42.07	\$ 35.98	-14%	\$ 42.07	\$ 35.98	-14%
90801		Psy dx interview	\$ 143.63	\$ 123.43	-14%	\$ 152.73	\$ 137.82	-10%
90862		Medication management	\$ 48.89	\$ 42.46	-13%	\$ 51.92	\$ 47.86	-8%
90935		Hemodialysis, one evaluation	\$ 73.14	\$ 64.05	-12%	\$ 73.14	na	na
92012		Eye exam established pat	\$ 37.14	\$ 32.39	-13%	\$ 65.18	\$ 58.66	-10%

CPT/ HCPCS	MOD	Description	FACILITY			NON-FACILITY		
			OLD	NEW	Percent Change	OLD	NEW	Percent Change
92014		Eye exam & treatment	\$ 60.64	\$ 52.90	-13%	\$ 96.26	\$ 86.72	-10%
92980		Insert intracoronary stent	\$ 830.71	\$ 755.68	-9%	\$ 830.71	na	na
93000		Electrocardiogram, complete	\$ 26.91	\$ 23.39	-13%	\$ 26.91	\$ 23.39	-13%
93010		Electrocardiogram report	\$ 9.10	\$ 7.92	-13%	\$ 9.10	\$ 7.92	-13%
93015		Cardiovascular stress test	\$ 108.01	\$ 98.96	-8%	\$ 108.01	\$ 98.96	-8%
93307	26	Echo exam of heart	\$ 49.27	\$ 44.62	-9%	\$ 49.27	\$ 44.62	-9%
93510	26	Left heart catheterization	\$ 257.70	\$ 230.66	-10%	\$ 257.70	\$ 230.66	-10%
98941		Chiropractic manipulation	\$ 31.45	\$ 27.35	-13%	\$ 36.38	\$ 31.67	-13%
99203		Office/outpatient visit, new	\$ 72.38	\$ 63.69	-12%	\$ 97.02	\$ 87.44	-10%
99213		Office/outpatient visit, est	\$ 35.62	\$ 39.94	12%	\$ 52.68	\$ 56.50	7%
99214		Office/outpatient visit, est	\$ 59.12	\$ 62.97	7%	\$ 82.62	\$ 85.64	4%
99222		Initial hospital care	\$ 112.93	\$ 112.99	0%	\$ 112.93	na	na
99223		Initial hospital care	\$ 157.27	\$ 164.81	5%	\$ 157.27	na	na
99231		Subsequent hospital care	\$ 34.11	\$ 33.83	-1%	\$ 34.11	na	na
99232		Subsequent hospital care	\$ 55.71	\$ 60.45	9%	\$ 55.71	na	na
99233		Subsequent hospital care	\$ 79.21	\$ 86.36	9%	\$ 79.21	na	na
99236		Observ/hosp same date	\$ 223.22	\$ 195.04	-13%	\$ 223.22	na	na
99239		Hospital discharge day	\$ 96.64	\$ 89.96	-7%	\$ 96.64	na	na
99243		Office consultation	\$ 93.99	\$ 88.52	-6%	\$ 122.79	\$ 116.23	-5%
99244		Office consultation	\$ 138.70	\$ 138.54	0%	\$ 173.19	\$ 170.57	-2%
99253		Inpatient consultation	\$ 98.91	\$ 103.28	4%	\$ 98.91	na	na
99254		Inpatient consultation	\$ 142.12	\$ 148.62	5%	\$ 142.12	na	na
99283		Emergency dept visit	\$ 62.15	\$ 57.58	-7%	\$ 62.15	na	na
99284		Emergency dept visit	\$ 97.02	\$ 104.72	8%	\$ 97.02	na	na
99291		Critical care, first hour	\$ 207.68	\$ 198.28	-5%	\$ 256.95	\$ 243.26	-5%
99292		Critical care, add'l 30 min	\$ 104.22	\$ 99.32	-5%	\$ 114.07	\$ 108.67	-5%
99348		Home visit, est patient	\$ 72.01	na	na	\$ 72.01	\$ 62.97	-13%
99350		Home visit, est patient	\$ 164.48	na	na	\$ 164.48	\$ 143.22	-13%
G0008		Admin influenza virus vac	\$ 18.60	na	na	\$ 18.60	\$ 17.99	-3%
G0317		ESRD related svcs 4+mo 20+yrs	\$ 308.11	\$ 293	-5%	\$ 308.11	\$ 293	-5%

B. Geographic Practice Cost Indices (GPCI)—Payment Localities

As discussed in section II.B. of the preamble to this final rule with comment period, we proposed new GPCIs for 2007. In the CY 2005 PFS final rule with comment period, we published 2005 and 2006 GPCI and GAF values reflecting the 2-year phase-in of updated GPCI data. In 2007, the proposed GPCI and GAF values will reflect the removal of the 1,000 MMA floor from the physician work GPCI. The negative impact of these changes on a number of payment localities is shown in section II.B. in Table 7.

C. Global Period for Remote Afterloading High Intensity Brachytherapy Procedures

As discussed in section II.D.1. of this final rule with comment period, we are revising the global period for these services. We do not anticipate this change will have a significant impact on Medicare expenditures. Current brachytherapy coding allows for billing only one time for the entire physician services provided during a 90-day period. Any expected increase in the billing of brachytherapy physician services is offset by the reduction in the work RVUs.

D. DRA 5112: Addition of the Ultrasound Screening for Abdominal Aortic Aneurysm to "Welcome to Medicare" Benefit

As discussed in section II.E.3. of this final rule with comment period, section 5112 of the DRA authorizes coverage of an ultrasound screening for abdominal aortic aneurysms effective January 1, 2007, subject to certain eligibility and other limitations. We estimate that this new benefit would result in an increase in Medicare expenditures to physicians and other practitioners and suppliers of ultrasound services and related follow-up tests and treatment that may be required as a result of the coverage of these screening examinations. However, this is not expected to have a significant

cost impact on the Medicare program because of the limited scope of the benefit.

E. DRA 5113: Colorectal Screening Exemption From Part B Deductible

As discussed in section II.E.4. of this final rule with comment period, beginning January 1, 2007, colorectal cancer screening services as described in section 1861(pp)(1) of the Act are no longer subject to the Part B deductible. While waiver of this deductible will be beneficial to Medicare beneficiaries, we do not anticipate that this change will have a significant cost impact on the Medicare program.

F. Section 5114: Addition of Diabetes Outpatient Self-Management Training Services (DSMT) and Medical Nutrition Therapy (MNT) for the FQHC Program

As discussed in section II.E.5. of this final rule with comment period, section 5114 of the DRA amended section 1861(aa)(3) the Act to add DSMT and MNT to the list of Medicare covered and reimbursed services under the Medicare FQHC benefit, effective for services provided on or after January 1, 2006. Although this statutory change has already been implemented in administrative instructions, we proposed to conform the regulations to meet the new statutory requirement. FQHCs certified as DSMT and MNT providers have been allowed to bundle the cost of those services into their FQHC payment rates. But before the enactment of the DRA, the provision of these services would not generate a separate FQHC visit payment. Effective for services furnished on or after January 1, 2006, FQHCs that are certified providers of DSMT and MNT services can receive per visit payments for covered services furnished by registered dietitians or nutrition professionals. Because there are a limited number of qualified centers for DSMT and MNT services, the increase in Medicare expenditures should be negligible.

G. Payment for Covered Outpatient Drugs and Biologicals (ASP Issues)

While it is difficult to quantify the impact of clarifications in ASP reporting guidelines on Medicare expenditures, we expect that the changes discussed in section II.F. of this final rule with comment period, for payment for covered outpatient drugs and biologicals, will have a minimal impact on Medicare expenditures.

H. Provisions Related to Payment for Renal Dialysis Services Furnished by End State Renal Disease (ESRD) Facilities

In section II.G. of this final rule with comment period, we discuss the ESRD-related provisions. To understand the impact of the changes affecting payments to different categories of ESRD facilities, it is necessary to compare estimated payments under the current year (2006 payments) to estimated payments under the revisions to the composite rate payment system as discussed in II.G. of this final rule with comment period (2007 payments). To estimate the impact among various classes of ESRD facilities, it is imperative that the estimates of current payments and projected payments contain similar inputs. Therefore, we simulated payments only for those ESRD facilities that we are able to calculate both current 2006 payments and 2007 payments.

ESRD providers were grouped into the categories based on characteristics provided in the Online Survey and Certification and Reporting (OSCAR) file and the most recent cost report data from the Healthcare Cost Report Information System (HCRIS). We also used the June 2006 update of CY 2005 National Claims History file as a basis for Medicare dialysis treatments and separately billable drugs and biologicals. Due to data limitations, we are unable to estimate current and proposed payments for 130 of the 4,669 ESRD facilities that bill for ESRD dialysis treatments.

TABLE 37.—IMPACT OF CY 2007 CHANGES IN PAYMENTS TO HOSPITAL BASED AND INDEPENDENT ESRD FACILITIES
[Percent change in composite rate payments to ESRD facilities (both program and beneficiaries)]

	Number of facilities	Number of dialysis treatments (in millions)	Effect of changes in wage index ¹	Overall effect ²
All Providers	4,539	34.4	0.0	0.5
Independent	3,958	30.7	-0.1	0.5
Hospital Based	581	3.7	0.4	1.0
By Facility Size:				
Less than 5000 treatments	1,628	4.6	-0.3	0.2
5000 to 9999 treatments	1,756	12.9	0.0	0.5
Greater than 9999 treatments	1,155	16.9	0.1	0.6

TABLE 37.—IMPACT OF CY 2007 CHANGES IN PAYMENTS TO HOSPITAL BASED AND INDEPENDENT ESRD FACILITIES—
Continued

[Percent change in composite rate payments to ESRD facilities (both program and beneficiaries)]

	Number of facilities	Number of dialysis treatments (in millions)	Effect of changes in wage index ¹	Overall effect ²
By Type of Ownership:				
Profit	3,607	27.8	-0.1	0.4
Nonprofit	932	6.6	0.3	0.8
By Geographic Location:				
Rural	1,217	7.0	-0.6	0.0
Urban	3,322	27.4	0.1	0.7
By Region:				
New England	152	1.2	1.1	1.6
Middle Atlantic	549	4.4	0.6	1.1
East North Central	716	5.4	-0.5	0.1
West North Central	341	1.9	-0.4	0.1
South Atlantic	1,014	7.9	0.0	0.5
East South Central	358	2.6	-1.1	-0.6
West South Central	633	4.7	-0.7	-0.1
Mountain	245	1.6	0.1	0.7
Pacific	500	4.2	1.1	1.7
Puerto Rico	31	0.4	-1.6	-1.1

¹ This column shows the effect of wage index changes on ESRD providers. Composite rate payments computed using the current wage index are compared to composite rate payments using the CY 2007 wage index changes.

² This column shows the percent change between CY 2007 and CY 2006 composite rate payments to ESRD facilities. The CY 2007 payments include the CY 2007 wage adjusted composite rate, and the 15.1 percent drug add-on times treatments. The CY 2006 payments to ESRD facilities includes the CY 2006 wage adjusted composite rate and the 14.5 percent drug add-on times treatments.

Table 37 shows the impact of this year's changes to CY 2007 payments to hospital-based and independent ESRD facilities. The first column of Table 37 identifies the type of ESRD provider, the second column indicates the number of ESRD facilities for each type, and the third column indicates the number of dialysis treatments.

The fourth column shows the effect of CY 2007 changes to the ESRD wage index as it affects the composite rate payments to ESRD facilities. The fourth column compares aggregate ESRD wage adjusted composite rate payments in the second year of the transition (CY 2007) to aggregate ESRD wage adjusted composite rate payments in first year of the transition (CY 2006). In the second year of the transition (CY 2007), ESRD facilities receive 50 percent of the CBSA wage adjusted composite rate and 50 percent of the MSA wage adjusted composite rate. In the first year of the transition, ESRD facilities receive 25 percent of the CBSA wage adjusted composite rate and 75 percent of the MSA wage adjusted composite rate. The overall effect to all ESRD providers in aggregate is zero because the CY 2007 ESRD wage index has been multiplied by a BNF to comply with the statutory requirement that any wage index revisions be done in a manner that results in the same aggregate amount of expenditures as would have been made without any changes in the wage index. The decreases shown among census

regions is primarily due to reducing the wage index floor, as there were areas in these areas with wage index values below the floor.

The fifth column shows the overall effect of the changes in composite rate payments to ESRD providers. The overall effect is measured as the difference between the projected CY 2007 payment with all changes in this final rule and CY 2006 payment. This payment amount is computed by multiplying the wage adjusted composite rate with the drug add-on for each provider times the number of dialysis treatments from 2005 claims. The projected CY 2007 payment is the transition year 2 wage-adjusted composite rate for each provider (with the 15.1 percent drug add-on) times dialysis treatments from CY 2005 claims. The CY 2006 current payment is the transition year 1 wage-adjusted composite rate for each provider (with the current 14.5 percent drug add-on) times dialysis treatments from CY 2005 claims.

The overall impact to ESRD providers in aggregate is 0.5 percent. This increase corresponds to the 0.5 percent increase to the drug add-on. The variation seen in column 5 is due to variation in changes in the wage index (column 4). All provider types receive the same 0.5 percent increase to the drug add-on.

Comment: We received a comment requesting that we update the impact table to reflect the current Puerto Rico

ESRD provider count and treatment count.

Response: The impact table shows the same provider count the commenter suggested. However, our tabulation of the 2005 claims data indicates that there are 0.4 million treatments rather than the 0.55 million treatment count furnished by the commenter.

I. Private Contracts and Opt-out Provision

The changes discussed in this final rule with comment period, for private contracts and the opt-out provision, are currently estimated to have no significant impact on Medicare expenditures as the number of physicians and practitioners who opt-out of Medicare is very small.

J. Supplier Access to Claims Billed on Reassignment

The reassignment provisions discussed in section II.J.2. of this final rule with comment period are amending the reassignment regulations so that employees will have the same "unrestricted access to billing records," that has been afforded to independent contractors since January 1, 2005. We are simply extending this right to access one's billing records to employees. This change should have no impact on Medicare expenditures.

K. Coverage of Bone Mass Measurement

As discussed in section II.K. of this final rule with comment period, we discuss several revisions to § 410.31 relative to the definition of the term "Bone Mass Measurement" (§ 410.31(a)(2)), the conditions for coverage (§ 410.31(b)), the examples of exceptions to the standards on frequency of coverage (§ 410.31(c)(2)), and the category of individuals receiving glucocorticoid (steroid) therapy (§ 410.31(d)(3)). We also discuss the addition of a new paragraph (f) that would allow CMS, through the NCD process, to identify additional BMM systems for monitoring individuals receiving osteoporosis drug therapy and for performing confirmatory baseline measurements. We do not expect that this addition would have a significant cost impact on the Medicare program in the next several years.

Based on the projected impact of the first three changes that would place greater reliance on the use of the more expensive DXA (axial skeleton) devices, we estimate that this revised benefit would result in an increase in Medicare payments for providers who use the DXA (axial skeleton) devices and a somewhat smaller decrease in payments to providers who use QCT (axial skeleton) and peripheral devices. However, we do not expect that these changes would have a significant cost impact on the Medicare program because, at present, a very small percentage of our total Medicare payments for bone mass measurements are being made to providers who use QCT or peripheral devices. In addition, we estimate that lowering the eligibility standard for coverage of individuals on steroid therapy from 7.5 mg/day to 5.0 mg/day of prednisone (the fourth change) would result in an increase in Medicare payment for testing of additional patients, but this modest lowering of the steroid standard is not expected to have a significant cost impact on the program.

L. IDTF Changes

The costs associated with these changes are as follows.

1. Liability Insurance Requirement (§ 424.57(c)(10))

We estimate that only 10 percent of IDTFs do not already have liability insurance that meets this requirement. Based on Medicare data as of June 2005, 10 percent of the total number of IDTFs is approximately 559 suppliers. Using the previously highest estimate received (\$1,800 annually), results in an approximate additional liability

insurance cost of \$1 million annually (559 times \$1,800) to the IDTF industry due to this final rule with comment period.

2. Primary Business Telephone Listed Under the Name of the Business Locally or Toll-free for Beneficiaries Requirement (§ 424.57(c)(9))

We estimate that only 1 percent of IDTFs do not already meet this requirement. Based on Medicare data as of June 2005, we determined that 1 percent of IDTFs is approximately 56 suppliers. Therefore, 56 times the approximate \$600 annual cost of telephone service results in an additional cost of \$33,600 annually. Total Cost = \$1 million + \$33,600 = approximately \$1.04 million annually.

M. Independent Lab Billing for TC Component of Physician Pathology Services for Hospital Patients

The most current information on the number of affected hospitals and the impact on laboratories and hospitals comes from a report issued by GAO in September 2003.

The GAO estimated that approximately 95 percent of the total of all Medicare hospitals on the prospective payment system, as well as CAHs sent the TC of physician pathology services to independent laboratories and the independent laboratories billed the carrier under the PFS.

The GAO estimated that the median number of services sent by each hospital to outside independent laboratories was small, approximately 81 services. The GAO was unable to identify the number of laboratories billing for the TC service because a single laboratory may submit claims under multiple provider numbers. In general, the impact on the individual hospital is small; however, we do not know the impact on the individual independent laboratory.

If the independent laboratories had not received payments from the carriers for these TC services for hospital patients, the GAO estimates that Medicare spending would have been \$42 million less in 2001 and beneficiary cost sharing obligations for inpatient and outpatient services would have been reduced by \$2 million.

Based on what they learned from the hospital industry, the GAO thought that Medicare beneficiaries' access to pathology services would not likely be affected if independent laboratories could no longer bill the carrier for these services. Hospital representatives indicated that they would likely continue to use independent

laboratories to provide TC pathology services.

It is unclear if the hospitals contracting with independent laboratories would pay the laboratories at the same rates that the laboratories received by billing the Medicare carriers under the PFS.

N. Public Consultation for Medicare Payment for New Outpatient Clinical Diagnostic Laboratory Tests

This codification of our process for public consultation for new clinical diagnostic laboratory tests paid under the Medicare Part B clinical laboratory fee schedule does not increase or decrease payment amounts for existing clinical diagnostic laboratory tests because it does not alter our current methodology for calculating payment amounts for existing clinical diagnostic laboratory tests. For new tests, this change primarily codifies an existing process for the determination of payment amounts. Because any new laboratory tests to be gapfilled are unknown to us at the current time, we do not have any data to estimate the impact of our policy to pay for new gapfilled lab tests at the median of the local carrier amounts for all carriers rather than the lower of that amount and the local carrier amount.

O. Bad Debt Payment for Services Associated With Reasonable Charge/Fee Schedules

This is a clarification of a longstanding policy and, therefore, has no associated dollar impact.

P. Revisions to Payment Policies Under the Ambulance Fee Schedule and the Ambulance Inflation Factor Update for CY 2007

We believe that the overall effect of adopting the CBSA-based geographic definitions, as well as the RUCAs will result in a redistribution of payments from urban to rural areas in some States and from rural to urban areas in other States; however, the RUCAs will enable rural areas with a rurality level of 4.0 or greater in all counties in all States to remain rural rather than only recognizing those rural areas in large counties per the Goldsmith Modification. We have included three tables to reflect the impact of the geographic changes. These three tables reflect the CBSA-based definitions, as well as the RUCAs. Table 38 is a State-by-State analysis of urban and rural areas after all geographic changes have been implemented. As can be seen in this table, there is not a great deal of difference between the number of zip codes that move from rural to urban

(2,328—5.56 percent) and the number of zip codes that move from urban to rural (1,870—4.46 percent). There are a total of 41,888 zip codes—an average of 89.98 percent of all zip codes do not change their geographic designation. Table 39 is an analysis of all the areas to which commenters referred as specific concerns for them in response to the proposed rule. The table is arranged by State, and, within each State, by zip code area based on the information provided by the commenters (some commenters mentioned counties or townships). We translated those concerns into the appropriate zip code areas within each State. This table shows the actual RUCA rurality level of each of these zip code areas. If the area is, indeed, designated urban (a rurality level of less than 4.0), a “yes” is indicated in the “Urban Zip?” column, and the associated town or city is named in the following column as a reference point. Approximately half of the areas about which commenters were

specifically concerned remained rural once the RUCA rurality level was applied. The third and final table is Addendum I which shows all zip codes nationally by State and the rurality level associated with each zip code.

In addition, we contend that with the use of updated geographical areas where rural areas are redesignated as urban areas, it will be more likely than not, that some level of population growth has occurred resulting in more ambulance trips overall than had occurred prior to the use of the updated geographical areas, even though these trips are paid at a lower rate per trip (areas designated as rural generally receive a higher payment per trip than areas designated as urban).

In contrast, where urban areas are redesignated as rural, there will be fewer trips than were reported prior to the use of the updated geographical areas, but at higher rates. Thus, although ambulance suppliers and providers may bill fewer rural trips at the higher rate

or more urban trips at the lower rate, we anticipate that the overall payments will remain the same. For these reasons, we estimate that this proposed rule will have no fiscal impact on the Medicare program because payments will, in effect, be redistributed.

We estimate that the total program expenditure for CY 2007 for ambulance services covered by the Medicare program is approximately \$4.8 billion. Application of an AIF of 4.3 percent will result in an additional total program expenditure for CY 2007 of approximately \$206 million over CY 2006 expenditures.

With respect to our SCT policies, while we believe ambulance suppliers and providers may now better understand the interfacility requirements and the personnel requirements for payment of SCT services, we do not expect any significant net impact on Medicare expenditures.

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TABLE 38: State-by-State Analysis

State	Total Zip Codes	Total Zips Changed Rural to Urban	Percentage to Total Zips	Total Zips Changed Urban to Rural	Percentage to Total Zips	Total Zips Not Changed	Percentage to Total Zips Not Changed
AK	273	19	6.96%	0	0.00%	254	93.04%
AL	843	58	6.88%	38	4.51%	747	88.61%
AR	709	44	6.21%	20	2.82%	645	90.97%
AZ	521	35	6.72%	28	5.37%	458	87.91%
CA*	2,698	99	3.67%	156	5.78%	2,443	90.55%
CO	658	46	6.99%	6	0.91%	606	92.10%
CT*	443	15	3.39%	31	7.00%	397	89.62%
DC	289	0	0.00%	0	0.00%	289	100.00%
DE	98	1	1.02%	0	0.00%	97	98.98%
FL	1,485	54	3.64%	22	1.48%	1,409	94.88%
GA	978	128	13.09%	34	3.48%	816	83.44%
HI*	141	0	0.00%	3	2.13%	138	97.87%
IA	1,067	77	7.22%	20	1.87%	970	90.91%
ID	328	45	13.72%	1	0.30%	282	85.98%
IL	1,597	113	7.08%	43	2.69%	1,441	90.23%
IN	991	99	9.99%	69	6.96%	823	83.05%
KS	769	48	6.24%	12	1.56%	709	92.20%
KY	1,005	64	6.37%	38	3.78%	903	89.85%
LA*	719	51	7.09%	67	9.32%	601	83.59%
MA*	712	3	0.42%	31	4.35%	678	95.22%

State	Total Zip Codes	Total Zips Changed Rural to Urban	Percentage to Total Zips	Total Zips Changed Urban to Rural	Percentage to Total Zips	Total Zips Not Changed	Percentage to Total Zips Not Changed
MD*	621	34	5.48%	40	6.44%	547	88.08%
ME*	500	5	1.00%	40	8.00%	455	91.00%
MI*	1,175	48	4.09%	59	5.02%	1,068	90.89%
MN	1,033	40	3.87%	12	1.16%	981	94.97%
MO	1,182	71	6.01%	36	3.05%	1,075	90.95%
MS	537	15	2.79%	0	0.00%	522	97.21%
MT	407	15	3.69%	0	0.00%	392	96.31%
NC*	1,094	77	7.04%	97	8.87%	920	84.10%
ND	411	14	3.41%	9	2.19%	388	94.40%
NE	620	24	3.87%	2	0.32%	594	95.81%
NH*	283	3	1.06%	36	12.72%	244	86.22%
NJ*	740	0	0.00%	15	2.03%	725	97.97%
NM	427	40	9.37%	6	1.41%	381	89.23%
NV	243	28	11.52%	10	4.12%	205	84.36%
NY*	2,222	102	4.59%	213	9.59%	1,907	85.82%
OH*	1,459	76	5.21%	116	7.95%	1,267	86.84%
OK*	775	34	4.39%	44	5.68%	697	89.94%
OR	482	42	8.71%	23	4.77%	417	86.51%
PA*	2,213	65	2.94%	151	6.82%	1,997	90.24%
RI*	91	0	0.00%	2	2.20%	89	97.80%
SC	540	25	4.63%	24	4.44%	491	90.93%
SD	398	16	4.02%	1	0.25%	381	95.73%
TN	804	52	6.47%	36	4.48%	716	89.05%
TX*	2,673	94	3.52%	105	3.93%	2,474	92.56%
UT	346	40	11.56%	0	0.00%	306	88.44%
VA	1,253	118	9.42%	70	5.59%	1,065	85.00%
VT*	308	5	1.62%	20	6.49%	283	91.88%
WA	731	65	8.89%	15	2.05%	651	89.06%
WI	905	77	8.51%	47	5.19%	781	86.30%
WV	895	98	10.95%	21	2.35%	776	86.70%
WY	196	6	3.06%	1	0.51%	189	96.43%
	41,888	2328	5.56%	1870	4.46%	37,690	89.98%

* Denotes States that had more zip codes changing to rural than urban. Does not include zip codes from territories, as these did not have changes.

TABLE 39: Comparing RUCAs to Proposed Rule Inquiries

State	County	Zip Code	RUCA	Urban Zip?	Town/City
CA	Tulare	93201	6.0		
CA	Tulare	93207	2.0	Yes	California Hot Springs
CA	Tulare	93208	2.0	Yes	Camp Nelson
CA	Tulare	93218	2.0	Yes	Ducor
CA	Tulare	93244	10.1		
CA	Tulare	93260	2.0	Yes	Posey
CA	Tulare	93261	6.0		
CA	Tulare	93262	10.1		
CA	Tulare	93265	2.0	Yes	Springville
CA	Tulare	93605	2.0	Yes	Big Creek
CO	Douglas	80104	2.0	Yes	Castle Rock
CO	Douglas	80108	2.0	Yes	Castle Rock
CO	Douglas	80109	2.0	Yes	Castle Rock
CO	Douglas	80116	2.0	Yes	Franktown
CO	Douglas	80118	2.0	Yes	Larkspur
CO	Douglas	80124	1.0	Yes	Littleton
CO	Douglas	80125	2.0	Yes	Littleton
CO	Douglas	80126	1.0	Yes	Littleton
CO	Douglas	80131	2.0	Yes	Louviers
CO	Douglas	80134	1.0	Yes	Parker
CO	Douglas	80135	2.0	Yes	Sedalia
CO	Douglas	80138	1.0	Yes	Parker
CO	Douglas	80163	1.0	Yes	Littleton
CO	Gilpin	80422	10.1		
CO	Gilpin	80427	10.1		
CO	Gilpin	80474	1.0	Yes	Rollinsville
CO	Park	80420	10.3		
CO	Park	80421	2.0	Yes	Bailey
CO	Park	80432	10.3		
CO	Park	80440	10.3		
CO	Park	80448	2.0	Yes	Grant
CO	Park	80449	10.0		
CO	Park	80456	10.0		
CO	Park	80475	2.0	Yes	Shawnee
CO	Park	80820	10.0		

State	County	Zip Code	RUCA	Urban Zip?	Town/City
CO	Park	80827	10.0		
CO	Teller	80813	10.0		
CO	Teller	80814	2.0	Yes	Divide
CO	Teller	80816	2.0	Yes	Florissant
CO	Teller	80860	2.0	Yes	Victor
CO	Teller	80863	2.0	Yes	Woodland Park
CO	Teller	80866	2.0	Yes	Woodland Park
IA	Washington	52201	10.6		
IA	Washington	52247	2.0	Yes	Kalona
IA	Washington	52327	2.0	Yes	Riverside
IA	Washington	52353	7.3		
IA	Washington	52356	10.6		
IA	Washington	52359	10.6		
IA	Washington	52540	10.6		
IA	Washington	52621	10.6		
MI	Barry	48897	9.0		
MI	Barry	49035	3.0	Yes	Cloverdale
MI	Barry	49046	3.0	Yes	Delton
MI	Barry	49050	2.0	Yes	Dowling
MI	Barry	49058	7.3		
MI	Barry	49060	2.0	Yes	Hickory Corners
MI	Barry	49073	9.0		
MI	Barry	49325	2.0	Yes	Freeport
MI	Barry	49333	2.0	Yes	Middleville
MI	Cass	49031	3.0	Yes	Cassopolis
MI	Cass	49047	7.3		
MI	Cass	49061	10.4		
MI	Cass	49067	3.0	Yes	Marcellus
MI	Cass	49095	3.0	Yes	Vandalia
MI	Cass	49112	2.1	Yes	Edwardsburg
MI	Cass	49130	2.0	Yes	Union
MI	Ionia	48809	3.0	Yes	Belding
MI	Ionia	48815	2.0	Yes	Clarksville
MI	Ionia	48845	6.1		
MI	Ionia	48846	4.2		
MI	Ionia	48849	9.1		
MI	Ionia	48851	6.1		
MI	Ionia	48860	6.1		
MI	Ionia	48865	2.0	Yes	Orleans
MI	Ionia	48870	7.0		

State	County	Zip Code	RUCA	Urban Zip?	Town/City
MI	Ionia	48873	6.1		
MI	Ionia	48875	2.0	Yes	Portland
MI	Ionia	48881	2.0	Yes	Saranac
MI	Ionia	48887	3.0	Yes	Smyrna
MI	Newaygo	49309	6.1		
MI	Newaygo	49312	6.1		
MI	Newaygo	49327	2.0	Yes	Grant
MI	Newaygo	49337	2.0	Yes	Newaygo
MI	Newaygo	49349	10.4		
MI	Newaygo	49412	7.0		
MI	Newaygo	49413	7.0		
NC	Guilford	27357	2.0	Yes	Stokesdale
NC	Haywood	28716	1.0	Yes	Canton
NC	Haywood	28721	1.0	Yes	Clyde
NC	Haywood	28738	1.0	Yes	Hazelwood
NC	Haywood	28745	1.0	Yes	Lake Junaluska
NC	Haywood	28751	2.0	Yes	Maggie Valley
NC	Haywood	28785	2.0	Yes	Waynesville
NC	Haywood	28786	1.0	Yes	Waynesville
NC	Rockingham	27326	6.1		
NC	Rockingham	27048	6.0		
NC	Rockingham	27288	4.0		
NC	Rockingham	27289	4.0		
NC	Rockingham	27320	4.1		
NC	Rockingham	27321	4.1		
NC	Rockingham	27323	4.1		
NC	Rockingham	27025	2.0	Yes	Madison
OR	Deschutes	97701	1.0	Yes	Bend
OR	Deschutes	97702	1.0	Yes	Bend
OR	Deschutes	97707	1.0	Yes	Bend
OR	Deschutes	97708	1.0	Yes	Bend
OR	Deschutes	97709	1.0	Yes	Bend
OR	Deschutes	97712	2.0	Yes	Brothers
OR	Deschutes	97739	2.0	Yes	La Pine
OR	Deschutes	97756	4.1		
OR	Deschutes	97759	10.4		
OR	Deschutes	97760	10.6		
OR	Jackson	97520	1.0	Yes	Ashland
OR	Jackson	97539	2.0	Yes	Shady Cove
OR	Jackson	97541	2.0	Yes	Trail

State	County	Zip Code	RUCA	Urban Zip?	Town/City
OR	Jackson	97501	1.0	Yes	Medford
OR	Jackson	97502	1.0	Yes	Central Point
OR	Jackson	97503	1.0	Yes	White City
OR	Jackson	97504	1.0	Yes	Medford
OR	Jackson	97522	2.0	Yes	Butte Falls
OR	Jackson	97524	2.0	Yes	Eagle Point
OR	Jackson	97525	2.0	Yes	Gold Hill
OR	Jackson	97530	2.0	Yes	Jacksonville
OR	Jackson	97535	1.0	Yes	Phoenix
OR	Jackson	97536	2.0	Yes	Prospect
OR	Jackson	97537	4.2		
OR	Jackson	97540	1.0	Yes	Talent
OR	Marion	97342	2.0	Yes	Detroit
OR	Marion	97346	2.0	Yes	Gates
OR	Marion	97350	2.0	Yes	Idanha
OR	Marion	97352	2.0	Yes	Jefferson
OR	Marion	97359	2.0	Yes	Lyons
OR	Marion	97362	4.2		
OR	Marion	97373	4.2		
OR	Marion	97375	6.1		
OR	Marion	97381	4.2		
OR	Marion	97383	2.0	Yes	Stayton
OR	Marion	97384	2.0	Yes	Mehama
OR	Marion	97385	2.0	Yes	Sublimity
OR	Marion	97392	2.0	Yes	Turner
OR	Polk	97304	1.0	Yes	Salem
OR	Polk	97338	4.1		
OR	Polk	97344	10.4		
OR	Polk	97347	10.4		
OR	Polk	97351	4.2		
OR	Polk	97361	4.2		
OR	Polk	97371	10.4		
TN	Cannon	37016	2.0	Yes	Auburntown
TN	Cannon	37026	2.0	Yes	Bradyville
TN	Cannon	37149	2.1	Yes	Readyville
TN	Cannon	37190	2.0	Yes	Woodbury
TN	Dekalb	37012	10.6		
TN	Dekalb	37059	10.6		
TN	Dekalb	37095	10.6		
TN	Dekalb	37166	7.0		

State	County	Zip Code	RUCA	Urban Zip?	Town/City
TN	Smith	37030	7.0		
TN	Smith	37057	7.3		
TN	Smith	37145	8.0		
TN	Smith	37151	8.0		
TN	Smith	38547	10.4		
TN	Smith	38552	10.6		
TN	Smith	38560	10.6		
TN	Smith	38563	10.4		
TN	Smith	38567	10.4		
TN	Smith	38569	10.4		
TX	Calhoun	77978	10.5		
TX	Calhoun	77979	4.0		
TX	Calhoun	77982	4.0		
TX	Calhoun	77983	10.5		
WV	Clay	25019	10.4		
WV	Clay	25030	10.4		
WV	Clay	25043	10.4		
WV	Clay	25063	3.0	Yes	Duck
WV	Clay	25088	10.4		
WV	Clay	25111	10.4		
WV	Clay	25113	10.4		
WV	Clay	25125	10.4		
WV	Clay	25133	3.0	Yes	Maysel
WV	Clay	25141	3.0	Yes	Nebo
WV	Clay	25150	3.0	Yes	Ottawa
WV	Clay	25164	10.4		
WV	Clay	25211	10.4		
WV	Clay	25285	3.0	Yes	Wallback
WV	Clay	26617	10.4		
Total zips urban:		98	53.26%		
Total zips rural:		86	46.74%		

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Q. Alternatives Considered

This final rule with comment period contains a range of policies, including some provisions related to specific MMA provisions. The preamble provides descriptions of the statutory provisions that are addressed, identifies those policies when discretion has been exercised, presents rationale for our decisions and, where relevant, alternatives that were considered.

R. Impact on Beneficiaries

There are a number of changes made in this final rule with comment period that would have an effect on beneficiaries. In general, we believe these changes, particularly the DRA provisions that provide for an exception to the application of the Part B deductible with respect to colorectal cancer screening tests and coverage of an ultrasound screening for the early detection of AAAs as part of the IPPE

benefit (referred to as the Welcome to Medicare benefit) will improve beneficiary access to services that are currently covered or expand the Medicare benefit package to include new services. As explained in more detail below in this section, the regulatory provisions may affect beneficiary liability in some cases. Any changes in aggregate beneficiary liability from a particular provision would be a function of the coinsurance (20 percent

if applicable for the particular provision after the beneficiary has met the deductible) and the effect of the aggregate cost (savings) of the provision on the calculation of the Medicare Part B premium rate (generally 25 percent of the provision's cost or savings).

To illustrate this point, as shown in Table 36, the 2006 national payment amount in the nonfacility setting for CPT code 99203 (Office/outpatient visit, new), is \$97.02 which means that currently a beneficiary is responsible for 20 percent of this amount, or \$19.40. Based on this final rule with comment

period, the 2007 national payment amount in the nonfacility setting for CPT code 99203, as shown in Table 36, is \$87.44 which means that, in 2007, the beneficiary coinsurance for this service would be \$17.49.

Policies discussed above in this section that do affect overall spending, such as DRA 5102 imaging provisions, would similarly impact beneficiaries' coinsurance.

S. Accounting Statement

As required by OMB Circular A-4 (available at <http://www.whitehouse.gov/omb/circulars/a004/a-4.pdf>), in Table 40, we have prepared an accounting statement showing the classification of the expenditures associated with this final rule with comment period. This table provides our best estimate of the decrease in Medicare payments under the physician fee schedule as a result of the provisions presented in this final rule with comment period for CY 2007. All expenditures are classified as transfers.

TABLE 40.—ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED CY 2007 EXPENDITURES ASSOCIATED WITH CY 2007 FINAL RULE PROVISIONS

Category	Transfers
Annualized Monetized Transfers	Estimated decrease in expenditures of \$3.7 billion.
From Whom To Whom?	Federal Government to physicians, other practitioners and suppliers who receive payment under the Medicare Physician Fee Schedule; ESRD Medicare Providers; ambulance suppliers, and Medicare suppliers billing for Part B drugs.

In accordance with the provisions of Executive Order 12866, this final rule was reviewed by the Office of Management and Budget.

List of Subjects

42 CFR Part 405

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medical devices, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

42 CFR Part 410

Health facilities, Health professions, Kidney diseases, Laboratories, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

42 CFR Part 411.

Kidney diseases, Medicare, Physician Referral, Reporting and recordkeeping requirements.

42 CFR Part 413

Health facilities, Kidney diseases, Medicare, Reporting and recordkeeping requirements.

42 CFR part 414

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medicare, Reporting and recordkeeping.

42 CFR Part 415

Health facilities, Health professions, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 424

Emergency medical services, Health facilities, Health professions, Medicare, Reporting and recordkeeping requirements.

■ For the reasons set forth in the preamble, the Centers for Medicare & Medicaid Services amends 42 CFR chapter IV as follows:

PART 405—FEDERAL HEALTH INSURANCE FOR THE AGED AND DISABLED

■ 1. The authority citation for part 405 continues to read as follows:

Authority: Secs. 1102, 1861, 1862(a), 1871, 1874, 1881, and 1886(k) of the Social Security Act (42 U.S.C. 1302, 1395x, 1395y(a), 1395hh, 1395kk, 1395rr, and 1395ww(k)), and sec. 353 of the Public Health Service Act (42 U.S.C. 263a).

Subpart D—Private Contracts

■ 2. Section 405.400 is amended by revising the definition of “Practitioner” to read as follows:

§ 405.400 Definitions.

* * * * *

Practitioner means a physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, clinical psychologist, clinical social worker, registered dietitian or nutrition professional, who is currently legally authorized to practice in that capacity by each State in which he or

she furnishes services to patients or clients.

* * * * *

Subpart X—Rural Health Clinic and Federally Qualified Health Center Services Payment for Rural Health Clinic and Federally Qualified Health Center Services

■ 3. Section 405.2446 is amended by adding paragraph (b)(10) to read as follows:

§ 405.2446 Scope of services.

* * * * *

(b) * * *
(10) Medical nutrition therapy services as specified in part 410, subpart G of this chapter, and diabetes outpatient self-management training services as specified in part 410, subpart H of this chapter.

* * * * *

■ 4. Section 405.2463 is revised to read as follows:

§ 405.2463 What constitutes a visit.

(a) *Visit*—(1) *General.* (i) For rural health clinics, a visit is a face-to-face encounter between a clinic or center patient and a physician, physician assistant, nurse practitioner, nurse midwife, visiting nurse, clinical psychologist, or clinical social worker.
(ii) For FQHCs, a visit is—
(A) A face-to-face encounter, as described in paragraph (a)(1)(i) of this section; or
(B) A face-to-face encounter between a patient and a qualified provider of medical nutrition therapy services as

defined in part 410, subpart G of this chapter; or a qualified provider of outpatient diabetes self-management training services as defined in part 410, subpart H of this chapter.

(2) *Medical visit.* A medical visit is a face-to-face encounter between a clinic or center patient and a physician, physician assistant, nurse practitioner, nurse midwife, or a visiting nurse; and for FQHCs only, a medical visit also includes a separately billable medical nutrition therapy visit or a diabetes outpatient self-management training visit.

(3) *Other health visit.* An other health visit is a face-to-face encounter between a clinic or center patient and a clinical psychologist, clinical social worker, or other health professional for mental health services.

(b) *Encounters.* Encounters with more than one health professional and multiple encounters with the same health professional that take place on the same day and at a single location constitute a single visit, except when one of the following conditions exist:

(1) After the first encounter, the patient suffers illness or injury requiring additional diagnosis or treatment.

(2) The patient has a medical visit and other health visit(s), as defined in paragraph (a) of this section.

(c) *Payment.* Medicare pays for more than one visit per day when the conditions in paragraph (b) of this section are met or a separate visit under paragraph (a)(1)(ii)(B) of this section is made.

PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

■ 5. The authority citation for part 410 continues to read as follows:

Authority: Secs. 1102, 1834, and 1871 of the Social Security Act (42 U.S.C. 1302, 1395m, and 1395hh).

Subpart B—Medical and Other Health Services

■ 6. In § 410.16 paragraph (a) is amended by revising paragraph (7) of the definition of "initial preventive physical examination" to read as follows:

§ 410.16 Initial preventive physical examination: Conditions for and limitations on coverage.

(a) * * *

* * * * *

Initial preventive physical examination * * *.

(7) Education, counseling, and referral, including a written plan such

as a checklist provided to the beneficiary for obtaining the appropriate screening and other preventive services that are covered as separate Medicare Part B benefits as described in section 1861(s)(10), section 1861(jj), section 1861(nn), section 1861(oo), section 1861(pp), section 1861(qq)(1), section 1861(rr), section 1861(uu), section 1861(vv), section 1861(xx)(1), section 1861(yy), and section 1861(bbb) of the Act.

* * * * *

■ 7. A new § 410.19 is added to read as follows:

§ 410.19 Ultrasound screening for abdominal aortic aneurysms: Condition for and limitation on coverage.

(a) *Definitions:* As used in this section, the following definitions apply:

Eligible beneficiary means an individual who—

(1) Has received a referral for an ultrasound screening for an abdominal aortic aneurysm as a result of an initial preventive physical examination (as defined in section 1861(ww)(1) of the Act);

(2) Has not been previously furnished an ultrasound screening for an abdominal aortic aneurysm under Medicare program; and

(3) Is included in at least one of the following risk categories:

(i) Has a family history of an abdominal aortic aneurysm.

(ii) Is a man age 65 to 75 who has smoked at least 100 cigarettes in his lifetime.

(iii) Is an individual who manifests other risk factors in a beneficiary category recommended for screening by the United States Preventive Services Task Force regarding abdominal aortic aneurysms, as specified by the Secretary through a national coverage determination process.

Ultrasound screening for abdominal aortic aneurysms means the following services furnished to an asymptomatic individual for the early detection of an abdominal aortic aneurysm:

(1) A procedure using soundwaves (or other procedures using alternative technologies of commensurate accuracy and cost, as specified by the Secretary through a national coverage determination process) provided for the early detection of abdominal aortic aneurysms.

(2) Includes a physician's interpretation of the results of the procedure.

(b) *Conditions for coverage of an ultrasound screening for abdominal aortic aneurysms.* Medicare Part B pays for one ultrasound screening for an abdominal aortic aneurysm provided to

eligible beneficiaries, as described in this section, after a referral from a physician or a qualified nonphysician practitioner as defined in § 410.16(a), when the test is performed by a provider or supplier that is authorized to provide covered ultrasound diagnostic services.

(c) *Limitation on coverage of ultrasound screening for abdominal aortic aneurysms.* Payment may not be made for an ultrasound screening for an abdominal aortic aneurysm that is performed for an individual that does not meet the definition of "eligible beneficiary" specified in this section.

■ 8. Section 410.31 is revised to read as follows:

§ 410.31 Bone mass measurement: Conditions for coverage and frequency standards.

(a) *Definition.* As used in this section unless specified otherwise, the following definition applies:

Bone mass measurement means a radiologic, radioisotopic, or other procedure that meets the following conditions:

(1) Is performed for the purpose of identifying bone mass, detecting bone loss, or determining bone quality.

(2) Is performed with either a bone densitometer (other than single-photon or dual-photon absorptiometry) or with a bone sonometer system that has been cleared for marketing for this use by the FDA under 21 CFR part 807, or approved for marketing by the FDA for this use under 21 CFR part 814.

(3) Includes a physician's interpretation of the results of the procedure.

(b) *Conditions for coverage.* (1) Medicare covers a medically necessary bone mass measurement if the following conditions are met:

(i) Following an evaluation of the beneficiary's need for the measurement, including a determination as to the medically appropriate procedure to be used for the beneficiary, it is ordered by the physician or a qualified nonphysician practitioner (as these terms are defined in § 410.32(a)) treating the beneficiary.

(ii) It is performed under the appropriate level of supervision of a physician (as set forth in § 410.32(b)).

(iii) It is reasonable and necessary for diagnosing and treating the condition of a beneficiary who meets the conditions described in paragraph (d) of this section.

(2) Medicare covers a medically necessary bone mass measurement for an individual defined under paragraph (d)(5) of this section if the conditions under paragraph (b)(1) of this section are met and the monitoring is performed

by the use of a dual energy x-ray absorptiometry system (axial skeleton).

(3) Medicare covers a medically necessary confirmatory baseline bone mass measurement for an individual defined under paragraph (d) of this section, if the conditions under paragraph (b)(1) of this section are met and the confirmatory baseline bone mass measurement is performed by a dual energy x-ray absorptiometry system (axial skeleton) and the initial measurement was not performed by a dual energy x-ray absorptiometry system (axial skeleton).

(c) *Standards on frequency of coverage*—(1) *General rule.* Except as allowed under paragraph (c)(2) of this section, Medicare may cover a bone mass measurement for a beneficiary if at least 23 months have passed since the month the last bone mass measurement was performed.

(2) *Exception.* If medically necessary, Medicare may cover a bone mass measurement for a beneficiary more frequently than allowed under paragraph (c)(1) of this section. Examples of situations where more frequent bone mass measurement procedures may be medically necessary include, but are not limited to the following medical circumstances:

(i) Monitoring beneficiaries on long-term glucocorticoid (steroid) therapy of more than 3 months.

(ii) Allowing for a confirmatory baseline measurement to permit monitoring of beneficiaries in the future if the requirements of paragraph (b)(3) of this section are met.

(d) *Beneficiaries who may be covered.* The following categories of beneficiaries may receive Medicare coverage for a medically necessary bone mass measurement:

(1) A woman who has been determined by the physician (or a qualified nonphysician practitioner) treating her to be estrogen-deficient and at clinical risk for osteoporosis, based on her medical history and other findings.

(2) An individual with vertebral abnormalities as demonstrated by an x-ray to be indicative of osteoporosis, osteopenia, or vertebral fracture.

(3) An individual receiving (or expecting to receive) glucocorticoid (steroid) therapy equivalent to an average of 5.0 mg of prednisone, or greater, per day for more than 3 months.

(4) An individual with primary hyperparathyroidism.

(5) An individual being monitored to assess the response to or efficacy of an FDA-approved osteoporosis drug therapy.

(e) *Denial as not reasonable and necessary.* If CMS determines that a bone mass measurement does not meet the conditions for coverage in paragraphs (b) or (d) of this section, or the standards on frequency of coverage in paragraph (c) of this section, it is excluded from Medicare coverage as not "reasonable" and "necessary" under section 1862(a)(1)(A) of the Act and § 411.15(k) of this chapter.

(f) *Use of the National Coverage Determination Process.* For the purposes of paragraphs (b)(2) and (b)(3) of this section, CMS may determine through the National Coverage Determination process that additional bone mass measurement systems are reasonable and necessary under section 1862(a)(1) of the Act for monitoring and confirming baseline bone mass measurements.

* * * * *

■ 9. Section 410.33 is amended by—

■ A. Revising paragraph (b)(1).

■ B. Revising paragraph (e).

■ C. Adding paragraphs (g) and (h).

The revision and additions read as follows:

§ 410.33 Independent diagnostic testing facility.

* * * * *

(b) *Supervising physician.* (1) Each supervising physician must be limited to providing supervision to no more than three IDTF sites. The IDTF supervising physician is responsible for the overall operation and administration of the IDTFs, including the employment of personnel who are competent to perform test procedures, record and report test results promptly, accurately and proficiently, and for assuring compliance with the applicable regulations.

* * * * *

(e) *Multi-State entities.* (1) An IDTF that operates across State boundaries must—

(i) Maintain documentation that its supervising physicians and technicians are licensed and certified in each of the States in which it operates; and

(ii) Operate in compliance with all applicable Federal, State, and local licensure and regulatory requirements with regard to the health and safety of patients.

(2) The point of the actual delivery of service means the place of service on the claim form. When the IDTF performs or administers an entire diagnostic test at the beneficiary's location, the beneficiary's location is the place of service. When one or more aspects of the diagnostic testing are

performed at the IDTF, the IDTF is the place of service.

* * * * *

(g) *Application certification standards.* The IDTF must certify in its enrollment application that it meets the following standards and related requirements:

(1) Operates its business in compliance with all applicable Federal and State licensure and regulatory requirements for the health and safety of patients.

(2) Provides complete and accurate information on its enrollment application. Any change in enrollment information must be reported to the designated fee-for-service contractor on the Medicare enrollment application within 30 calendar days of the change.

(3) Maintains a physical facility on an appropriate site. For the purposes of this standard, a post office box or commercial mail box is not considered a physical facility. The physical facility, including mobile units, must contain space for equipment appropriate to the services designated on the enrollment application, facilities for hand washing, adequate patient privacy accommodations, and the storage of both business records and current medical records within the office setting of the IDTF, or IDTF home office, not within the actual mobile unit.

(4) Has all applicable diagnostic testing equipment available at the physical site excluding portable diagnostic testing equipment. The IDTF must—

(i) Maintain a catalog of portable diagnostic equipment, including diagnostic testing equipment serial numbers at the physical site;

(ii) Make portable diagnostic testing equipment available for inspection within 2 business days of a CMS inspection request.

(iii) Maintain a current inventory of the diagnostic testing equipment, including serial and registration numbers and provide this information to the designated fee-for-service contractor upon request, and notify the contractor of any changes in equipment within 90 days.

(5) Maintain a primary business phone under the name of the designated business. The IDTF must have its—

(i) Primary business phone located at the designated site of the business or within the home office of the mobile IDTF units.

(ii) Telephone or toll free telephone numbers available in a local directory and through directory assistance.

(6) Have a comprehensive liability insurance policy of at least \$300,000 per

location that covers both the place of business and all customers and employees of the IDTF. The policy must be carried by a nonrelative-owned company and list the serial numbers of any and all diagnostic equipment used by the IDTF, whether the equipment is stationary, in a mobile unit, or at the beneficiary's residence.

(7) Agree not to directly solicit patients, which include, but is not limited to, a prohibition on telephone, computer, or in-person contacts. The IDTF must accept only those patients referred for diagnostic testing by an attending 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. Nonphysician practitioners may order tests as set forth in § 410.32(a)(3).

(8) Answer beneficiaries' questions and respond to their complaints.

(9) Openly post these standards for review by patients and the public.

(10) Disclose to the government any person having ownership, financial, or control interest or any other legal interest in the supplier at the time of enrollment or within 30 days of a change.

(11) Have its testing equipment calibrated and maintained per equipment instructions and in compliance with applicable manufacturers suggested maintenance and calibration standards.

(12) Have technical staff on duty with the appropriate credentials to perform tests. The IDTF must be able to produce the applicable Federal or State licenses or certifications of the individuals performing these services.

(13) Have proper medical record storage and be able to retrieve medical records upon request from CMS or its fee-for-service contractor within 2 business days.

(14) Permit CMS, including its agents, or its designated fee-for-service contractors, to conduct unannounced, on-site inspections to confirm the IDTF's compliance with these standards. The IDTF must—

(i) Be accessible during regular business hours to CMS and beneficiaries; and

(ii) Maintain a visible sign posting its normal business hours.

(h) *Failure to meet standards.* If an IDTF fails to meet one or more of the standards in paragraph (g) of this section at the time of enrollment, its enrollment will be denied. CMS will revoke a supplier's billing privileges if and IDTF is found not to meet the

standards in paragraph (g) or (b)(1) of this section.

Subpart I—Payment of SMI Benefits

■ 10. Section 410.160 is amended by adding paragraphs (b)(7) and (b)(8) to read as follows:

§ 410.160 Part B annual deductible.

* * * * *

(b) * * *

(7) Beginning January 1, 2007, colorectal cancer screening tests as described in § 410.37.

(8) Beginning January 1, 2007, ultrasound screening for abdominal aortic aneurysms described in § 410.19.

* * * * *

PART 411—EXCLUSIONS FROM MEDICARE AND LIMITATIONS ON MEDICARE PAYMENT

■ 11. The authority citation for part 411 is amended to read as follows:

Authority: Secs. 1102, 1860D–1 through 1860D–42, 1871, and 1877 of the Social Security Act (42 U.S.C. 1302, 1395w–101 through 1395w–152, 1395hh, and 1395nn).

Subpart A—General Exclusions and Exclusion of Particular Services

■ 12. Section 411.15 is amended by—

■ A. Revising paragraph (a)(1).

■ B. Adding a new paragraph (k)(12).

■ C. Revising paragraph (o).

The revisions and addition read as follows:

§ 411.15 Particular services excluded from coverage.

* * * * *

(a) * * *

(1) Examinations performed for a purpose other than treatment or diagnosis of a specific illness, symptoms, complaint, or injury, except for screening mammography, colorectal cancer screening tests, screening pelvic exams, prostate cancer screening tests, glaucoma screening exams, initial preventive physical examinations, or ultrasound screening for abdominal aortic aneurysms that meet the criteria specified in paragraphs (k)(6) through (k)(12) of this section.

* * * * *

(k) * * *

(12) In the case of ultrasound screening for abdominal aortic aneurysms, with the goal of early detection of abdominal aortic aneurysms, subject to the conditions and limitation specified in § 410.19 of this chapter.

* * * * *

(o) *Experimental or investigational devices.* Experimental or investigational devices, except for certain devices—

(1) Categorized by the FDA as a Category A or B device defined in § 405.201(b) of this chapter; and

(2) Furnished in accordance with the CMS clinical research policy.

* * * * *

PART 413—PRINCIPLES OF REASONABLE COST REIMBURSEMENT; PAYMENT FOR END-STAGE RENAL DISEASE SERVICES; PROSPECTIVELY DETERMINED PAYMENT RATES FOR SKILLED NURSING FACILITIES

■ 13. The authority citation for part 413 continues to read as follows:

Authority: Secs. 1102, 1138(b), 1812(d), 1814(b), 1815, 1833(a), (i), and (n), 1871, 1881, 1883, and 1886 of the Social Security Act (42 U.S.C. 1302, 1320b–8(b), 1395d(d), 1395f(b), 1395g, 1395l(a), (i), and (n), 1395hh, 1395rr, 1395tt, and 1395ww).

Subpart F—Specific Categories of Costs

■ 14. Section 413.89 is amended by revising paragraphs (a) and (i) to read as follows:

§ 413.89 Bad debts, charity, and courtesy allowances.

(a) *Principle.* Bad debts, charity, and courtesy allowances are deductions from revenue and are not to be included in allowable cost. However, subject to the limitations described under paragraph (h) of this section and the exception for services described under paragraph (i) of this section, bad debts attributable to the deductibles and coinsurance amounts are reimbursable under the program.

* * * * *

(i) *Exception.* Bad debts arising from covered services paid under a reasonable charge-based methodology or a fee schedule are not reimbursable under the program.

Subpart H—Payment for End-Stage Renal Disease (ESRD) Services and Organ Procurement Costs

■ 15. Section 413.178 is amended by adding paragraph (d) to read as follows:

§ 413.178 Bad debts.

* * * * *

(d) Bad debts arising from covered ESRD services paid under a reasonable charge-based methodology or a fee schedule are not reimbursable under the program.

PART 414—PAYMENT FOR PART B MEDICAL AND OTHER HEALTH SERVICES

- 16. 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)).

- 17. A new subpart G is added as follows:

Subpart G—Payment for New Clinical Diagnostic Laboratory Tests

Sec.

- 414.500 Basis and scope.
414.502 Definitions.
414.504 [Reserved]
414.506 Procedures for public consultation for payment for a new clinical diagnostic laboratory test.
414.508 Payment for a new clinical diagnostic laboratory test.
414.510 Laboratory date of service for specimens.

Subpart G—Payment for New Clinical Diagnostic Laboratory Tests

§ 414.500 Basis and scope.

This subpart implements provisions of 1833(h)(8) of the Act—procedures for determining the basis for, and amount of, payment for a new clinical diagnostic laboratory test with respect to which a new or substantially revised Healthcare Common Procedure Coding System code is assigned on or after January 1, 2005.

§ 414.502 Definitions.

For purposes of this subpart—
Substantially Revised Healthcare Common Procedure Coding System Code means a code for which there has been a substantive change to the definition of the test or procedure to which the code applies (such as a new analyte or a new methodology for measuring an existing analyte specific test).

§ 414.504 [Reserved]

§ 414.506 Procedures for public consultation for payment for a new clinical diagnostic laboratory test.

For a new clinical diagnostic laboratory test that is assigned a new or substantially revised code on or after January 1, 2005, CMS determines the payment after the performance of the following:

(a) CMS makes available to the public (through CMS's Internet Web site) a list that includes codes for which establishment of a payment amount is being considered for the next calendar year.

(b) CMS publishes a Federal Register notice of a meeting to receive public comments and recommendations (and data on which recommendations are based) on the appropriate basis, as specified in § 414.508, for establishing payment amounts for the list of codes made available to the public.

(c) Not fewer than 30 days after publication of the notice in the Federal Register, CMS convenes a meeting that includes representatives of CMS officials involved in determining payment amounts, to receive public comments and recommendations (and data on which the recommendations are based).

(d) Considering the comments and recommendations (and accompanying data) received at the public meeting, CMS develops and makes available to the public (through an Internet Web site and other appropriate mechanisms) a list of—

(1) Proposed determinations with respect to the appropriate basis for establishing a payment amount for each code, with an explanation of the reasons for each determination, the data on which the determinations are based, and a request for public written comments within a specified time period on the proposed determination; and

(2) Final determinations of the payment amounts for tests, with the rationale for each determination, the data on which the determinations are based, and responses to comments and suggestions from the public.

§ 414.508 Payment for a new clinical diagnostic laboratory test.

For a new clinical diagnostic laboratory test that is assigned a new or substantially revised code on or after January 1, 2005, CMS determines the payment amount based on either of the following:

(a) *Crosswalking.* Crosswalking is used if it is determined that a new test is comparable to an existing test, multiple existing test codes, or a portion of an existing test code.

(1) CMS assigns to the new test code, the local fee schedule amounts and national limitation amount of the existing test.

(2) Payment for the new test code is made at the lesser of the local fee schedule amount or the national limitation amount.

(b) *Gapfilling.* Gapfilling is used when no comparable existing test is available.

(1) In the first year, carrier-specific amounts are established for the new test code using the following sources of information to determine gapfill amounts, if available:

(i) Charges for the test and routine discounts to charges;

(ii) Resources required to perform the test;

(iii) Payment amounts determined by other payers; and

(iv) Charges, payment amounts, and resources required for other tests that may be comparable or otherwise relevant.

(2) In the second year, the test code is paid at the national limitation amount, which is the median of the carrier-specific amounts.

(3) After the first year of gapfilling, CMS determines whether the carrier-specific amounts will pay for the test appropriately. If CMS determines that the carrier-specific amounts will not pay for the test appropriately, CMS may crosswalk the test.

§ 414.510 Laboratory date of service for specimens.

The date of service for a laboratory test is as follows:

(a) Except as provided under paragraph (b) of this section, the date of service of the test must be the date the specimen was collected.

(b)(1) If a specimen was collected over a period that spans 2 calendar days, then the date of service must be the date the collection ended.

(2) In the case of a test performed on a stored specimen, if a specimen was stored for—

(i) Less than or equal to 30 calendar days from the date it was collected, the date of service of the test must be the date the test was performed only if—

(A) The test is ordered by the patient's physician at least 14 days following the date of the patient's discharge from the hospital;

(B) The specimen was collected while the patient was undergoing a hospital surgical procedure;

(C) It would be medically inappropriate to have collected the sample other than during the hospital procedure for which the patient was admitted;

(D) The results of the test do not guide treatment provided during the hospital stay; and

(E) The test was reasonable and medically necessary for the treatment of an illness.

(ii) More than 30 calendar days before testing, the specimen is considered to have been archived and the date of service of the test must be the date the specimen was obtained from storage.

(3) In the case of a chemotherapy sensitivity test performed on live tissue, the date of service of the test must be the date the test was performed only if—

(i) The decision regarding the specific chemotherapeutic agents to test is made at least 14 days after discharge;

(ii) The specimen was collected while the patient was undergoing a hospital surgical procedure;

(iii) It would be medically inappropriate to have collected the sample other than during the hospital procedure for which the patient was admitted;

(iv) The results of the test do not guide treatment provided during the hospital stay; and,

(v) The test was reasonable and medically necessary for the treatment of an illness.

(4) For purposes of this section, "chemotherapy sensitivity test" means a test identified by the Secretary as a test that requires a fresh tissue sample to test the sensitivity of tumor cells to various chemotherapeutic agents. The Secretary identifies such tests through program instructions.

Subpart H—Fee Schedule for Ambulance Services

■ 18. Section 414.605 is amended by—

■ A. Removing the definition of "Goldsmith modification."

■ B. Revising the definition of "rural area."

■ C. Adding the definition of "urban area" in alphabetical order.

The revisions and addition read as follows:

§ 414.605 Definitions.

* * * * *

Rural area means an area located outside an urban area, or a rural census tract within a Metropolitan Statistical Area as determined under the most recent version of the Goldsmith modification as determined by the Office of Rural Health Policy of the Health Resources and Services Administration.

* * * * *

Urban area means a Metropolitan Statistical Area, as defined by the Executive Office of Management and Budget.

■ 19. Section 414.610 is amended by revising paragraph (g) to read as follows:

§ 414.610 Basis of payment.

* * * * *

(g) *Adjustments.* The Secretary monitors payment and billing data on an ongoing basis and adjusts the CF and air ambulance rates as appropriate to reflect actual practices under the fee schedule. These rates are not adjusted solely because of changes in the total number of ambulance transports.

Subpart J—Submission of Manufacturer's Average Sales Price Data

■ 20. Section 414.802 is amended by adding the definition of "Bona fide service fees" in alphabetical order to read as follows:

§ 414.802 Definitions.

* * * * *

Bona fide service fees means fees paid by a manufacturer to an entity, that represent fair market value for a bona fide, itemized service actually performed on behalf of the manufacturer that the manufacturer would otherwise perform (or contract for) in the absence of the service arrangement, and that are not passed on in whole or in part to a client or customer of an entity, whether or not the entity takes title to the drug.

* * * * *

■ 21. Section 414.804 is amended by revising paragraphs (a)(1) through (a)(4) to read as follows:

§ 414.804 Basis of payment.

(a) * * *

(1) The manufacturer's average sales price for a quarter for a drug represented by a particular 11-digit National Drug Code must be calculated as the manufacturer's sales to all purchasers in the United States for that particular 11-digit National Drug Code (after excluding sales as specified in paragraph (a)(4) of this section and then deducting price concessions as specified in paragraphs (a)(2) and (a)(3) of this section) divided by the total number of units sold by the manufacturer in that quarter (after excluding units associated with sales as specified in paragraph (a)(4) of this section).

(2) *Price concessions.* (i) In calculating the manufacturer's average sales price, a manufacturer must deduct price concessions. Price concessions include the following types of transactions and items:

(A) Volume discounts.
(B) Prompt pay discounts.
(C) Cash discounts.
(D) Free goods that are contingent on any purchase requirement.

(E) Chargebacks and rebates (other than rebates under the Medicaid program).

(ii) For the purposes of paragraph (a)(2)(i), bona fide services fees are not considered price concessions.

(3) To the extent that data on price concessions, as described in paragraph (a)(2) of this section, are available on a lagged basis, the manufacturer must estimate this amount in accordance with the methodology described in this paragraph.

(i)(A) For each National Drug Code with at least 12 months of sales (including products for which the manufacturer has redesignated the National Drug Code for the specific product and package size and has 12 months of sales across the prior and current National Drug Codes), after adjusting for exempted sales, the manufacturer calculates a percentage equal to the sum of the price concessions for the most recent 12-month period available associated with sales subject to the average sales price reporting requirement divided by the total in dollars for the sales subject to the average sales price reporting requirement for the same 12-month period.

(B) For each National Drug Code with less than 12 months of sales, the calculation described in paragraph (i)(A) of this section is performed for the time period equaling the total number of months of sales.

(ii) The manufacturer multiplies the applicable percentage described in paragraph (a)(3)(i)(A) or (a)(3)(i)(B) of this section by the total in dollars for the sales subject to the average sales price reporting requirement (after adjusting for exempted sales) for the quarter being submitted. (The manufacturer must carry a sufficient number of decimal places in the calculation of the price concessions percentage in order to round accurately the net total sales amount for the quarter to the nearest whole dollar.) The result of this multiplication is then subtracted from the total in dollars for the sales subject to the average sales price reporting requirement (after adjusting for exempted sales) for the quarter being submitted.

(iii) The manufacturer uses the result of the calculation described in paragraph (a)(3)(ii) of this section as the numerator and the number of units sold in the quarter (after adjusting for exempted sales) as the denominator to calculate the manufacturer's average sales price for the National Drug Code for the quarter being submitted.

(iv) *Example.* After adjusting for exempted sales, the total lagged price concessions (discounts, rebates, etc.) over the most recent 12-month period available associated with sales for National Drug Code 12345-6789-01 subject to the ASP reporting requirement equal \$200,000, and the total in dollars for the sales subject to the average sales price reporting requirement for the same period equals \$600,000. The lagged price concessions percentage for this period equals $200,000/600,000 = 0.33333$. The total in dollars for the sales subject to the

average sales price reporting requirement for the quarter being reported, after accounting for non-lagged price concessions, equals \$50,000 for 10,000 units sold. The manufacturer's average sales price calculation for this National Drug Code for this quarter is: $\$50,000 - (0.33333 \times \$50,000) = \$33,334$ (net total sales amount); $\$33,334/10,000 = \3.33 (average sales price).

(4) *Exempted sales.* (i) In calculating the manufacturer's average sales price, a manufacturer must exclude sales that are exempt from inclusion in the determination of the best price under section 1927(c)(1)(C)(i) of the Act and sales that are merely nominal in amount as applied for purposes of section 1927(c)(1)(C)(ii)(III) of the Act, as limited by section 1927(c)(1)(D) of the Act.

(ii) In determining nominal sales exempted under section 1927(c)(1)(C)(ii)(III) of the Act, the manufacturer calculates the average manufacturer price as defined in section 1927(k) of the Act and then identifies sales that are eligible to be considered a nominal sale under section 1927(c)(1)(D) of the Act and are at less than 10 percent of the average manufacturer price. To identify nominal sales, the manufacturer must use the average manufacturer price for the calendar quarter that is the same calendar quarter as the average sales price reporting period.

Subpart K—Payment for Drugs and Biologicals Under Part B

■ 22. Section 414.904 is amended by revising paragraphs (d)(2)(iii) and (d)(3) to read as follows:

§ 414.904 Average sales price as the basis for payment.

* * * * *

(d) * * *

(2) * * *

(iii) Effective for drugs and biologicals furnished in CY 2006 and subsequent calendar years, the payment for such drugs and biologicals furnished in connection with renal dialysis services and separately billed by freestanding and hospital-based renal dialysis facilities not paid on a cost basis is the amount determined under section 1847A of the Act.

(3) *Widely available market price and average manufacturer price.* If the Inspector General finds that the average sales price exceeds the widely available market price or the average manufacturer price by 5 percent or more in CYs 2005, 2006, and 2007, the

payment limit in the quarter following the transmittal of this information to the Secretary is the lesser of the widely available market price or 103 percent of the average manufacturer price.

* * * * *

PART 415—SERVICES FURNISHED BY PHYSICIANS IN PROVIDERS, SUPERVISING PHYSICIANS IN TEACHING SETTINGS, AND RESIDENTS IN CERTAIN SETTINGS

■ 23. The authority citation for part 415 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

Subpart C—Part B Carrier Payments for Physician Services to Beneficiaries in Providers

■ 24. Section 415.130 is amended by revising paragraph (d) to read as follows:

§ 415.130 Conditions for payment: Physician pathology services.

* * * * *

(d) *Physician pathology services furnished by an independent laboratory.* The technical component of physician pathology services furnished by an independent laboratory to a hospital inpatient or outpatient on or before December 31, 2006 may be paid to the laboratory by the carrier under the physician fee schedule if the Medicare beneficiary is a patient of a covered hospital as defined in paragraph (a)(1) of this section. For services furnished after December 31, 2006, an independent laboratory may not bill the carrier for the technical component of physician pathology services furnished to a hospital inpatient or outpatient.

PART 424—CONDITIONS FOR MEDICARE PAYMENT

■ 25. The authority citation for part 424 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

Subpart B—Certification and Plan of Treatment Requirements

■ 26. Section 424.24 is amended by—
■ A. Redesignating paragraph (f) as paragraph (g).
■ B. Adding a new paragraph (f).
The addition reads as follows:

§ 424.24 Requirements for medical and other health services furnished by providers under Medicare Part B.

* * * * *

(f) *Blood glucose testing.* For each blood glucose test, the physician must certify that the test is medically necessary. A physician's standing order is not sufficient to order a series of blood glucose tests payable under the clinical laboratory fee schedule.

* * * * *

Subpart F—Limitations on Assignment and Reassignment of Claims

■ 27. Section 424.80 is amended by—
■ A. Revising the heading of paragraph (d).
■ B. Revising paragraph (d)(2).
The revisions read as follows:

§ 424.80 Prohibition of reassignment of claims by suppliers.

* * * * *

(d) *Reassignment to an entity under an employer-employee relationship or under a contractual arrangement: Conditions and limitations.* (1) * * *

(2) *Access to records.* The supplier who furnishes the service has unrestricted access to claims submitted by an entity for services provided by that supplier. This paragraph applies irrespective of whether the supplier is an employee or whether the service is provided under a contractual arrangement. If an entity refuses to provide, upon request, the billing information to the supplier performing the service, the entity's right to receive reassigned benefits may be revoked under § 424.82(c)(3).

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: October 31, 2006.

Leslie V. Norwalk,

Acting Administrator, Centers for Medicare & Medicaid Services.

Approved: November 1, 2006.

Michael O. Leavitt,

Secretary.

Note: These addenda will not appear in the Code of Federal Regulations.

Addendum A: Explanation and Use of Addenda B

The addenda on the following pages provide various data pertaining to the Medicare fee schedule for physicians' services furnished in 2007. Addendum B contains the RVUs for work, non-facility PE, facility PE, and malpractice expense, and other information for all services included in the PFS.

In previous years, we have listed many services in Addendum B that are not paid under the PFS. To avoid publishing as many pages of codes for these services, we are not including clinical laboratory codes or the alphanumeric codes (Healthcare Common Procedure Coding System (HCPCS) codes not

included in CPT) not paid under the PFS in Addendum B.

Addendum B—2007 Relative Value Units and Related Information Used in Determining Medicare Payments for 2007

This addendum contains the following information for each CPT code and alphanumeric HCPCS code, except for: Alphanumeric codes beginning with B (enteral and parenteral therapy), E (durable medical equipment), K (temporary codes for nonphysicians' services or items), or L (orthotics); and codes for anesthesiology. Please also note the following:

- An "NA" in the "Non-facility PE RVUs" column of Addendum B means that CMS has not developed a PE RVU in the non-facility setting for the service because it is typically performed in the hospital (for example, an open heart surgery is generally performed in the hospital setting and not a physician's office). If there is an "NA" in the non-facility PE RVU column, and the contractor determines that this service can be performed in the non-facility setting, the service will be paid at the facility PE RVU rate.

- Services that have an "NA" in the "Facility PE RVUs" column of Addendum B are typically not paid using the PFS when provided in a facility setting. These services (which include "incident to" services and the technical portion of diagnostic tests) are generally paid under either the outpatient hospital prospective payment system or bundled into the hospital inpatient prospective payment system payment.

1. *CPT/HCPCS code.* This is the CPT or alphanumeric HCPCS number for the service. Alphanumeric HCPCS codes are included at the end of this addendum.

2. *Modifier.* A modifier is shown if there is a technical component (modifier TC) and a professional component (PC) (modifier -26) for the service. If there is a PC and a TC for the service, Addendum B contains three entries for the code. A code for: The global values (both professional and technical); modifier -26 (PC); and, modifier TC. The global service is not designated by a modifier, and physicians must bill using the code without a modifier if the physician furnishes both the PC and the TC of the service.

Modifier-53 is shown for a discontinued procedure, for example, a colonoscopy that is not completed. There will be RVUs for a code with this modifier.

3. *Status indicator.* This indicator shows whether the CPT/HCPCS code is in the PFS and whether it is separately payable if the service is covered.

A = Active code. These codes are separately payable under the PFS if covered. There will be RVUs for codes with this status. The presence of an "A" indicator does not mean that Medicare has made a national coverage determination regarding the service. Carriers remain responsible for coverage decisions in the absence of a national Medicare policy.

B = Bundled code. Payments for covered services are always bundled into payment for other services not specified. If RVUs are

shown, they are not used for Medicare payment. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident (an example is a telephone call from a hospital nurse regarding care of a patient).

C = Carriers price the code. Carriers will establish RVUs and payment amounts for these services, generally on an individual case basis following review of documentation, such as an operative report.

D* = Deleted/discontinued code.
E = Excluded from the PFS by regulation. These codes are for items and services that CMS chose to exclude from the fee schedule payment by regulation. No RVUs are shown, and no payment may be made under the PFS for these codes. Payment for them, when covered, continues under reasonable charge procedures.

F = Deleted/discontinued codes. (Code not subject to a 90-day grace period.) These codes are deleted effective with the beginning of the year and are never subject to a grace period. This indicator is no longer effective beginning with the 2005 fee schedule as of January 1, 2005.

G = Code not valid for Medicare purposes. Medicare uses another code for reporting of, and payment for, these services. (Codes subject to a 90-day grace period.) This indicator is no longer effective with the 2005 PFS as of January 1, 2005.

H* = Deleted modifier. For 2000 and later years, either the TC or PC component shown for the code has been deleted and the deleted component is shown in the database with the H status indicator.

I = Not valid for Medicare purposes. Medicare uses another code for the reporting of, and the payment for these services. (Codes not subject to a 90-day grace period.)

L = Local codes. Carriers will apply this status to all local codes in effect on January 1, 1998 or subsequently approved by central office for use. Carriers will complete the RVUs and payment amounts for these codes.

M = Measurement codes, used for reporting purposes only. There are no RVUs and no payment amounts for these codes. Medicare uses them to aid with performance measurement. No separate payment is made. These codes should be billed with a zero ((\$0.00) charge and are denied) on the MPFSDB.

N = Non-covered service. These codes are noncovered services. Medicare payment may not be made for these codes. If RVUs are shown, they are not used for Medicare payment.

R = Restricted coverage. Special coverage instructions apply. If the service is covered and no RVUs are shown, it is carrier-priced.

T = There are RVUs for these services, but they are only paid if there are no other services payable under the PFS billed on the same date by the same provider. If any other services payable under the PFS are billed on the same date by the same provider, these services are bundled into the service(s) for which payment is made.

X = Statutory exclusion. These codes represent an item or service that is not within

the statutory definition of "physicians' services" for PFS payment purposes. No RVUs are shown for these codes, and no payment may be made under the PFS. (Examples are ambulance services and clinical diagnostic laboratory services.)

4. *Description of code.* This is an abbreviated version of the narrative description of the code.

5. *Physician work RVUs.* These are the RVUs for the physician work for this service in 2007. As stated in the June 29, 2006 proposed notice, the RVUs for codes with a 10-or 90-day global period reflect the application of the RUC-recommended values for the E/ M services that are included as part of the global period for the service.

Note: The separate budget neutrality adjuster is not reflected in these physician work RVUs.

6. *Fully implemented non-facility practice expense RVUs.* These are the fully implemented resource-based PE RVUs for non-facility settings.

7. *Transitional Non-facility practice expense RVUs.* These are the 2007 resource-based PE RVUs for non-facility settings.

8. *Fully implemented facility practice expense RVUs.* These are the fully implemented resource-based PE RVUs for facility settings.

9. *Transitional facility practice expense RVUs.* These are the 2007 resource-based PE RVUs for facility settings.

10. *Malpractice expense RVUs.* These are the RVUs for the malpractice expense for the service for 2006.

11. *Non-facility total.* This is the sum of the work, fully implemented non-facility PE, and malpractice expense RVUs.

12. *Transitional non-facility total.* This is the sum of the work, 2007 transitional non-facility PE, and malpractice expense RVUs.

13. *Facility total.* This is the sum of the work, fully implemented facility PE, and malpractice expense RVUs.

14. *Transitional facility total.* This is the sum of the work, 2007 transitional facility PE, and malpractice expense RVUs.

15. *Global period.* This indicator shows the number of days in the global period for the code (0, 10, or 90 days). An explanation of the alpha codes follows:

MMM = Code describes a service furnished in uncomplicated maternity cases including antepartum care, delivery, and postpartum care. The usual global surgical concept does not apply. See the 1999 Physicians' Current Procedural Terminology for specific definitions.

XXX = The global concept does not apply.
YYY = The global period is to be set by the carrier (for example, unlisted surgery codes).

ZZZ = Code related to another service that is always included in the global period of the other service. (Note: Physician work and PE are associated with intra service time and in some instances in the post service time.)

*Codes with these indicators had a 90-day grace period before January 1, 2005.

ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007

CPT-1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
0016T		C	Thermotx choroid vasc lesion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0017T		C	Photocoagulat macular drusen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0019T		C	Extracorp shock wv tx,ms nos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0024T		C	Transcath cardiac reduction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0026T		C	Measure remnant lipoproteins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0027T		C	Endoscopic epidural lysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0028T		C	Dexa body composition study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0029T		C	Magnetic tx for incontinence	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0030T		C	Antitrothrombin antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0031T		C	Speculoscopy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0032T		C	Speculoscopy w/direct sample	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0041T		C	Detect ur infect agnt w/cpas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0042T		C	Ct perfusion w/contrast, cbf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0043T		C	Co expired gas analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0046T		C	Cath lavage, mammary duct(s)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0047T		C	Cath lavage, mammary duct(s)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0048T		C	Implant ventricular device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0049T		C	External circulation assist	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0050T		C	Removal circulation assist	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0051T		C	Implant total heart system	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0052T		C	Replace component heart syst	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0053T		C	Replace component heart syst	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0054T		C	Bone surgery using computer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0055T		C	Bone surgery using computer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0056T		C	Bone surgery using computer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0058T		C	Cryopreservation, ovary tiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0059T		C	Cryopreservation, oocyte	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0060T		C	Electrical impedance scan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0061T		C	Destruction of tumor, breast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0062T		C	Rep intradisc annulus;1 flav	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0063T		C	Rep intradisc annulus;>1lev	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0064T		C	Spectroscop eval expired gas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0065T		C	Ocular photostereobilat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0066T		N	Ct colonography;screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0066T	TC	N	Ct colonography;screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0066T	26	N	Ct colonography;screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0067T		C	Ct colonography;dx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0067T	TC	C	Ct colonography;dx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0067T	26	C	Ct colonography;dx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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³ + Indicates RVUs are not used for Medicare payment.

APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Facility PE RVUs	Year 2007 Transi- tional Facility RVUs	Maj-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
0068T		C	Interp/rept heart sound	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0069T		C	Analysis only heart sound	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0070T		C	Interp only heart sound	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0071T		C	U/s leiomyomata ablate <200	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0072T		C	U/s leiomyomata ablate >200	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0073T		A	Delivery, comp imt	0.00	16.80	16.80	NA	16.93	0.13	13.28	16.93	NA	NA	XXX
0074T		N	Online physician e/m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0075T		C	Perq stent/chest vert art	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0075T	TC	C	Perq stent/chest vert art	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0075T	26	C	Perq stent/chest vert art	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0076T		C	S&i stent/chest vert art	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0076T	TC	C	S&i stent/chest vert art	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0076T	26	C	S&i stent/chest vert art	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0077T		C	Cerab therm perfusion probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0078T		C	Endovasc aort repr w/device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0079T		C	Endovasc visc extnsm repr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0080T		C	Endovasc aort repr rad s&i	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0081T		C	Endovasc visc extnsm s&i	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0084T		C	Temp prostate urethral stent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0085T		C	Breath test heart reject	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0086T		C	L ventricule fill pressure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0087T		C	Sperm eval hyaluronan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0088T		C	Rf tongue base vol reductn	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0089T		C	Actigraphy testing, 3-4day	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0090T		C	Cervical artifc disc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0092T		C	Artifc disc addl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0093T		C	Cervical artifc diskectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0095T		C	Artifc diskectomy addl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0096T		C	Rev cervical artifc disc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0098T		C	Rev artifc disc addl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0099T		C	Implant corneal ring	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0100T		C	Prosth retina receive&gen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0101T		C	Extracorp shockwv tx/hl enrg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0102T		C	Extracorp shockwv tx, anesth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0103T		C	Holotranscobalamin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0104T		C	At rest cardio gas rebreathe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0105T		C	Exerc cardio gas rebreathe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0106T		C	Touch quant sensory test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0107T		C	Vibrate quant sensory test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0108T		C	Cool quant sensory test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0109T		C	Heat quant sensory test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0110T		C	Nos quant sensory test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0111T		C	Rbc membranes fatty acids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

GPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
0115T		C	Med tx mgmt 15 min	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0116T		C	Med tx mgmt subseq	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0117T		C	Med tx mgmt addl 15 min	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0123T		C	Sciatal fistulization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0124T		C	Conjunctival drug placement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0126T		C	Chd risk lmt study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0130T		C	Chron care drug investign	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0133T		C	Esophageal implant Injexn	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0135T		C	Perq cryoablate renal tumor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0137T		C	Prostate saturation sampling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0140T		C	Exhaled breath condensate ph	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0141T		C	Perq islet transplant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0142T		I	Open islet transplant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0143T		I	Laparoscopic islet transplnt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0144T		C	CT heart w/ dye; qual calc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0144T	TC	C	CT heart w/ dye; qual calc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0144T	26	C	CT heart w/ dye; qual calc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0145T		C	CT heart w/wo dye funct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0145T	TC	C	CT heart w/wo dye funct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0145T	26	C	CT heart w/wo dye funct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0146T		C	CCTA w/wo dye	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0146T	TC	C	CCTA w/wo dye	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0146T	26	C	CCTA w/wo dye	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0147T		C	CCTA w/wo, quan calcium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0147T	TC	C	CCTA w/wo, quan calcium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0147T	26	C	CCTA w/wo, quan calcium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0148T		C	CCTA w/wo, strx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0148T	TC	C	CCTA w/wo, strx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0148T	26	C	CCTA w/wo, strx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0149T		C	CCTA w/wo, strx quan calc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0149T	TC	C	CCTA w/wo, strx quan calc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0149T	26	C	CCTA w/wo, strx quan calc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0150T		C	CCTA w/wo, disease strx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0150T	TC	C	CCTA w/wo, disease strx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0150T	26	C	CCTA w/wo, disease strx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0151T		C	CT heart funct add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0151T	TC	C	CT heart funct add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0151T	26	C	CT heart funct add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0152T		C	Computer chest add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0153T		C	Tcath sensor aneurysm sac	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0154T		C	Study sensor aneurysm sac	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0155T		C	Lap impi gast curve electr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0156T		C	Lap rmv gast curve electr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im-plement- ed Non-Facility PE RVUs	Year 2007 Transi- tional Non-Facility PE RVUs	Fully Im-plement- ed Facility PE RVUs	Year 2007 Transi- tional Facility RVUs	Mat-Prac- tice RVUs	Fully Im-plement- ed Non-Facility Total	Year 2007 Transi- tional Non-Facility Total	Fully Im-plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
11012		A	Debride skin/muscle/bone, fx	6.87	8.98	11.32	3.14	3.67	1.16	17.01	19.35	11.17	11.70	000
11040		A	Debride skin, partial	0.50	0.66	0.56	0.17	0.20	0.06	1.24	1.12	0.73	0.76	000
11041		A	Debride skin, full	0.80	0.73	0.68	0.19	0.30	0.10	1.43	1.38	0.89	1.00	000
11042		A	Debride skin/tissue	0.80	0.96	0.97	0.25	0.39	0.13	1.89	1.90	1.18	1.32	000
11043		A	Debride tissue/muscle	3.04	3.64	3.45	2.71	2.62	0.32	7.00	6.81	5.98	6.81	010
11044		A	Debride tissue/muscle/bone	4.11	4.95	4.58	3.68	3.73	0.43	9.49	9.12	8.22	8.27	010
11055		R	Trim skin lesion	0.43	0.82	0.63	0.12	0.16	0.05	1.30	1.11	0.60	0.64	000
11056		R	Trim skin lesions, 2 to 4	0.61	0.89	0.70	0.17	0.22	0.07	1.57	1.38	0.85	0.90	000
11057		R	Trim skin lesions, over 4	0.79	1.00	0.81	0.21	0.28	0.10	1.89	1.70	1.10	1.17	000
11100		A	Biopsy, skin lesion	0.81	1.89	1.41	0.40	0.38	0.03	2.73	2.25	1.24	1.22	000
11101		A	Biopsy, skin add-on	0.41	0.42	0.35	0.21	0.20	0.02	0.85	0.78	0.64	0.63	ZZZ
11200		A	Removal of skin tags	0.29	1.23	1.09	0.90	0.80	0.04	2.06	1.92	1.73	1.63	010
11201		A	Remove skin tags add-on	0.29	0.16	0.16	0.11	0.12	0.02	0.47	0.42	0.42	0.43	ZZZ
11300		A	Shave skin lesion	0.51	1.19	1.04	0.21	0.21	0.03	1.73	1.58	0.75	0.75	000
11301		A	Shave skin lesion	0.85	1.51	1.21	0.39	0.38	0.04	2.40	2.10	1.28	1.27	000
11302		A	Shave skin lesion	1.05	1.78	1.42	0.50	0.47	0.05	2.88	2.52	1.60	1.57	000
11303		A	Shave skin lesion	1.24	2.03	1.69	0.57	0.53	0.07	3.34	3.00	1.88	1.84	000
11305		A	Shave skin lesion	0.67	1.07	0.91	0.21	0.26	0.07	1.81	1.65	0.95	1.00	000
11306		A	Shave skin lesion	0.99	1.43	1.18	0.39	0.41	0.07	2.49	2.24	1.45	1.47	000
11307		A	Shave skin lesion	1.14	1.71	1.40	0.49	0.49	0.07	2.92	2.61	1.70	1.70	000
11308		A	Shave skin lesion	1.41	1.75	1.53	0.53	0.58	0.13	3.29	3.07	2.07	2.12	000
11310		A	Shave skin lesion	0.73	1.39	1.18	0.33	0.32	0.04	2.16	1.95	1.10	1.09	000
11311		A	Shave skin lesion	1.05	1.65	1.34	0.50	0.49	0.05	2.75	2.44	1.60	1.59	000
11312		A	Shave skin lesion	1.20	1.94	1.55	0.58	0.56	0.06	3.20	2.81	1.84	1.84	000
11313		A	Shave skin lesion	1.62	2.21	1.90	0.76	0.73	0.10	3.93	3.62	2.48	2.45	000
11400		A	Exc tr-ext b9+ marg 0.5 < cm	0.87	1.88	1.96	0.94	0.90	0.06	2.81	2.89	1.87	1.83	010
11401		A	Exc tr-ext b9+ marg 0.6-1 cm	1.25	2.18	2.08	1.15	1.05	0.10	3.53	3.43	2.50	2.40	010
11402		A	Exc tr-ext b9+ marg 1.1-2 cm	1.42	2.39	2.26	1.21	1.11	0.13	3.94	3.81	2.76	2.66	010
11403		A	Exc tr-ext b9+ marg 2.1-3 cm	1.81	2.55	2.43	1.57	1.38	0.17	4.53	4.41	3.55	3.36	010
11404		A	Exc tr-ext b9+ marg 3.1-4 cm	2.08	2.86	2.74	1.64	1.46	0.21	5.15	5.03	3.93	3.75	010
11406		A	Exc tr-ext b9+ marg > 4.0 cm	3.47	3.50	3.17	2.08	1.76	0.32	7.29	8.96	5.87	5.55	010
11420		A	Exc h-f-nk-sp b9+ marg 0.5 <	1.00	1.83	1.78	0.94	0.93	0.09	2.92	2.87	2.03	2.02	010
11421		A	Exc h-f-nk-sp b9+ marg 0.6-1	1.44	2.22	2.10	1.17	1.13	0.13	3.79	3.67	2.74	2.70	010
11422		A	Exc h-f-nk-sp b9+ marg 1.1-2	1.65	2.42	2.29	1.53	1.38	0.16	4.23	4.10	3.34	3.19	010
11423		A	Exc h-f-nk-sp b9+ marg 2.1-3	2.03	2.85	2.60	1.66	1.50	0.20	4.88	4.83	3.89	3.73	010
11424		A	Exc h-f-nk-sp b9+ marg 3.1-4	2.45	2.97	2.84	1.78	1.65	0.25	5.67	5.54	4.48	4.35	010
11426		A	Exc h-f-nk-sp b9+ marg > 4 cm	4.04	3.59	3.51	2.32	2.16	0.44	8.07	7.99	6.80	6.64	010
11440		A	Exc face-mm b9+ marg 0.5 < cm	1.02	2.01	2.15	1.32	1.31	0.08	3.11	3.25	2.42	2.41	010
11441		A	Exc face-mm b9+ marg 0.6-1 cm	1.50	2.39	2.35	1.56	1.51	0.13	4.02	3.98	3.19	3.14	010
11442		A	Exc face-mm b9+ marg 1.1-2 cm	1.74	2.63	2.56	1.66	1.59	0.16	4.53	4.46	3.56	3.49	010
11443		A	Exc face-mm b9+ marg 2.1-3 cm	2.87	2.90	2.80	1.84	1.82	0.22	5.40	5.22	4.37	4.35	010
11444		A	Exc face-mm b9+ marg 3.1-4 cm	3.16	3.28	3.42	2.09	2.16	0.30	6.74	6.88	5.55	5.62	010
11446		A	Exc face-mm b9+ marg > 4 cm	4.75	4.06	4.05	2.67	2.75	0.43	9.24	9.23	7.85	7.93	010

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plem- ent- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plem- ent- ed Facility PE RVUs	Year 2007 Transi- tional Facility RVUs	Year 2007 Transi- tional Facility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plem- ent- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plem- ent- ed Facility Total	Year 2007 Transi- tional Fa- cility Total	Global
11450		A	Removal, sweat gland lesion	3.14	5.14	5.06	2.43	2.12	0.34	8.62	8.54	5.91	5.60	090	
11451		A	Removal, sweat gland lesion	4.35	6.11	6.48	2.79	2.60	0.53	10.99	11.36	7.67	7.48	090	
11462		A	Removal, sweat gland lesion	2.92	5.31	5.16	2.48	2.13	0.32	8.55	8.40	5.72	5.37	090	
11463		A	Removal, sweat gland lesion	4.35	6.61	6.77	2.99	2.76	0.54	11.50	11.66	7.88	7.65	090	
11470		A	Removal, sweat gland lesion	3.66	5.58	5.19	2.71	2.37	0.40	9.25	9.64	6.77	6.43	090	
11471		A	Removal, sweat gland lesion	4.81	6.46	6.64	3.00	2.82	0.58	11.85	12.03	8.39	8.21	090	
11600		A	Exc tr-ext milg+marg 0.5 < cm	1.58	2.75	2.66	1.15	1.02	0.10	4.43	4.34	2.83	2.70	010	
11601		A	Exc tr-ext milg+marg 0.6-1 cm	2.02	3.46	2.89	1.53	1.30	0.12	5.60	5.03	3.67	3.44	010	
11602		A	Exc tr-ext milg+marg 1.1-2 cm	2.22	3.85	3.08	1.72	1.38	0.12	6.19	5.42	4.06	3.72	010	
11603		A	Exc tr-ext milg+marg 2.1-3 cm	2.77	4.06	3.32	1.89	1.47	0.16	6.99	6.25	4.82	4.40	010	
11604		A	Exc tr-ext milg+marg 3.1-4 cm	3.12	4.36	3.62	1.96	1.53	0.20	7.68	6.94	5.28	4.85	010	
11606		A	Exc tr-ext milg+marg > 4 cm	4.97	5.49	4.42	2.48	1.92	0.36	10.82	9.75	7.81	7.25	010	
11620		A	Exc h-f-nk-sp milg+marg 0.5 <	1.59	2.85	2.66	1.20	1.01	0.09	4.53	4.48	2.88	2.69	010	
11621		A	Exc h-f-nk-sp milg+marg 0.6-1	2.03	3.51	2.90	1.56	1.32	0.12	5.66	5.05	3.71	3.47	010	
11622		A	Exc h-f-nk-sp milg+marg 1.1-2	2.36	3.91	3.20	1.77	1.49	0.14	6.41	5.70	4.27	3.99	010	
11623		A	Exc h-f-nk-sp milg+marg 2.1-3	3.06	4.13	3.53	1.98	1.68	0.20	7.39	6.79	5.24	4.94	010	
11624		A	Exc h-f-nk-sp milg+marg 3.1-4	3.57	4.44	3.92	2.11	1.86	0.27	8.28	7.76	5.95	5.70	010	
11626		A	Exc h-f-nk-sp milg+marg > 4 cm	4.56	4.96	4.71	2.35	2.38	0.45	9.97	9.72	7.36	7.39	010	
11640		A	Exc face-mm malig+marg 0.5 <	1.62	3.06	2.75	1.30	1.16	0.11	4.79	4.48	3.03	2.89	010	
11641		A	Exc face-mm malig+marg 0.6-1	2.12	3.64	3.18	1.63	1.56	0.16	5.92	5.46	3.91	3.84	010	
11642		A	Exc face-mm malig+marg 1.1-2	2.57	4.04	3.56	1.86	1.75	0.19	6.80	6.32	4.62	4.51	010	
11643		A	Exc face-mm malig+marg 2.1-3	3.37	4.29	3.92	2.13	2.00	0.26	7.92	7.55	5.76	5.63	010	
11644		A	Exc face-mm malig+marg 3.1-4	4.29	5.06	4.78	2.48	2.46	0.37	9.72	9.44	7.14	7.12	010	
11646		A	Exc face-mm malig+marg > 4 cm	6.21	5.88	5.78	3.15	3.39	0.81	12.70	12.60	9.97	10.21	010	
11719		R	Trim nail(s)	0.17	0.38	0.28	0.05	0.07	0.02	0.57	0.47	0.24	0.26	000	
11720		A	Debride nail, 1-5	0.32	0.47	0.37	0.09	0.11	0.04	0.83	0.73	0.45	0.47	000	
11721		A	Remove nail, 6 or more	0.54	0.55	0.47	0.15	0.20	0.07	1.16	1.08	0.76	0.81	000	
11730		A	Remove nail plate	1.10	1.35	1.11	0.30	0.40	0.14	2.59	2.35	1.54	1.64	000	
11732		A	Remove nail plate, add-on	0.57	0.55	0.47	0.15	0.20	0.07	1.19	1.11	0.79	0.84	000	
11740		A	Drain blood from under nail	0.37	0.80	0.61	0.44	0.37	0.04	1.21	1.02	0.85	0.78	000	
11750		A	Remove nail bed	2.40	2.99	2.37	1.92	1.79	0.22	5.61	4.99	4.54	4.41	010	
11752		A	Remove nail bed/finger tip	3.48	4.14	3.28	2.84	2.95	0.35	7.97	7.11	6.67	6.78	010	
11755		A	Biopsy, nail unit	1.31	2.04	1.69	0.77	0.77	0.14	3.49	3.14	2.22	2.22	000	
11760		A	Repair of nail bed	1.60	3.45	2.83	1.45	1.70	0.21	5.26	4.64	3.26	3.51	010	
11762		A	Reconstruction of nail bed	2.91	3.74	3.10	1.72	2.19	0.36	7.01	6.37	4.99	5.46	010	
11765		A	Excision of nail fold, toe	0.71	2.69	2.01	1.02	0.83	0.08	3.48	2.80	1.81	1.62	010	
11770		A	Removal of pilonidal lesion	2.63	3.47	3.48	1.54	1.51	0.33	6.43	6.44	4.50	4.47	010	
11771		A	Removal of pilonidal lesion	5.98	6.66	5.90	3.72	3.41	0.74	13.38	12.62	10.44	10.13	090	
11772		A	Removal of pilonidal lesion	7.23	7.97	7.62	5.52	5.18	0.89	16.09	15.74	13.64	13.30	090	
11900		A	Injection into skin lesions	0.52	0.92	0.75	0.26	0.22	0.02	1.46	1.26	0.80	0.76	000	
11901		A	Added skin lesions injection	0.80	1.02	0.75	0.41	0.37	0.03	1.85	1.58	1.24	1.20	000	
11920		R	Correct skin color defects	1.61	2.42	3.38	1.15	1.11	0.24	4.27	5.23	3.00	2.96	000	
11921		R	Correct skin color defects	1.93	2.70	3.65	1.30	1.28	0.29	4.92	5.87	3.52	3.50	000	

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Facility RVUs	Year 2007 Transi- tional Facility RVUs	Year 2007 Non-Fa- cility RVUs	Fully Im- plement- ed Non- Facility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
11922		R	Correct skin color defects	0.49	0.94	1.09	0.23	0.25	0.07	1.50	1.65	0.79	0.81	ZZZ
11950		R	Therapy for contour defects	0.84	0.87	1.07	0.36	0.38	0.06	1.77	1.97	1.26	1.28	000
11951		R	Therapy for contour defects	1.19	1.19	1.42	0.54	0.52	0.11	2.49	2.72	1.84	1.82	000
11952		R	Therapy for contour defects	1.69	1.75	1.63	0.84	0.72	0.16	3.60	3.68	2.69	2.57	000
11954		R	Therapy for contour defects	1.85	1.77	2.27	0.78	0.87	0.25	3.87	4.37	2.88	2.97	000
11960		A	Insert tissue expander(s)	11.01	NA	NA	10.76	10.48	1.31	NA	NA	23.08	22.80	090
11970		A	Replace tissue expander	7.86	NA	NA	6.35	6.19	1.05	NA	NA	15.26	15.10	090
11971		A	Remove tissue expander(s)	3.21	7.48	8.70	4.09	3.87	0.32	11.01	12.23	7.62	7.40	090
11975		N	Insert contraceptive cap	1.48	1.52	1.45	0.34	0.51	0.17	3.17	3.10	1.99	2.16	XXX
11976		R	Removal of contraceptive cap	1.78	1.70	1.72	0.47	0.63	0.21	3.69	3.71	2.46	2.62	000
11977		N	Removal/reinsert contra cap	3.30	1.97	2.20	0.76	1.14	0.37	5.64	5.87	4.43	4.81	XXX
11980		A	Implant hormone pellet(s)	1.48	1.16	1.10	0.56	0.55	0.13	2.77	2.71	2.17	2.16	000
11981		A	Insert drug implant device	1.48	1.92	1.76	0.60	0.66	0.12	3.52	3.36	2.20	2.26	XXX
11982		A	Remove drug implant device	1.78	2.04	1.97	0.73	0.81	0.17	3.99	3.92	2.68	2.76	XXX
11983		A	Remove/insert drug implant	3.30	2.68	2.38	1.36	1.44	0.23	6.21	5.91	4.89	4.97	XXX
12001		A	Repair superficial wound(s)	1.72	1.73	1.92	0.73	0.76	0.15	3.20	3.79	2.60	2.63	010
12002		A	Repair superficial wound(s)	1.88	1.79	1.98	0.84	0.89	0.17	3.84	4.03	2.89	2.94	010
12004		A	Repair superficial wound(s)	2.26	2.07	2.26	0.93	0.99	0.21	4.54	4.73	3.40	3.46	010
12005		A	Repair superficial wound(s)	2.88	2.52	2.75	1.08	1.17	0.27	5.67	5.90	4.23	4.32	010
12006		A	Repair superficial wound(s)	3.68	3.03	3.30	1.31	1.46	0.35	7.06	7.33	5.34	5.49	010
12007		A	Repair superficial wound(s)	4.13	3.39	3.71	1.50	1.73	0.45	7.97	8.29	6.08	6.31	010
12011		A	Repair superficial wound(s)	1.78	1.90	2.07	0.76	0.78	0.16	3.84	4.01	2.70	2.72	010
12013		A	Repair superficial wound(s)	2.01	2.06	2.22	0.89	0.92	0.18	4.25	4.41	3.08	3.11	010
12014		A	Repair superficial wound(s)	2.48	2.28	2.50	0.98	1.04	0.23	4.99	5.21	3.69	3.75	010
12015		A	Repair superficial wound(s)	3.21	2.76	3.04	1.13	1.22	0.29	6.26	6.54	4.63	4.72	010
12016		A	Repair superficial wound(s)	3.94	3.16	3.45	1.30	1.47	0.37	7.47	7.76	5.61	5.76	010
12017		A	Repair superficial wound(s)	4.72	NA	NA	1.50	1.79	0.47	NA	NA	6.69	6.98	010
12018		A	Repair superficial wound(s)	5.54	NA	NA	2.01	2.19	0.64	NA	NA	8.19	8.37	010
12020		A	Closure of split wound	2.64	3.75	3.80	1.79	1.89	0.30	6.69	6.74	4.73	4.83	010
12021		A	Closure of split wound	1.86	1.85	1.83	1.33	1.39	0.24	3.95	3.93	3.43	3.49	010
12031		A	Layer closure of wound(s)	2.17	3.90	2.69	1.79	1.17	0.17	6.24	5.03	4.13	3.51	010
12032		A	Layer closure of wound(s)	2.49	5.22	4.19	2.30	1.92	0.16	7.87	6.84	4.95	4.57	010
12034		A	Layer closure of wound(s)	2.94	4.58	3.54	2.00	1.59	0.25	7.77	6.73	5.19	4.78	010
12035		A	Layer closure of wound(s)	3.44	5.26	5.21	2.11	2.14	0.39	9.09	9.04	5.94	5.97	010
12036		A	Layer closure of wound(s)	4.06	5.37	5.51	2.24	2.47	0.55	9.98	10.12	6.85	7.08	010
12037		A	Layer closure of wound(s)	4.68	5.94	6.05	2.62	2.88	0.66	11.28	11.39	7.96	8.22	010
12041		A	Layer closure of wound(s)	2.39	3.85	2.87	1.78	1.29	0.19	6.43	5.45	4.36	3.87	010
12042		A	Layer closure of wound(s)	2.76	4.49	3.57	2.14	1.63	0.17	7.42	6.50	5.07	4.56	010
12044		A	Layer closure of wound(s)	3.16	5.34	4.71	1.94	1.69	0.27	8.77	7.17	5.37	5.12	010
12045		A	Layer closure of wound(s)	3.65	5.07	5.21	2.08	2.23	0.41	9.13	9.27	6.14	6.29	010
12046		A	Layer closure of wound(s)	4.26	5.63	6.28	2.29	2.64	0.54	10.43	11.08	7.09	7.44	010
12047		A	Layer closure of wound(s)	4.66	6.17	6.30	2.54	2.95	0.58	11.41	11.54	7.78	8.19	010
12051		A	Layer closure of wound(s)	2.49	4.12	3.48	1.94	1.57	0.20	6.81	6.17	4.63	4.26	010

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facility PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facility Total	Year 2007 Transi- tional Fa- cility Total	Global
12052	A	Layer closure of wound(s)	2.81	4.89	3.64	2.60	1.72	0.17	7.87	6.62	5.58	4.70	010
12053	A	Layer closure of wound(s)	3.14	5.36	3.77	2.13	1.68	0.23	8.73	7.14	5.50	5.05	010
12054	A	Layer closure of wound(s)	3.47	5.40	4.02	2.08	1.74	0.30	9.17	7.79	5.85	5.51	010
12055	A	Layer closure of wound(s)	4.44	6.05	4.87	2.15	2.13	0.45	10.94	9.76	7.04	7.02	010
12056	A	Layer closure of wound(s)	5.25	6.23	6.62	2.42	2.89	0.59	12.07	12.46	8.26	8.73	010
12057	A	Layer closure of wound(s)	5.97	7.47	6.47	2.86	3.53	0.56	14.00	13.00	9.39	10.06	010
13100	A	Repair of wound or lesion	3.14	4.44	4.45	2.49	2.35	0.26	7.84	7.55	5.89	5.75	010
13101	A	Repair of wound or lesion	3.03	5.99	4.99	3.02	2.77	0.26	10.18	9.18	7.21	6.96	010
13102	A	Repair wound/lesion add-on	1.24	1.37	1.22	0.55	0.57	0.13	2.74	2.59	1.92	1.94	ZZZ
13120	A	Repair of wound or lesion	3.32	4.60	4.26	2.61	2.41	0.26	8.18	7.84	6.19	5.99	010
13121	A	Repair of wound or lesion	4.36	6.74	5.32	3.69	3.02	0.25	11.35	9.93	8.30	7.63	010
13122	A	Repair wound/lesion add-on	1.44	1.40	1.48	0.61	0.63	0.15	2.99	3.07	2.22	2.22	ZZZ
13131	A	Repair of wound or lesion	3.80	5.03	4.53	2.91	2.74	0.26	9.09	8.59	6.97	6.80	010
13132	A	Repair of wound or lesion	6.48	7.97	6.42	5.04	4.38	0.32	14.77	13.22	11.84	11.18	010
13133	A	Repair wound/lesion add-on	2.19	1.88	1.72	1.00	1.02	0.16	4.25	4.09	3.37	3.39	ZZZ
13150	A	Repair of wound or lesion	3.82	4.72	4.83	2.74	2.76	0.34	8.88	8.99	6.90	6.92	010
13151	A	Repair of wound or lesion	4.46	5.55	4.99	3.27	3.17	0.31	10.32	9.76	8.04	7.94	010
13152	A	Repair of wound or lesion	6.34	7.60	6.42	3.99	4.03	0.40	14.34	13.16	10.73	10.77	010
13153	A	Repair wound/lesion add-on	2.38	2.03	1.96	1.03	1.11	0.24	4.65	4.58	3.65	3.73	ZZZ
13160	A	Late closure of wound	11.84	NA	NA	7.13	7.15	1.54	NA	NA	20.51	20.53	090
14000	A	Skin tissue rearrangement	6.83	9.00	8.14	6.12	5.63	0.59	16.42	15.56	13.54	13.05	090
14001	A	Skin tissue rearrangement	9.60	11.20	9.86	7.67	7.22	0.82	21.62	20.28	18.09	17.64	090
14020	A	Skin tissue rearrangement	7.66	10.07	8.98	6.95	6.64	0.64	18.37	17.28	15.25	14.94	090
14040	A	Skin tissue rearrangement	11.18	12.57	10.63	8.79	8.41	0.81	24.56	22.62	20.78	20.40	090
14060	A	Skin tissue rearrangement	8.44	10.26	9.17	7.07	7.17	0.62	19.32	18.23	16.13	16.23	090
14041	A	Skin tissue rearrangement	12.67	13.72	11.37	9.51	8.88	0.73	27.12	24.77	22.91	22.28	090
14061	A	Skin tissue rearrangement	9.07	9.74	9.02	7.25	7.39	0.68	19.49	18.77	17.00	17.14	090
14300	A	Skin tissue rearrangement	13.67	15.01	12.45	10.37	9.72	0.76	29.44	26.88	24.80	24.15	090
14350	A	Skin tissue rearrangement	13.26	13.67	11.77	9.62	9.28	1.16	28.09	26.19	24.04	23.70	090
15002	A	Wound prep, chi/inf, trk/arm/leg	10.82	NA	NA	7.05	7.12	1.34	NA	NA	19.21	19.28	090
15003	A	Wound prep, chi/inf addl 100 cm	3.65	4.12	4.12	1.65	1.65	0.49	8.26	8.26	5.79	5.79	000
15004	A	Wound prep, chi/inf, f/n/h/g	0.80	0.92	0.92	0.28	0.28	0.11	1.83	1.83	1.19	1.19	ZZZ
15005	A	Wound prep, f/n/h/g, addl cm	4.58	4.77	4.77	1.97	1.97	0.62	9.97	9.97	7.17	7.17	000
15040	A	Harvest cultured skin graft	1.60	1.28	1.28	0.56	0.56	0.22	3.10	3.10	2.38	2.38	ZZZ
15060	A	Skin pinch graft	2.00	3.86	4.39	1.05	1.11	0.24	6.10	6.63	3.29	3.35	000
15100	A	Skin split graft, tmk/arm/leg	5.37	7.71	7.11	5.09	5.11	0.57	13.65	13.05	11.03	11.05	090
15101	A	Skin split graft 1/2l, add-on	9.91	11.91	11.91	6.82	7.57	1.28	20.93	22.93	17.84	18.59	090
15110	A	Epidrm autogrtf tmk/arm/leg	1.72	2.51	3.43	0.88	1.10	0.24	4.47	5.39	2.84	3.06	ZZZ
15111	A	Epidrm autogrtf 1/2l add-on	10.88	9.01	10.26	6.61	6.90	1.31	21.20	22.45	18.80	19.09	090
15115	A	Epidrm a-grft face/nck/h/g	1.85	0.90	1.19	0.65	0.76	0.26	3.01	3.30	2.76	2.87	ZZZ
15116	A	Epidrm a-grft f/n/h/g addl	11.19	9.31	9.24	6.83	7.22	1.15	21.65	21.58	19.17	19.56	090
15120	A	Skin split a-grft fac/nck/h/g	2.50	1.24	1.50	0.91	1.07	0.33	4.07	4.33	3.74	3.90	ZZZ
15120	A	Skin split a-grft fac/nck/h/g	10.96	11.33	10.87	7.48	7.71	1.16	23.45	22.99	19.60	19.83	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Year 2007 Transi- tional Fa- cility RVUs	Fully Im- plement- ed Non-Fa- cility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
15121	A	Skin split a-grft /f/n/h/g add	2.67	3.47	4.24	1.34	1.72	0.96	8.50	7.27	4.37	4.75	ZZZ
15130	A	Derm autograft, trnk/arm/leg	7.41	8.09	9.42	5.71	6.18	0.97	16.47	17.80	14.09	14.56	090
15131	A	Derm autograft /a/l add-on	1.50	0.71	0.98	0.53	0.61	0.21	2.42	2.69	2.24	2.32	090
15135	A	Derm autograft face/nck/h/g	10.91	9.56	9.79	7.14	7.88	1.23	21.70	21.93	19.28	20.02	090
15136	A	Derm autograft, /f/n/h/g add	1.50	0.89	0.84	0.55	0.64	0.20	2.39	2.54	2.25	2.34	ZZZ
15150	A	Derm autograft, /f/n/h/g add	9.30	7.29	8.17	8.01	6.33	1.14	17.73	18.61	16.45	16.77	090
15151	A	Cult epiderm grft /a/l add	2.00	0.92	1.21	0.71	0.82	0.28	3.20	3.49	2.99	3.10	ZZZ
15152	A	Cult epiderm grft /a/l +%	2.50	1.09	1.44	0.89	1.02	0.35	3.94	4.29	3.74	3.87	ZZZ
15155	A	Cult epiderm grft, /f/n/h/g	10.05	7.74	7.74	6.40	6.82	1.05	18.84	18.90	17.50	17.92	090
15156	A	Cult epiderm grft /f/n/h/g add	2.75	1.20	1.47	1.00	1.18	0.36	4.31	4.58	4.11	4.48	ZZZ
15157	A	Cult epiderm grft /f/n/h/g +%	3.00	1.39	1.68	1.09	1.29	0.39	4.78	5.07	4.48	4.68	ZZZ
15170	A	Acell graft trunk/arms/legs	5.99	3.68	3.79	2.39	2.37	0.55	10.22	10.33	8.93	8.91	090
15171	A	Acell graft /arm/leg add-on	1.55	0.66	0.68	0.52	0.60	0.19	2.40	2.42	2.26	2.34	ZZZ
15175	A	Acellular graft, /f/n/h/g	7.99	5.33	5.40	3.84	3.96	0.82	14.14	14.21	12.65	12.77	090
15176	A	Acell graft, /f/n/h/g add-on	2.45	1.08	1.10	0.83	0.95	0.29	3.82	3.84	3.57	3.69	ZZZ
15200	A	Skin full graft, trunk	8.97	9.97	9.54	6.42	6.26	0.98	19.92	19.49	18.37	16.21	090
15201	A	Skin full graft trunk add-on	1.32	2.13	2.45	0.58	0.61	0.19	3.64	3.96	2.09	2.12	ZZZ
15220	A	Skin full graft scpl/arm/leg	7.95	10.46	9.50	6.73	6.69	0.84	19.25	18.29	15.52	15.48	090
15221	A	Skin full graft add-on	1.19	2.03	2.25	0.52	0.55	0.16	3.38	3.60	1.87	1.90	ZZZ
15240	A	Skin full grft face/genit/hf	10.15	12.05	10.66	8.94	8.20	0.92	23.12	21.73	20.01	19.27	090
15241	A	Skin full grft add-on	1.86	2.54	2.47	0.83	0.89	0.23	4.63	4.56	2.92	2.98	ZZZ
15260	A	Skin full graft een & lips	11.39	13.08	10.93	9.43	8.79	0.69	25.16	23.01	21.51	20.87	090
15281	A	Skin full graft add-on	2.23	2.97	2.76	1.17	1.34	0.21	5.41	5.20	3.61	3.78	ZZZ
15300	A	Apply sknallogrt, /a/m/h/g	4.65	3.38	3.25	2.13	2.21	0.49	8.52	8.39	7.27	7.35	090
15301	A	Apply sknallogrt /a/l add	1.00	0.48	0.47	0.34	0.39	0.14	1.62	1.61	1.48	1.53	ZZZ
15320	A	Apply skin allogrt /f/n/h/g	5.36	3.77	3.66	2.35	2.49	0.58	9.71	9.60	8.29	8.43	090
15321	A	Aply sknallogrt /f/n/h/g add	1.50	0.69	0.69	0.51	0.57	0.21	2.40	2.40	2.22	2.28	ZZZ
15330	A	Apply acell algort /arm/leg	3.99	3.16	3.18	1.93	2.15	0.19	7.64	7.66	6.41	6.63	090
15331	A	Apply acell grft /a/l add-on	1.00	0.47	0.46	0.34	0.39	0.14	1.61	1.60	1.48	1.53	ZZZ
15335	A	Apply acell graft, /f/n/h/g	4.50	3.42	3.46	2.09	2.35	0.55	8.47	8.51	7.14	7.40	090
15336	A	Apply acell grft /f/n/h/g add	1.43	0.72	0.70	0.49	0.55	0.20	2.35	2.33	2.12	2.18	ZZZ
15340	A	Apply cult skin substitute	3.76	3.90	3.95	2.74	2.75	0.41	7.97	8.12	6.91	6.92	010
15341	A	Apply cult skin sub add-on	0.50	0.72	0.64	0.17	0.19	0.06	1.28	1.20	0.73	0.75	ZZZ
15360	A	Apply cult derm sub, /a/l	3.93	4.46	4.47	3.27	3.13	0.43	8.82	8.83	7.63	7.49	090
15361	A	Apply cult derm sub /a/l add	1.15	0.58	0.58	0.39	0.44	0.14	1.87	1.87	1.68	1.73	ZZZ
-15365	A	Apply cult derm sub /f/n/h/g	4.21	4.36	4.50	3.21	3.20	0.46	9.03	9.17	7.88	7.87	090
15366	A	Apply cult derm /f/n/h/g add	1.45	0.69	0.70	0.49	0.56	0.17	2.31	2.32	2.11	2.18	ZZZ
15400	A	Apply skin xenograft, /a/l	4.38	4.97	4.25	3.76	3.95	0.47	9.82	9.10	8.61	8.80	090
15401	A	Apply skin xenograft /a/l add	1.00	1.02	1.67	0.35	0.42	0.14	2.16	2.81	1.49	1.56	ZZZ
15420	A	Apply skin xgrft, /f/n/h/g	4.89	5.11	4.86	3.93	3.83	0.52	10.52	10.27	9.34	9.24	090
15421	A	Apply skin xgrt /f/n/h/g add	1.20	1.29	1.29	0.53	0.60	0.21	2.91	3.00	2.21	2.31	ZZZ
15430	A	Apply acellular xenograft	5.93	7.11	6.95	6.53	6.59	0.66	13.70	13.54	13.12	13.18	090
15431	C	Apply acellular xgrft add	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plem- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plem- ed Faci- lity PE RVUs	Year 2007 Transi- tional PE RVUs	Mai-Prac- tice RVUs	Fully Im- plem- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plem- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
15570	A	Form skin pedicle flap	10.00	10.45	11.09	6.57	6.71	1.34	21.79	22.43	17.91	18.05	090
15572	A	Form skin pedicle flap	9.94	9.89	9.59	6.78	6.53	1.20	21.03	20.73	17.92	17.57	090
15574	A	Form skin pedicle flap	10.52	10.50	10.64	7.04	7.60	1.20	22.22	22.36	18.76	19.32	090
15576	A	Form skin pedicle flap	9.24	9.72	9.74	6.60	6.81	0.87	19.83	19.85	16.71	16.92	090
15600	A	Skin graft	1.95	5.31	4.03	2.75	2.98	0.27	7.53	9.25	4.97	5.20	090
15610	A	Skin graft	2.46	5.59	7.92	3.05	3.33	0.35	8.40	7.73	5.88	6.14	090
15620	A	Skin graft	3.62	6.40	7.44	3.87	3.88	0.35	10.37	11.41	7.84	7.85	090
15630	A	Skin graft	3.95	7.03	7.04	4.31	4.19	0.34	11.32	11.33	8.60	8.48	090
15650	A	Transfer skin pedicle flap	4.64	7.12	7.14	4.30	4.23	0.42	12.18	12.20	9.36	9.36	090
15731	A	Forehead flap w/vasc pedicle	14.12	12.13	12.73	9.56	9.56	1.28	27.53	27.53	24.96	24.96	090
15732	A	Muscle-skin graft, head/neck	19.70	14.97	17.27	11.41	12.01	2.00	36.67	38.97	33.11	33.71	090
15734	A	Muscle-skin graft, trunk	19.62	16.00	17.58	12.16	12.32	2.62	38.24	39.82	34.40	34.56	090
15736	A	Muscle-skin graft, arm	16.92	13.99	17.17	10.18	10.96	2.46	33.37	36.55	29.56	30.34	090
15738	A	Muscle-skin graft, leg	18.92	14.24	17.04	10.63	11.45	2.66	35.82	38.62	32.21	33.03	090
15740	A	Island pedicle flap graft	11.57	13.63	11.01	9.52	8.58	0.63	25.83	23.21	21.72	20.78	090
15750	A	Neurovascular pedicle graft	12.73	NA	NA	9.04	9.04	1.42	NA	NA	23.19	23.19	090
15756	A	Free myofascial flap microvasc	36.74	NA	NA	18.90	20.15	4.62	NA	NA	60.26	61.51	090
15757	A	Free skin flap, microvasc	36.95	NA	NA	17.08	20.46	3.90	NA	NA	57.93	61.31	090
15758	A	Free fascial flap, microvasc	36.70	NA	NA	16.92	20.41	4.24	NA	NA	57.86	61.35	090
15760	A	Composite skin graft	9.68	10.35	10.10	7.04	7.21	0.85	20.88	20.63	17.57	17.74	090
15770	A	Dermis-fat-fascia graft	8.73	NA	NA	6.66	6.68	1.05	NA	NA	16.44	16.46	090
15775	R	Hair transplant punch grafts	3.95	3.50	4.05	1.72	1.41	0.52	7.97	8.52	6.19	5.88	000
15776	R	Hair transplant punch grafts	5.53	3.91	4.99	1.60	2.50	0.72	10.16	11.24	7.85	8.75	000
15780	A	Abrasion treatment of skin	8.50	11.84	11.60	6.91	7.92	0.67	21.01	20.77	16.08	17.09	090
15781	A	Abrasion treatment of skin	4.91	8.68	7.35	5.68	5.44	0.34	13.93	12.60	10.93	10.69	090
15782	A	Abrasion treatment of skin	4.36	9.63	9.90	5.58	6.31	0.34	14.33	14.50	10.28	11.01	090
15783	A	Abrasion treatment of skin	4.33	8.13	7.19	5.13	4.42	0.28	12.74	11.80	9.74	9.03	090
15786	A	Abrasion, lesion, single	2.05	3.81	3.47	1.26	1.31	0.11	5.97	5.63	3.42	3.47	010
15787	A	Abrasion, lesions, add-on	0.33	0.83	1.03	0.11	0.15	0.04	1.20	1.40	0.48	0.52	ZZZ
15788	R	Chemical peel, face, epiderm	2.09	8.55	7.17	3.73	3.24	0.11	10.75	9.37	5.93	5.44	090
15789	R	Chemical peel, face, dermal	4.91	9.26	8.38	5.77	5.04	0.20	14.37	13.49	10.88	10.15	090
15792	R	Chemical peel, nonfacial	1.86	6.83	7.03	3.47	4.21	0.13	8.82	9.02	5.46	6.20	090
15793	A	Chemical peel, nonfacial	3.82	5.56	6.10	3.31	4.11	0.19	9.57	10.11	7.32	8.12	090
15819	A	Plastic surgery, neck	10.45	NA	NA	6.83	7.09	0.97	NA	NA	18.25	18.51	090
15820	A	Revision of lower eyelid	6.09	6.53	6.86	5.32	5.50	0.40	13.02	13.35	11.81	11.99	090
15821	A	Revision of lower eyelid	6.66	6.78	7.21	5.47	5.65	0.45	13.89	14.32	12.58	12.76	090
15822	A	Revision of upper eyelid	4.51	5.38	5.72	4.23	4.43	0.37	10.26	10.60	9.11	9.31	090
15823	A	Revision of upper eyelid	8.12	7.65	7.80	6.36	6.41	0.37	16.27	16.42	14.98	15.03	090
15824	R	Removal of forehead wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
15825	R	Removal of neck wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
15826	R	Removal of brow wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
15828	R	Removal of face wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
15829	R	Removal of skin wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Facil- ity PE RVUs	Year 2007 Transi- tional Facil- ity PE RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Facil- ity Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Facil- ity Total	Global
15830		R	Exc skin abd	16.90	NA	NA	10.15	10.15	2.93	NA	NA	29.98	29.98	090	
15832		A	Excise excessive skin tissue	12.65	NA	8.43	8.36	8.43	1.66	NA	NA	22.74	22.67	090	
15833		A	Excise excessive skin tissue	11.70	NA	7.16	7.95	7.16	1.49	NA	NA	20.35	21.14	090	
15834		A	Excise excessive skin tissue	11.97	NA	7.86	7.73	7.86	1.61	NA	NA	21.44	21.31	090	
15835		A	Excise excessive skin tissue	12.79	NA	7.92	7.64	7.92	1.60	NA	NA	22.31	22.03	090	
15836		A	Excise excessive skin tissue	10.41	NA	7.12	6.87	7.12	1.34	NA	NA	18.87	18.62	090	
15837		A	Excise excessive skin tissue	9.37	8.61	8.61	6.98	8.61	1.18	19.32	19.16	16.35	17.53	090	
15838		A	Excise excessive skin tissue	8.07	NA	4.97	5.79	4.97	0.58	NA	NA	13.62	14.44	090	
15839		A	Excise excessive skin tissue	10.32	9.42	8.97	6.25	8.97	1.22	20.96	20.51	17.79	17.90	090	
15840		A	Graft for face nerve palsy	14.76	NA	8.75	9.67	8.75	1.32	NA	NA	24.83	25.75	090	
15841		A	Graft for face nerve palsy	25.68	NA	13.33	14.58	13.33	2.55	NA	NA	41.57	42.82	090	
15842		A	Flap for face nerve palsy	40.68	NA	21.64	22.59	21.64	4.94	NA	NA	67.26	68.21	090	
15845		A	Skin and muscle repair, face	14.04	NA	8.90	9.20	8.90	0.81	NA	NA	23.75	24.05	090	
15847		A	Exc skin abd add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000	
15850		B	Removal of sutures	0.78	1.19	1.47	0.18	0.27	0.05	2.02	2.30	1.01	1.10	YYY	
15851		C	Removal of sutures	0.86	1.33	1.59	0.24	0.29	0.06	2.25	2.51	1.16	1.21	000	
15852		A	Dressing change not for burn	0.86	NA	NA	0.26	0.31	0.09	NA	NA	1.21	1.26	000	
15860		A	Test for blood flow in graft	1.95	NA	NA	0.71	0.76	0.27	NA	NA	2.93	2.98	000	
15876		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000	
15877		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000	
15878		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000	
15879		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000	
15920		A	Removal of tail bone ulcer	8.15	NA	5.86	5.63	5.86	1.04	NA	NA	15.05	14.82	090	
15922		A	Removal of tail bone ulcer	10.23	NA	7.11	7.19	7.11	1.42	NA	NA	16.76	18.84	090	
15931		A	Remove sacrum pressure sore	9.96	NA	5.57	5.65	5.57	1.25	NA	NA	16.78	16.86	090	
15933		A	Remove sacrum pressure sore	11.60	NA	7.39	7.74	7.39	1.52	NA	NA	20.51	20.86	090	
15934		A	Remove sacrum pressure sore	13.54	NA	7.72	7.96	7.72	1.79	NA	NA	23.05	23.29	090	
15935		A	Remove sacrum pressure sore	15.58	NA	10.34	10.33	10.34	2.10	NA	NA	28.02	28.01	090	
15936		A	Remove sacrum pressure sore	13.04	NA	7.60	8.07	7.60	1.77	NA	NA	22.41	22.88	090	
15937		A	Remove sacrum pressure sore	15.00	NA	9.14	9.65	9.14	2.07	NA	NA	26.21	26.72	090	
15940		A	Remove hip pressure sore	10.11	NA	5.91	6.11	5.91	1.31	NA	NA	17.33	17.53	090	
15941		A	Remove hip pressure sore	12.24	NA	8.66	9.25	8.66	1.66	NA	NA	22.56	23.15	090	
15944		A	Remove hip pressure sore	12.27	NA	8.42	8.56	8.42	1.65	NA	NA	22.34	22.48	090	
15945		A	Remove hip pressure sore	13.57	NA	9.35	9.57	9.35	1.85	NA	NA	24.77	24.99	090	
15946		A	Remove hip pressure sore	23.80	NA	14.26	14.34	14.26	3.17	NA	NA	41.23	41.31	090	
15950		A	Remove thigh pressure sore	7.91	NA	5.43	5.42	5.43	1.04	NA	NA	14.38	14.37	090	
15951		A	Remove thigh pressure sore	11.41	NA	8.11	7.92	8.11	1.49	NA	NA	20.82	20.82	090	
15952		A	Remove thigh pressure sore	12.14	NA	7.90	7.79	7.90	1.60	NA	NA	21.64	21.53	090	
15953		A	Remove thigh pressure sore	13.39	NA	9.28	9.06	9.28	1.80	NA	NA	24.47	24.25	090	
15956		A	Remove thigh pressure sore	16.59	NA	9.79	10.53	9.79	2.22	NA	NA	28.60	29.34	090	
15958		A	Remove thigh pressure sore	16.55	NA	10.48	10.90	10.48	2.26	NA	NA	29.29	29.71	090	
15999		C	Removal of pressure sore	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	
16000		A	Initial treatment of bum(s)	0.89	0.73	0.83	0.24	0.24	0.08	1.70	1.80	1.21	1.23	000	

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year .2007 Transitional Non-Facility RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
16020		A	Dress/debrid p-thick burn, s	0.80	1.11	1.25	0.56	0.58	0.08	1.99	2.13	1.44	1.46	000
16025		A	Dress/debrid p-thick burn, m	1.85	1.61	1.72	0.89	0.94	0.19	3.65	3.76	2.93	2.98	000
16030		A	Dress/debrid p-thick burn, l	2.08	1.98	2.12	0.97	1.08	0.24	4.30	4.44	3.29	3.40	000
16035		A	Incision of burn scab, initi	3.74	NA	NA	1.29	1.51	0.46	NA	NA	5.49	5.71	090
16036		A	Escharotomy; add;20l incision	1.50	NA	NA	0.49	0.57	0.20	NA	NA	2.19	2.27	ZZZ
17000		A	Destruct premalg lesion	0.82	1.42	1.08	0.75	0.59	0.03	2.07	1.73	1.40	1.24	010
17003		A	Destruct premalg les, 2-14	0.07	0.10	0.11	0.03	0.06	0.01	0.18	0.19	0.11	0.14	ZZZ
17004		A	Destroy premig lesions 15+	1.82	2.43	2.33	1.39	1.54	0.11	4.36	4.26	3.32	3.47	010
17106		A	Destruction of skin lesions	4.62	4.72	4.63	3.32	3.33	0.35	9.69	9.60	8.29	8.30	090
17107		A	Destruction of skin lesions	9.19	7.36	7.24	5.41	6.63	0.63	17.18	17.06	15.09	15.23	090
17108		A	Destruction of skin lesions	13.22	9.56	9.34	6.99	7.49	0.54	23.32	23.10	20.75	21.25	090
17110		A	Destruct b9 lesion, 1-14	0.67	1.76	1.66	0.87	0.74	0.05	2.48	2.38	1.59	1.46	010
17111		A	Destruct lesion, 15 or more	0.94	2.29	1.83	1.14	0.89	0.05	3.28	2.82	2.13	1.88	010
17250		A	Chemical cautery, tissue	0.90	1.32	1.25	0.38	0.35	0.06	1.88	1.81	0.94	0.91	000
17260		A	Destruction of skin lesions	0.93	1.43	1.32	0.73	0.69	0.04	2.40	2.29	1.70	1.66	010
17261		A	Destruction of skin lesions	1.19	2.51	1.84	1.09	0.90	0.05	3.75	3.08	2.33	2.14	010
17262		A	Destruction of skin lesions	1.60	2.86	2.13	1.30	1.09	0.06	4.52	3.79	2.96	2.75	010
17263		A	Destruction of skin lesions	1.81	3.09	2.31	1.40	1.17	0.07	4.97	4.19	3.28	3.05	010
17284		A	Destruction of skin lesions	1.96	3.30	2.49	1.47	1.21	0.08	5.34	4.53	3.51	3.25	010
17286		A	Destruction of skin lesions	2.36	3.56	2.77	1.64	1.33	0.09	6.01	5.22	4.09	3.78	010
17270		A	Destruction of skin lesions	1.34	2.46	1.89	1.12	0.93	0.05	3.85	3.28	2.51	2.32	010
17271		A	Destruction of skin lesions	1.51	2.69	2.00	1.25	1.05	0.06	4.26	3.57	2.82	2.62	010
17272		A	Destruction of skin lesions	1.79	3.00	2.24	1.40	1.18	0.07	4.86	4.10	3.26	3.04	010
17273		A	Destruction of skin lesions	2.07	3.25	2.46	1.53	1.29	0.08	5.40	4.61	3.68	3.44	010
17274		A	Destruction of skin lesions	2.61	3.66	2.84	1.79	1.53	0.10	6.37	5.55	4.50	4.24	010
17276		A	Destruction of skin lesions	3.22	3.95	3.19	2.04	1.77	0.16	7.33	6.57	5.42	5.15	010
17280		A	Destruction of skin lesions	1.19	2.38	1.80	1.05	0.87	0.05	3.62	3.04	2.29	2.11	010
17281		A	Destruction of skin lesions	1.74	2.77	2.12	1.36	1.16	0.07	4.58	3.93	3.17	2.97	010
17282		A	Destruction of skin lesions	2.06	3.18	2.41	1.53	1.31	0.08	5.32	4.55	3.67	3.45	010
17283		A	Destruction of skin lesions	2.66	3.60	2.81	1.81	1.57	0.11	6.37	5.58	4.58	4.34	010
17284		A	Destruction of skin lesions	3.23	4.05	3.20	2.09	1.84	0.13	7.41	6.56	5.45	5.20	010
17286		A	Destruction of skin lesions	4.45	4.45	3.87	2.52	2.46	0.23	9.13	8.55	7.20	7.14	010
17311		A	Mohs, 1 stage, 1/1n/h/g	6.20	10.79	10.79	3.16	3.16	0.24	17.23	17.23	9.60	9.60	000
17312		A	Mohs addl stage	3.30	6.92	6.92	1.68	1.68	0.13	10.35	10.35	5.11	5.11	ZZZ
17313		A	Mohs, 1 stage, 1/1n	5.56	9.95	9.95	2.83	2.83	0.22	15.73	15.73	8.61	8.61	000
17314		A	Mohs, addl stage, 1/1n	3.06	6.41	6.41	1.55	1.55	0.12	9.59	9.59	4.73	4.73	ZZZ
17315		A	Mohs surg, addl block	0.87	1.15	1.15	0.44	0.44	0.03	2.05	2.05	1.34	1.34	ZZZ
17340		A	Cryotherapy of skin	0.76	0.34	0.36	0.36	0.36	0.05	1.15	1.17	1.15	1.17	010
17360		A	Skin peel therapy	1.44	1.85	1.54	1.02	0.91	0.06	3.35	3.04	2.52	2.41	010
17380		R	Hair removal by electrolysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
17989		C	Skin tissue procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
19000		A	Drainage of breast lesion	0.84	1.82	1.94	0.23	0.29	0.08	2.74	2.86	1.15	1.21	000
19001		A	Drain breast lesion add-on	0.42	0.23	0.25	0.12	0.14	0.04	0.69	0.71	0.58	0.60	ZZZ

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CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Fa- cility Total	Global
19020		A	Incision of breast lesion	3.74	6.58	6.39	3.02	2.76	0.45	10.77	10.58	7.21	6.95	090
19030		A	Injection for breast x-ray	1.53	2.46	2.76	0.43	0.48	0.09	4.08	4.38	2.05	2.10	000
19100		A	Bx breast percut w/o image	1.27	2.05	2.07	0.33	0.40	0.16	3.48	3.50	1.76	1.83	000
19101		A	Bx breast percut w/image	3.20	4.28	4.45	1.75	1.87	0.39	7.87	8.04	5.34	5.46	010
19102		A	Biopsy of breast, open	2.00	3.22	3.68	0.56	0.64	0.30	5.36	5.82	2.70	2.78	000
19103		A	Bx breast percut w/image	3.69	9.55	11.01	1.01	1.18	0.30	13.54	15.00	5.00	5.17	000
19105		A	Cryosurg ablate fa, each	3.69	45.93	45.93	1.00	1.00	0.30	49.92	49.92	4.99	4.99	000
19110		A	Nipple exploration	4.35	6.35	6.35	3.24	2.96	0.57	11.27	10.85	8.16	7.88	090
19112		A	Excise breast duct fistula	3.72	6.22	6.10	3.14	2.80	0.48	10.42	10.30	7.34	7.00	090
19120		A	Removal of breast lesion	5.84	5.06	4.67	3.36	3.14	0.73	11.63	11.24	9.93	9.71	090
19125		A	Excision, breast lesion	6.59	5.53	4.97	3.64	3.37	0.80	12.92	12.36	11.03	10.76	090
19126		A	Excision, add'l breast lesion	2.93	NA	NA	0.76	0.94	0.38	NA	NA	4.07	4.25	ZZZ
19260		A	Removal of chest wall lesion	17.60	NA	NA	10.26	10.93	2.14	NA	NA	30.00	30.67	090
19271		A	Revision of chest wall	21.86	NA	NA	15.88	17.43	2.63	NA	NA	40.37	41.92	090
19272		A	Extensive chest wall surgery	24.82	NA	NA	16.99	18.45	3.00	NA	NA	44.81	46.27	090
19280		A	Place needle wire, breast	1.27	2.68	2.81	0.36	0.41	0.07	4.02	4.15	1.70	1.75	000
19291		A	Place needle wire, breast	0.63	1.05	1.17	0.18	0.20	0.04	1.72	1.84	0.85	0.87	ZZZ
19295		A	Place breast clip, percut	0.00	2.19	2.57	0.00	2.02	0.01	2.20	2.58	0.01	2.03	ZZZ
19296		A	Place po breast cath for rad	3.63	83.51	114.92	1.20	1.45	0.36	87.50	118.91	5.19	5.44	000
19297		A	Place breast cath for rad	1.72	NA	NA	0.47	0.60	0.17	NA	NA	2.36	2.49	ZZZ
19298		A	Place breast rad tube/caths	6.00	23.09	37.39	2.20	2.36	0.43	29.52	43.82	8.63	8.79	000
19300		A	Removal of breast tissue	5.20	7.95	7.34	3.82	3.60	0.69	13.84	13.23	9.71	9.39	000
19301		A	Partial mastectomy	6.03	NA	NA	3.60	3.47	0.79	NA	NA	10.42	10.29	090
19302		A	P-mastectomy w/in removal	13.88	NA	NA	6.15	6.29	1.80	NA	NA	21.83	21.97	090
19303		A	Mast, simple, complete	15.67	NA	NA	7.00	5.52	1.18	NA	NA	23.85	22.37	090
19304		A	Mast, subq	7.81	NA	NA	4.93	4.80	1.04	NA	NA	13.78	13.65	090
19305		A	Mast, radical	17.23	NA	NA	8.16	8.01	1.93	NA	NA	27.32	27.17	090
19306		A	Mast, rad, urban type	17.85	NA	NA	8.62	8.33	2.08	NA	NA	28.55	28.26	090
19307		A	Mast, mod rad	17.95	NA	NA	8.77	8.34	2.13	NA	NA	28.85	28.42	090
19316		A	Suspension of breast	10.98	NA	NA	7.28	7.45	1.64	NA	NA	19.90	20.07	090
19318		A	Reduction of large breast	15.91	NA	NA	10.25	10.94	2.93	NA	NA	29.09	29.78	090
19324		A	Enlarge breast	6.65	NA	NA	4.69	4.84	0.84	NA	NA	12.18	12.33	090
19325		A	Enlarge breast with implant	8.52	NA	NA	6.62	6.55	1.33	NA	NA	16.47	16.40	090
19328		A	Removal of breast implant	6.35	NA	NA	5.13	5.05	0.91	NA	NA	12.39	12.31	090
19330		A	Removal of implant material	8.39	NA	NA	6.34	6.11	1.26	NA	NA	15.99	15.76	090
19340		A	Immediate breast prosthesis	6.32	NA	NA	2.96	3.07	1.06	NA	NA	10.34	10.45	ZZZ
19342		A	Delayed breast prosthesis	12.40	NA	NA	9.23	9.00	1.84	NA	NA	23.47	23.24	090
19350		A	Breast reconstruction	8.99	10.09	12.90	6.77	7.07	1.41	20.49	23.30	17.17	17.47	090
19355		A	Correct inverted nipple(s)	8.37	7.85	9.65	5.03	4.78	0.92	17.14	18.94	14.32	14.07	090
19357		A	Breast reconstruction	20.57	NA	NA	15.91	15.69	2.94	NA	NA	39.42	39.20	090
19361		A	Breast reconstr w/lat flap	23.17	NA	NA	17.30	13.85	2.93	NA	NA	43.40	39.75	090
19364		A	Breast reconstruction	42.40	NA	NA	23.56	23.55	6.24	NA	NA	72.20	72.19	090
19366		A	Breast reconstruction	21.70	NA	NA	10.28	11.26	3.25	NA	NA	35.23	36.21	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional RVUs	Year 2007 Transi- tional Fac- ility PE RVUs	Main-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Fac- ility Total	Global
19367		A	Breast reconstruction	26.59	NA	NA	15.75	16.46	4.04	NA	NA	NA	46.38	47.09	090
19368		A	Breast reconstruction	33.61	NA	NA	18.79	18.89	5.54	NA	NA	NA	57.94	58.04	090
19369		A	Breast reconstruction	31.02	NA	NA	16.41	17.90	4.51	NA	NA	NA	51.94	53.43	090
19370		A	Surgery of breast capsule	8.99	NA	NA	7.02	6.93	1.29	NA	NA	NA	17.30	17.21	090
19371		A	Removal of breast capsule	10.42	NA	NA	7.92	7.85	1.62	NA	NA	NA	19.96	19.89	090
19380		A	Revise breast reconstruction	10.21	NA	NA	7.85	7.74	1.44	NA	NA	NA	19.50	19.39	090
19396		A	Design custom breast implant	2.17	4.54	1.95	1.27	1.06	0.30	7.01	4.42	4.42	3.74	3.53	000
19489		C	Breast surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
20000		A	Incision of abscess	2.14	2.78	2.71	1.53	1.68	0.25	5.17	5.10	3.92	4.07	4.07	010
20005		A	Incision of deep abscess	3.55	3.70	3.54	2.04	2.20	0.46	7.71	7.55	6.05	6.05	6.21	010
20100		A	Explore wound, neck	10.33	NA	NA	3.67	4.26	1.21	NA	NA	NA	15.21	15.80	010
20101		A	Explore wound, chest	3.22	6.37	6.03	1.51	1.59	0.44	10.03	9.69	5.17	5.25	5.25	010
20102		A	Explore wound, abdomen	3.95	6.89	7.32	1.85	1.89	0.49	11.33	11.76	6.29	6.29	6.33	010
20103		A	Explore wound, extremity	5.31	7.68	8.36	2.75	3.23	0.75	13.74	14.42	8.81	9.29	9.29	010
20150		A	Excise epiphyseal bar	14.60	NA	NA	7.81	7.23	2.04	NA	NA	NA	24.45	23.87	090
20200		A	Muscle biopsy	1.46	3.13	3.06	0.70	0.74	0.23	4.82	4.75	2.39	2.39	2.39	000
20205		A	Deep muscle biopsy	2.35	3.81	3.87	1.11	1.17	0.33	6.49	6.55	3.79	3.85	3.85	000
20206		A	Needle biopsy, muscle	0.99	4.99	6.12	0.50	0.60	0.07	6.05	6.05	7.18	1.56	1.66	000
20220		A	Bone biopsy, trocar/needle	1.27	2.59	4.07	0.61	0.75	0.08	3.94	5.42	1.96	1.96	2.10	000
20225		A	Bone biopsy, trocar/needle	1.87	12.62	21.49	0.99	1.10	0.22	14.71	23.58	3.19	3.19	3.19	000
20240		A	Bone biopsy, excisional	3.25	NA	NA	2.09	2.44	0.44	NA	NA	NA	5.78	6.13	010
20245		A	Bone biopsy, excisional	8.77	NA	NA	5.82	6.38	1.31	NA	NA	NA	15.90	16.46	010
20250		A	Open bone biopsy	5.16	NA	NA	3.73	3.56	1.02	NA	NA	NA	10.75	10.94	010
20251		A	Open bone biopsy	5.69	NA	NA	3.91	4.10	1.15	NA	NA	NA	10.75	10.94	010
20500		A	Injection of sinus tract	1.25	1.27	2.01	0.83	1.36	0.12	2.64	3.38	3.38	2.20	2.73	010
20501		A	Inject sinus tract for x-ray	0.76	2.22	2.74	0.22	0.24	0.04	3.02	3.54	3.54	1.02	1.04	000
20520		A	Removal of foreign body	1.87	2.58	2.83	1.45	1.68	0.21	4.66	4.91	4.91	3.53	3.76	010
20525		A	Removal of foreign body	3.51	7.05	8.62	2.21	2.52	0.51	11.07	12.64	12.64	6.23	6.54	010
20526		A	Ther injection, carp tunnel	0.94	0.82	0.93	0.42	0.50	0.13	1.89	2.00	2.00	1.49	1.57	000
20550		A	Inj tendon sheath/ligament	0.75	0.63	0.69	0.29	0.25	0.09	1.47	1.53	1.13	1.09	1.09	000
20551		A	Inj tendon origin/insertion	0.75	0.63	0.67	0.29	0.32	0.08	1.46	1.46	1.12	1.12	1.15	000
20552		A	Inj trigger point, 1/2 muscul	0.66	0.58	0.69	0.25	0.21	0.05	1.29	1.40	1.40	0.96	0.92	000
20553		A	Inject trigger points, => 3	0.75	0.64	0.78	0.27	0.23	0.04	1.43	1.57	1.57	1.06	1.02	000
20600		A	Drain/inject, joint/bursa	0.66	0.67	0.66	0.32	0.34	0.08	1.41	1.40	1.08	1.08	1.08	000
20605		A	Drain/inject, joint/bursa	0.68	0.74	0.76	0.33	0.35	0.08	1.50	1.52	1.09	1.11	1.11	000
20610		A	Drain/inject, joint/bursa	0.79	1.06	0.98	0.40	0.42	0.11	1.96	1.88	1.30	1.32	1.32	000
20612		A	Aspirate/inj ganglion cyst	0.70	0.71	0.70	0.32	0.35	0.10	1.50	1.50	1.12	1.12	1.15	000
20615		A	Treatment of bone cyst	2.30	2.70	3.31	1.41	1.73	0.20	5.81	5.81	3.91	3.91	4.23	010
20650		A	Insert and remove bone pin	2.25	2.51	2.40	1.49	1.54	0.31	5.07	4.96	4.05	4.05	4.10	010
20660		A	Apply, rem fixation device	2.51	3.39	3.14	1.52	1.59	0.59	6.49	6.24	4.62	4.62	4.69	000
20661		A	Application of head brace	5.14	NA	NA	6.03	5.19	1.14	NA	NA	NA	12.31	11.47	090
20662		A	Application of pelvis brace	6.28	NA	NA	4.89	5.36	0.58	NA	NA	NA	11.71	12.18	090
20663		A	Application of thigh brace	5.62	NA	NA	5.17	4.92	0.94	NA	NA	NA	11.73	11.48	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im-plement- ed Non-Facility PE RVUs	Year 2007 Transi- tional Non-Facility PE RVUs	Fully Im-plement- ed Facility PE RVUs	Year 2007 Transi- tional Facility RVUs	Mal-Prac- tice RVUs	Fully Im-plement- ed Non-Facility Total	Year 2007 Transi- tional Non-Facility Total	Fully Im-plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
20664		A	Halo brace application	9.86	NA	NA	8.19	7.33	1.75	NA	NA	19.80	18.94	090
20665		A	Removal of fixation device	1.33	1.45	1.98	1.03	1.27	0.19	2.97	3.50	2.55	2.79	010
20670		A	Removal of support implant	1.76	6.65	10.32	1.69	2.00	0.28	8.69	12.36	3.73	4.04	010
20680		A	Removal of support-implant	5.90	8.16	8.63	4.11	3.82	0.56	14.62	15.09	10.57	10.28	090
20689		A	Apply bone fixation device	3.67	NA	NA	2.29	2.46	0.59	NA	NA	6.55	6.72	090
20692		A	Apply bone fixation device	6.40	NA	NA	3.30	3.65	0.98	NA	NA	10.75	11.10	090
20693		A	Adjust bone fixation device	5.97	NA	NA	4.54	5.22	0.98	NA	NA	11.49	12.17	090
20694		A	Remove bone fixation device	4.20	5.35	6.69	3.57	3.92	0.71	10.26	11.60	8.48	8.83	090
20802		A	Replantation, arm, complete	42.30	NA	NA	24.78	21.91	3.82	NA	NA	70.90	68.03	090
20805		A	Replant forearm, complete	51.14	NA	NA	26.11	32.26	4.85	NA	NA	82.10	88.25	090
20808		A	Replantation hand, complete	62.77	NA	NA	39.72	41.60	6.88	NA	NA	109.37	111.25	090
20816		A	Replantation digit, complete	31.74	NA	NA	24.63	34.50	4.53	NA	NA	60.90	70.77	090
20822		A	Replantation digit, complete	26.42	NA	NA	22.54	31.58	4.19	NA	NA	53.15	62.19	090
20824		A	Replantation thumb, complete	31.74	NA	NA	25.93	33.89	4.62	NA	NA	62.29	70.25	090
20827		A	Replantation thumb, complete	27.24	NA	NA	24.10	33.38	3.67	NA	NA	55.01	64.29	090
20838		A	Replantation foot, complete	42.56	NA	NA	13.52	20.09	1.12	NA	NA	57.20	63.77	090
20900		A	Removal of bone for graft	5.77	9.30	8.65	4.97	5.50	0.94	16.01	15.36	11.68	12.21	090
20902		A	Removal of bone for graft	7.98	NA	NA	5.87	6.63	1.30	NA	NA	15.15	15.91	090
20910		A	Remove cartilage for graft	5.41	NA	NA	4.69	5.06	0.71	NA	NA	10.81	11.18	090
20912		A	Remove cartilage for graft	6.42	NA	NA	4.76	5.53	0.69	NA	NA	11.87	12.64	090
20920		A	Removal of fascia for graft	5.42	NA	NA	4.40	4.27	0.66	NA	NA	10.48	10.35	090
20922		A	Removal of fascia for graft	6.84	7.57	7.55	5.02	4.91	0.70	15.11	15.09	12.56	12.45	090
20924		A	Removal of tendon for graft	6.59	NA	NA	5.04	5.67	1.04	NA	NA	12.67	13.30	090
20926		A	Removal of tissue for graft	5.70	NA	NA	4.44	4.67	0.87	NA	NA	11.01	11.24	090
20930		B	Spinal bone allograft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20931		A	Spinal bone allograft	1.81	NA	NA	0.70	0.87	0.43	NA	NA	2.94	3.11	XXX
20936		B	Spinal bone autograft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20937		A	Spinal bone autograft	2.79	NA	NA	1.11	1.37	0.54	NA	NA	4.44	4.70	ZZZ
20938		A	Spinal bone autograft	3.02	NA	NA	1.18	1.47	0.64	NA	NA	4.84	5.13	ZZZ
20950		A	Fluid pressure, muscle	1.26	4.14	6.17	0.88	0.96	0.20	5.60	7.63	2.34	2.42	000
20955		A	Fibula bone graft, microvasc	40.02	NA	NA	18.50	22.83	4.90	NA	NA	63.42	67.75	090
20956		A	Iliac bone graft, microvasc	40.93	NA	NA	20.95	23.79	7.03	NA	NA	68.91	71.75	090
20957		A	Mt bone graft, microvasc	42.33	NA	NA	19.65	19.12	7.07	NA	NA	69.05	68.52	090
20962		A	Other bone graft, microvasc	39.21	NA	NA	21.46	25.26	6.57	NA	NA	67.24	71.04	090
20969		A	Bone/skin graft, microvasc	45.11	NA	NA	20.79	25.17	4.80	NA	NA	70.70	75.08	090
20970		A	Bone/skin graft, iliac crest	44.26	NA	NA	20.52	24.17	6.62	NA	NA	71.40	75.05	090
20972		A	Bone/skin graft, metatarsal	44.19	NA	NA	17.83	19.89	5.32	NA	NA	67.34	69.40	090
20973		A	Bone/skin graft, great toe	46.95	NA	NA	15.20	22.67	5.56	NA	NA	67.71	75.18	090
20974		A	Electrical bone stimulation	0.62	0.99	0.77	0.49	0.53	0.11	1.72	1.50	1.22	1.26	000
20975		A	Electrical bone stimulation	2.60	NA	NA	1.49	1.66	0.51	NA	NA	4.60	4.77	000
20979		A	US bone stimulation	0.62	0.58	0.75	0.20	0.31	0.09	1.29	1.46	0.91	1.02	000
20982		A	Ablate, bone tumor(s) perq	7.27	78.40	101.76	2.35	2.82	0.69	86.36	109.72	10.31	10.78	000
20999		C	Musculoskeletal surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Year 2007 Transitional Facility Total	Year 2007 Transitional Facility Total	Global
21010	A	Incision of jaw joint	10.90	NA	NA	5.97	6.81	NA	17.98	090
21015	A	Resection of facial tumor	5.59	NA	NA	4.35	4.85	NA	10.64	090
21025	A	Excision of bone, lower jaw	11.07	12.54	12.32	8.77	9.21	24.71	21.60	090
21026	A	Excision of facial bone(s)	5.54	8.74	8.08	5.89	6.21	14.22	12.35	090
21029	A	Contour of face bone lesion	8.26	9.34	9.36	6.37	6.85	18.56	16.05	090
21030	A	Excise max/zygoma b9 tumor	4.80	7.20	6.55	4.71	4.95	11.89	10.29	090
21031	A	Remove exostosis, mandible	3.26	5.98	5.37	3.53	3.60	9.72	7.34	090
21032	A	Remove exostosis, maxilla	3.28	6.07	5.52	3.40	3.48	9.82	7.23	090
21034	A	Excise max/zygoma mig tumor	17.17	13.31	15.27	9.67	11.91	34.16	30.80	090
21040	A	Excise mandible lesion	4.80	7.27	6.61	4.71	4.72	12.61	10.05	090
21044	A	Removal of jaw bone lesion	12.61	NA	NA	7.60	8.93	NA	21.33	090
21045	A	Extensive jaw surgery	18.13	NA	NA	10.18	11.81	NA	29.83	090
21046	A	Remove mandible cyst complex	13.97	NA	NA	11.72	11.86	NA	27.55	090
21047	A	Excise lwr jaw cyst w/repair	19.83	NA	NA	9.92	12.56	NA	31.88	090
21048	A	Remove maxilla cyst complex	14.47	NA	NA	11.48	11.97	NA	27.72	090
21049	A	Excis uppr jaw cyst w/repair	19.08	NA	NA	9.25	12.08	NA	29.92	090
21050	A	Removal of jaw joint	11.54	NA	NA	8.28	9.15	NA	21.29	090
21060	A	Remove jaw joint cartilage	10.91	NA	NA	7.61	8.36	NA	19.90	090
21070	A	Remove coronoid process	8.50	NA	NA	6.21	6.88	NA	15.98	090
21076	A	Prepare face/oral prosthesis	13.40	7.97	11.26	4.90	8.73	20.37	20.30	010
21077	A	Prepare face/oral prosthesis	33.70	18.75	28.19	12.57	22.64	57.01	50.83	090
21079	A	Prepare face/oral prosthesis	22.31	13.89	19.60	8.45	14.98	39.36	33.92	090
21080	A	Prepare face/oral prosthesis	25.06	16.10	22.39	9.41	16.87	44.91	51.20	090
21081	A	Prepare face/oral prosthesis	22.85	14.84	20.44	8.66	15.28	40.90	34.72	090
21082	A	Prepare face/oral prosthesis	20.84	15.02	18.26	8.57	13.94	38.98	42.22	090
21083	A	Prepare face/oral prosthesis	19.27	14.79	17.79	8.05	12.84	36.95	39.95	090
21084	A	Prepare face/oral prosthesis	22.48	16.37	20.92	8.99	15.52	41.04	45.59	090
21085	A	Prepare face/oral prosthesis	8.99	6.90	7.94	3.64	6.00	17.16	16.26	010
21086	A	Prepare face/oral prosthesis	24.88	12.93	21.04	8.82	16.78	41.53	49.64	090
21087	A	Prepare face/oral prosthesis	24.88	13.17	20.75	9.02	16.65	41.50	49.08	090
21088	C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
21089	C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
21100	A	Maxillofacial fixation	4.56	13.76	12.09	5.11	4.83	18.66	10.01	090
21110	A	Interdental fixation	5.80	13.27	10.49	9.91	8.75	19.79	17.01	090
21116	A	Injection, jaw joint x-ray	0.81	2.38	3.84	0.21	0.30	4.71	1.08	000
21120	A	Reconstruction of chin	4.99	10.09	10.46	6.96	7.36	16.05	12.95	090
21121	A	Reconstruction of chin	7.70	10.63	9.96	7.56	7.76	18.56	16.16	090
21122	A	Reconstruction of chin	8.59	NA	NA	7.75	8.40	NA	17.41	090
21123	A	Reconstruction of chin	11.22	NA	NA	10.14	10.64	NA	23.26	090
21125	A	Augmentation, lower jaw bone	10.68	68.54	58.55	7.14	8.03	80.01	18.61	090
21127	A	Augmentation, lower jaw bone	12.24	87.23	53.91	8.01	9.09	100.99	67.67	090
21137	A	Reduction of forehead	10.12	NA	NA	6.43	7.41	NA	17.87	090
21138	A	Reduction of forehead	12.73	NA	NA	8.83	9.36	NA	23.31	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS 2	Mod	Status	Description	Physician Work RVUs 3	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Facility PE RVUs 1	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Facility Total	Global
21139	A	Reduction of forehead	14.90	NA	NA	8.50	10.42	1.18	NA	NA	24.58	26.50	090
21141	A	Reconstruct midface, left	19.27	NA	NA	11.69	13.16	2.36	NA	NA	33.32	34.79	090
21142	A	Reconstruct midface, left	19.98	NA	NA	10.64	12.28	2.39	NA	NA	33.01	34.65	090
21143	A	Reconstruct midface, left	20.75	NA	NA	8.80	12.93	1.66	NA	NA	31.21	35.34	090
21145	A	Reconstruct midface, left	23.64	NA	NA	12.72	13.61	2.85	NA	NA	39.21	40.10	090
21146	A	Reconstruct midface, left	24.54	NA	NA	9.16	13.79	3.10	NA	NA	36.80	41.43	090
21147	A	Reconstruct midface, left	26.14	NA	NA	13.75	14.73	1.85	NA	NA	41.74	42.72	090
21150	A	Reconstruct midface, left	25.78	NA	NA	13.05	15.83	2.56	NA	NA	41.39	44.17	090
21151	A	Reconstruct midface, left	28.84	NA	NA	11.57	20.11	2.31	NA	NA	42.72	51.26	090
21154	A	Reconstruct midface, left	31.05	NA	NA	21.78	22.79	2.49	NA	NA	55.32	56.33	090
21155	A	Reconstruct midface, left	34.98	NA	NA	13.28	21.24	6.66	NA	NA	54.92	62.88	090
21159	A	Reconstruct midface, left	42.90	NA	NA	15.10	25.59	8.20	NA	NA	66.20	76.69	090
21160	A	Reconstruct midface, left	46.95	NA	NA	24.15	26.64	4.14	NA	NA	75.24	77.73	090
21172	A	Reconstruct orbit/forehead	28.07	NA	NA	13.88	13.78	3.56	NA	NA	45.51	45.41	090
21175	A	Reconstruct orbit/forehead	33.43	NA	NA	13.17	16.64	4.84	NA	NA	51.44	54.91	090
21179	A	Reconstruct entire forehead	22.53	NA	NA	11.17	13.39	2.81	NA	NA	36.51	38.73	090
21180	A	Reconstruct entire forehead	25.46	NA	NA	12.78	14.73	3.49	NA	NA	41.73	43.68	090
21181	A	Contour cranial bone lesion	10.18	NA	NA	7.10	7.37	1.32	NA	NA	18.60	18.87	090
21182	A	Reconstruct cranial bone	32.45	NA	NA	14.40	17.93	2.81	NA	NA	49.66	53.19	090
21183	A	Reconstruct cranial bone	35.57	NA	NA	15.57	19.52	4.48	NA	NA	55.62	59.57	090
21184	A	Reconstruct cranial bone	38.49	NA	NA	21.42	21.81	5.72	NA	NA	65.63	66.02	090
21188	A	Reconstruction of midface	22.87	NA	NA	14.93	17.89	1.70	NA	NA	39.60	42.56	090
21193	A	Reconst lwr jaw w/o graft	18.65	NA	NA	9.93	11.97	2.24	NA	NA	30.82	32.86	090
21194	A	Reconst lwr jaw w/graft	21.54	NA	NA	11.48	13.18	2.03	NA	NA	35.05	36.75	090
21195	A	Reconst lwr jaw w/o fixation	18.88	NA	NA	13.47	14.48	1.64	NA	NA	33.99	35.00	090
21196	A	Reconst lwr jaw w/fixation	20.55	NA	NA	13.41	15.12	2.08	NA	NA	36.04	37.75	090
21198	A	Reconst lwr jaw segment	15.48	NA	NA	11.21	12.33	1.44	NA	NA	28.13	29.25	090
21199	A	Reconst lwr jaw w/advance	16.62	NA	NA	6.96	8.57	1.39	NA	NA	24.97	26.58	090
21206	A	Reconstruct upper jaw bone	15.36	NA	NA	11.25	12.29	1.33	NA	NA	27.94	28.98	090
21208	A	Augmentation of facial bones	11.15	32.41	24.85	7.83	9.14	1.09	44.65	37.09	20.07	21.38	090
21209	A	Reduction of facial bones	7.58	12.40	11.20	7.52	7.93	0.90	20.88	19.68	16.00	16.41	090
21210	A	Face bone graft	11.40	43.70	29.58	8.81	8.97	1.30	56.40	42.28	20.51	21.67	090
21215	A	Lower jaw bone graft	11.94	86.14	52.95	8.10	9.05	1.53	99.61	66.42	21.57	22.52	090
21230	A	Rib cartilage graft	11.06	NA	NA	6.94	7.77	1.29	NA	NA	19.29	20.12	090
21235	A	Ear cartilage graft	7.31	9.88	9.85	6.05	6.32	0.61	17.80	17.77	13.97	14.24	090
21240	A	Reconstruction of jaw joint	15.77	NA	NA	9.64	11.45	2.25	NA	NA	27.66	28.47	090
21242	A	Reconstruction of jaw joint	14.32	NA	NA	8.95	10.87	1.79	NA	NA	25.06	26.98	090
21243	A	Reconstruction of jaw joint	24.03	NA	NA	14.17	16.62	3.26	NA	NA	41.46	43.91	090
21244	A	Reconstruction of lower jaw	13.35	NA	NA	11.07	11.84	1.25	NA	NA	25.67	26.44	090
21245	A	Reconstruction of jaw	12.88	13.48	14.17	8.14	9.42	1.19	27.55	28.24	22.21	23.49	090
21246	A	Reconstruction of jaw	24.05	NA	NA	6.81	8.48	1.35	NA	NA	20.94	22.61	090
21247	A	Reconstruct lower jaw bone	24.05	NA	NA	12.11	16.04	2.84	NA	NA	39.00	42.93	090
21248	A	Reconstruction of jaw	12.54	12.64	12.26	7.59	8.95	1.55	26.73	26.35	21.68	23.04	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Facility RVUs	Mail-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Facility Total	Global
21249	A	Reconstruction of jaw	18.57	16.25	16.60	10.10	12.04	2.49	37.31	37.66	31.6	33.10	090
21255	A	Reconstruct lower jaw bone	18.14	NA	NA	13.51	15.48	2.39	NA	NA	34.04	36.01	090
21256	A	Reconstruction of orbit	17.42	NA	NA	9.98	11.36	1.50	NA	NA	28.90	30.28	090
21260	A	Revise eye sockets	17.74	NA	NA	9.39	11.92	0.97	NA	NA	28.10	30.63	090
21261	A	Revise eye sockets	33.78	NA	NA	14.69	21.85	3.43	NA	NA	51.90	59.06	090
21263	A	Revise eye sockets	30.45	NA	NA	13.99	17.80	2.63	NA	NA	47.34	51.15	090
21267	A	Revise eye sockets	20.42	NA	NA	16.34	18.91	1.71	NA	NA	38.50	41.07	090
21268	A	Revise eye sockets	26.78	NA	NA	16.04	19.17	3.66	NA	NA	46.48	49.61	090
21270	A	Augmentation, cheek bone	11.23	11.55	11.55	5.99	6.94	0.72	22.47	22.79	20.52	18.18	090
21275	A	Revision, orbitofacial bones	11.65	NA	NA	7.58	8.02	0.90	NA	NA	20.52	20.96	090
21280	A	Revision of eyelid	6.92	NA	NA	5.91	5.92	0.42	NA	NA	13.25	13.26	090
21282	A	Revision of eyelid	4.11	NA	NA	4.30	4.44	0.26	NA	NA	8.67	8.81	090
21295	A	Revision of jaw muscle/bone	1.82	NA	NA	2.61	2.55	0.16	NA	NA	4.59	4.53	090
21296	A	Revision of jaw muscle/bone	4.67	NA	NA	5.49	5.06	0.34	NA	NA	10.50	10.07	090
21299	C	Cranio/maxillofacial surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21310	A	Treatment of nose fracture	0.58	1.96	2.20	0.11	0.14	0.05	2.59	2.83	0.74	0.77	000
21315	A	Treatment of nose fracture	1.78	4.42	4.29	1.67	1.83	0.14	6.39	6.21	3.59	3.57	010
21320	A	Treatment of nose fracture	1.86	4.06	3.95	1.27	1.53	0.18	6.10	5.99	3.31	3.57	010
21325	A	Treatment of nose fracture	4.07	NA	NA	6.79	8.16	0.31	NA	NA	11.17	12.54	090
21330	A	Treatment of nose fracture	5.68	NA	NA	7.52	9.16	0.56	NA	NA	13.76	15.40	090
21335	A	Treatment of nose fracture	8.91	NA	NA	7.84	9.18	0.74	NA	NA	17.49	18.83	090
21336	A	Treat nasal septal fracture	6.56	NA	NA	8.24	9.27	0.55	NA	NA	15.35	16.38	090
21337	A	Treat nasal septal fracture	3.26	5.91	6.07	3.41	3.53	0.28	9.45	9.61	6.95	7.07	090
21338	A	Treat nasosethmoid fracture	6.76	NA	NA	9.73	12.95	0.82	NA	NA	17.31	20.53	090
21339	A	Treat nasosethmoid fracture	8.39	NA	NA	10.80	13.13	0.96	NA	NA	20.15	22.48	090
21340	A	Treatment of sinus fracture	11.33	NA	NA	7.21	8.10	1.15	NA	NA	19.69	20.56	090
21343	A	Treatment of sinus fracture	14.11	NA	NA	12.68	14.77	1.47	NA	NA	28.26	30.35	090
21344	A	Treatment of sinus fracture	21.36	NA	NA	13.37	15.72	2.44	NA	NA	37.17	39.52	090
21345	A	Treat nose/jaw fracture	8.87	9.76	9.92	6.07	6.90	0.92	19.55	19.61	15.86	16.89	090
21346	A	Treat nose/jaw fracture	11.29	NA	NA	10.87	11.87	1.21	NA	NA	23.37	24.37	090
21347	A	Treat nose/jaw fracture	13.37	NA	NA	11.73	15.08	1.47	NA	NA	26.57	29.92	090
21348	A	Treat nose/jaw fracture	17.36	NA	NA	6.29	9.91	2.49	NA	NA	26.14	29.76	090
21355	A	Treat cheek bone fracture	4.32	5.63	6.08	3.04	3.37	0.34	10.29	10.74	7.70	8.03	010
21356	A	Treat cheek bone fracture	4.70	6.84	7.05	3.99	4.41	0.46	12.00	12.21	9.15	9.56	010
21360	A	Treat cheek bone fracture	7.03	NA	NA	5.35	5.79	0.74	NA	NA	13.12	13.57	090
21365	A	Treat cheek bone fracture	16.52	NA	NA	9.11	10.40	1.70	NA	NA	27.33	28.62	090
21366	A	Treat cheek bone fracture	18.44	NA	NA	10.46	11.11	2.50	NA	NA	31.40	32.05	090
21385	A	Treat eye socket fracture	9.46	NA	NA	7.01	7.96	0.97	NA	NA	17.44	18.39	090
21386	A	Treat eye socket fracture	9.46	NA	NA	5.86	6.77	0.97	NA	NA	16.29	17.20	090
21387	A	Treat eye socket fracture	10.00	NA	NA	7.38	8.56	1.08	NA	NA	18.46	19.64	090
21390	A	Treat eye socket fracture	11.07	NA	NA	7.17	7.64	0.90	NA	NA	19.14	19.61	090
21395	A	Treat eye socket fracture	14.62	NA	NA	7.96	8.76	1.44	NA	NA	24.02	24.82	090
21400	A	Treat eye socket fracture	1.44	2.74	2.64	1.98	1.90	0.15	4.33	4.23	3.57	3.49	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Facility RVUs	Mat-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Facility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Facility Total	Global
21401	A	Treat eye socket fracture	3.57	7.24	7.80	3.15	3.41	0.38	11.19	11.75	7.10	7.36	090
21406	A	Treat eye socket fracture	7.31	NA	NA	5.17	5.85	0.73	NA	NA	13.21	13.89	090
21407	A	Treat eye socket fracture	8.91	NA	NA	5.99	6.64	0.94	NA	NA	15.84	16.49	090
21408	A	Treat eye socket fracture	12.67	NA	NA	8.08	8.68	1.44	NA	NA	22.19	22.79	090
21421	A	Treat mouth roof fracture	5.80	12.12	10.03	9.01	8.49	0.73	18.65	16.56	15.54	15.02	090
21422	A	Treat mouth roof fracture	8.62	NA	NA	6.88	7.78	0.99	NA	NA	16.49	17.39	090
21423	A	Treat mouth roof fracture	10.71	NA	NA	7.41	8.84	1.27	NA	NA	19.39	20.82	090
21431	A	Treat craniofacial fracture	7.74	NA	NA	9.40	9.49	0.70	NA	NA	17.84	17.93	090
21432	A	Treat craniofacial fracture	8.76	NA	NA	7.26	7.86	0.81	NA	NA	16.83	17.43	090
21433	A	Treat craniofacial fracture	26.13	NA	NA	15.44	15.44	2.79	NA	NA	44.36	44.36	090
21435	A	Treat craniofacial fracture	20.02	NA	NA	10.73	12.21	1.99	NA	NA	32.74	34.22	090
21436	A	Treat craniofacial fracture	30.01	NA	NA	14.45	17.28	3.10	NA	NA	47.56	50.39	090
21440	A	Treat dental ridge fracture	3.28	10.30	7.90	7.65	6.53	0.38	13.96	11.56	11.31	10.19	090
21445	A	Treat dental ridge fracture	6.04	12.49	10.44	8.65	8.44	0.78	19.31	17.26	15.47	15.26	090
21450	A	Treat lower jaw fracture	3.55	10.39	8.13	7.65	7.07	0.33	14.27	12.01	11.53	10.95	090
21451	A	Treat lower jaw fracture	5.46	12.93	10.25	9.65	8.71	0.63	19.02	16.34	15.74	14.80	090
21452	A	Treat lower jaw fracture	2.29	11.74	12.70	5.90	4.93	0.27	14.30	15.26	8.46	7.49	090
21453	A	Treat lower jaw fracture	6.40	14.76	11.75	11.63	10.96	0.74	21.90	18.89	18.77	18.10	090
21454	A	Treat lower jaw fracture	7.17	NA	NA	5.76	6.14	0.82	NA	NA	13.75	14.13	090
21461	A	Treat lower jaw fracture	9.07	41.16	28.64	12.67	12.66	0.98	51.21	38.69	22.72	22.71	090
21462	A	Treat lower jaw fracture	10.77	42.36	31.30	13.25	12.85	1.27	54.40	43.34	25.29	24.89	090
21465	A	Treat lower jaw fracture	12.88	NA	NA	8.42	9.46	1.50	NA	NA	22.80	23.84	090
21470	A	Treat lower jaw fracture	17.24	NA	NA	10.26	11.58	1.97	NA	NA	29.47	30.79	090
21480	A	Reset dislocated jaw	0.61	1.50	1.70	0.18	0.19	0.06	2.17	2.37	0.85	0.86	000
21485	A	Reset dislocated jaw	4.58	12.19	9.21	9.19	8.04	0.51	17.28	14.30	14.28	13.13	090
21490	A	Repair dislocated jaw	12.71	NA	NA	7.95	9.26	1.97	NA	NA	22.63	23.94	090
21495	A	Treat hyoid bone fracture	6.55	NA	NA	9.65	8.73	0.46	NA	NA	16.66	15.74	090
21497	A	Interdental wiring	0.45	11.98	9.33	9.18	8.03	0.50	16.93	14.28	14.13	12.98	090
21499	C	Head surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21501	A	Drain neck/chest lesion	3.87	6.39	6.41	3.44	3.73	0.43	10.69	10.71	7.74	8.03	090
21502	A	Drain chest lesion	7.43	NA	NA	4.78	5.42	0.97	NA	NA	13.18	13.82	090
21510	A	Drainage of bone lesion	6.06	NA	NA	4.74	5.43	0.80	NA	NA	11.60	12.29	090
21550	A	Biopsy of neck/chest	2.08	4.26	3.75	1.73	1.72	0.16	6.50	5.99	3.97	3.96	010
21555	A	Remove lesion, neck/chest	4.40	5.74	5.57	3.41	3.25	0.56	10.70	10.53	8.37	8.21	090
21556	A	Remove lesion, neck/chest	5.63	NA	NA	4.02	4.08	0.65	NA	NA	10.30	10.36	090
21557	A	Remove tumor, neck/chest	8.91	NA	NA	4.46	5.13	1.08	NA	NA	14.45	15.12	090
21600	A	Partial removal of rib	7.14	NA	NA	5.82	5.75	0.99	NA	NA	13.95	13.88	090
21610	A	Removal of rib	15.76	NA	NA	8.21	3.08	3.08	NA	NA	27.05	27.54	090
21615	A	Removal of rib	10.31	NA	NA	5.47	6.38	1.45	NA	NA	17.23	18.14	090
21616	A	Removal of rib and nerves	12.54	NA	NA	7.12	7.80	1.87	NA	NA	21.53	22.21	090
21620	A	Partial removal of sternum	7.16	NA	NA	4.90	5.70	0.98	NA	NA	13.84	13.84	090
21627	A	Sternal debridement	7.18	NA	NA	5.64	6.14	1.02	NA	NA	13.84	14.34	090
21630	A	Extensive sternum surgery	19.01	NA	NA	10.75	11.57	2.59	NA	NA	32.35	33.17	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

GPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
21632	A	Extensive sternum surgery	19.51	NA	10.73	2.66	9.58	2.66	NA	NA	31.75	32.90	090
21685	A	Hyoid myotomy & suspension	14.89	NA	9.48	1.06	7.99	1.06	NA	NA	23.94	25.43	090
21700	A	Revision of neck muscle	6.23	NA	4.34	0.32	4.03	0.32	NA	NA	10.58	10.89	090
21705	A	Revision of neck muscle/rib	9.83	NA	5.36	1.43	4.71	1.43	NA	NA	15.97	16.62	090
21720	A	Revision of neck muscle	5.72	NA	2.94	0.91	4.36	0.91	NA	NA	10.99	9.57	090
21725	A	Revision of neck muscle	7.10	NA	5.23	1.21	4.60	1.21	NA	NA	12.91	13.54	090
21740	A	Reconstruction of sternum	17.47	NA	8.60	2.37	8.85	2.37	NA	NA	28.69	28.44	090
21742	C	Repair stern/nuss w/o scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
21743	C	Repair sternum/nuss w/scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
21750	A	Repair of sternum separation	11.35	NA	5.94	1.63	5.43	1.63	NA	NA	18.41	18.92	090
21800	A	Treatment of rib fracture	0.98	1.35	1.34	0.09	1.35	0.09	2.42	2.41	2.42	2.41	090
21805	A	Treatment of rib fracture	2.80	NA	3.28	0.38	3.53	0.38	NA	NA	6.71	6.46	090
21810	A	Treatment of rib fracture(s)	6.92	NA	5.21	0.94	5.21	0.94	NA	NA	13.07	12.89	090
21820	A	Treat sternum fracture	1.31	1.80	1.77	0.16	1.80	0.16	3.27	3.29	3.27	3.24	090
21825	A	Treat sternum fracture	7.65	NA	6.16	1.11	5.46	1.11	NA	NA	14.22	14.92	090
21899	C	Neck/chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21920	A	Bopsy soft tissue of back	2.08	4.42	1.58	0.14	1.89	0.14	6.64	5.79	4.11	3.80	010
21925	A	Bopsy soft tissue of back	4.54	5.44	3.29	0.60	3.43	0.60	10.58	10.38	8.57	8.43	090
21930	A	Remove lesion, back or flank	5.06	6.01	3.76	0.66	3.76	0.66	11.73	11.51	9.48	9.21	090
21935	A	Remove tumor, back	18.38	NA	8.60	2.48	8.60	2.48	NA	NA	29.46	30.23	090
22010	A	l&d, p-spine, c/cerv-thor	12.57	NA	7.87	1.74	7.87	1.74	NA	NA	22.18	22.94	090
22015	A	l&d, p-spine, l/s/l/s	12.46	NA	7.83	1.72	7.83	1.72	NA	NA	22.01	22.75	090
22100	A	Remove part of neck vertebra	10.80	NA	8.09	2.14	8.09	2.14	NA	NA	21.03	20.61	090
22101	A	Remove part, thorax vertebra	10.88	NA	7.82	1.91	8.02	1.91	NA	NA	20.81	20.61	090
22102	A	Remove part, lumbar vertebra	10.88	NA	7.27	1.88	7.27	1.88	NA	NA	20.03	20.66	090
22103	A	Remove extra spine segment	2.34	NA	1.13	0.44	0.90	0.44	NA	NA	3.68	3.91	ZZZ
22110	A	Remove part of neck vertebra	13.80	NA	9.17	2.77	9.17	2.77	NA	NA	25.74	25.73	090
22112	A	Remove part, thorax vertebra	13.87	NA	9.02	2.53	9.02	2.53	NA	NA	25.42	25.61	090
22114	A	Remove part, lumbar vertebra	13.87	NA	9.12	2.64	9.12	2.64	NA	NA	25.63	25.73	090
22116	A	Remove extra spine segment	2.32	NA	0.89	1.10	0.89	1.10	NA	NA	3.71	3.92	ZZZ
22210	A	Revision of neck spine	25.13	NA	14.86	5.46	14.86	5.46	NA	NA	45.45	45.86	090
22212	A	Revision of thorax spine	20.74	NA	12.55	3.91	12.55	3.91	NA	NA	37.20	37.74	090
22214	A	Revision of lumbar spine	20.77	NA	12.67	3.92	12.67	3.92	NA	NA	37.36	38.22	090
22216	A	Revise, extra spine segment	6.03	NA	2.39	1.29	2.39	1.29	NA	NA	9.71	10.27	ZZZ
22220	A	Revision of neck spine	22.69	NA	13.56	5.08	13.56	5.08	NA	NA	41.33	41.38	090
22222	A	Revision of thorax spine	22.84	NA	12.30	4.13	12.30	4.13	NA	NA	39.27	38.39	090
22224	A	Revision of lumbar spine	22.84	NA	13.25	4.19	13.25	4.19	NA	NA	40.28	41.01	090
22226	A	Revise, extra spine segment	6.03	NA	2.18	2.86	2.18	2.86	NA	NA	9.50	10.18	ZZZ
22305	A	Treat spine process fracture	2.08	2.15	1.89	0.39	1.89	0.39	4.62	4.74	4.28	4.36	090
22310	A	Treat spine fracture	3.69	3.01	2.40	0.50	2.40	0.50	7.20	7.04	6.72	6.59	090
22315	A	Treat spine fracture	9.91	9.82	7.36	1.86	7.36	1.86	21.59	21.49	19.20	19.13	090
22318	A	Treat odontoid fx w/o graft	22.54	NA	13.42	5.30	13.42	5.30	NA	NA	41.26	41.23	090
22319	A	Treat odontoid fx w/graft	25.15	NA	14.18	6.05	14.18	6.05	NA	NA	45.38	45.78	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity RVUs	Year 2007 Transi- tional Faci- lity RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Faci- lity Total	Year 2007 Transi- tional Non-Fa- cility Total	Global
22325	A	Treat spine fracture	19.62	NA	NA	12.10	12.08	NA	NA	3.88	NA	090
22326	A	Treat neck spine fracture	20.64	NA	NA	12.24	12.59	NA	NA	4.43	NA	090
22327	A	Treat thorax spine fracture	20.52	NA	NA	12.37	12.36	NA	NA	3.99	NA	090
22328	A	Treat each add spine fx	4.60	NA	NA	1.83	2.15	NA	NA	0.94	NA	ZZZ
22505	A	Manipulation of spine	1.87	NA	NA	1.06	0.97	NA	NA	0.36	NA	010
22520	A	Percut vertebroplasty thor	9.17	42.34	56.83	4.84	4.84	67.72	53.23	14.96	15.73	010
22521	A	Percut vertebroplasty lumb	8.60	43.56	52.87	3.90	4.69	63.07	53.76	14.10	14.89	010
22522	A	Percut vertebroplasty add ²	4.30	NA	NA	1.30	1.59	NA	NA	0.82	NA	ZZZ
22523	A	Percut kyphoplasty, thor	9.21	NA	NA	4.69	5.60	NA	NA	1.72	16.53	010
22524	A	Percut kyphoplasty, lumb ²	8.81	NA	NA	4.54	5.40	NA	NA	1.60	14.95	010
22525	A	Percut kyphoplasty, add-on	4.47	NA	NA	1.66	2.12	NA	NA	0.82	7.41	ZZZ
22526	A	Idet, single level	6.07	46.51	46.51	2.08	2.08	53.74	53.74	9.31	9.31	010
22527	A	Idet, 1 or more levels	3.03	39.89	39.89	0.70	0.70	43.50	43.50	4.31	4.31	ZZZ
22532	A	Lat thorax spine fusion	25.81	NA	NA	13.92	14.60	NA	NA	44.08	44.76	090
22533	A	Lat lumbax spine fusion	24.61	NA	NA	13.52	13.57	NA	NA	41.29	41.34	090
22534	A	Lat thor/lumb, add ² seg	5.99	NA	NA	2.35	2.86	NA	NA	9.59	10.10	ZZZ
22548	A	Neck spine fusion	26.86	NA	NA	15.32	15.68	NA	NA	47.79	48.15	090
22554	A	Neck spine fusion	17.54	NA	NA	10.84	11.97	NA	NA	32.84	33.97	090
22556	A	Thorax spine fusion	24.50	NA	NA	13.15	14.34	NA	NA	42.00	43.19	090
22558	A	Lumbar spine fusion	23.33	NA	NA	11.57	12.86	NA	NA	38.06	39.35	090
22585	A	Additional spinal fusion	5.52	NA	NA	2.12	2.62	NA	NA	8.89	9.39	ZZZ
22590	A	Spine & skull spinal fusion	21.56	NA	NA	13.24	13.30	NA	NA	39.59	39.65	090
22595	A	Neck spinal fusion	20.44	NA	NA	12.74	12.81	NA	NA	37.59	37.66	090
22600	A	Neck spine fusion	17.20	NA	NA	11.37	11.24	NA	NA	32.30	32.17	090
22610	A	Thorax spine fusion	17.08	NA	NA	10.96	11.30	NA	NA	31.57	31.91	090
22612	A	Lumbar spine fusion	23.38	NA	NA	12.72	13.83	NA	NA	40.57	41.68	090
22614	A	Spine fusion, extra segment	6.43	NA	NA	2.53	3.15	NA	NA	10.34	10.96	ZZZ
22630	A	Lumbar spine fusion	21.89	NA	NA	12.75	13.39	NA	NA	39.37	40.01	090
22632	A	Spine fusion, extra segment	5.22	NA	NA	2.04	2.51	NA	NA	8.42	8.89	ZZZ
22800	A	Fusion of spine	19.30	NA	NA	11.22	12.38	NA	NA	34.28	35.44	090
22802	A	Fusion of spine	31.91	NA	NA	16.28	18.76	NA	NA	54.36	56.84	090
22804	A	Fusion of spine	37.30	NA	NA	18.33	21.60	NA	NA	62.63	65.90	090
22806	A	Fusion of spine	27.31	NA	NA	13.94	15.71	NA	NA	46.18	47.95	090
22810	A	Fusion of spine	31.30	NA	NA	15.00	17.52	NA	NA	51.45	53.97	090
22812	A	Fusion of spine	34.00	NA	NA	16.90	19.27	NA	NA	56.20	58.57	090
22818	A	Kyphectomy, 1-2 segments	34.18	NA	NA	16.75	18.34	NA	NA	57.40	58.99	090
22819	A	Kyphectomy, 3 or more	39.18	NA	NA	19.61	19.94	NA	NA	66.46	66.79	090
22830	A	Exploration of spinal fusion	11.13	NA	NA	7.15	7.76	NA	NA	20.58	21.19	090
22840	A	Insert spine fixation device	12.52	NA	NA	4.91	6.10	NA	NA	20.22	21.41	ZZZ
22841	B	Insert spine fixation device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
22842	A	Insert spine fixation device	12.56	NA	NA	4.93	6.11	NA	NA	20.24	21.42	ZZZ
22843	A	Insert spine fixation device	13.44	NA	NA	5.32	6.28	NA	NA	21.62	22.58	ZZZ
22844	A	Insert spine fixation device	16.42	NA	NA	6.54	8.20	NA	NA	26.15	27.81	ZZZ

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Fa- cility Total	Global
22845	A	Insert spine fixation device	11.94	NA	NA	4.62	5.71	2.86	NA	NA	19.42	20.51	ZZZ
22846	A	Insert spine fixation device	12.40	NA	NA	4.80	5.95	2.96	NA	NA	20.16	21.31	ZZZ
22847	A	Insert spine fixation device	13.78	NA	NA	5.42	6.62	3.00	NA	NA	22.20	23.40	ZZZ
22848	A	Insert pelv fixation device	5.99	NA	NA	2.39	2.98	1.15	NA	NA	9.53	10.12	ZZZ
22849	A	Reinsert spinal fixation	19.08	NA	NA	10.37	11.39	3.90	NA	NA	33.35	34.37	080
22850	A	Remove spine fixation device	9.74	NA	NA	6.55	6.88	2.05	NA	NA	18.34	18.67	090
22851	A	Apply spine prosth device	6.70	NA	NA	2.62	3.18	1.49	NA	NA	10.81	11.37	ZZZ
22852	A	Remove spine fixation device	9.29	NA	NA	6.26	6.66	1.90	NA	NA	17.45	17.85	090
22855	A	Remove spine fixation device	15.77	NA	NA	9.38	9.59	3.52	NA	NA	28.67	28.88	080
22857	R	Lumbar artif disectomy	26.93	NA	NA	8.80	8.80	3.56	NA	NA	39.29	39.29	090
22862	R	Revise lumbar artif disc	32.43	NA	NA	10.07	10.07	5.36	NA	NA	47.86	47.86	090
22865	R	Remove lumbar artif disc	31.55	NA	NA	9.87	9.87	5.18	NA	NA	46.60	46.60	090
22899	C	Spine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
22900	A	Remove abdominal wall lesion	6.14	NA	NA	3.53	3.30	0.76	NA	NA	10.43	10.20	090
22999	C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
23000	A	Removal of calcium deposits	4.40	7.78	8.34	3.69	4.24	0.68	12.86	13.42	8.77	9.32	080
23020	A	Release shoulder joint	9.24	NA	NA	6.53	7.30	1.54	NA	NA	17.31	18.08	090
23030	A	Drain shoulder lesion	3.44	6.27	7.11	2.42	2.78	0.57	10.28	11.12	6.43	6.79	010
23031	A	Drain shoulder bursa	2.76	6.45	7.51	2.22	2.60	0.46	9.67	10.73	5.44	5.82	010
23035	A	Drain shoulder bone lesion	9.04	NA	NA	7.04	7.86	1.47	NA	NA	17.55	18.47	080
23040	A	Exploratory shoulder surgery	9.63	NA	NA	6.82	7.60	1.60	NA	NA	18.05	18.83	090
23044	A	Exploratory shoulder surgery	7.48	NA	NA	5.60	6.22	1.24	NA	NA	14.32	14.94	090
23065	A	Biopsy shoulder tissues	2.28	2.96	2.60	1.74	1.65	0.20	5.44	5.08	4.22	4.13	010
23066	A	Biopsy shoulder tissues	4.21	7.64	7.66	3.59	3.88	0.63	12.48	12.50	8.43	8.72	090
23075	A	Removal of shoulder lesion	2.41	3.70	3.67	1.74	1.77	0.34	6.45	6.42	4.49	4.52	010
23076	A	Removal of shoulder lesion	7.77	NA	NA	5.33	5.50	1.13	NA	NA	14.23	14.40	090
23077	A	Remove tumor of shoulder	18.08	NA	NA	9.85	10.12	2.34	NA	NA	30.27	30.54	090
23100	A	Biopsy of shoulder joint	6.09	NA	NA	5.16	5.53	1.04	NA	NA	12.29	12.66	090
23101	A	Shoulder joint surgery	5.63	NA	NA	4.58	5.14	0.96	NA	NA	11.17	11.73	090
23105	A	Remove shoulder joint lining	8.36	NA	NA	6.14	6.88	1.42	NA	NA	15.92	16.66	080
23106	A	Incision of collarbone joint	6.02	NA	NA	4.62	5.43	0.99	NA	NA	11.63	12.44	090
23107	A	Explore treat shoulder joint	8.75	NA	NA	6.29	7.12	1.49	NA	NA	16.53	17.36	090
23120	A	Partial removal, collar bone	7.23	NA	NA	5.51	6.22	1.23	NA	NA	13.97	14.68	090
23125	A	Removal of collar bone	9.52	NA	NA	6.38	7.27	1.62	NA	NA	17.52	18.41	090
23130	A	Remove shoulder bone, part	7.63	NA	NA	6.12	6.88	1.30	NA	NA	15.05	15.81	090
23140	A	Removal of bone lesion	7.01	NA	NA	4.81	5.12	1.08	NA	NA	12.90	13.21	090
23145	A	Removal of bone lesion	9.28	NA	NA	5.84	7.04	1.49	NA	NA	16.61	17.81	080
23146	A	Removal of bone lesion	7.96	NA	NA	6.00	6.83	1.35	NA	NA	15.31	16.14	090
23150	A	Removal of humerus lesion	8.79	NA	NA	6.09	6.71	1.32	NA	NA	16.20	16.82	090
23155	A	Removal of humerus lesion	10.72	NA	NA	7.38	8.09	1.81	NA	NA	19.91	20.62	090
23156	A	Removal of humerus lesion	8.99	NA	NA	6.44	7.15	1.50	NA	NA	16.93	17.64	090
23170	A	Remove collar bone lesion	7.10	NA	NA	5.03	5.79	1.12	NA	NA	13.30	14.01	090
23172	A	Remove shoulder blade lesion	7.20	NA	NA	5.08	5.97	1.01	NA	NA	13.24	14.18	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility RVUs	Year 2007 Transitional Facility RVUs	Mal-Practice RVUs	Fully Implemented Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
23174	A	Remove humerus lesion	9.90	NA	NA	7.33	8.10	1.65	18.88	NA	18.88	19.65	090
23180	A	Remove collar bone lesion	8.85	NA	NA	7.08	8.52	1.47	17.41	NA	17.41	18.84	090
23182	A	Remove shoulder blade lesion	8.47	NA	NA	6.92	8.14	1.37	16.76	NA	16.76	17.98	090
23184	A	Remove humerus lesion	9.76	NA	NA	7.56	8.87	1.63	18.95	NA	18.95	20.26	090
23190	A	Partial removal of scapula	7.36	NA	NA	5.44	5.99	1.17	13.97	NA	13.97	14.52	090
23195	A	Removal of head of humerus	10.24	NA	NA	6.82	7.50	1.71	18.77	NA	18.77	19.45	090
23200	A	Removal of collar bone	12.69	NA	NA	7.51	8.42	1.94	22.14	NA	22.14	23.05	090
23210	A	Removal of shoulder blade	13.16	NA	NA	8.28	8.81	2.03	23.47	NA	23.47	24.00	090
23220	A	Partial removal of humerus	15.36	NA	NA	9.12	10.40	3.06	26.97	NA	26.97	28.25	090
23221	A	Partial removal of humerus	18.41	NA	NA	6.61	10.44	3.06	28.08	NA	28.08	31.91	090
23222	A	Partial removal of humerus	25.44	NA	NA	13.64	15.25	3.95	43.03	NA	43.03	44.64	090
23330	A	Remove shoulder foreign body	1.87	3.36	NA	1.54	1.80	0.24	3.65	5.71	3.65	3.91	010
23331	A	Remove shoulder foreign body	7.51	NA	NA	5.91	6.57	1.27	14.69	NA	14.69	15.35	090
23332	A	Remove shoulder foreign body	12.23	NA	NA	8.06	9.01	2.03	22.32	NA	22.32	23.27	090
23350	A	Injection for shoulder x-ray	1.00	2.55	3.23	0.29	0.32	0.06	3.61	4.29	3.55	1.38	000
23395	A	Muscle transfer, shoulder/arm	18.29	NA	NA	11.32	12.48	2.94	32.55	NA	32.55	33.71	090
23397	A	Muscle transfers	16.62	NA	NA	9.75	10.97	2.74	29.11	NA	29.11	30.33	090
23400	A	Fixation of shoulder blade	13.73	NA	NA	8.60	9.70	2.30	24.63	NA	24.63	25.73	090
23405	A	Incision of tendon & muscle	8.43	NA	NA	5.99	6.69	1.45	15.87	NA	15.87	16.57	090
23406	A	Incise tendon(s) & muscle(s)	10.90	NA	NA	6.98	8.00	1.88	19.76	NA	19.76	20.78	090
23410	A	Repair rotator cuff, acute	12.63	NA	NA	7.87	9.02	2.17	22.67	NA	22.67	23.82	090
23412	A	Repair rotator cuff, chronic	13.55	NA	NA	8.27	9.49	2.32	24.14	NA	24.14	25.36	090
23415	A	Release of shoulder ligament	10.09	NA	NA	6.64	7.65	1.74	18.47	NA	18.47	19.48	090
23420	A	Repair of shoulder	14.75	NA	NA	9.82	10.59	2.32	26.89	NA	26.89	27.66	090
23430	A	Repair biceps tendon	10.05	NA	NA	6.83	7.78	1.74	18.62	NA	18.62	19.57	090
23440	A	Remove/transplant tendon	10.53	NA	NA	6.85	7.91	1.83	19.21	NA	19.21	20.27	090
23450	A	Repair shoulder capsule	13.58	NA	NA	8.24	9.44	2.33	24.15	NA	24.15	25.35	090
23455	A	Repair shoulder capsule	14.55	NA	NA	8.64	9.99	2.50	25.69	NA	25.69	27.04	090
23460	A	Repair shoulder capsule	15.68	NA	NA	9.40	10.88	2.67	27.75	NA	27.75	29.23	090
23462	A	Repair shoulder capsule	15.60	NA	NA	9.15	10.35	2.60	27.35	NA	27.35	28.55	090
23465	A	Repair shoulder capsule	16.16	NA	NA	9.66	10.80	2.77	28.59	NA	28.59	29.73	090
23466	A	Repair shoulder capsule	15.55	NA	NA	10.14	11.06	2.47	28.16	NA	28.16	29.08	090
23470	A	Reconstruct shoulder joint	17.75	NA	NA	10.25	11.75	2.99	30.99	NA	30.99	32.49	090
23472	A	Reconstruct shoulder joint	22.47	NA	NA	12.32	13.89	3.67	38.46	NA	38.46	40.03	090
23480	A	Revision of collar bone	11.42	NA	NA	7.40	8.43	1.95	20.77	NA	20.77	21.80	090
23485	A	Revision of collar bone	13.79	NA	NA	8.98	9.51	2.34	24.51	NA	24.51	25.64	090
23490	A	Reinforce clavicle	12.04	NA	NA	6.55	8.16	1.47	20.06	NA	20.06	21.67	090
23491	A	Reinforce shoulder bones	14.40	NA	NA	8.93	10.27	2.47	25.80	NA	25.80	27.14	090
23500	A	Treat clavicle fracture	2.13	2.64	2.81	2.64	2.55	0.30	5.07	5.24	5.07	4.98	090
23505	A	Treat clavicle fracture	3.74	4.02	4.31	3.63	3.79	0.61	8.37	8.66	8.37	8.14	090
23515	A	Treat clavicle fracture	7.47	NA	NA	5.61	6.32	1.28	14.36	NA	14.36	15.07	090
23520	A	Treat clavicle dislocation	2.21	2.64	2.80	2.64	2.72	0.34	5.19	5.35	5.19	5.27	090
23525	A	Treat clavicle dislocation	3.67	4.51	4.53	3.93	3.94	0.46	8.06	8.66	8.06	8.07	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Year 2007 Non-Fa- cility RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Fa- cility Total	Global
23530		A	Treat clavicle dislocation	7.37	NA	NA	5.29	5.77	5.77	NA	NA	NA	13.86	14.34	090
23532		A	Treat clavicle dislocation	8.08	NA	NA	6.10	6.75	6.75	NA	NA	NA	15.56	16.21	090
23540		A	Treat clavicle dislocation	2.28	2.62	2.80	2.62	2.43	2.43	5.19	5.19	5.37	5.00	5.00	090
23545		A	Treat clavicle dislocation	3.32	3.75	4.08	3.28	3.34	3.34	7.42	7.42	7.75	6.95	7.01	090
23550		A	Treat clavicle dislocation	7.48	NA	NA	5.54	6.16	6.16	NA	NA	NA	14.27	14.89	090
23552		A	Treat clavicle dislocation	8.70	NA	NA	6.29	7.06	7.06	NA	NA	NA	16.45	17.22	090
23570		A	Treat shoulder blade fx	2.28	2.80	2.96	2.80	2.87	2.87	5.44	5.44	5.60	5.44	5.51	090
23575		A	Treat shoulder blade fx	9.12	4.36	4.75	3.87	4.20	4.20	9.07	9.46	9.46	8.58	8.91	090
23585		A	Treat scapula fracture	9.15	NA	NA	6.54	7.37	7.37	NA	NA	18.06	17.23	18.06	090
23600		A	Treat humerus fracture	3.00	4.08	4.43	3.66	3.58	3.58	7.56	7.91	7.91	7.14	7.06	090
23605		A	Treat humerus fracture	4.94	5.42	5.97	4.63	4.99	4.99	11.20	11.75	11.75	10.41	10.77	090
23615		A	Treat humerus fracture	10.93	NA	NA	8.35	8.71	8.71	NA	NA	20.90	21.26	20.90	090
23616		A	Treat humerus fracture	21.68	NA	NA	11.62	13.51	13.51	NA	NA	37.00	38.89	37.00	090
23620		A	Treat humerus fracture	2.46	3.42	3.56	3.15	3.02	3.02	6.42	6.42	6.01	6.01	5.88	090
23625		A	Treat humerus fracture	3.99	4.44	4.82	3.92	4.19	4.19	9.48	9.48	8.58	8.58	8.85	090
23630		A	Treat humerus fracture	7.47	NA	NA	5.71	6.40	6.40	NA	NA	14.45	15.14	15.14	090
23650		A	Treat shoulder dislocation	3.44	3.27	3.65	2.81	2.77	2.77	7.01	7.39	6.55	6.51	6.51	090
23655		A	Treat shoulder dislocation	4.64	NA	NA	4.18	4.17	4.17	NA	NA	9.51	9.50	9.50	090
23660		A	Treat shoulder dislocation	7.55	4.84	5.21	5.65	6.20	6.20	NA	NA	14.49	15.04	15.04	090
23665		A	Treat dislocation/fracture	4.54	4.84	5.21	4.26	4.61	4.61	10.09	10.46	9.51	9.86	9.86	090
23670		A	Treat dislocation/fracture	8.02	NA	NA	5.90	6.60	6.60	NA	NA	15.28	15.98	15.98	090
23675		A	Treat dislocation/fracture	6.13	6.16	6.66	5.18	5.67	5.67	13.30	13.80	12.32	12.81	12.81	090
23680		A	Treat dislocation/fracture	10.30	NA	NA	7.04	7.84	7.84	NA	NA	19.10	19.90	19.90	090
23700		A	Fixation of shoulder	2.54	NA	NA	1.92	2.11	2.11	0.44	0.44	NA	4.90	5.09	010
23800		A	Fusion of shoulder joint	14.59	NA	NA	7.64	9.72	9.72	2.36	2.36	NA	24.59	26.67	090
23802		A	Fusion of shoulder joint	18.17	NA	NA	11.08	10.40	10.40	2.71	2.71	NA	31.96	31.28	090
23900		A	Amputation of arm & girdle	20.57	NA	NA	10.73	11.47	11.47	3.19	3.19	NA	34.49	35.23	090
23920		A	Amputation at shoulder joint	16.03	NA	NA	9.60	9.84	9.84	2.47	2.47	NA	28.10	28.34	090
23921		A	Amputation follow-up surgery	5.61	0.00	0.00	4.89	5.03	5.03	0.78	0.78	NA	11.28	11.42	090
23929		C	Shoulder surgery procedure	2.96	4.94	5.98	1.98	2.23	2.23	0.43	0.43	0.00	0.00	0.00	YYY
23930		A	Drainage of arm lesion	1.81	4.31	5.51	1.75	2.07	2.07	0.28	0.28	6.40	3.84	4.16	010
23931		A	Drainage of arm bursa	6.27	NA	NA	5.15	5.72	5.72	1.05	1.05	NA	12.47	13.04	090
23935		A	Drain arm/elbow bone lesion	5.99	NA	NA	4.79	5.26	5.26	0.97	0.97	NA	11.75	12.22	090
24000		A	Exploratory elbow surgery	9.62	NA	NA	6.71	7.49	7.49	1.50	1.50	NA	17.83	18.61	090
24006		A	Release elbow joint	2.10	4.16	3.45	1.93	1.79	1.79	0.17	0.17	6.43	4.20	4.06	010
24065		A	Biopsy arm/elbow soft tissue	5.26	8.25	8.76	3.93	4.08	4.08	0.80	0.80	14.31	14.82	15.42	090
24066		A	Biopsy arm/elbow soft tissue	3.96	7.16	7.30	3.27	3.37	3.37	0.56	0.56	11.68	11.82	7.89	090
24075		A	Remove arm/elbow lesion	6.36	NA	NA	4.60	4.80	4.80	0.95	0.95	NA	11.91	12.11	090
24076		A	Remove arm/elbow lesion	11.95	NA	NA	7.00	7.56	7.56	1.73	1.73	NA	20.68	21.24	090
24077		A	Remove tumor of arm/elbow	4.98	NA	NA	4.29	4.46	4.46	0.85	0.85	NA	10.12	10.29	090
24100		A	Biopsy elbow joint lining	6.19	NA	NA	5.10	5.72	5.72	1.03	1.03	NA	12.32	12.94	090
24101		A	Explore/treat elbow joint	8.15	NA	NA	5.85	6.61	6.61	1.33	1.33	NA	15.33	16.09	090
24102		A	Remove elbow joint lining												

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Fa- cility Total	Global
24105		A	Removal of elbow bursa	3.67	NA	NA	4.04	4.30	0.61	NA	NA	NA	8.32	8.58	090
24110		A	Remove humerus lesion	7.46	NA	NA	5.68	6.42	1.28	NA	NA	NA	14.42	15.16	090
24115		A	Remove/graft bone lesion	10.00	NA	NA	6.85	7.12	1.68	NA	NA	NA	18.53	18.80	090
24116		A	Remove/graft bone lesion	12.11	NA	NA	7.70	8.73	2.06	NA	NA	NA	21.87	22.90	090
24120		A	Remove elbow lesion	6.71	NA	NA	5.23	5.75	1.10	NA	NA	NA	13.04	13.56	090
24125		A	Remove/graft bone lesion	8.02	NA	NA	6.05	6.13	1.06	NA	NA	NA	15.13	15.21	090
24126		A	Remove/graft bone lesion	8.50	NA	NA	6.24	6.83	1.16	NA	NA	NA	15.90	16.49	090
24130		A	Removal of head of radius	6.31	NA	NA	5.15	5.80	1.04	NA	NA	NA	12.50	13.15	090
24134		A	Removal of arm bone lesion	10.10	NA	NA	7.52	8.52	1.64	NA	NA	NA	19.26	20.26	090
24136		A	Remove radius bone lesion	8.29	NA	NA	5.70	6.84	1.38	NA	NA	NA	15.37	16.51	090
24138		A	Remove elbow bone lesion	8.33	NA	NA	6.74	7.52	1.34	NA	NA	NA	16.41	17.19	090
24140		A	Partial removal of arm bone	9.43	NA	NA	7.24	8.64	1.51	NA	NA	NA	18.18	19.58	090
24145		A	Partial removal of radius	7.70	NA	NA	6.32	7.63	1.25	NA	NA	NA	15.27	16.58	090
24147		A	Partial removal of elbow	7.69	NA	NA	6.93	8.18	1.30	NA	NA	NA	15.92	17.17	090
24149		A	Radical resection of elbow	15.92	NA	NA	10.94	11.45	2.35	NA	NA	NA	29.21	29.72	090
24150		A	Extensive humerus surgery	13.70	NA	NA	8.58	9.64	2.33	NA	NA	NA	24.61	25.67	090
24151		A	Extensive humerus surgery	16.08	NA	NA	9.82	11.09	2.60	NA	NA	NA	28.50	29.77	090
24152		A	Extensive radius surgery	10.24	NA	NA	6.35	7.39	1.48	NA	NA	NA	18.07	19.11	090
24153		A	Extensive radius surgery	11.73	NA	NA	4.87	5.40	0.74	NA	NA	NA	17.34	17.87	090
24155		A	Removal of elbow joint	11.97	NA	NA	7.64	8.21	1.93	NA	NA	NA	21.54	22.11	090
24160		A	Remove elbow joint implant	7.89	NA	NA	5.85	6.63	1.30	NA	NA	NA	15.04	15.82	090
24164		A	Remove radius head implant	6.34	NA	NA	4.94	5.56	1.03	NA	NA	NA	12.31	12.93	090
24200		A	Removal of arm foreign body	1.78	2.76	3.25	1.38	1.57	0.20	4.74	5.23	14.65	3.36	3.55	010
24201		A	Removal of arm foreign body	4.61	7.85	9.32	3.70	4.10	0.72	13.18	14.65	9.03	9.43	090	
24220		A	Injection for elbow x-ray	1.31	2.50	3.35	0.39	0.43	0.08	3.89	4.74	1.78	1.82	000	
24300		A	Manipulate elbow w/anesth	3.86	NA	NA	5.19	5.58	0.65	NA	NA	NA	9.70	10.09	090
24301		A	Muscle/tendon transfer	10.26	NA	NA	6.91	7.86	1.66	NA	NA	NA	18.83	19.78	090
24305		A	Arm tendon lengthening	7.51	NA	NA	5.72	6.46	1.15	NA	NA	NA	14.38	15.12	090
24310		A	Revision of arm tendon	6.03	NA	NA	4.80	5.39	0.96	NA	NA	NA	11.79	12.38	090
24320		A	Repair of arm tendon	10.74	NA	NA	7.15	7.44	1.74	NA	NA	NA	19.63	19.92	090
24330		A	Revision of arm muscles	9.67	NA	NA	6.69	7.58	1.60	NA	NA	NA	17.96	18.85	090
24331		A	Revision of arm muscles	10.83	NA	NA	6.57	8.15	1.78	NA	NA	NA	19.18	20.76	090
24332		A	Tenolysis, triceps	7.77	NA	NA	5.81	6.53	1.23	NA	NA	NA	14.81	15.53	090
24340		A	Repair of biceps tendon	7.96	NA	NA	6.02	6.74	1.36	NA	NA	NA	15.34	16.06	090
24341		A	Repair arm tendon/muscle	9.24	NA	NA	7.54	7.83	1.36	NA	NA	NA	18.14	18.43	090
24342		A	Repair of ruptured tendon	10.74	NA	NA	7.15	8.18	1.86	NA	NA	NA	19.75	20.78	090
24343		A	Repr elbow lat ligmnt w/liss	8.99	NA	NA	7.06	7.88	1.43	NA	NA	NA	17.48	18.50	090
24344		A	Reconstruct elbow lat ligmnt	14.97	NA	NA	10.11	11.17	2.37	NA	NA	NA	27.45	28.51	090
24345		A	Repr elbow med ligmnt w/lissu	8.99	NA	NA	7.01	7.77	1.44	NA	NA	NA	17.44	18.20	090
24346		A	Reconstruct elbow med ligmnt	14.97	NA	NA	10.11	11.03	2.34	NA	NA	NA	27.42	28.34	090
24350		A	Repair of tennis elbow	5.32	NA	NA	4.90	5.41	0.87	NA	NA	NA	11.09	11.60	090
24351		A	Repair of tennis elbow	5.97	NA	NA	5.02	5.70	1.02	NA	NA	NA	12.01	12.69	090
24352		A	Repair of tennis elbow	6.49	NA	NA	5.24	5.95	1.10	NA	NA	NA	12.83	13.54	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mat-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
24354		A	Repair of tennis elbow	6.54	NA	NA	5.27	5.93	1.07	NA	NA	12.88	13.54	090
24356		A	Revision of tennis elbow	6.74	NA	NA	5.35	6.07	1.11	NA	NA	13.20	13.92	090
24360		A	Reconstruct elbow joint	12.53	NA	NA	8.01	9.11	2.06	NA	NA	22.60	23.70	090
24361		A	Reconstruct elbow joint	14.27	NA	NA	8.86	10.15	2.19	NA	NA	25.32	26.61	090
24362		A	Reconstruct elbow joint	15.18	NA	NA	9.37	9.87	2.61	NA	NA	27.16	27.66	090
24363		A	Replace elbow joint	22.47	NA	NA	12.36	13.37	3.02	NA	NA	37.85	38.86	090
24365		A	Reconstruct head of radius	8.51	NA	NA	5.96	6.89	1.41	NA	NA	15.88	16.81	090
24366		A	Reconstruct head of radius	9.25	NA	NA	6.35	7.24	1.52	NA	NA	17.12	18.01	090
24400		A	Revision of humerus	11.19	NA	NA	7.65	8.55	1.93	NA	NA	20.77	21.67	090
24410		A	Revision of humerus	14.96	NA	NA	9.37	10.08	2.58	NA	NA	26.91	27.82	090
24420		A	Revision of humerus	13.58	NA	NA	8.89	10.13	2.18	NA	NA	24.65	25.89	090
24430		A	Repair of humerus	15.07	NA	NA	9.34	9.64	2.22	NA	NA	26.63	26.93	090
24435		A	Repair humerus with graft	14.74	NA	NA	9.90	10.64	2.28	NA	NA	26.92	27.66	090
24470		A	Revision of elbow joint	8.81	NA	NA	6.44	7.40	1.48	NA	NA	16.73	17.69	090
24495		A	Decompression of forearm	8.30	NA	NA	6.65	8.22	1.18	NA	NA	16.13	17.70	090
24498		A	Reinforce humerus	12.16	NA	NA	7.78	8.89	2.07	NA	NA	22.01	23.12	090
24500		A	Treat humerus fracture	3.29	4.44	4.75	3.81	3.71	0.50	8.23	8.54	7.60	7.50	090
24505		A	Treat humerus fracture	5.25	5.86	6.42	4.91	5.27	0.89	12.00	12.56	11.05	11.41	090
24515		A	Treat humerus fracture	11.97	NA	NA	8.12	9.07	2.03	NA	NA	22.12	23.07	090
24516		A	Treat humerus fracture	12.07	NA	NA	7.74	8.77	2.03	NA	NA	21.84	22.87	090
24530		A	Treat humerus fracture	3.57	4.73	5.08	4.01	4.03	0.57	8.87	9.22	8.15	8.17	090
24535		A	Treat humerus fracture	6.96	6.82	7.59	5.88	6.44	1.18	14.96	15.73	14.02	14.58	090
24538		A	Treat humerus fracture	9.63	NA	NA	7.25	8.34	1.64	NA	NA	18.52	19.61	090
24545		A	Treat humerus fracture	10.88	NA	NA	7.27	8.16	1.53	NA	NA	19.98	20.87	090
24546		A	Treat humerus fracture	15.99	NA	NA	9.54	10.88	2.74	NA	NA	28.27	29.61	090
24560		A	Treat humerus fracture	2.87	4.04	4.37	3.38	3.24	0.44	7.35	7.68	6.69	6.55	090
24565		A	Treat humerus fracture	5.64	5.86	6.42	4.99	5.39	0.93	12.43	12.99	11.56	11.96	090
24566		A	Treat humerus fracture	8.86	NA	NA	6.99	7.87	1.30	NA	NA	17.15	18.03	090
24575		A	Treat humerus fracture	11.02	NA	NA	7.30	8.13	1.87	NA	NA	20.19	21.02	090
24576		A	Treat humerus fracture	2.94	4.43	4.68	3.73	3.72	0.46	7.83	8.08	7.13	7.12	090
24577		A	Treat humerus fracture	5.87	6.02	6.70	5.09	5.65	0.95	12.84	13.52	11.91	12.47	090
24579		A	Treat humerus fracture	11.96	NA	NA	7.90	8.60	2.03	NA	NA	21.89	22.59	090
24582		A	Treat humerus fracture	9.89	NA	NA	8.23	8.89	1.48	NA	NA	19.60	20.26	090
24586		A	Treat elbow fracture	15.64	NA	NA	9.41	10.78	2.65	NA	NA	27.70	29.07	090
24587		A	Treat elbow fracture	15.65	NA	NA	9.43	10.62	2.53	NA	NA	27.61	28.80	090
24600		A	Treat elbow dislocation	4.28	3.87	4.61	3.30	3.45	0.50	8.65	9.39	8.08	8.23	090
24605		A	Treat elbow dislocation	5.50	NA	NA	4.97	5.26	0.89	NA	NA	11.36	11.65	090
24615		A	Treat elbow dislocation	9.72	NA	NA	6.61	7.52	1.60	NA	NA	17.93	18.84	090
24620		A	Treat elbow fracture	7.07	NA	NA	5.49	6.06	1.07	NA	NA	13.63	14.20	090
24635		A	Treat elbow fracture	13.56	NA	NA	10.25	13.10	2.29	NA	NA	26.10	28.95	090
24640		A	Treat elbow dislocation	1.22	1.47	1.75	0.81	0.80	0.12	2.81	3.09	2.15	2.14	010
24650		A	Treat radius fracture	2.22	3.43	3.69	3.00	2.81	0.35	6.00	6.26	5.57	5.88	090
24655		A	Treat radius fracture	4.48	5.19	5.76	4.42	4.70	0.70	10.37	10.94	9.60	9.86	090

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
25120		A	Removal of forearm lesion	6.16	NA	NA	7.92	11.04	1.00	NA	NA	15.08	18.20	090
25125		A	Remove/graft forearm lesion	7.55	NA	NA	8.77	11.82	1.06	NA	NA	17.38	20.43	090
25126		A	Remove/graft forearm lesion	7.62	NA	NA	8.80	11.96	1.27	NA	NA	17.69	20.85	090
25130		A	Removal of wrist lesion	5.32	NA	NA	5.80	6.12	0.80	NA	NA	11.35	12.24	090
25135		A	Remove & graft wrist lesion	6.96	NA	NA	6.17	7.18	1.02	NA	NA	14.15	15.16	090
25136		A	Remove & graft wrist lesion	6.03	NA	NA	5.55	6.33	1.03	NA	NA	12.61	13.39	090
25145		A	Remove forearm bone lesion	6.43	NA	NA	8.13	11.08	1.01	NA	NA	15.57	18.52	090
25150		A	Partial removal of ulna	7.27	NA	NA	6.41	7.76	1.14	NA	NA	14.82	16.17	090
25151		A	Partial removal of radius	7.57	NA	NA	8.53	11.67	1.18	NA	NA	17.28	20.42	090
25170		A	Extensive forearm surgery	11.34	NA	NA	10.54	14.00	1.78	NA	NA	23.66	27.12	090
25210		A	Removal of wrist bone	6.01	NA	NA	5.88	6.49	0.88	NA	NA	12.47	13.38	090
25215		A	Removal of wrist bones	8.02	NA	NA	6.88	8.28	1.19	NA	NA	16.09	17.49	090
25230		A	Partial removal of radius	5.28	NA	NA	4.99	5.85	0.79	NA	NA	11.06	11.92	090
25240		A	Partial removal of ulna	5.22	NA	NA	5.29	6.54	0.81	NA	NA	11.32	12.57	090
25246		A	Injection for wrist x-ray	1.45	2.55	3.22	0.44	0.47	0.09	4.09	4.76	1.98	2.01	000
25248		A	Remove forearm foreign body	5.20	NA	NA	6.54	8.03	0.72	NA	NA	12.46	13.95	090
25250		A	Removal of wrist prosthesis	6.66	NA	NA	5.37	5.92	1.01	NA	NA	13.04	13.59	090
25251		A	Removal of wrist prosthesis	9.70	NA	NA	6.77	7.63	1.26	NA	NA	17.73	18.59	090
25259		A	Manipulate wrist w/anesthetics	3.86	NA	NA	5.15	5.58	0.62	NA	NA	9.63	10.06	090
25260		A	Repair forearm tendon/muscle	7.89	NA	NA	9.28	12.30	1.19	NA	NA	18.36	21.38	090
25263		A	Repair forearm tendon/muscle	7.90	NA	NA	9.00	12.20	1.18	NA	NA	18.08	21.28	090
25265		A	Repair forearm tendon/muscle	9.96	NA	NA	10.08	13.25	1.47	NA	NA	21.51	24.68	090
25270		A	Repair forearm tendon/muscle	6.06	NA	NA	7.92	11.00	0.95	NA	NA	14.93	18.01	090
25272		A	Repair forearm tendon/muscle	7.10	NA	NA	8.38	11.69	1.11	NA	NA	16.59	19.90	090
25274		A	Repair forearm tendon/muscle	8.82	NA	NA	9.24	12.53	1.36	NA	NA	19.42	22.71	090
25275		A	Repair forearm tendon sheath	8.82	NA	NA	6.57	7.33	1.31	NA	NA	16.70	17.46	090
25280		A	Revise wrist/forearm tendon	7.28	NA	NA	8.49	11.60	1.08	NA	NA	16.85	19.96	090
25290		A	Incise wrist/forearm tendon	5.34	NA	NA	9.15	13.53	0.82	NA	NA	15.31	19.69	090
25295		A	Release wrist/forearm tendon	6.61	NA	NA	8.17	11.16	1.00	NA	NA	15.78	18.77	090
25300		A	Fusion of tendons at wrist	8.88	NA	NA	7.29	8.16	1.26	NA	NA	17.43	18.30	090
25301		A	Fusion of tendons at wrist	8.47	NA	NA	6.80	7.75	1.29	NA	NA	16.56	17.51	090
25310		A	Transplant forearm tendon	8.26	NA	NA	8.85	11.99	1.21	NA	NA	18.32	21.46	090
25312		A	Transplant forearm tendon	9.70	NA	NA	9.65	12.87	1.41	NA	NA	20.76	23.98	090
25315		A	Revise palsy hand tendon(s)	10.56	NA	NA	10.08	13.32	1.58	NA	NA	22.22	25.46	090
25316		A	Revise palsy hand tendon(s)	12.76	NA	NA	11.10	14.94	1.75	NA	NA	25.61	29.45	090
25320		A	Repair/revise wrist joint	11.60	NA	NA	10.46	11.16	1.61	NA	NA	24.45	25.15	090
25332		A	Revise wrist joint	11.60	NA	NA	7.81	8.83	1.84	NA	NA	21.25	22.27	090
25335		A	Realignment of hand	13.25	NA	NA	7.07	10.46	1.93	NA	NA	22.25	25.64	090
25337		A	Reconstruct ulna/radioulnar	11.44	NA	NA	9.45	10.67	1.61	NA	NA	22.50	23.72	090
25350		A	Revision of radius	8.97	NA	NA	9.28	12.80	1.46	NA	NA	19.71	23.23	090
25355		A	Revision of radius	10.41	NA	NA	10.08	13.48	1.74	NA	NA	22.23	25.63	090
25360		A	Revision of ulna	8.62	NA	NA	9.12	12.68	1.41	NA	NA	19.15	22.71	090
25365		A	Revise radius & ulna	12.77	NA	NA	11.08	14.50	2.16	NA	NA	26.01	29.43	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs ³	Fully Im- plement- ed PE RVUs ³	Year 2007 Transi- tional Facility RVUs	Year 2007 Transi- tional Facility RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
25370	A	Revise radius or ulna	13.93	NA	NA	11.98	15.04	NA	2.29	NA	28.18	31.28	090
25375	A	Revise radius & ulna	13.41	NA	NA	11.32	15.15	NA	2.27	NA	27.00	30.83	090
25390	A	Shorten radius or ulna	10.58	NA	NA	9.98	13.43	NA	1.65	NA	22.21	25.68	090
25391	A	Lengthen radius or ulna	14.14	NA	NA	11.71	15.34	NA	2.22	NA	28.07	31.70	090
25392	A	Shorten radius & ulna	14.44	NA	NA	11.86	14.94	NA	2.11	NA	28.41	31.49	090
25393	A	Lengthen radius & ulna	16.42	NA	NA	13.47	16.55	NA	2.77	NA	32.68	35.74	090
25394	A	Repair carpal bone, shorten	10.71	NA	NA	6.85	7.78	NA	1.59	NA	19.15	20.08	090
25400	A	Repair radius or ulna	11.16	NA	NA	10.19	13.94	NA	1.83	NA	23.18	28.93	090
25405	A	Repair/graft radius or ulna	14.87	NA	NA	11.95	15.94	NA	2.33	NA	29.15	33.14	090
25415	A	Repair radius & ulna	13.66	NA	NA	11.02	15.14	NA	2.18	NA	26.88	30.98	090
25420	A	Repair/graft radius & ulna	18.89	NA	NA	12.83	16.91	NA	2.82	NA	32.34	38.42	090
25425	A	Repair/graft radius or ulna	13.58	NA	NA	14.17	19.59	NA	2.09	NA	29.84	35.28	090
25426	A	Repair/graft radius & ulna	16.31	NA	NA	12.50	15.54	NA	2.55	NA	31.36	34.40	090
25430	A	Vasc graft into carpal bone	9.57	NA	NA	7.11	7.28	NA	1.27	NA	17.95	18.12	090
25431	A	Repair nonunion carpal bone	10.75	NA	NA	7.33	8.13	NA	1.91	NA	19.89	20.79	090
25440	A	Repair/graft wrist bone	10.56	NA	NA	7.56	8.94	NA	1.63	NA	19.75	21.13	090
25441	A	Reconstruct wrist joint	13.15	NA	NA	8.62	9.66	NA	2.08	NA	23.85	24.89	090
25442	A	Reconstruct wrist joint	10.98	NA	NA	7.42	8.52	NA	1.53	NA	19.93	21.03	090
25443	A	Reconstruct wrist joint	10.52	NA	NA	6.69	8.25	NA	1.37	NA	18.58	20.14	090
25444	A	Reconstruct wrist joint	11.28	NA	NA	7.75	1.72	NA	1.72	NA	20.75	21.71	090
25445	A	Reconstruct wrist joint	9.76	NA	NA	6.78	7.69	NA	1.55	NA	18.09	19.00	090
25446	A	Wrist replacement	17.16	NA	NA	9.99	11.44	NA	2.48	NA	29.63	31.08	090
25447	A	Repair wrist joint(s)	10.95	NA	NA	7.95	8.48	NA	1.61	NA	20.51	21.04	090
25449	A	Remove wrist joint implant	14.80	NA	NA	9.19	10.30	NA	2.22	NA	26.21	27.32	090
25450	A	Revision of wrist joint	7.94	NA	NA	7.28	9.46	NA	1.36	NA	16.58	18.76	090
25455	A	Revision of wrist joint	9.57	NA	NA	6.41	9.75	NA	0.96	NA	16.94	20.28	090
25490	A	Reinforce radius	9.61	NA	NA	9.50	12.67	NA	1.43	NA	20.54	23.71	090
25491	A	Reinforce ulna	10.03	NA	NA	9.71	13.27	NA	1.60	NA	21.34	24.90	090
25492	A	Reinforce radius and ulna	12.62	NA	NA	10.56	14.12	NA	2.15	NA	25.23	28.79	090
25500	A	Treat fracture of radius	2.51	3.33	3.51	2.89	2.76	6.19	6.37	5.75	5.75	5.62	090
25505	A	Treat fracture of radius	5.30	5.87	6.37	5.03	5.32	12.07	12.57	11.23	11.23	11.52	090
25515	A	Treat fracture of radius	9.37	NA	NA	6.78	7.29	NA	1.59	NA	17.74	18.25	090
25520	A	Treat fracture of radius	6.35	6.00	8.65	5.43	5.90	13.43	1.08	14.08	12.86	13.33	090
25525	A	Treat fracture of radius	12.69	NA	NA	8.78	9.69	NA	2.13	NA	23.60	24.51	090
25526	A	Treat fracture of radius	13.43	NA	NA	10.26	12.69	NA	2.20	NA	25.89	28.32	090
25530	A	Treat fracture of ulna	2.15	3.46	3.69	2.96	2.89	5.95	0.34	5.95	5.45	5.38	090
25535	A	Treat fracture of ulna	5.22	5.69	5.93	4.95	5.21	11.80	11.80	12.04	11.06	11.32	090
25545	A	Treat fracture of ulna	9.09	NA	NA	6.67	7.41	NA	1.53	NA	17.29	18.03	090
25560	A	Treat fracture radius & ulna	2.50	3.38	3.61	2.87	2.67	6.23	0.35	6.23	5.72	5.52	090
25565	A	Treat fracture radius & ulna	5.71	5.97	6.52	5.00	5.32	12.61	0.93	12.61	11.64	11.96	090
25574	A	Treat fracture radius & ulna	7.47	NA	NA	6.65	7.08	NA	1.21	NA	15.33	15.74	090
25575	A	Treat fracture radius/ulna	12.02	NA	NA	9.02	9.39	NA	1.82	NA	22.86	23.23	090
25600	A	Treat fracture radius/ulna	2.69	3.68	3.99	3.18	3.02	6.79	0.42	6.79	7.10	6.13	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im-plement- ed Non-Facility PE RVUs	Year 2007 Transi- tional Non-Facility RVUs	Fully Im-plement- ed Facility PE RVUs	Year 2007 Transi- tional Facility PE RVUs	Mal-Prac- tice RVUs	Fully Im-plement- ed Non-Facility Total	Year 2007 Transi- tional Non-Facility Total	Fully Im-plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
25605	A	Treat fracture radius/ulna	7.02	6.91	7.15	6.19	6.21	1.00	14.93	15.17	14.21	14.23	090
25606	A	Treat fx distal radial	8.10	NA	NA	6.75	8.41	1.26	NA	NA	16.11	17.77	090
25607	A	Treat fx rad extra-articul	9.35	NA	NA	7.26	7.26	1.36	NA	NA	17.97	17.97	090
25608	A	Treat fx rad intra-articul	10.86	NA	NA	7.88	7.88	1.84	NA	NA	20.58	20.58	090
25609	A	Treat fx radial 3+ frag	14.12	NA	NA	9.77	9.77	2.38	NA	NA	26.27	26.27	090
25622	A	Treat wrist bone fracture	2.68	3.90	4.18	3.36	3.17	0.41	6.99	7.27	6.45	6.26	090
25624	A	Treat wrist bone fracture	4.62	5.59	6.12	4.74	4.99	0.76	10.97	11.50	10.12	10.37	090
25628	A	Treat wrist bone fracture	9.50	7.71	7.38	7.71	7.71	1.37	NA	NA	18.25	18.58	090
25630	A	Treat wrist bone fracture	2.94	3.76	4.08	3.25	3.02	0.45	7.15	7.47	6.64	6.41	090
25635	A	Treat wrist bone fracture	4.47	5.39	5.80	4.57	4.07	0.74	10.60	11.01	9.78	9.28	090
25645	A	Treat wrist bone fracture	7.31	NA	NA	5.84	6.43	1.20	NA	NA	14.35	14.94	090
25650	A	Treat wrist bone fracture	3.12	3.85	4.20	3.46	3.24	0.45	7.42	7.77	7.03	6.81	090
25651	A	Pin ulnar styloid fracture	5.68	NA	NA	5.15	5.40	0.86	NA	NA	11.69	11.94	090
25662	A	Treat fracture ulnar styloid	7.92	NA	NA	6.25	6.81	1.21	NA	NA	15.38	15.94	090
25660	A	Treat wrist dislocation	4.84	NA	NA	4.49	4.66	0.58	NA	NA	9.91	10.08	090
25670	A	Treat wrist dislocation	7.98	NA	NA	6.02	6.75	1.28	NA	NA	15.28	16.01	090
25671	A	Pin radioulnar dislocation	6.32	NA	NA	5.55	6.00	1.00	NA	NA	12.87	13.32	090
25675	A	Treat wrist dislocation	4.75	4.89	5.46	4.16	4.53	0.62	10.26	10.83	9.53	9.90	090
25676	A	Treat wrist dislocation	8.17	NA	NA	6.31	7.05	1.34	NA	NA	15.82	16.56	090
25680	A	Treat wrist fracture	6.08	NA	NA	4.40	4.66	0.78	NA	NA	11.26	11.52	090
25685	A	Treat wrist fracture	9.97	NA	NA	6.74	7.54	1.60	NA	NA	18.31	19.11	090
25690	A	Treat wrist dislocation	5.58	NA	NA	4.85	5.34	0.88	NA	NA	11.31	11.80	090
25695	A	Treat wrist dislocation	8.40	NA	NA	6.23	6.88	1.32	NA	NA	15.95	16.60	090
25800	A	Fusion of wrist joint	9.95	NA	NA	7.33	8.65	1.57	NA	NA	18.85	20.17	090
25805	A	Fusion/graft of wrist joint	11.59	NA	NA	8.23	9.75	1.81	NA	NA	21.63	23.15	090
25810	A	Fusion/graft of wrist joint	11.75	NA	NA	8.62	9.58	1.68	NA	NA	22.05	23.01	090
25820	A	Fusion of hand bones	7.52	NA	NA	6.32	7.47	1.22	NA	NA	15.06	16.21	090
25825	A	Fuse hand bones with graft	9.54	NA	NA	7.63	8.83	1.41	NA	NA	18.58	19.78	090
25830	A	Fusion, radioulnar jn/ulna	10.69	NA	NA	10.48	13.43	1.55	NA	NA	22.72	25.67	090
25900	A	Amputation of forearm	9.46	NA	NA	9.28	11.74	1.30	NA	NA	20.04	22.50	090
25905	A	Amputation of forearm	9.48	NA	NA	8.47	11.34	1.40	NA	NA	19.35	22.22	090
25907	A	Amputation follow-up surgery	7.98	NA	NA	7.78	10.77	1.10	NA	NA	16.86	19.85	090
25909	A	Amputation follow-up surgery	9.20	NA	NA	9.05	11.47	1.44	NA	NA	19.69	22.11	090
25915	A	Amputation of forearm	17.38	NA	NA	8.13	16.19	2.94	NA	NA	28.45	36.51	090
25920	A	Amputate hand at wrist	8.92	NA	NA	6.78	7.58	1.35	NA	NA	17.05	17.85	090
25922	A	Amputate hand at wrist	7.54	NA	NA	6.55	6.93	1.12	NA	NA	15.21	15.59	090
25924	A	Amputation follow-up surgery	8.70	NA	NA	6.77	7.76	1.32	NA	NA	16.79	17.78	090
25927	A	Amputation of hand	8.98	NA	NA	8.65	10.92	1.27	NA	NA	18.90	21.17	090
25929	A	Amputation follow-up surgery	7.71	NA	NA	5.46	5.77	1.14	NA	NA	14.31	14.62	090
25931	A	Amputation follow-up surgery	7.93	NA	NA	8.58	10.74	1.15	NA	NA	17.66	19.82	090
25999	C	Forearm or wrist surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
26010	A	Drainage of finger abscess	1.56	4.00	5.17	1.51	1.60	0.18	5.74	6.91	3.25	3.34	010
26011	A	Drainage of finger abscess	2.21	6.26	8.17	1.99	2.24	0.33	8.80	10.71	4.53	4.78	010

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS 2	Mod	Status	Description	Physician Work RVUs 3	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Facil- ity PE RVUs	Year 2007 Transi- tional Facil- ity PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Fa- cility Total	Global
26020		A	Drain hand tendon sheath	4.97	NA	NA	4.78	5.21	0.73	NA	NA	NA	10.48	10.91	090
26025		A	Drainage of palm bursa	4.99	NA	NA	4.49	4.96	0.76	NA	NA	NA	10.24	10.71	090
26030		A	Drainage of palm bursa(s)	6.16	NA	NA	5.03	5.55	0.92	NA	NA	NA	12.11	12.63	090
26034		A	Treat hand bone lesion	6.49	NA	NA	5.58	6.16	1.01	NA	NA	NA	13.08	13.66	090
26035		A	Decompress fingers/hand	11.14	NA	NA	8.11	7.93	1.47	NA	NA	NA	20.72	20.54	090
26037		A	Decompress fingers/hand	3.48	NA	NA	5.57	6.13	1.13	NA	NA	NA	14.74	14.74	090
26040		A	Release palm contracture	3.38	NA	NA	3.63	3.95	0.53	NA	NA	NA	7.54	7.86	090
26045		A	Release palm contracture	5.62	NA	NA	4.90	5.46	0.93	NA	NA	NA	11.45	12.01	090
26055		A	Incision finger tendon sheath	3.00	9.03	13.02	3.84	3.92	0.43	12.46	16.45	16.45	7.27	7.35	090
26060		A	Incision of finger tendon	2.85	NA	NA	3.07	3.40	0.45	NA	NA	NA	6.37	6.70	090
26070		A	Explore/treat hand joint	3.73	NA	NA	3.04	3.28	0.48	NA	NA	NA	7.25	7.49	090
26075		A	Explore/treat finger joint	3.83	NA	NA	3.43	3.69	0.53	NA	NA	NA	7.79	8.05	090
26080		A	Explore/treat finger joint	4.36	NA	NA	4.37	4.73	0.66	NA	NA	NA	9.39	9.75	090
26100		A	Biopsy hand joint lining	3.71	NA	NA	3.58	3.99	0.54	NA	NA	NA	7.83	8.24	090
26105		A	Biopsy finger joint lining	3.75	NA	NA	3.76	4.11	0.59	NA	NA	NA	8.10	8.45	090
26110		A	Biopsy finger joint lining	3.57	NA	NA	3.62	3.94	0.53	NA	NA	NA	7.72	8.04	090
26115		A	Removal hand lesion subcut	3.92	9.82	12.27	4.25	4.64	0.59	14.33	16.78	16.78	8.76	9.15	090
26116		A	Removal hand lesion, deep	5.61	NA	NA	5.34	5.84	0.84	NA	NA	NA	11.79	12.29	090
26117		A	Remove tumor, hand/finger	8.62	NA	NA	6.29	6.87	1.26	NA	NA	NA	16.17	16.75	090
26121		A	Release palm contracture	7.61	NA	NA	5.99	6.72	1.17	NA	NA	NA	14.77	15.50	090
26123		A	Release palm contracture	10.63	NA	NA	8.31	8.72	1.43	NA	NA	NA	20.37	20.78	090
26125		A	Release palm contracture	4.60	NA	NA	1.93	2.31	0.70	NA	NA	NA	7.23	7.61	ZZZ
26130		A	Remove wrist joint lining	5.48	NA	NA	4.88	5.23	0.94	NA	NA	NA	11.30	11.65	090
26135		A	Revise finger joint, each	7.02	NA	NA	5.55	6.23	1.07	NA	NA	NA	13.64	14.32	090
26140		A	Revise finger joint, each	6.23	NA	NA	5.22	5.84	0.92	NA	NA	NA	12.37	12.99	090
26145		A	Tendon excision, palm/finger	6.38	NA	NA	5.23	5.85	0.97	NA	NA	NA	12.58	13.20	090
26160		A	Remove tendon sheath lesion	3.46	8.99	11.53	3.94	4.08	0.49	12.94	15.48	15.48	7.89	8.03	090
26170		A	Removal of palm tendon, each	4.82	NA	NA	4.40	4.81	0.69	NA	NA	NA	9.91	10.32	090
26180		A	Removal of finger tendon	5.24	NA	NA	4.81	5.26	0.78	NA	NA	NA	10.83	11.28	090
26185		A	Remove finger bone	6.32	NA	NA	5.84	5.98	0.81	NA	NA	NA	12.97	13.11	090
26200		A	Remove hand bone lesion	5.56	NA	NA	4.60	5.16	0.88	NA	NA	NA	11.04	11.60	090
26205		A	Remove/graft bone lesion	7.82	NA	NA	5.90	6.64	1.20	NA	NA	NA	14.92	15.66	090
26210		A	Removal of finger lesion	5.21	NA	NA	4.79	5.26	0.79	NA	NA	NA	10.79	11.26	090
26215		A	Remove/graft finger lesion	7.16	NA	NA	5.58	6.13	0.98	NA	NA	NA	13.72	14.27	090
26230		A	Partial removal of hand bone	6.38	NA	NA	5.05	5.70	1.01	NA	NA	NA	12.44	13.09	090
26235		A	Partial removal, finger bone	6.24	NA	NA	5.00	5.61	0.95	NA	NA	NA	12.19	12.80	090
26236		A	Partial removal, finger bone	5.37	NA	NA	4.59	5.14	0.81	NA	NA	NA	10.77	11.32	090
26250		A	Extensive hand surgery	12.80	NA	NA	5.24	6.13	1.07	NA	NA	NA	13.92	14.81	090
26255		A	Extensive hand surgery	7.09	NA	NA	8.51	9.16	1.69	NA	NA	NA	23.00	23.65	090
26260		A	Extensive finger surgery	9.28	NA	NA	5.41	5.99	1.01	NA	NA	NA	13.51	14.09	090
26261		A	Extensive finger surgery	6.261	NA	NA	7.05	6.39	1.14	NA	NA	NA	17.47	16.81	090
26262		A	Partial removal of finger	5.72	NA	NA	4.70	5.17	0.88	NA	NA	NA	11.30	11.77	090
26320		A	Removal of implant from hand	4.02	NA	NA	3.81	4.19	0.59	NA	NA	NA	8.42	8.80	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Fac- ility PE RVUs	Mat-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Fac- ility Total	Global
26340		A	Manipulate finger w/anesth	2.62	NA	NA	4.63	4.82	0.39	NA	NA	7.64	7.83	090
26350		A	Repair finger/hand tendon	6.07	NA	NA	9.48	13.33	0.93	NA	NA	16.48	20.33	090
26352		A	Repair/graft hand tendon	7.75	NA	NA	10.05	14.03	1.13	NA	NA	18.93	22.91	090
26356		A	Repair finger/hand tendon	10.22	NA	NA	13.76	17.22	1.21	NA	NA	25.19	28.65	090
26357		A	Repair finger/hand tendon	8.65	NA	NA	10.28	14.29	1.33	NA	NA	20.26	24.27	090
26358		A	Repair/graft hand tendon	9.22	NA	NA	10.85	15.19	1.38	NA	NA	21.45	25.79	090
26370		A	Repair finger/hand tendon	7.17	NA	NA	9.51	13.71	1.12	NA	NA	17.80	22.00	090
26372		A	Repair/graft hand tendon	8.89	NA	NA	10.52	15.03	1.40	NA	NA	20.81	25.32	090
26373		A	Repair/graft hand tendon	8.29	NA	NA	10.18	14.58	1.23	NA	NA	19.70	24.10	090
26390		A	Revise hand/finger tendon	9.31	NA	NA	9.13	12.24	1.40	NA	NA	19.84	22.95	090
26392		A	Repair/graft hand tendon	10.38	NA	NA	11.07	15.31	1.57	NA	NA	23.02	27.26	090
26410		A	Repair hand tendon	4.68	NA	NA	7.56	10.85	0.73	NA	NA	12.97	16.26	090
26412		A	Repair/graft hand tendon	6.37	NA	NA	8.56	12.09	0.97	NA	NA	15.90	19.43	090
26415		A	Excision, hand/finger tendon	8.40	NA	NA	6.73	10.52	0.98	NA	NA	16.11	19.90	090
26416		A	Graft hand or finger tendon	9.44	NA	NA	8.71	13.12	0.79	NA	NA	18.94	23.35	090
26418		A	Repair finger tendon	4.33	NA	NA	8.08	11.26	0.67	NA	NA	13.08	16.26	090
26420		A	Repair/graft finger tendon	6.83	NA	NA	8.75	12.41	1.07	NA	NA	16.65	20.31	090
26426		A	Repair finger/hand tendon	6.21	NA	NA	8.54	12.01	0.95	NA	NA	15.70	19.17	090
26428		A	Repair/graft finger tendon	7.28	NA	NA	9.28	12.72	1.09	NA	NA	17.65	21.09	090
26432		A	Repair finger tendon	4.07	NA	NA	6.70	9.37	0.64	NA	NA	11.41	14.08	090
26433		A	Repair finger tendon	4.61	NA	NA	6.95	9.83	0.72	NA	NA	12.28	15.16	090
26434		A	Repair/graft finger tendon	6.15	NA	NA	7.90	10.63	0.93	NA	NA	14.98	17.71	090
26437		A	Realignment of tendons	5.88	NA	NA	7.73	10.61	0.89	NA	NA	14.50	17.38	090
26440		A	Release palm/finger tendon	5.07	NA	NA	8.44	12.18	0.75	NA	NA	14.26	18.00	090
26442		A	Release palm & finger tendon	9.50	NA	NA	11.66	14.87	1.20	NA	NA	22.36	25.57	090
26445		A	Release hand/finger tendon	4.36	NA	NA	8.10	11.88	0.65	NA	NA	13.11	16.89	090
26449		A	Release forearm/hand tendon	8.34	NA	NA	11.33	14.86	1.06	NA	NA	20.73	24.06	090
26450		A	Incision of palm tendon	3.71	NA	NA	5.12	6.78	0.59	NA	NA	9.42	11.08	090
26455		A	Incision of finger tendon	3.68	NA	NA	5.06	6.73	0.58	NA	NA	9.32	10.99	090
26460		A	Incise hand/finger tendon	3.50	NA	NA	5.02	6.61	0.55	NA	NA	9.07	10.66	090
26471		A	Fusion of finger tendons	5.79	NA	NA	7.69	10.35	0.88	NA	NA	14.36	17.02	090
26474		A	Fusion of finger tendons	5.38	NA	NA	7.50	10.42	0.76	NA	NA	13.64	16.56	090
26476		A	Tendon lengthening	5.24	NA	NA	7.42	10.05	0.79	NA	NA	13.45	16.08	090
26477		A	Tendon shortening	5.21	NA	NA	7.48	10.17	0.81	NA	NA	13.50	16.19	090
26478		A	Lengthening of hand tendon	5.86	NA	NA	7.65	10.79	0.90	NA	NA	14.41	17.55	090
26479		A	Shortening of hand tendon	5.80	NA	NA	7.71	10.60	0.92	NA	NA	14.43	17.32	090
26480		A	Transplant hand tendon	6.76	NA	NA	9.58	13.68	1.02	NA	NA	17.36	21.46	090
26483		A	Transplant/graft hand tendon	8.36	NA	NA	10.22	14.18	1.26	NA	NA	19.84	23.80	090
26485		A	Transplant palm tendon	7.77	NA	NA	10.29	14.01	1.15	NA	NA	18.88	22.93	090
26489		A	Transplant/graft palm tendon	9.74	NA	NA	10.29	11.62	1.26	NA	NA	21.29	22.62	090
26490		A	Revise thumb tendon	8.48	NA	NA	8.94	11.85	1.21	NA	NA	18.63	21.54	090
26492		A	Tendon transfer with graft	9.70	NA	NA	9.82	12.86	1.40	NA	NA	20.92	23.76	090
26494		A	Hand tendon/muscle transfer	8.54	NA	NA	9.02	11.98	1.28	NA	NA	18.84	21.80	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Mal-Frac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
26496	A	Revise thumb tendon	9.66	NA	NA	9.50	12.30	1.45	NA	NA	20.61	23.41	090
26497	A	Finger tendon transfer	9.64	NA	NA	9.46	12.54	1.41	NA	NA	20.51	23.59	090
26498	A	Finger tendon transfer	14.07	NA	NA	11.58	15.02	2.11	NA	NA	27.76	31.20	090
26499	A	Revision of finger	9.05	NA	NA	8.80	11.98	1.35	NA	NA	19.20	22.38	090
26500	A	Hand tendon reconstruction	6.02	NA	NA	7.82	10.54	0.90	NA	NA	14.74	17.46	090
26502	A	Hand tendon reconstruction	7.20	NA	NA	8.39	11.11	1.13	NA	NA	16.72	19.44	090
26508	A	Release thumb contracture	6.07	NA	NA	7.76	10.70	0.98	NA	NA	14.81	17.75	090
26510	A	Thumb tendon transfer	5.49	NA	NA	7.59	10.40	0.79	NA	NA	13.87	16.68	090
26516	A	Fusion of knuckle joint	7.21	NA	NA	8.24	11.23	1.10	NA	NA	16.55	19.54	090
26517	A	Fusion of knuckle joints	8.96	NA	NA	9.28	12.45	1.41	NA	NA	19.65	22.82	090
26518	A	Fusion of knuckle joints	9.15	NA	NA	9.23	12.35	1.35	NA	NA	19.73	22.85	090
26520	A	Release knuckle contracture	5.36	NA	NA	8.82	12.62	0.80	NA	NA	14.98	18.78	090
26525	A	Release finger contracture	5.39	NA	NA	8.83	12.69	0.81	NA	NA	15.03	18.89	090
26530	A	Revise knuckle joint	6.76	NA	NA	5.47	5.97	1.04	NA	NA	13.27	13.77	090
26531	A	Revise knuckle with implant	7.99	NA	NA	6.22	6.90	1.17	NA	NA	15.38	16.06	090
26535	A	Revise finger joint	5.30	NA	NA	4.10	3.83	0.71	NA	NA	10.11	9.84	090
26536	A	Revise/implant finger joint	6.44	NA	NA	9.16	9.53	0.96	NA	NA	16.56	16.93	090
26540	A	Repair hand joint	6.49	NA	NA	8.01	10.91	0.99	NA	NA	15.49	18.39	090
26541	A	Repair hand joint with graft	8.69	NA	NA	9.08	12.31	1.28	NA	NA	19.05	22.28	090
26542	A	Repair hand joint with graft	6.84	NA	NA	8.14	11.06	1.02	NA	NA	16.00	18.92	090
26545	A	Reconstruct finger joint	6.99	NA	NA	8.37	11.19	1.05	NA	NA	16.41	19.23	090
26546	A	Repair nonunion hand	10.53	NA	NA	11.46	14.14	1.44	NA	NA	23.43	26.11	090
26548	A	Reconstruct finger joint	8.10	NA	NA	8.83	11.85	1.20	NA	NA	18.13	21.15	090
26550	A	Construct thumb replacement	21.54	NA	NA	15.48	17.06	2.46	NA	NA	39.48	41.06	090
26551	A	Great toe-hand transfer	48.23	NA	NA	21.70	29.76	7.98	NA	NA	77.91	85.97	090
26553	A	Single transfer, toe-hand	47.92	NA	NA	20.69	22.18	2.42	NA	NA	71.03	72.52	090
26554	A	Double transfer, toe-hand	56.73	NA	NA	19.35	32.99	9.44	NA	NA	85.52	99.16	090
26555	A	Positional change of finger	16.94	NA	NA	13.95	17.12	2.49	NA	NA	33.38	36.55	090
26556	A	Toe joint transfer	49.43	NA	NA	17.83	29.45	2.58	NA	NA	69.84	81.46	090
26560	A	Repair of web finger	5.43	NA	NA	7.10	9.13	0.85	NA	NA	13.38	15.41	090
26561	A	Repair of web finger	10.98	NA	NA	9.48	11.63	1.45	NA	NA	21.91	24.06	090
26562	A	Repair of web finger	16.40	NA	NA	14.12	16.39	2.24	NA	NA	32.76	35.03	090
26565	A	Correct metacarpal flaw	6.80	NA	NA	7.91	10.99	1.00	NA	NA	15.71	18.79	090
26567	A	Correct finger deformity	6.88	NA	NA	10.18	11.01	1.04	NA	NA	16.10	18.93	090
26568	A	Lengthen metacarpal/finger	9.15	NA	NA	10.18	14.12	1.49	NA	NA	20.82	24.76	090
26580	A	Repair hand deformity	19.50	NA	NA	11.36	13.07	2.29	NA	NA	33.15	34.86	090
26587	A	Reconstruct extra finger	14.36	NA	NA	8.49	9.03	1.53	NA	NA	24.38	24.92	090
26590	A	Repair finger deformity	18.51	NA	NA	10.52	13.09	2.78	NA	NA	31.81	34.38	090
26591	A	Repair muscles of hand	3.30	NA	NA	6.28	8.79	0.48	NA	NA	10.06	12.57	090
26593	A	Release muscles of hand	5.38	NA	NA	7.76	10.29	0.78	NA	NA	13.92	16.45	090
26596	A	Excision constricting tissue	9.02	NA	NA	7.50	8.49	1.43	NA	NA	17.95	18.94	090
26600	A	Treat metacarpal fracture	2.48	3.83	3.67	3.48	2.86	0.30	6.61	6.45	6.26	5.64	090
26605	A	Treat metacarpal fracture	2.92	4.08	4.44	3.51	3.62	0.49	7.49	7.85	6.92	7.03	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non- Facility RVUs	Fully Im- plement- ed Facility PE RVUs	Year 2007 Transi- tional Facility RVUs	Mix-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non- Facility Total	Fully Im- plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
26607		A	Treat metacarpal fracture	5.40	NA	NA	4.91	5.93	0.87	NA	NA	11.18	12.20	090
26608		A	Treat metacarpal fracture	5.43	NA	NA	5.27	6.01	0.88	NA	NA	11.58	12.32	090
26615		A	Treat metacarpal fracture	5.38	NA	NA	4.78	5.17	0.86	NA	NA	11.02	11.41	090
26641		A	Treat thumb dislocation	4.01	4.17	4.47	3.52	3.53	0.39	8.57	8.87	7.92	7.93	090
26645		A	Treat thumb fracture	4.47	4.60	5.03	3.92	4.12	0.67	9.74	10.17	9.06	9.26	090
26650		A	Treat thumb fracture	5.80	NA	NA	5.65	6.43	0.94	NA	NA	12.39	13.17	090
26665		A	Treat thumb fracture	7.72	NA	NA	5.93	6.44	0.90	NA	NA	14.55	15.06	090
26670		A	Treat hand dislocation	3.74	3.54	4.08	2.96	2.95	0.39	7.67	8.21	7.09	7.08	090
26675		A	Treat hand dislocation	4.71	4.88	5.32	4.18	4.40	0.77	10.36	10.80	9.66	9.98	090
26676		A	Pin hand dislocation	5.60	NA	NA	5.59	6.42	0.91	NA	NA	12.10	12.93	090
26685		A	Treat hand dislocation	7.09	NA	NA	5.47	5.97	1.09	NA	NA	13.65	14.15	090
26686		A	Treat hand dislocation	8.06	NA	NA	6.18	6.72	1.24	NA	NA	15.48	16.02	090
26700		A	Treat knuckle dislocation	3.74	3.33	3.65	2.96	2.89	0.35	7.42	7.74	7.05	6.98	090
26705		A	Treat knuckle dislocation	4.26	4.82	4.11	4.25	0.66	0.66	9.74	10.12	9.03	9.17	090
26706		A	Pin knuckle dislocation	5.19	NA	NA	4.74	5.00	0.81	NA	NA	10.74	11.00	090
26715		A	Treat knuckle dislocation	5.79	NA	NA	4.95	5.37	0.91	NA	NA	11.65	12.07	090
26720		A	Treat finger fracture, each	1.70	2.58	2.73	2.12	2.12	0.24	4.52	4.67	4.06	4.06	090
26725		A	Treat finger fracture, each	3.39	3.09	3.48	2.31	2.42	0.23	8.01	8.52	7.35	7.40	090
26727		A	Treat finger fracture, each	5.30	NA	NA	4.60	3.48	0.53	8.01	8.52	7.35	7.40	090
26735		A	Treat finger fracture, each	6.03	NA	NA	5.24	5.98	0.84	NA	NA	11.38	12.12	090
26740		A	Treat finger fracture, each	1.99	2.95	3.09	5.04	5.42	0.95	NA	NA	12.02	12.40	090
26742		A	Treat finger fracture, each	3.90	4.35	4.83	3.64	3.82	0.31	5.25	5.39	4.97	4.99	090
26746		A	Treat finger fracture, each	5.86	NA	NA	4.83	5.42	0.58	8.83	9.31	8.12	8.30	090
26750		A	Treat finger fracture, each	1.74	2.24	2.42	5.01	5.42	0.91	NA	NA	11.78	12.19	090
26755		A	Treat finger fracture, each	3.15	3.80	4.27	2.24	2.07	0.22	4.20	4.38	4.20	4.03	090
26756		A	Pin finger fracture, each	4.46	NA	NA	2.99	3.00	0.42	7.37	7.84	6.56	6.57	090
26765		A	Treat finger fracture, each	4.21	NA	NA	4.89	5.51	0.71	NA	NA	10.06	10.68	090
26770		A	Treat finger dislocation	3.07	2.91	3.30	4.04	4.30	0.66	NA	NA	8.91	9.17	090
26775		A	Treat finger dislocation	3.78	4.56	5.03	2.54	2.44	0.27	6.25	6.64	5.88	5.78	090
26776		A	Pin finger dislocation	4.87	NA	NA	3.83	3.82	0.54	8.88	9.35	8.15	8.14	090
26785		A	Treat finger dislocation	4.25	NA	NA	5.04	5.76	0.77	NA	NA	10.68	11.40	090
26820		A	Thumb fusion with graft	8.33	NA	NA	4.10	4.42	0.68	NA	NA	9.03	9.35	090
26841		A	Fusion of thumb	7.21	NA	NA	8.71	12.12	1.30	NA	NA	18.34	21.75	090
26842		A	Thumb fusion with graft	8.37	NA	NA	8.69	12.10	1.18	NA	NA	17.08	20.49	090
26843		A	Fusion of hand joint	7.67	NA	NA	8.97	12.27	1.32	NA	NA	18.66	21.96	090
26844		A	Fusion/graft of hand joint	8.86	NA	NA	8.19	11.31	1.15	NA	NA	20.13	20.13	090
26850		A	Fusion of knuckle	7.03	NA	NA	9.18	12.32	1.33	NA	NA	19.37	22.51	090
26852		A	Fusion of knuckle with graft	8.59	NA	NA	8.31	11.23	1.06	NA	NA	16.40	19.32	090
26860		A	Fusion of finger joint	4.76	NA	NA	9.17	11.96	1.22	NA	NA	18.98	21.77	090
26861		A	Fusion of finger jnt, add-on	1.74	NA	NA	7.54	10.28	0.73	NA	NA	13.03	15.77	090
26862		A	Fusion/graft of finger joint	7.44	NA	NA	0.72	0.88	0.27	NA	NA	2.73	2.89	ZZZ
26863		A	Fuse/graft adduct joint	3.89	NA	NA	8.72	11.44	1.10	NA	NA	17.26	19.98	090
26910		A	Amputate metacarpal bone	7.67	NA	NA	1.61	1.99	0.56	NA	NA	6.06	6.44	ZZZ
26910		A	Amputate metacarpal bone	7.67	NA	NA	8.32	10.50	1.16	NA	NA	17.15	19.33	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
26951		A	Amputation of finger/thumb	5.85	NA	NA	8.39	9.71	0.71	NA	14.95	NA	14.95	16.27	090
26952		A	Amputation of finger/thumb	6.37	NA	NA	7.99	10.74	0.95	NA	15.31	NA	15.31	18.06	090
26989		C	Hand/finger surgery	7.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
26990		A	Drainage of pelvis lesion	6.97	8.55	10.51	6.28	6.98	1.22	NA	15.34	NA	15.34	16.04	090
26991		A	Drainage of pelvis bursa	13.37	NA	NA	4.88	5.29	1.11	16.63	12.94	18.59	12.94	13.37	090
26992		A	Drainage of bone lesion	5.66	NA	NA	8.67	9.95	2.17	NA	24.21	NA	24.21	25.49	090
27000		A	Incision of hip tendon	7.05	NA	NA	4.57	5.10	0.98	NA	11.21	NA	11.21	11.74	090
27001		A	Incision of hip tendon	7.70	NA	NA	5.24	5.88	1.24	NA	13.53	NA	13.53	14.17	090
27003		A	Incision of hip tendon	9.96	NA	NA	5.85	6.32	1.12	NA	14.67	NA	14.67	15.14	090
27005		A	Incision of hip tendon	9.99	NA	NA	6.82	7.57	1.73	NA	18.51	NA	18.51	19.26	090
27006		A	Incision of hip tendons	12.66	NA	NA	6.86	7.70	1.70	NA	18.55	NA	18.55	19.39	090
27025		A	Incision of hip/high fascia	13.54	NA	NA	8.12	8.44	1.85	NA	22.63	NA	22.63	22.95	090
27030		A	Drainage of hip joint	13.99	NA	NA	8.14	9.27	2.27	NA	23.95	NA	23.95	25.08	090
27033		A	Exploration of hip joint	17.23	NA	NA	8.49	9.56	2.33	NA	24.81	NA	24.81	25.88	090
27035		A	Denervation of hip joint	14.18	NA	NA	9.74	10.86	2.16	NA	29.13	NA	29.13	30.25	090
27036		A	Excision of hip joint/muscle	2.89	4.99	5.17	9.01	9.75	2.27	NA	25.46	NA	25.46	26.20	090
27040		A	Biopsy of soft tissues	7.51	7.07	7.10	1.77	1.95	0.27	8.15	8.33	8.33	8.33	5.11	010
27041		A	Biopsy of soft tissues	10.07	NA	NA	6.41	6.41	1.35	NA	17.12	NA	17.12	17.83	090
27047		A	Remove hip/pelvis lesion	6.44	NA	NA	4.55	4.72	1.03	15.61	13.09	15.64	13.09	13.26	090
27048		A	Remove hip/pelvis lesion	15.20	NA	NA	4.64	4.76	0.92	NA	12.00	NA	12.00	12.12	090
27049		A	Remove tumor, hip/pelvis	4.65	NA	NA	8.24	8.36	2.07	NA	25.51	NA	25.51	25.63	090
27050		A	Biopsy of sacroiliac joint	7.27	NA	NA	3.76	4.26	0.60	NA	9.01	NA	9.01	9.51	090
27052		A	Biopsy of hip joint	5.68	NA	NA	5.68	5.83	1.08	NA	14.03	NA	14.03	14.18	090
27054		A	Removal of hip joint lining	9.09	NA	NA	6.51	7.13	1.47	NA	17.07	NA	17.07	17.69	090
27060		A	Removal of ischial bursa	5.78	NA	NA	4.43	4.39	0.80	NA	11.01	NA	11.01	10.97	090
27082		A	Remove femur lesion/bursa	6.44	NA	NA	4.64	5.05	0.93	NA	11.23	NA	11.23	11.64	090
27085		A	Removal of hip bone lesion	11.06	NA	NA	5.12	5.36	1.01	NA	12.57	NA	12.57	12.81	090
27066		A	Removal of hip bone lesion	14.57	NA	NA	7.49	8.20	1.80	NA	20.35	NA	20.35	21.06	090
27067		A	Remove/graft hip bone lesion	11.44	NA	NA	8.86	10.21	1.85	NA	25.28	NA	25.28	26.63	090
27070		A	Partial removal of hip bone	12.25	NA	NA	7.97	8.84	1.75	NA	21.16	NA	21.16	22.03	090
27071		A	Partial removal of hip bone	36.77	NA	NA	8.56	9.73	1.93	NA	22.74	NA	22.74	23.91	090
27075		A	Extensive hip surgery	24.25	NA	NA	16.74	18.59	5.66	NA	59.17	NA	59.17	61.02	090
27076		A	Extensive hip surgery	42.54	NA	NA	12.83	14.09	3.71	NA	40.79	NA	40.79	42.05	090
27077		A	Extensive hip surgery	14.91	NA	NA	20.10	22.02	6.14	NA	68.78	NA	68.78	70.70	090
27078		A	Extensive hip surgery	6.80	NA	NA	8.87	9.67	2.23	NA	25.64	NA	25.64	26.44	090
27079		A	Extensive hip surgery	11.57	NA	NA	7.50	9.03	1.95	NA	24.36	NA	24.36	25.89	090
27080		A	Removal of tail bone	1.89	3.75	4.35	4.75	4.81	0.93	NA	12.48	NA	12.48	12.54	090
27086		A	Remove hip foreign body	8.72	NA	NA	1.54	1.75	0.25	5.89	6.49	6.49	6.49	3.89	010
27087		A	Remove hip foreign body	11.57	NA	NA	5.67	6.41	1.35	NA	15.74	NA	15.74	16.48	090
27090		A	Removal of hip prosthesis	24.15	NA	NA	7.47	8.45	1.95	NA	20.99	NA	20.99	21.97	090
27091		A	Removal of hip prosthesis	1.30	2.97	4.09	13.11	13.77	3.85	NA	41.11	NA	41.11	41.77	090
27093		A	Injection for hip x-ray	1.50	3.61	5.19	0.42	0.47	0.13	4.40	1.85	5.52	1.85	1.90	000
27095		A	Injection for hip x-ray	1.50	3.61	5.19	0.48	0.51	0.14	5.25	2.12	6.83	2.12	2.15	000

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
27096		A	Inject sacroiliac joint	1.40	2.48	3.88	0.33	0.33	5.36	1.81	1.81	000
27097		A	Revision of hip tendon	9.16	NA	NA	6.36	6.40	NA	17.09	17.13	090
27098		A	Transfer tendon to pelvis	9.20	NA	NA	4.89	6.49	NA	15.04	16.64	090
27100		A	Transfer of abdominal muscle	11.21	NA	NA	7.41	8.35	NA	20.48	21.42	090
27105		A	Transfer of spinal muscle	11.90	NA	NA	7.96	8.86	NA	21.59	22.49	090
27110		A	Transfer of iliopsoas muscle	13.63	NA	NA	8.67	9.00	NA	24.49	24.82	090
27111		A	Transfer of iliopsoas muscle	12.46	NA	NA	8.89	8.89	NA	22.58	23.30	090
27120		A	Reconstruction of hip socket	19.10	NA	NA	10.85	11.59	NA	33.04	33.78	090
27122		A	Reconstruction of hip socket	15.95	NA	NA	9.54	10.67	NA	28.11	29.24	090
27125		A	Partial hip replacement	16.46	NA	NA	9.72	10.40	NA	28.73	29.41	090
27130		A	Total hip arthroplasty	21.61	NA	NA	11.95	12.96	NA	37.07	38.08	090
27132		A	Total hip arthroplasty	25.49	NA	NA	13.64	15.13	NA	43.18	44.67	090
27134		A	Revise hip joint replacement	30.13	NA	NA	14.94	17.08	NA	50.02	52.16	090
27137		A	Revise hip joint replacement	22.55	NA	NA	11.90	13.42	NA	38.13	39.65	090
27138		A	Revise hip joint replacement	23.55	NA	NA	12.30	13.87	NA	39.70	41.27	090
27140		A	Transplant femur ridge	12.66	NA	NA	7.84	9.02	NA	22.62	23.80	090
27146		A	Incision of hip bone	18.72	NA	NA	10.78	11.79	NA	32.47	33.48	090
27147		A	Revision of hip bone	21.87	NA	NA	12.05	12.95	NA	37.50	38.40	090
27151		A	Revision of hip bones	23.92	NA	NA	12.50	9.09	NA	40.34	36.93	090
27156		A	Revision of hip bones	26.03	NA	NA	13.61	15.45	NA	43.86	45.70	090
27158		A	Revision of pelvis	20.89	NA	NA	7.12	10.01	NA	31.18	34.07	090
27161		A	Incision of neck of femur	17.74	NA	NA	10.47	11.69	NA	31.16	32.38	090
27165		A	Incision/fixation of femur	20.06	NA	NA	11.77	12.63	NA	34.94	35.80	090
27170		A	Repair/graft femur head/neck	17.46	NA	NA	9.86	10.94	NA	30.14	31.22	090
27175		A	Treat slipped epiphysis	9.29	NA	NA	5.83	6.46	NA	16.58	17.21	090
27176		A	Treat slipped epiphysis	12.78	NA	NA	8.30	8.83	NA	23.31	23.84	090
27177		A	Treat slipped epiphysis	15.94	NA	NA	9.74	10.60	NA	28.30	29.16	090
27178		A	Treat slipped epiphysis	12.78	NA	NA	8.29	8.39	NA	23.16	23.26	090
27179		A	Revise head/neck of femur	13.83	NA	NA	8.59	9.64	NA	24.68	25.73	090
27181		A	Treat slipped epiphysis	15.98	NA	NA	9.86	10.12	NA	27.41	27.67	090
27185		A	Revision of femur epiphysis	9.67	NA	NA	6.71	7.32	NA	18.78	19.39	090
27187		A	Reinforce hip bones	14.09	NA	NA	8.76	9.93	NA	25.23	26.40	090
27193		A	Treat pelvic ring fracture	5.98	4.66	4.98	4.66	4.98	11.92	11.60	11.92	090
27194		A	Treat pelvic ring fracture	10.08	NA	NA	6.65	7.40	NA	18.38	19.13	090
27200		A	Treat tail bone fracture	1.87	2.08	2.19	2.08	2.13	4.34	4.23	4.28	090
27202		A	Treat tail bone fracture	7.25	NA	NA	11.14	15.43	NA	19.45	23.74	090
27215		A	Treat pelvic fracture(s)	10.45	NA	NA	6.55	6.95	NA	18.98	19.38	090
27216		A	Treat pelvic ring fracture	15.73	NA	NA	9.29	9.52	NA	27.66	27.89	090
27217		A	Treat pelvic ring fracture	14.65	NA	NA	8.74	9.79	NA	25.81	26.86	090
27218		A	Treat pelvic ring fracture	20.93	NA	NA	11.45	11.41	NA	35.87	35.83	090
27220		A	Treat hip socket fracture	6.72	5.29	5.61	5.19	5.52	13.40	12.98	13.31	090
27222		A	Treat hip socket fracture	13.97	NA	NA	8.52	9.61	NA	24.69	25.78	090
27226		A	Treat hip wall fracture	15.45	NA	NA	9.04	8.12	NA	26.98	26.06	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Facility RVUs	Mat-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Facility Total	Global
27227		A	Treat hip fracture(s)	25.21	NA	NA	13.50	14.93	4.06	NA	NA	42.77	44.20	090
27228		A	Treat hip fracture(s)	29.13	NA	NA	15.10	16.99	4.67	NA	NA	48.90	50.79	090
27230		A	Treat thigh fracture	5.69	4.99	5.38	4.92	5.06	0.95	11.63	12.02	11.56	11.70	090
27232		A	Treat thigh fracture	11.66	NA	NA	6.02	6.88	1.86	NA	NA	19.54	20.40	090
27235		A	Treat thigh fracture	12.88	NA	NA	8.08	9.11	2.12	NA	NA	23.08	24.11	090
27236		A	Treat thigh fracture	17.43	NA	NA	10.26	10.85	2.72	NA	NA	30.41	31.00	090
27238		A	Treat thigh fracture	5.64	NA	NA	4.70	5.03	0.89	NA	NA	11.23	11.56	090
27240		A	Treat thigh fracture	13.66	NA	NA	8.12	9.13	2.17	NA	NA	23.95	24.96	090
27244		A	Treat thigh fracture	17.08	NA	NA	9.75	10.91	2.78	NA	NA	29.61	30.77	090
27245		A	Treat thigh fracture	21.09	NA	NA	11.52	13.19	3.53	NA	NA	36.14	37.81	090
27246		A	Treat thigh fracture	4.75	3.94	4.33	3.94	4.30	0.81	9.50	9.89	9.50	9.86	090
27248		A	Treat thigh fracture	10.80	NA	NA	7.03	7.92	1.82	NA	NA	19.65	20.54	090
27250		A	Treat hip dislocation	7.21	NA	NA	4.30	4.54	0.62	NA	NA	12.13	12.37	090
27252		A	Treat hip dislocation	10.92	NA	NA	6.53	7.21	1.66	NA	NA	19.11	19.79	090
27253		A	Treat hip dislocation	13.46	NA	NA	8.28	9.41	2.25	NA	NA	23.99	25.12	090
27254		A	Treat hip dislocation	18.80	NA	NA	10.61	11.67	3.18	NA	NA	32.59	33.65	090
27256		A	Treat hip dislocation	5.35	2.40	3.24	1.41	1.91	0.46	7.11	7.95	8.60	8.79	010
27257		A	Treat hip dislocation	16.04	NA	NA	9.50	10.53	2.65	NA	NA	28.19	29.22	090
27259		A	Treat hip dislocation	23.03	NA	NA	12.96	13.83	3.75	NA	NA	39.74	40.61	090
27265		A	Treat hip dislocation	5.12	NA	NA	3.99	4.59	0.63	NA	NA	9.74	10.34	090
27266		A	Treat hip dislocation	7.67	NA	NA	5.57	6.15	1.29	NA	NA	14.53	15.11	090
27275		A	Manipulation of hip joint	2.29	NA	NA	1.90	2.05	0.39	NA	NA	4.58	4.73	010
27280		A	Fusion of sacroiliac joint	14.49	NA	NA	9.10	9.97	2.54	NA	NA	26.13	27.00	090
27282		A	Fusion of pubic bones	11.71	NA	NA	7.86	7.97	1.87	NA	NA	21.44	21.55	090
27284		A	Fusion of hip joint	24.91	NA	NA	12.92	14.30	3.93	NA	NA	41.76	43.14	090
27286		A	Fusion of hip joint	24.97	NA	NA	13.54	15.23	3.13	NA	NA	41.64	43.33	090
27290		A	Amputation of leg at hip	24.38	NA	NA	12.56	13.69	3.44	NA	NA	40.38	41.51	090
27295		A	Amputation of leg at hip	19.54	NA	NA	9.83	10.94	2.96	NA	NA	32.33	33.44	090
27299		C	Pelvis/hip joint surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27301		A	Drain thigh/knee lesion	6.67	8.18	9.60	4.67	5.02	1.04	15.89	17.31	12.38	12.73	090
27303		A	Drainage of bone lesion	8.52	NA	NA	6.09	6.76	1.43	NA	NA	16.04	16.71	090
27305		A	Incise thigh tendon & fascia	6.09	NA	NA	4.63	5.04	1.01	NA	NA	11.73	12.14	090
27306		A	Incision of thigh tendon	4.66	NA	NA	4.07	4.56	0.85	NA	NA	9.58	10.07	090
27307		A	Incision of thigh tendons	5.97	NA	NA	4.82	5.24	1.04	NA	NA	11.83	12.25	090
27310		A	Exploration of knee joint	9.88	NA	NA	6.85	7.40	1.61	NA	NA	18.34	18.89	090
27323		A	Biopsy, thigh soft tissues	2.30	4.12	3.66	1.91	1.89	0.24	6.66	6.20	4.45	4.43	010
27324		A	Biopsy, thigh soft tissues	4.95	NA	NA	3.84	4.10	0.75	NA	NA	9.54	9.80	090
27325		A	Neurectomy, hamstring	7.09	NA	NA	5.45	5.08	1.09	NA	NA	13.63	13.26	090
27326		A	Neurectomy, popliteal	6.36	NA	NA	4.77	5.12	1.06	NA	NA	12.19	12.54	090
27327		A	Removal of thigh lesion	4.52	6.04	6.00	3.61	3.69	0.64	11.20	11.16	10.52	10.75	090
27328		A	Removal of thigh lesion	5.62	NA	NA	4.06	4.29	0.84	NA	NA	10.52	10.75	090
27329		A	Remove tumor, thigh/knee	15.68	NA	NA	8.91	8.91	2.15	NA	NA	26.41	26.74	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im-plement- ed Non-Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im-plement- ed Facility PE RVUs	Fully Im-plement- ed Facility PE RVUs	Year 2007 Transi- tional Facility RVUs	Year 2007 Transi- tional Facility Total	Fully Im-plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
27330	A	Biopsy, knee joint lining	5.02	NA	NA	4.12	4.46	4.46	10.00	10.34	090	
27331	A	Explore/treat knee joint	5.93	NA	NA	4.85	5.35	5.35	11.80	12.30	090	
27332	A	Removal of knee cartilage	8.34	NA	NA	6.17	6.88	6.88	15.94	16.65	090	
27333	A	Removal of knee cartilage	7.43	NA	NA	5.74	6.44	6.44	14.43	15.13	090	
27334	A	Remove knee joint lining	9.07	NA	NA	6.51	7.19	7.19	17.09	17.77	090	
27335	A	Remove knee joint lining	10.43	NA	NA	7.08	7.94	7.94	19.26	20.12	090	
27340	A	Removal of kneecap bursa	4.23	NA	NA	4.05	4.43	4.43	9.00	9.38	090	
27345	A	Removal of knee cyst	5.98	NA	NA	4.90	5.44	5.44	11.88	12.42	090	
27347	A	Remove knee cyst	6.58	NA	NA	5.26	5.38	5.38	12.82	12.94	090	
27350	A	Removal of kneecap	8.54	NA	NA	6.30	7.01	7.01	16.25	16.96	090	
27355	A	Remove femur lesion	7.89	NA	NA	5.88	6.55	6.55	15.09	15.76	090	
27356	A	Remove femur lesion/graft	9.97	NA	NA	6.88	7.61	7.61	18.50	19.23	090	
27357	A	Remove femur lesion/graft	11.02	NA	NA	7.56	8.42	8.42	20.54	21.40	090	
27358	A	Remove femur lesion/fixation	4.73	NA	NA	1.91	2.37	2.37	7.46	7.92	ZZZ	
27360	A	Partial removal, leg bone(s)	11.34	NA	NA	8.15	9.20	9.20	21.33	22.38	090	
27365	A	Extensive leg surgery	17.93	NA	NA	10.56	11.40	11.40	31.29	32.13	090	
27370	A	Injection for knee x-ray	0.96	2.72	3.47	0.32	0.32	0.32	3.76	1.36	000	
27372	A	Removal of foreign body	5.12	8.28	9.61	4.05	4.53	4.53	14.24	10.49	090	
27380	A	Repair of kneecap tendon	7.34	NA	NA	6.09	6.98	6.98	14.67	15.56	090	
27381	A	Repair/graft kneecap tendon	10.64	NA	NA	7.58	8.71	8.71	20.02	21.15	090	
27385	A	Repair of thigh muscle	8.00	NA	NA	6.37	7.32	7.32	15.73	16.68	090	
27386	A	Repair/graft of thigh muscle	10.99	NA	NA	8.00	9.13	9.13	20.85	21.98	090	
27390	A	Incision of thigh tendon	5.44	NA	NA	4.57	4.98	4.98	10.93	11.34	090	
27391	A	Incision of thigh tendons	7.38	NA	NA	5.55	6.31	6.31	14.16	14.92	090	
27392	A	Incision of thigh tendons	9.51	NA	NA	6.76	7.38	7.38	17.84	18.46	090	
27393	A	Lengthening of thigh tendon	6.50	NA	NA	5.02	5.63	5.63	12.62	13.23	090	
27394	A	Lengthening of thigh tendons	8.68	NA	NA	6.21	6.97	6.97	16.36	17.12	090	
27395	A	Lengthening of thigh tendons	12.10	NA	NA	8.02	9.00	9.00	22.17	23.15	090	
27396	A	Transplant of thigh tendon	8.04	NA	NA	5.94	6.74	6.74	15.32	16.12	090	
27397	A	Transplants of thigh tendons	12.46	NA	NA	8.44	8.89	8.89	22.73	23.18	090	
27400	A	Revise thigh muscles/tendons	9.21	NA	NA	6.19	6.99	6.99	16.71	17.51	090	
27403	A	Repair of knee cartilage	8.51	NA	NA	6.11	6.91	6.91	16.06	16.86	090	
27405	A	Repair of knee ligament	8.96	NA	NA	6.46	7.23	7.23	16.93	17.70	090	
27407	A	Repair of knee ligament	10.71	NA	NA	6.71	7.92	7.92	19.21	20.42	090	
27408	A	Repair of knee ligaments	13.57	NA	NA	8.47	9.58	9.58	24.29	25.40	090	
27412	A	Autochondrocyte implant knee	24.53	NA	NA	13.71	14.53	14.53	42.60	43.42	090	
27415	A	Osteochondral knee allograft	19.79	NA	NA	11.90	12.39	12.39	36.05	36.54	090	
27418	A	Repair degenerated kneecap	11.46	NA	NA	7.64	8.59	8.59	20.99	21.94	090	
27420	A	Revision of unstable kneecap	10.14	NA	NA	6.98	7.83	7.83	18.84	19.69	090	
27422	A	Revision of unstable kneecap	10.09	NA	NA	6.93	7.82	7.82	18.73	19.62	090	
27424	A	Revision/removal of kneecap	10.12	NA	NA	6.94	7.80	7.80	18.77	19.63	090	
27425	A	Lat retractor release open	5.28	NA	NA	4.72	5.32	5.32	18.00	18.83	090	
27427	A	Reconstruction, knee	9.67	NA	NA	6.73	7.53	7.53	18.03	18.83	090	

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
27428	A	Reconstruction, knee	15.33	NA	10.16	10.16	10.97	NA	2.43	NA	090
27429	A	Reconstruction, knee	17.24	NA	11.37	11.37	12.15	NA	2.71	NA	090
27430	A	Revision of thigh muscles	10.04	NA	6.91	6.91	7.73	NA	1.70	NA	090
27435	A	Incision of knee joint	10.66	NA	7.71	7.71	8.29	NA	1.70	NA	090
27437	A	Revise kneecap	8.82	NA	6.25	6.25	6.99	NA	1.49	NA	090
27438	A	Revise kneecap with implant	11.77	NA	7.60	7.60	8.31	NA	1.96	NA	090
27440	A	Revision of knee joint	10.97	NA	7.19	7.19	6.29	NA	1.82	NA	090
27441	A	Revision of knee joint	11.42	NA	7.54	7.54	6.92	NA	1.89	NA	090
27442	A	Revision of knee joint	12.25	NA	7.81	7.81	8.64	NA	2.10	NA	090
27443	A	Revision of knee joint	11.29	NA	7.43	7.43	8.40	NA	2.06	NA	090
27445	A	Revision of knee joint	18.52	NA	10.58	10.58	11.91	NA	3.09	NA	090
27446	A	Revision of knee joint	16.26	NA	9.41	9.41	10.81	NA	2.81	NA	090
27447	A	Revision of knee joint	23.04	NA	12.75	12.75	14.14	NA	3.80	NA	090
27448	A	Total knee arthroplasty	11.48	NA	7.46	7.46	8.32	NA	1.95	NA	090
27450	A	Incision of thigh	14.47	NA	8.85	8.85	10.15	NA	2.43	NA	090
27454	A	Realignment of thigh bone	18.97	NA	10.79	10.79	12.07	NA	3.13	NA	090
27455	A	Realignment of knee	13.24	NA	8.43	8.43	9.52	NA	2.25	NA	090
27457	A	Realignment of knee	13.92	NA	8.29	8.29	9.51	NA	2.35	NA	090
27465	A	Shortening of thigh bone	18.44	NA	10.40	10.40	10.27	NA	2.48	NA	090
27466	A	Lengthening of thigh bone	17.13	NA	10.20	10.20	11.42	NA	2.78	NA	090
27468	A	Shorten/lengthen thighs	19.82	NA	11.33	11.33	12.10	NA	3.31	NA	090
27470	A	Repair of thigh	16.97	NA	10.26	10.26	11.41	NA	2.80	NA	090
27472	A	Repair/graft of thigh	18.57	NA	10.77	10.77	12.20	NA	3.08	NA	090
27475	A	Surgery to stop leg growth	8.82	NA	6.88	6.88	7.13	NA	1.36	NA	090
27477	A	Surgery to stop leg growth	10.03	NA	6.67	6.67	7.47	NA	1.74	NA	090
27479	A	Surgery to stop leg growth	13.04	NA	5.06	5.06	8.50	NA	2.79	NA	090
27485	A	Surgery to stop leg growth	9.02	NA	6.26	6.26	7.12	NA	1.53	NA	090
27486	A	Revise/replace knee joint	20.92	NA	11.79	11.79	13.07	NA	3.37	NA	090
27487	A	Revise/replace knee joint	26.91	NA	14.21	14.21	15.97	NA	4.40	NA	090
27488	A	Removal of knee prosthesis	17.40	NA	10.38	10.38	11.37	NA	2.75	NA	090
27495	A	Reinforce thigh	16.40	NA	9.74	9.74	10.99	NA	2.72	NA	090
27496	A	Decompression of thigh/knee	6.66	NA	5.02	5.02	5.46	NA	0.99	NA	090
27497	A	Decompression of thigh/knee	7.70	NA	4.67	4.67	5.24	NA	1.15	NA	090
27498	A	Decompression of thigh/knee	8.54	NA	5.37	5.37	5.81	NA	1.24	NA	090
27499	A	Decompression of thigh/knee	9.31	NA	5.84	5.84	6.58	NA	1.47	NA	090
27500	A	Treatment of thigh fracture	6.21	5.44	4.66	4.66	4.91	13.18	12.67	12.14	090
27501	A	Treatment of thigh fracture	6.34	5.05	4.96	4.96	5.28	12.98	12.42	12.65	090
27502	A	Treatment of thigh fracture	11.24	NA	6.95	6.95	7.82	NA	1.79	NA	090
27503	A	Treatment of thigh fracture	11.13	NA	7.29	7.29	8.04	NA	1.85	NA	090
27506	A	Treatment of thigh fracture	19.42	NA	11.26	11.26	12.40	NA	3.04	NA	090
27507	A	Treatment of thigh fracture	14.39	NA	8.23	8.23	9.44	NA	2.43	NA	090
27508	A	Treatment of thigh fracture	6.08	5.71	5.08	5.08	5.38	13.32	12.76	12.43	090
27509	A	Treatment of thigh fracture	8.02	NA	6.57	6.57	7.61	NA	1.34	NA	090

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional PE RVUs	Year 2007 Transi- tional PE RVUs	Year 2007 Transi- tional PE RVUs	Fully Im- plement- ed Non- Facility RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Year 2007 Transi- tional Facility RVUs	Global
27510		A	Treatment of thigh fracture	9.68	NA	NA	6.36	7.09	1.53	NA	NA	NA	17.57	NA	18.30	090
27511		A	Treatment of thigh fracture	13.94	NA	NA	9.13	10.68	2.38	NA	NA	NA	25.45	NA	27.00	090
27513		A	Treatment of thigh fracture	19.45	NA	NA	11.89	13.38	3.13	NA	NA	NA	34.47	NA	35.96	090
27514		A	Treatment of thigh fracture	19.09	NA	NA	12.01	13.02	3.01	NA	NA	NA	34.11	NA	35.12	090
27516		A	Treat thigh fx growth plate	5.45	5.69	6.19	5.06	5.40	0.81	11.95	12.45	11.32	11.32	11.66	11.66	090
27517		A	Treat thigh fx growth plate	8.98	NA	NA	6.07	7.11	1.22	NA	NA	NA	16.27	NA	17.31	090
27519		A	Treat thigh fx growth plate	15.80	NA	NA	9.92	11.17	2.56	NA	NA	NA	28.28	NA	29.53	090
27520		A	Treat knee/ankle fracture	2.93	4.10	4.43	3.53	3.46	0.47	7.50	7.83	6.86	6.86	6.86	6.86	090
27524		A	Treat knee/ankle fracture	10.25	NA	NA	7.00	7.92	1.75	NA	NA	NA	19.00	NA	19.92	090
27530		A	Treat knee fracture	3.97	4.83	5.19	4.27	4.38	0.65	9.45	9.81	8.89	8.89	9.00	9.00	090
27532		A	Treat knee fracture	7.43	6.45	7.13	5.68	6.26	1.26	15.14	15.82	14.37	14.37	14.95	14.95	090
27535		A	Treat knee fracture	11.80	NA	NA	8.28	9.65	2.01	NA	NA	NA	22.09	NA	23.46	090
27536		A	Treat knee fracture	17.19	NA	NA	10.33	11.29	2.74	NA	NA	NA	30.26	NA	31.22	090
27538		A	Treat knee fracture(s)	4.95	5.54	5.98	4.92	5.12	0.84	11.33	11.77	10.71	10.71	10.91	10.91	090
27540		A	Treat knee fracture	13.45	NA	NA	8.05	9.15	2.28	NA	NA	NA	23.78	NA	24.88	090
27550		A	Treat knee dislocation	5.84	5.31	5.84	4.61	4.85	0.76	11.91	12.44	11.21	11.21	11.45	11.45	090
27552		A	Treat knee dislocation	8.04	NA	NA	6.14	6.75	1.36	NA	NA	NA	15.54	NA	16.15	090
27556		A	Treat knee dislocation	14.95	NA	NA	9.35	11.08	2.51	NA	NA	NA	26.81	NA	28.54	090
27557		A	Treat knee dislocation	17.31	NA	NA	10.63	12.50	2.98	NA	NA	NA	30.92	NA	32.79	090
27558		A	Treat knee dislocation	18.01	NA	NA	10.66	12.45	3.09	NA	NA	NA	31.76	NA	33.55	090
27560		A	Treat knee/ankle dislocation	3.88	3.93	4.61	3.41	3.24	0.40	8.21	8.89	7.69	7.69	7.52	7.52	090
27562		A	Treat knee/ankle dislocation	5.86	NA	NA	4.46	4.69	0.94	NA	NA	NA	11.26	NA	11.49	090
27566		A	Treat knee/ankle dislocation	12.59	NA	NA	7.89	8.96	2.13	NA	NA	NA	22.61	NA	23.68	090
27570		A	Fixation of knee joint	1.76	NA	NA	1.62	1.73	0.30	NA	NA	NA	3.68	NA	3.79	010
27580		A	Fusion of knee	20.90	NA	NA	12.38	14.20	3.38	NA	NA	NA	36.66	NA	38.48	090
27590		A	Amputate leg at thigh	13.35	NA	NA	6.12	6.53	1.75	NA	NA	NA	21.22	NA	21.63	090
27591		A	Amputate leg at thigh	13.82	NA	NA	7.44	8.34	2.03	NA	NA	NA	23.29	NA	24.19	090
27592		A	Amputate leg at thigh	10.86	NA	NA	5.48	6.00	1.45	NA	NA	NA	17.79	NA	18.31	090
27594		A	Amputation follow-up surgery	7.17	NA	NA	4.75	5.07	1.02	NA	NA	NA	12.94	NA	13.26	090
27596		A	Amputation follow-up surgery	11.15	NA	NA	6.05	6.62	1.57	NA	NA	NA	18.77	NA	19.34	090
27598		A	Amputate lower leg at knee	11.08	NA	NA	6.34	6.85	1.65	NA	NA	NA	19.07	NA	19.58	090
27599		C	Leg surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27600		A	Decompression of lower leg	5.94	NA	NA	3.84	4.36	0.86	NA	NA	NA	11.00	NA	11.16	090
27601		A	Decompression of lower leg	5.94	NA	NA	4.26	4.70	0.80	NA	NA	NA	11.00	NA	11.44	090
27602		A	Decompression of lower leg	7.71	NA	NA	4.37	4.94	1.10	NA	NA	NA	13.18	NA	13.75	090
27603		A	Drain lower leg lesion	5.12	6.46	7.37	3.90	4.10	0.74	12.87	13.23	9.76	9.76	9.96	9.96	090
27604		A	Drain lower leg bursa	4.51	6.01	6.18	3.44	3.83	0.69	11.66	11.38	8.64	8.64	9.03	9.03	090
27605		A	Incision of achilles tendon	2.89	5.27	7.08	1.80	2.19	0.41	8.57	10.38	5.10	5.10	5.49	5.49	010
27606		A	Incision of achilles tendon	4.15	NA	NA	2.68	3.19	0.69	NA	NA	NA	7.52	NA	8.03	010
27607		A	Treat lower leg bone lesion	8.51	NA	NA	5.79	6.08	1.31	NA	NA	NA	15.61	NA	15.90	090
27610		A	Explore/treat ankle joint	9.01	NA	NA	6.20	6.80	1.40	NA	NA	NA	16.61	NA	17.21	090
27612		A	Exploration of ankle joint	8.01	NA	NA	5.39	5.92	1.13	NA	NA	NA	14.53	NA	15.06	090
27613		A	Biopsy lower leg soft tissue	2.19	3.86	3.39	1.76	1.79	0.20	6.25	5.78	4.15	4.15	4.18	4.18	010

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS 2	Mod	Status	Description	Physician Work RVUs 3	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Fa- cility Total	Global
27614	A		Biopsy lower leg soft tissue	5.71	7.87	7.32	4.03	4.34	0.78	14.36	13.81	10.52	10.83	090	
27615	A		Remove tumor, lower leg	12.93	NA	NA	8.12	9.07	1.84	NA	NA	22.89	23.84	090	
27618	A		Remove lower leg lesion	5.14	6.38	6.10	3.79	3.94	0.72	12.24	11.96	9.65	9.80	090	
27619	A		Remove lower leg lesion	8.47	10.05	9.65	5.32	5.79	1.25	19.77	19.37	15.04	15.51	090	
27620	A		Explore/treat ankle joint	6.04	NA	NA	4.62	5.25	0.97	NA	NA	11.63	12.26	090	
27625	A		Remove ankle joint lining	8.37	NA	NA	5.63	6.25	1.28	NA	NA	15.28	15.90	090	
27626	A		Remove ankle joint lining	8.98	NA	NA	5.99	6.69	1.48	NA	NA	16.45	17.15	090	
27630	A		Removal of tendon lesion	4.85	7.94	7.66	3.81	4.24	0.74	13.53	13.25	9.40	9.83	090	
27635	A		Remove lower leg bone lesion	7.91	NA	NA	5.70	6.48	1.31	NA	NA	14.92	15.70	090	
27637	A		Remove/graft leg bone lesion	10.17	NA	NA	7.19	8.02	1.66	NA	NA	19.02	19.85	090	
27638	A		Remove/graft leg bone lesion	10.87	NA	NA	7.01	7.97	1.85	NA	NA	19.73	20.69	090	
27640	A		Partial removal of tibia	12.10	NA	NA	8.24	9.79	1.89	NA	NA	22.23	23.78	090	
27641	A		Partial removal of fibula	9.73	NA	NA	6.82	7.96	1.46	NA	NA	18.01	19.15	090	
27645	A		Extensive lower leg surgery	14.78	NA	NA	9.54	11.42	2.42	NA	NA	26.74	28.62	090	
27646	A		Extensive lower leg surgery	13.21	NA	NA	8.45	10.39	2.06	NA	NA	23.72	25.66	090	
27647	A		Extensive ankle/heel surgery	12.85	NA	NA	6.70	7.38	1.76	NA	NA	21.31	21.99	090	
27648	A		Injection for ankle x-ray	0.96	2.62	3.30	0.30	0.32	0.08	3.66	4.34	1.34	1.36	000	
27650	A		Repair achilles tendon	9.94	NA	NA	6.34	7.22	1.59	NA	NA	17.87	18.75	090	
27652	A		Repair/graft achilles tendon	10.64	NA	NA	6.51	7.65	1.72	NA	NA	18.87	20.01	090	
27654	A		Repair of achilles tendon	10.32	NA	NA	6.03	6.86	1.58	NA	NA	17.93	18.76	090	
27656	A		Repair leg fascia defect	4.82	8.06	8.41	3.69	3.75	0.69	13.37	13.72	9.00	9.06	090	
27658	A		Repair of leg tendon, each	5.03	NA	NA	3.92	4.40	0.79	NA	NA	9.74	10.22	090	
27659	A		Repair of leg tendon, each	6.99	NA	NA	4.91	5.46	1.09	NA	NA	12.99	13.54	090	
27664	A		Repair of leg tendon, each	4.64	NA	NA	3.95	4.40	0.76	NA	NA	9.35	9.80	090	
27665	A		Repair of leg tendon, each	5.46	NA	NA	4.50	4.85	0.89	NA	NA	10.85	11.20	090	
27675	A		Repair lower leg tendons	7.24	NA	NA	4.78	5.49	1.11	NA	NA	13.13	13.84	090	
27676	A		Repair lower leg tendons	8.61	NA	NA	5.80	6.51	1.37	NA	NA	15.78	16.49	090	
27680	A		Release of lower leg tendon	5.79	NA	NA	4.40	4.93	0.93	NA	NA	11.12	11.65	090	
27681	A		Release of lower leg tendons	6.94	NA	NA	4.79	5.63	1.15	NA	NA	12.88	13.72	090	
27685	A		Revision of lower leg tendons	6.57	8.84	7.68	4.65	5.26	0.97	16.38	15.22	12.19	12.80	090	
27686	A		Revision lower leg tendons	7.64	NA	NA	5.41	6.22	1.24	NA	NA	14.29	15.10	090	
27687	A		Revision of calf tendon	6.30	NA	NA	4.56	5.12	1.00	NA	NA	11.96	12.42	090	
27690	A		Revise lower leg tendon	8.96	NA	NA	5.53	6.15	1.33	NA	NA	15.82	16.44	090	
27691	A		Revise lower leg tendon	10.28	NA	NA	6.76	7.51	1.64	NA	NA	18.68	19.43	090	
27692	A		Revise additional leg tendon	1.87	NA	NA	0.73	0.88	0.32	NA	NA	2.92	3.07	ZZZ	
27695	A		Repair of ankle ligament	6.58	NA	NA	5.03	5.66	1.05	NA	NA	12.66	13.29	090	
27696	A		Repair of ankle ligaments	8.46	NA	NA	5.47	6.19	1.28	NA	NA	15.21	15.93	090	
27698	A		Repair of ankle ligament	9.49	NA	NA	5.97	6.70	1.47	NA	NA	16.93	17.66	090	
27700	A		Revision of ankle joint	9.54	NA	NA	5.21	5.56	1.30	NA	NA	16.05	16.40	090	
27702	A		Reconstruct ankle joint	14.28	NA	NA	8.77	10.04	2.38	NA	NA	25.43	26.70	090	
27703	A		Reconstruction, ankle joint	16.79	NA	NA	9.95	10.91	2.77	NA	NA	29.51	30.47	090	
27704	A		Removal of ankle implant	7.69	NA	NA	5.72	5.62	1.27	NA	NA	14.68	14.58	090	
27705	A		Incision of tibia	10.74	NA	NA	6.95	7.87	1.81	NA	NA	19.50	20.42	090	

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Facil- ity RVUs	Year 2007 Transi- tional Facil- ity RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Facil- ity Total	Global
27707	A	Incision of fibula	4.67	NA	NA	4.51	4.83	NA	NA	0.76	NA	9.84	10.26	090
27709	A	Incision of tibia & fibula	17.32	NA	NA	9.99	8.60	NA	NA	1.74	NA	29.05	27.66	090
27712	A	Realignment of lower leg	15.67	NA	NA	9.23	10.36	NA	NA	2.48	NA	27.38	28.51	090
27715	A	Revision of lower leg	15.36	NA	NA	9.06	10.34	NA	NA	2.50	NA	26.92	28.20	090
27720	A	Repair of tibia	12.22	NA	NA	8.00	9.05	NA	NA	2.05	NA	23.27	23.32	090
27722	A	Repair/graft of tibia	12.31	NA	NA	8.10	8.87	NA	NA	2.06	NA	22.47	23.24	090
27724	A	Repair/graft of tibia	19.18	NA	NA	10.38	11.87	NA	NA	3.17	NA	32.73	34.22	090
27725	A	Repair of lower leg	17.15	NA	NA	10.63	11.59	NA	NA	2.72	NA	30.50	31.46	090
27727	A	Repair of lower leg	14.69	NA	NA	8.65	9.92	NA	NA	2.44	NA	25.78	27.05	090
27730	A	Repair of fibula epiphysis	7.59	NA	NA	5.32	6.15	NA	NA	1.73	NA	14.64	15.47	090
27732	A	Repair of fibula epiphysis	5.37	NA	NA	4.69	4.87	NA	NA	0.77	NA	10.83	11.01	090
27734	A	Repair lower leg epiphyses	8.72	NA	NA	6.22	6.27	NA	NA	1.35	NA	16.29	16.34	090
27740	A	Repair of leg epiphyses	9.49	NA	NA	6.67	7.66	NA	NA	1.62	NA	17.78	18.77	090
27742	A	Repair of leg epiphyses	10.49	NA	NA	5.93	5.65	NA	NA	1.80	NA	18.22	17.94	090
27745	A	Reinforce tibia	10.37	NA	NA	7.04	7.89	NA	NA	1.76	NA	19.17	20.02	090
27750	A	Treatment of tibia fracture	3.26	4.32	4.65	3.74	3.82	8.46	8.13	0.55	8.46	7.55	7.63	090
27752	A	Treatment of tibia fracture	6.15	5.98	6.48	5.15	5.54	13.64	13.14	1.01	13.64	12.31	12.70	090
27756	A	Treatment of tibia fracture	7.33	NA	NA	5.78	6.29	NA	NA	1.17	NA	14.28	14.79	090
27758	A	Treatment of tibia fracture	12.40	NA	NA	8.09	8.91	NA	NA	2.04	NA	22.53	23.35	090
27759	A	Treatment of tibia fracture	14.31	NA	NA	8.76	9.92	NA	NA	2.39	NA	25.46	26.62	090
27760	A	Treatment of ankle fracture	3.09	4.29	4.58	3.69	3.62	8.15	7.86	0.48	8.15	7.26	7.19	090
27762	A	Treatment of ankle fracture	5.33	5.58	6.14	4.76	5.14	12.32	11.76	0.85	12.32	10.94	11.32	090
27766	A	Treatment of ankle fracture	8.73	NA	NA	6.31	6.99	NA	NA	1.44	NA	16.48	17.16	090
27780	A	Treatment of fibula fracture	2.72	3.89	4.11	3.33	3.24	7.24	7.02	0.41	7.24	6.46	6.37	090
27781	A	Treatment of fibula fracture	4.47	4.97	5.36	4.35	4.57	10.56	10.17	0.73	10.56	9.55	9.77	090
27784	A	Treatment of fibula fracture	7.41	NA	NA	5.63	6.26	NA	NA	1.23	NA	14.27	14.90	090
27786	A	Treatment of ankle fracture	2.91	4.06	4.36	3.44	3.36	7.73	7.43	0.46	7.73	6.81	6.73	090
27788	A	Treatment of ankle fracture	4.52	5.00	5.48	4.28	4.56	10.74	10.26	0.74	10.74	9.54	9.82	090
27792	A	Treatment of ankle fracture	7.91	4.39	4.70	3.71	3.70	8.07	7.76	0.46	8.07	7.08	7.07	090
27808	A	Treatment of ankle fracture	2.91	5.46	6.05	4.61	5.02	12.07	11.48	0.82	12.07	10.63	11.04	090
27810	A	Treatment of ankle fracture	11.10	NA	NA	7.31	8.25	NA	NA	1.86	NA	20.27	21.21	090
27814	A	Treatment of ankle fracture	2.96	4.02	4.29	3.36	3.40	7.68	7.41	0.43	7.68	6.75	6.79	090
27816	A	Treatment of ankle fracture	5.57	5.44	6.14	4.48	5.00	12.53	11.83	0.82	12.53	10.87	11.39	090
27818	A	Treatment of ankle fracture	12.12	NA	NA	8.89	10.21	NA	NA	1.92	NA	22.93	24.25	090
27822	A	Treatment of ankle fracture	14.26	NA	NA	9.54	10.99	NA	NA	2.26	NA	26.06	27.51	090
27824	A	Treat lower leg fracture	3.20	3.74	3.98	3.55	3.56	7.63	7.20	0.45	7.63	7.20	7.21	090
27825	A	Treat lower leg fracture	6.60	5.88	6.42	4.86	5.25	14.04	13.50	1.02	14.04	12.48	12.87	090
27826	A	Treat lower leg fracture	8.97	NA	NA	7.03	8.37	NA	NA	1.47	NA	17.47	18.81	090
27827	A	Treat lower leg fracture	15.75	NA	NA	10.85	12.28	NA	NA	2.44	NA	29.04	30.47	090
27828	A	Treat lower leg fracture	18.19	NA	NA	12.39	13.55	NA	NA	2.82	NA	33.40	34.56	090
27829	A	Treat lower leg joint	5.68	NA	NA	5.55	6.47	NA	NA	0.95	NA	12.16	13.10	090
27830	A	Treat lower leg dislocation	3.85	4.31	4.37	3.76	3.83	8.76	8.70	0.54	8.76	8.15	8.22	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non- Facility Total	Fully Im- plement- ed Facili- ty Total	Year 2007 Transi- tional Fa- cility Total	Global
27831	A	Treat lower leg dislocation	4.62	NA	NA	4.01	4.35	0.73	NA	NA	NA	9.36	9.70	090
27832	A	Treat lower leg dislocation	6.67	NA	NA	4.77	5.82	1.03	NA	NA	NA	12.47	13.52	090
27840	A	Treat ankle dislocation	4.85	NA	NA	3.64	3.73	0.46	NA	NA	NA	8.75	8.84	090
27842	A	Treat ankle dislocation	6.34	NA	NA	4.92	5.07	1.00	NA	NA	NA	12.26	12.41	090
27846	A	Treat ankle dislocation	10.16	NA	NA	6.90	7.67	1.71	NA	NA	NA	18.77	19.54	090
27848	A	Treat ankle dislocation	11.56	NA	NA	7.75	9.22	1.95	NA	NA	NA	21.26	22.73	090
27860	A	Fixation of ankle joint	2.36	NA	NA	1.70	1.91	0.39	NA	NA	NA	4.45	4.66	010
27870	A	Fusion of ankle joint, open	15.21	NA	NA	9.24	10.20	2.37	NA	NA	NA	26.82	27.78	090
27871	A	Fusion of tibiofibular joint	9.42	NA	NA	6.55	7.32	1.59	NA	NA	NA	17.56	18.33	090
27880	A	Amputation of lower leg	15.24	NA	NA	6.77	7.04	1.76	NA	NA	NA	23.77	24.04	090
27881	A	Amputation of lower leg	13.32	NA	NA	7.47	8.50	1.99	NA	NA	NA	22.78	23.81	090
27882	A	Amputation of lower leg	9.67	NA	NA	5.52	6.24	1.29	NA	NA	NA	16.48	17.20	090
27884	A	Amputation follow-up surgery	8.64	NA	NA	5.10	5.59	1.22	NA	NA	NA	14.96	15.45	090
27886	A	Amputation follow-up surgery	9.88	NA	NA	5.75	6.32	1.40	NA	NA	NA	17.03	17.60	090
27888	A	Amputation of foot at ankle	10.23	NA	NA	6.27	7.19	1.51	NA	NA	NA	18.01	18.93	090
27889	A	Amputation of foot at ankle	10.72	NA	NA	5.33	6.19	1.46	NA	NA	NA	17.51	18.37	090
27892	A	Decompression of leg	7.82	NA	NA	4.87	5.41	1.10	NA	NA	NA	13.79	14.33	090
27893	A	Decompression of leg	7.78	NA	NA	5.14	5.38	1.10	NA	NA	NA	14.02	14.26	090
27894	A	Decompression of leg	12.42	NA	NA	7.38	7.67	1.65	NA	NA	NA	21.45	21.74	090
27899	C	Leg/ankle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
28001	A	Drainage of bursa of foot	2.75	4.05	3.25	1.65	1.88	0.33	7.13	6.33	6.33	4.73	4.96	010
28002	A	Treatment of foot infection	5.78	6.78	5.44	3.66	3.74	0.61	13.17	11.83	10.13	10.05	10.13	010
28003	A	Treatment of foot infection	8.95	7.88	6.64	4.67	5.08	1.12	17.95	16.71	14.74	14.74	15.15	090
28005	A	Treat foot bone lesion	9.30	NA	NA	5.55	5.92	1.16	NA	NA	NA	16.01	16.38	090
28008	A	Incision of foot fascia	4.50	6.24	4.97	3.06	3.17	0.57	11.31	10.04	8.13	8.13	8.24	090
28010	A	Incision of toe tendon	2.89	2.90	2.50	2.38	2.37	0.65	6.15	5.75	5.63	5.63	5.62	090
28011	A	Incision of toe tendons	4.19	3.86	3.44	3.09	3.25	0.59	8.64	8.22	7.87	7.87	8.03	090
28020	A	Exploration of foot joint	5.06	7.57	6.40	3.71	4.03	0.72	13.35	12.18	9.49	9.49	9.81	090
28022	A	Exploration of foot joint	4.72	6.95	5.63	3.37	3.73	0.62	12.29	10.97	8.23	8.23	8.76	090
28024	A	Exploration of toe joint	4.43	6.71	5.59	3.71	3.75	0.58	11.72	10.60	8.23	8.23	8.76	090
28035	A	Decompression of tibia nerve	5.14	7.51	6.27	3.71	4.00	0.70	13.35	12.11	9.55	9.55	9.84	090
28043	A	Excision of foot lesion	3.58	4.85	4.07	2.79	3.08	0.46	8.89	8.11	6.83	6.83	7.12	090
28045	A	Excision of foot lesion	4.77	7.13	5.81	3.33	3.53	0.63	12.53	11.21	8.73	8.73	8.93	090
28046	A	Resection of tumor, foot	10.55	10.52	9.20	5.91	6.33	1.36	22.43	21.11	17.82	17.82	18.24	090
28050	A	Biopsy of foot joint lining	4.30	6.92	5.40	3.30	3.52	0.60	11.82	10.30	8.20	8.20	8.42	090
28052	A	Biopsy of foot joint lining	3.98	6.47	5.30	2.98	3.32	0.53	10.98	9.81	7.49	7.49	7.83	090
28054	A	Biopsy of toe joint lining	3.49	6.25	5.10	2.81	3.13	0.46	10.20	9.05	6.76	6.76	7.08	090
28055	A	Neurectomy, foot	6.20	NA	NA	3.53	3.62	0.74	NA	NA	NA	10.47	10.56	090
28060	A	Partial removal, foot fascia	5.29	7.20	5.90	3.64	3.81	0.70	13.19	11.89	9.63	9.63	9.80	090
28062	A	Removal of foot fascia	6.58	7.94	6.87	3.92	3.99	0.63	15.35	14.28	11.33	11.33	11.40	090
28070	A	Removal of foot joint lining	5.15	7.28	5.73	3.52	3.74	0.73	13.16	11.61	9.40	9.40	9.62	090
28072	A	Removal of foot joint lining	4.63	7.64	6.05	3.67	4.14	0.68	12.95	11.36	8.98	8.98	9.45	090
28080	A	Removal of foot lesion	4.65	7.74	5.77	4.26	3.83	0.87	12.86	10.89	9.38	9.38	9.95	090

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CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Global
28400		A	Treatment of heel fracture	2.22	3.39	3.57	2.94	3.02	0.35	5.96	6.14	5.51	6.14	5.51	5.59	090
28405		A	Treatment of heel fracture	4.63	4.55	4.76	3.79	4.41	0.73	9.91	10.12	9.15	9.91	9.15	9.77	090
28406		A	Treatment of heel fracture	6.44	NA	NA	5.70	6.52	1.11	NA	NA	13.25	13.25	14.07	090	
28415		A	Treat heel fracture	17.54	NA	NA	10.98	12.71	2.67	NA	NA	31.19	32.92	32.92	090	
28420		A	Treat/graft heel fracture	17.07	NA	NA	10.26	12.25	2.81	NA	NA	30.14	32.13	32.13	090	
28430		A	Treatment of ankle fracture	2.14	3.14	3.33	2.59	2.57	0.31	5.59	5.78	5.04	5.02	5.02	090	
28435		A	Treatment of ankle fracture	3.45	3.78	3.86	3.09	3.58	0.55	7.78	7.86	7.09	7.58	7.58	090	
28436		A	Treatment of ankle fracture	4.78	NA	NA	5.01	5.69	0.81	NA	NA	10.60	11.28	11.28	090	
28445		A	Treat ankle fracture	17.07	NA	NA	9.80	10.72	2.59	NA	NA	29.46	30.38	30.38	090	
28450		A	Treat midfoot fracture, each	1.95	2.94	3.07	2.44	2.46	0.28	5.17	5.30	4.67	4.69	4.67	090	
28455		A	Treat midfoot fracture, each	3.15	3.70	3.49	3.07	3.33	0.44	7.29	7.08	6.66	6.66	6.92	090	
28456		A	Treat midfoot fracture	2.75	NA	NA	3.63	4.02	0.44	NA	NA	6.82	7.21	7.21	090	
28465		A	Treat midfoot fracture, each	7.13	NA	NA	5.10	6.01	1.10	NA	NA	13.33	14.24	14.24	090	
28470		A	Treat metatarsal fracture	1.99	2.82	3.05	2.38	2.43	0.30	5.11	5.34	4.67	4.72	4.67	090	
28475		A	Treat metatarsal fracture	2.97	3.18	3.29	2.56	3.05	0.44	6.59	6.70	5.97	6.46	6.46	090	
28476		A	Treat metatarsal fracture	3.46	NA	NA	4.36	4.83	0.54	NA	NA	8.36	8.83	8.83	090	
28485		A	Treat metatarsal fracture	5.77	NA	NA	4.60	5.23	0.83	NA	NA	11.20	11.83	11.83	090	
28490		A	Treat big toe fracture	1.12	2.11	2.04	1.69	1.65	0.14	3.37	3.30	2.95	2.91	2.91	090	
28495		A	Treat big toe fracture	1.62	2.49	2.25	1.89	2.02	0.20	4.31	4.07	3.71	3.84	3.84	090	
28496		A	Treat big toe fracture	2.39	7.19	7.99	2.91	3.12	0.36	9.94	10.74	5.66	5.87	5.87	090	
28505		A	Treat big toe fracture	3.86	7.51	7.95	3.30	3.75	0.56	11.93	12.37	7.72	8.17	8.17	090	
28510		A	Treatment of toe fracture	1.12	1.69	1.57	1.62	1.55	0.14	2.95	2.83	2.88	2.81	2.81	090	
28515		A	Treatment of toe fracture	1.50	2.26	1.98	1.85	1.88	0.18	3.94	3.66	3.53	3.56	3.56	090	
28525		A	Treat toe fracture	3.37	6.89	7.36	2.93	3.31	0.49	10.75	11.22	6.79	7.17	7.17	090	
28530		A	Treat sesamoid bone fracture	1.08	1.65	1.49	1.36	1.42	0.14	2.87	2.71	2.58	2.64	2.64	090	
28531		A	Treat sesamoid bone fracture	2.51	5.84	6.91	2.15	2.08	0.34	8.69	9.76	5.00	4.93	4.93	090	
28540		A	Treat foot dislocation	2.10	2.80	2.50	2.35	2.39	0.26	5.16	4.86	4.71	4.75	4.75	090	
28545		A	Treat foot dislocation	3.33	3.33	2.59	2.74	2.44	0.37	6.21	5.62	5.62	5.32	5.32	090	
28546		A	Treat foot dislocation	3.28	7.67	7.10	3.48	4.16	0.52	11.47	10.90	7.28	7.96	7.96	090	
28555		A	Repair foot dislocation	6.42	9.82	9.88	5.00	5.50	1.04	17.28	17.34	12.46	12.96	12.96	090	
28570		A	Treat foot dislocation	1.70	2.60	2.47	2.01	2.25	0.23	4.53	4.40	3.94	4.18	4.18	090	
28575		A	Treat foot dislocation	3.38	4.38	3.89	3.69	3.71	0.56	8.32	7.83	7.63	7.65	7.65	090	
28576		A	Treat foot dislocation	4.48	NA	NA	4.03	4.14	0.89	NA	NA	9.20	9.31	9.31	090	
28585		A	Repair foot dislocation	8.17	9.96	7.98	5.33	5.71	1.25	19.38	17.40	14.75	15.13	15.13	090	
28600		A	Treat foot dislocation	1.94	3.06	2.87	2.40	2.61	0.27	5.27	5.08	4.61	4.82	4.82	090	
28605		A	Treat foot dislocation	2.78	3.77	3.28	3.17	3.13	0.40	6.95	6.46	6.35	6.31	6.31	090	
28606		A	Treat foot dislocation	4.97	NA	NA	4.33	4.60	0.82	NA	NA	10.12	10.39	10.39	090	
28615		A	Repair foot dislocation	8.96	NA	NA	7.02	7.79	1.30	NA	NA	17.28	18.05	18.05	090	
28630		A	Treat toe dislocation	1.72	1.96	1.67	0.96	0.99	0.20	3.88	3.59	2.88	2.91	2.91	010	
28635		A	Treat toe dislocation	1.93	2.28	2.09	1.34	1.48	0.26	4.47	4.28	3.53	3.67	3.67	010	
28636		A	Treat toe dislocation	2.77	4.35	3.99	2.05	2.48	0.43	7.55	7.19	5.25	5.68	5.68	010	
28645		A	Repair toe dislocation	4.27	6.89	5.44	3.23	3.26	0.57	11.73	10.28	8.07	8.10	8.10	090	
28680		A	Treat toe dislocation	1.25	1.31	1.27	0.79	0.79	0.13	2.69	2.65	2.17	2.17	2.17	010	

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CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Year 2007 Transitional Facility Total	Year 2007 Transitional Non-Facility Total	Global
28665	A	Treat toe dislocation	1.94	1.86	1.54	1.36	1.41	4.06	3.74	010
28666	A	Treat toe dislocation	2.66	NA	NA	1.93	2.42	NA	NA	010
28675	A	Repair of toe dislocation	2.97	6.70	7.03	2.88	3.23	10.12	10.45	090
28705	A	Fusion of foot bones	20.12	NA	NA	10.85	12.04	NA	NA	090
28715	A	Fusion of foot bones	14.40	NA	NA	8.58	9.46	NA	NA	090
28725	A	Fusion of foot bones	11.57	NA	NA	7.00	7.93	NA	NA	090
28730	A	Fusion of foot bones	12.21	NA	NA	7.85	8.32	NA	NA	090
28735	A	Fusion of foot bones	12.03	NA	NA	7.04	7.63	NA	NA	090
28737	A	Revision of foot bones	10.83	NA	NA	6.18	6.65	NA	NA	090
28740	A	Fusion of foot bones	9.09	10.97	10.89	6.10	6.37	21.20	21.20	090
28750	A	Fusion of big toe joint	8.37	10.88	11.65	5.99	6.49	20.38	21.15	090
28755	A	Fusion of big toe joint	4.79	7.31	6.40	3.40	3.66	12.75	11.84	090
28760	A	Fusion of big toe joint	8.94	10.03	8.49	5.41	5.49	20.02	18.48	090
28800	A	Amputation of midfoot	8.65	NA	NA	5.11	5.62	NA	NA	090
28805	A	Amputation thru metatarsal	12.55	NA	NA	6.04	5.74	NA	NA	090
28810	A	Amputation toe & metatarsal	6.52	NA	NA	4.13	4.39	NA	NA	090
28820	A	Amputation of toe	4.89	7.73	7.60	3.61	3.74	13.23	13.10	090
28825	A	Partial amputation of toe	3.71	7.20	7.04	3.17	3.40	11.41	11.25	090
28890	A	High energy eswt, plantar l	3.36	4.79	5.48	2.34	2.15	8.56	9.25	090
28899	C	Foot/toes surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
29000	A	Application of body cast	2.25	4.73	3.40	1.85	1.76	7.39	6.06	000
29010	A	Application of body cast	2.06	3.36	3.30	1.33	1.66	5.87	5.81	000
29015	A	Application of body cast	2.41	3.36	3.07	1.49	1.57	6.05	5.76	000
29020	A	Application of body cast	2.11	3.80	3.34	1.51	1.44	6.19	5.73	000
29025	A	Application of body cast	2.40	3.60	3.26	1.59	1.79	6.44	6.10	000
29035	A	Application of body cast	1.77	3.67	3.63	1.47	1.55	5.72	5.68	000
29040	A	Application of body cast	2.22	3.61	2.75	1.50	1.51	6.19	5.33	000
29044	A	Application of body cast	2.12	3.94	3.96	1.65	1.84	6.41	6.43	000
29046	A	Application of body cast	2.41	4.17	3.47	1.80	2.02	7.00	6.30	000
29049	A	Application of figure eight	0.89	1.12	1.26	0.60	0.55	2.14	2.28	000
29055	A	Application of shoulder cast	1.78	2.90	2.96	1.31	1.43	4.98	5.04	000
29058	A	Application of shoulder cast	1.31	1.25	1.48	0.69	0.71	2.73	2.96	000
29065	A	Application of long arm cast	0.87	1.27	1.32	0.70	0.74	2.29	2.34	000
29075	A	Application of forearm cast	0.77	1.23	1.25	0.66	0.68	2.13	2.15	000
29085	A	Apply hand/wrist cast	0.87	1.26	1.28	0.69	0.65	2.29	2.29	000
29086	A	Apply finger cast	0.62	1.03	0.98	0.53	0.50	1.72	1.67	000
29105	A	Apply long arm splint	0.87	1.09	1.20	0.53	0.52	2.08	2.19	000
29125	A	Apply forearm splint	0.59	0.96	1.01	0.43	0.40	1.62	1.67	000
29126	A	Apply forearm splint	0.77	1.01	1.16	0.48	0.47	1.85	2.00	000
29130	A	Application of finger splint	0.50	0.43	0.46	0.19	0.18	0.99	1.02	000
29131	A	Application of finger splint	0.55	0.62	0.71	0.26	0.25	1.20	1.29	000
29200	A	Strapping of chest	0.65	0.61	0.69	0.35	0.34	1.30	1.38	000
29220	A	Strapping of low back	0.64	0.61	0.69	0.35	0.38	1.29	1.37	000

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS 2	Mod	Status	Description	Physician Work RVUs 3	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Multi-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
29240	A	Strapping of shoulder	0.71	0.67	0.81	0.39	0.37	0.06	1.44	1.58	1.16	1.14	000
29260	A	Strapping of elbow or wrist	0.55	0.65	0.72	0.36	0.33	0.05	1.25	1.32	0.96	0.93	000
29280	A	Strapping of hand or finger	0.51	0.66	0.77	0.37	0.33	0.03	1.20	1.31	0.91	0.87	000
29300	A	Application of hip cast	2.03	3.37	3.35	1.61	1.72	0.35	5.75	5.73	3.99	4.10	000
29325	A	Application of hip casts	2.32	3.67	3.57	1.75	1.90	0.40	6.39	6.29	4.47	4.62	000
29345	A	Application of long leg cast	1.40	1.66	1.74	0.95	1.03	0.24	3.30	3.38	2.59	2.67	000
29355	A	Application of long leg cast	1.53	1.63	1.69	0.95	1.08	0.25	3.42	3.48	2.87	2.87	000
29368	A	Apply long leg cast brace	1.43	2.04	2.06	1.04	1.05	0.25	3.74	3.74	2.62	2.73	000
29358	A	Application of long leg cast	1.18	1.57	1.64	0.85	0.93	0.20	2.95	3.02	2.23	2.31	000
29405	A	Apply short leg cast	0.86	1.20	1.22	0.66	0.70	0.14	2.20	2.22	1.66	1.70	000
29425	A	Apply short leg cast	1.01	1.24	1.23	0.67	0.72	0.15	2.40	2.39	1.83	1.88	000
29435	A	Apply short leg cast	1.18	1.53	1.55	0.81	0.90	0.20	2.91	2.93	2.19	2.28	000
29440	A	Addition of walker to cast	0.57	0.62	0.67	0.25	0.27	0.08	1.27	1.32	0.90	0.92	000
29445	A	Apply rigid leg cast	1.78	1.62	1.76	0.94	0.96	0.27	3.67	3.81	2.99	3.01	000
29450	A	Application of leg cast	2.08	1.54	1.49	0.88	1.04	0.27	3.89	3.84	3.23	3.39	000
29505	A	Application, long leg splint	0.69	1.06	1.15	0.45	0.45	0.08	1.83	1.92	1.22	1.22	000
29515	A	Application lower leg splint	0.73	0.96	0.89	0.46	0.46	0.09	1.78	1.71	1.28	1.28	000
29520	A	Strapping of hip	0.54	0.67	0.81	0.38	0.38	0.03	1.24	1.38	0.95	1.02	000
29530	A	Strapping of knee	0.57	0.64	0.75	0.36	0.34	0.05	1.26	1.37	0.98	0.96	000
29540	A	Strapping of ankle and/or ft	0.51	0.55	0.45	0.32	0.31	0.06	1.12	1.02	0.89	0.88	000
29550	A	Strapping of toes	0.47	0.57	0.46	0.31	0.29	0.06	1.10	0.99	0.84	0.82	000
29560	A	Application of paste boot	0.55	0.72	0.67	0.34	0.35	0.07	1.34	1.29	0.96	0.97	000
29590	A	Application of foot splint	0.76	0.61	0.54	0.27	0.29	0.09	1.46	1.39	1.12	1.14	000
29700	A	Removal/revision of cast	0.57	0.96	0.91	0.26	0.28	0.08	1.61	1.56	0.91	0.93	000
29705	A	Removal/revision of cast	0.76	0.77	0.81	0.37	0.38	0.13	1.66	1.70	1.26	1.27	000
29710	A	Removal/revision of cast	1.34	1.44	1.51	0.64	0.69	0.20	2.98	3.05	2.19	2.23	000
29715	A	Removal/revision of cast	0.94	1.13	1.16	0.41	0.40	0.09	2.16	2.19	1.44	1.43	000
29720	A	Repair of body cast	0.68	1.14	1.16	0.34	0.38	0.12	1.94	1.96	1.14	1.18	000
29730	A	Windowing of cast	0.75	0.75	0.80	0.35	0.35	0.12	1.62	1.67	1.22	1.22	000
29740	A	Wedging of cast	1.12	1.05	1.13	0.49	0.49	0.18	2.35	2.43	1.79	1.79	000
29750	A	Wedging of clubfoot cast	1.26	0.92	1.03	0.45	0.55	0.21	2.39	2.50	1.92	2.02	000
29799	C	Castling/strapping procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
29800	A	Jaw arthroscopy/surgery	6.73	NA	NA	4.96	6.47	0.99	NA	NA	12.68	14.19	090
29804	A	Jaw arthroscopy/surgery	8.71	NA	NA	5.70	7.14	1.38	NA	NA	15.79	17.23	090
29805	A	Shoulder arthroscopy, dx	5.94	NA	NA	4.75	5.44	1.02	NA	NA	11.71	12.40	090
29806	A	Shoulder arthroscopy/surgery	14.95	NA	NA	9.45	10.73	2.50	NA	NA	26.90	28.18	090
29807	A	Shoulder arthroscopy/surgery	14.48	NA	NA	9.32	10.57	2.42	NA	NA	26.22	27.47	090
29819	A	Shoulder arthroscopy/surgery	7.68	NA	NA	5.68	6.51	1.32	NA	NA	14.68	15.51	090
29820	A	Shoulder arthroscopy/surgery	7.12	NA	NA	5.22	5.97	1.22	NA	NA	13.56	14.31	090
29821	A	Shoulder arthroscopy/surgery	7.78	NA	NA	5.70	6.53	1.33	NA	NA	14.81	15.64	090
29822	A	Shoulder arthroscopy/surgery	7.49	NA	NA	5.63	6.43	1.28	NA	NA	14.40	15.20	090
29823	A	Shoulder arthroscopy/surgery	8.24	NA	NA	6.09	6.94	1.41	NA	NA	15.74	16.59	090
29824	A	Shoulder arthroscopy/surgery	8.82	NA	NA	6.59	7.30	1.42	NA	NA	16.83	17.54	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

GPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Year 2007 Transi- tional Fa- cility RVUs	Year 2007 Transi- tional Fa- cility Total	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
29825		A	Shoulder arthroscopy/surgery	7.68	NA	NA	5.69	6.49	1.32	NA	NA	NA	14.69	15.49	090
29826		A	Shoulder arthroscopy/surgery	9.05	NA	NA	6.25	7.21	1.55	NA	NA	NA	16.85	17.81	090
29827		A	Arthroscop rotator cuff repr	15.44	NA	NA	9.43	11.01	2.67	NA	NA	NA	27.54	29.12	090
29830		A	Elbow arthroscopy	5.80	NA	NA	4.53	5.14	0.99	NA	NA	NA	11.32	11.93	090
29834		A	Elbow arthroscopy/surgery	6.33	NA	NA	4.89	5.60	1.08	NA	NA	NA	12.30	13.01	090
29835		A	Elbow arthroscopy/surgery	6.53	NA	NA	5.01	5.66	1.13	NA	NA	NA	12.67	13.32	090
29836		A	Elbow arthroscopy/surgery	7.61	NA	NA	5.60	6.49	1.22	NA	NA	NA	14.43	15.32	090
29837		A	Elbow arthroscopy/surgery	6.92	NA	NA	5.17	5.89	1.19	NA	NA	NA	13.28	14.00	090
29838		A	Elbow arthroscopy/surgery	7.77	NA	NA	5.72	6.60	1.30	NA	NA	NA	14.79	15.67	090
29840		A	Wrist arthroscopy	5.59	NA	NA	4.66	5.16	0.84	NA	NA	NA	11.09	11.59	090
29843		A	Wrist arthroscopy/surgery	6.06	NA	NA	4.95	5.45	0.92	NA	NA	NA	11.93	12.43	090
29844		A	Wrist arthroscopy/surgery	6.42	NA	NA	4.99	5.61	1.04	NA	NA	NA	12.45	13.07	090
29845		A	Wrist arthroscopy/surgery	7.58	NA	NA	5.55	6.24	0.99	NA	NA	NA	14.12	14.81	090
29846		A	Wrist arthroscopy/surgery	6.80	NA	NA	5.14	5.82	1.07	NA	NA	NA	13.01	13.69	090
29847		A	Wrist arthroscopy/surgery	7.13	NA	NA	5.21	5.95	1.08	NA	NA	NA	13.42	14.16	090
29848		A	Wrist endoscopy/surgery	6.24	NA	NA	5.33	5.53	0.86	NA	NA	NA	12.43	12.63	090
29850		A	Knee arthroscopy/surgery	8.18	NA	NA	5.26	5.10	1.25	NA	NA	NA	14.69	14.53	090
29851		A	Knee arthroscopy/surgery	13.08	NA	NA	8.32	9.42	2.35	NA	NA	NA	23.75	24.85	090
29855		A	Tibial arthroscopy/surgery	10.60	NA	NA	7.38	8.42	1.85	NA	NA	NA	19.83	20.87	090
29856		A	Tibial arthroscopy/surgery	14.12	NA	NA	8.76	10.19	2.40	NA	NA	NA	25.28	26.71	090
29860		A	Hip arthroscopy, dx	8.85	NA	NA	6.25	6.78	1.36	NA	NA	NA	16.46	16.99	090
29861		A	Hip arthroscopy/surgery	9.95	NA	NA	6.66	7.17	1.59	NA	NA	NA	18.20	18.71	090
29862		A	Hip arthroscopy/surgery	10.97	NA	NA	7.64	8.33	1.62	NA	NA	NA	20.23	20.92	090
29863		A	Hip arthroscopy/surgery	10.97	NA	NA	7.55	8.27	1.42	NA	NA	NA	19.94	20.66	090
29866		A	Autgrt impint, knee w/scope	14.48	NA	NA	9.57	10.91	2.40	NA	NA	NA	26.45	27.79	090
29867		A	Allgrt impint, knee w/scope	18.18	NA	NA	11.28	12.74	2.79	NA	NA	NA	32.25	33.71	090
29868		A	Meniscal tm spl, knee w/scope	24.89	NA	NA	14.00	16.09	4.36	NA	NA	NA	43.25	45.34	090
29870		A	Knee arthroscopy, dx	5.11	NA	NA	4.19	4.72	0.85	NA	NA	NA	10.15	10.68	090
29871		A	Knee arthroscopy/drainage	6.60	NA	NA	5.04	5.66	1.14	NA	NA	NA	12.78	13.40	090
29873		A	Knee arthroscopy/surgery	6.09	NA	NA	5.62	6.33	1.04	NA	NA	NA	12.75	13.46	090
29874		A	Knee arthroscopy/surgery	7.10	NA	NA	5.20	5.85	1.11	NA	NA	NA	13.41	14.06	090
29875		A	Knee arthroscopy/surgery	6.36	NA	NA	4.93	5.62	1.09	NA	NA	NA	12.38	13.07	090
29876		A	Knee arthroscopy/surgery	8.72	NA	NA	6.24	6.83	1.37	NA	NA	NA	16.33	16.92	090
29877		A	Knee arthroscopy/surgery	8.15	NA	NA	6.00	6.56	1.28	NA	NA	NA	15.43	15.99	090
29879		A	Knee arthroscopy/surgery	8.84	NA	NA	6.29	6.91	1.39	NA	NA	NA	16.52	17.14	090
29880		A	Knee arthroscopy/surgery	9.30	NA	NA	6.49	7.14	1.47	NA	NA	NA	17.26	17.91	090
29881		A	Knee arthroscopy/surgery	8.56	NA	NA	6.19	6.77	1.34	NA	NA	NA	16.09	16.67	090
29882		A	Knee arthroscopy/surgery	9.45	NA	NA	6.53	7.06	1.50	NA	NA	NA	17.48	18.01	090
29883		A	Knee arthroscopy/surgery	11.61	NA	NA	7.67	8.71	1.93	NA	NA	NA	21.21	22.25	090
29884		A	Knee arthroscopy/surgery	8.13	NA	NA	6.02	6.53	1.27	NA	NA	NA	15.42	15.93	090
29885		A	Knee arthroscopy/surgery	10.03	NA	NA	7.07	7.75	1.58	NA	NA	NA	18.68	19.36	090
29886		A	Knee arthroscopy/surgery	8.34	NA	NA	6.09	6.66	1.30	NA	NA	NA	15.73	16.30	090
29887		A	Knee arthroscopy/surgery	9.98	NA	NA	7.06	7.71	1.57	NA	NA	NA	18.61	19.26	090

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Fa- cility Total	Global
29888		A	Knee arthroscopy/surgery	14.14	NA	NA	8.38	9.75	2.42	NA	NA	24.94	26.31	090
29889		A	Knee arthroscopy/surgery	17.15	NA	NA	10.78	12.02	2.79	NA	NA	30.72	31.96	090
29891		A	Ankle arthroscopy/surgery	9.47	NA	NA	6.72	7.31	1.39	NA	NA	17.58	18.17	090
29892		A	Ankle arthroscopy/surgery	10.07	NA	NA	6.62	7.46	1.41	NA	NA	18.10	18.94	090
29893		A	Scope, plantar fasciotomy	6.08	8.90	6.94	4.73	4.18	0.63	15.61	13.65	11.44	10.89	090
29894		A	Ankle arthroscopy/surgery	7.26	NA	NA	4.74	5.29	1.15	NA	NA	13.15	13.70	090
29895		A	Ankle arthroscopy/surgery	7.04	NA	NA	4.58	5.25	1.11	NA	NA	12.73	13.40	090
29897		A	Ankle arthroscopy/surgery	7.23	NA	NA	4.99	5.66	1.17	NA	NA	13.39	14.06	090
29898		A	Ankle arthroscopy/surgery	8.38	NA	NA	5.33	5.98	1.28	NA	NA	14.99	15.64	090
29899		A	Ankle arthroscopy/surgery	15.21	NA	NA	9.34	10.24	2.41	NA	NA	26.96	27.86	090
29900		A	Mcp joint arthroscopy, dx	5.74	NA	NA	4.80	5.60	0.94	NA	NA	11.48	12.28	090
29901		A	Mcp joint arthroscopy, surg	6.45	NA	NA	5.57	6.09	1.06	NA	NA	13.08	13.60	090
29902		A	Mcp joint arthroscopy, surg	7.02	NA	NA	3.68	5.83	1.12	NA	NA	11.82	13.97	090
29999		C	Arthroscopy of joint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
30000		A	Drainage of nose lesion	1.45	3.72	3.98	1.24	1.35	0.12	5.29	5.55	2.81	2.92	010
30020		A	Drainage of nose lesion	1.45	3.87	3.42	1.28	1.42	0.12	5.44	4.99	2.85	2.99	010
30100		A	Intranasal biopsy	0.94	2.42	2.08	0.70	0.79	0.07	3.43	3.09	1.71	1.80	000
30110		A	Removal of nose polyp(s)	1.65	3.64	3.34	1.34	1.51	0.14	5.43	5.13	3.13	3.30	010
30115		A	Removal of nose polyp(s)	4.38	NA	NA	5.51	5.70	0.41	NA	NA	10.30	10.49	090
30117		A	Removal of intranasal lesion	3.20	16.92	14.09	4.55	4.61	0.26	20.38	17.55	8.01	8.07	090
30118		A	Removal of intranasal lesion	9.81	NA	NA	7.85	8.86	0.78	NA	NA	18.44	19.45	090
30120		A	Revision of nose	5.31	6.92	6.60	4.97	5.74	0.52	12.75	12.43	10.80	11.57	090
30124		A	Removal of nose lesion	3.14	NA	NA	3.66	3.62	0.25	NA	NA	7.05	7.01	090
30125		A	Removal of nose lesion	7.21	NA	NA	7.03	8.00	0.63	NA	NA	14.87	15.84	090
30130		A	Excise inferior turbinate	3.41	NA	NA	5.31	5.52	0.31	NA	NA	9.03	9.24	090
30140		A	Resect inferior turbinate	3.48	NA	NA	6.29	6.29	0.35	NA	NA	10.41	10.12	090
30150		A	Partial removal of nose	9.44	NA	NA	8.64	10.42	0.93	NA	NA	19.01	20.79	090
30160		A	Removal of nose	9.88	NA	NA	8.21	9.71	0.88	NA	NA	18.97	20.47	090
30200		A	Injection treatment of nose	0.78	1.88	1.69	0.62	0.71	0.06	2.72	2.53	1.46	1.55	000
30210		A	Nasal sinus therapy	1.10	2.32	2.16	1.17	1.28	0.09	3.51	3.35	2.36	2.47	010
30220		A	Insert nasal septal button	1.56	5.41	4.53	1.31	1.48	0.12	7.09	6.21	2.99	3.16	010
30300		A	Remove nasal foreign body	1.06	4.13	4.51	1.79	1.88	0.08	5.27	5.65	2.93	3.02	010
30310		A	Remove nasal foreign body	1.98	NA	NA	2.73	3.01	0.16	NA	NA	4.87	5.15	010
30320		A	Remove nasal foreign body	4.56	NA	NA	5.98	6.78	0.39	NA	NA	10.93	11.73	090
30400		R	Reconstruction of nose	10.58	NA	NA	13.80	15.07	1.04	NA	NA	25.42	26.69	090
30410		R	Reconstruction of nose	13.72	NA	NA	14.43	17.39	1.42	NA	NA	29.57	32.53	090
30420		R	Reconstruction of nose	16.62	NA	NA	14.89	17.16	1.46	NA	NA	32.97	35.24	090
30430		R	Revision of nose	7.96	NA	NA	12.87	15.23	0.77	NA	NA	21.60	23.96	090
30435		R	Revision of nose	12.45	NA	NA	14.86	18.23	1.22	NA	NA	28.53	31.90	090
30450		R	Revision of nose	19.38	NA	NA	16.36	20.51	1.97	NA	NA	37.71	41.86	090
30480		A	Revision of nose	10.24	NA	NA	7.24	9.27	1.03	NA	NA	18.51	20.54	090
30462		A	Repair of nose	20.12	NA	NA	14.54	18.82	2.54	NA	NA	37.20	41.48	090
30465		A	Repair nasal stenosis	12.20	NA	NA	10.39	11.58	1.06	NA	NA	23.65	24.84	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS2	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Faci- lity Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
30520	A	Repair of nasal septum	6.85	NA	7.42	7.42	6.85	0.46	NA	NA	14.73	14.16	090
30540	A	Repair nasal defect	7.81	NA	7.06	8.72	8.72	0.67	NA	NA	15.54	17.20	090
30545	A	Repair nasal defect	11.50	NA	10.15	11.46	11.46	1.71	NA	NA	23.36	24.67	090
30560	A	Release of nasal adhesions	1.28	4.94	4.81	2.07	2.07	0.10	6.32	6.19	3.26	3.45	010
30580	A	Repair upper jaw fistula	6.76	8.19	7.88	4.75	5.53	0.89	15.84	15.53	12.40	13.18	090
30600	A	Repair mouth/nose fistula	6.07	7.52	4.10	4.79	4.79	0.70	14.29	14.29	10.87	11.56	090
30620	A	Intranasal reconstruction	6.04	NA	8.15	8.66	8.66	0.57	NA	NA	14.76	15.27	090
30630	A	Repair nasal septum defect	7.18	NA	7.13	7.75	7.75	0.61	NA	NA	14.92	15.54	090
30801	A	Ablate inf turbinate, super ¹	1.11	4.02	1.97	1.93	3.17	0.09	5.22	5.30	3.17	3.13	010
30802	A	Cauterization, inner nose	2.05	4.62	4.61	2.32	2.35	0.16	6.83	6.82	4.53	4.56	010
30901	A	Control of nosebleed	1.21	1.21	1.32	0.29	0.31	0.11	2.53	2.64	1.61	1.63	000
30903	A	Control of nosebleed	1.54	3.08	2.80	0.39	0.47	0.13	4.75	4.47	2.06	2.14	000
30905	A	Control of nosebleed	1.97	3.73	3.57	0.48	0.69	0.17	5.87	5.71	2.62	2.83	000
30906	A	Repeat control of nosebleed	2.45	3.98	3.91	0.68	1.07	0.20	6.63	6.56	3.33	3.72	000
30915	A	Ligation, nasal sinus artery	7.36	NA	5.88	6.49	6.49	0.58	NA	NA	13.82	14.43	090
30920	A	Ligation, upper jaw artery	11.03	NA	8.23	8.79	8.79	0.80	NA	NA	20.06	20.62	090
30930	A	Ther fx, nasal inf turbinate	1.28	NA	1.53	1.60	1.60	0.12	NA	NA	2.93	3.00	010
30989	C	Nasal surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31000	A	Irrigation, maxillary sinus	1.17	3.01	2.88	1.25	1.36	0.09	4.27	4.14	2.51	2.62	010
31002	A	Irrigation, sphenoid sinus	1.93	NA	2.52	3.06	3.06	0.15	NA	NA	4.60	5.14	010
31020	A	Exploration, maxillary sinus	2.99	8.07	8.42	5.19	5.18	0.29	11.35	11.70	8.47	8.46	090
31030	A	Exploration, maxillary sinus	5.95	9.79	11.07	6.05	6.51	0.60	16.34	17.62	12.60	13.06	090
31032	A	Explore sinus, remove polyps	6.61	NA	6.53	7.06	7.06	0.59	NA	NA	13.73	14.26	090
31040	A	Exploration behind upper jaw	9.66	NA	7.30	9.19	9.19	0.87	NA	NA	17.83	19.72	090
31050	A	Exploration, sphenoid sinus	5.31	NA	6.17	6.31	6.31	0.49	NA	NA	11.97	12.11	090
31051	A	Sphenoid sinus surgery	7.16	NA	7.74	8.12	8.12	0.62	NA	NA	15.52	15.90	090
31070	A	Exploration of frontal sinus	4.32	NA	5.73	5.88	5.88	0.38	NA	NA	10.43	10.58	090
31075	A	Exploration of frontal sinus	9.40	NA	8.59	9.45	9.45	0.75	NA	NA	18.74	19.60	090
31080	A	Removal of frontal sinus	12.54	NA	10.47	12.77	12.77	1.23	NA	NA	24.24	26.54	090
31081	A	Removal of frontal sinus	13.99	NA	14.79	14.20	14.20	2.47	NA	NA	31.25	30.66	090
31084	A	Removal of frontal sinus	14.75	NA	11.98	13.12	13.12	1.19	NA	NA	27.92	29.06	090
31085	A	Removal of frontal sinus	15.44	NA	13.04	13.73	13.73	1.73	NA	NA	30.21	30.90	090
31086	A	Removal of frontal sinus	14.16	NA	11.82	12.92	12.92	1.07	NA	NA	27.05	28.15	090
31087	A	Removal of frontal sinus	14.39	NA	10.83	12.11	12.11	1.44	NA	NA	26.66	27.94	090
31090	A	Exploration of sinuses	10.88	NA	12.38	12.51	12.51	0.94	NA	NA	24.20	24.33	090
31200	A	Removal of ethmoid sinus	5.03	NA	7.45	8.77	8.77	0.29	NA	NA	12.77	14.09	090
31201	A	Removal of ethmoid sinus	8.49	NA	8.32	8.96	8.96	0.82	NA	NA	17.63	18.27	090
31205	A	Removal of ethmoid sinus	10.47	NA	9.59	11.31	11.31	0.67	NA	NA	20.73	22.45	090
31225	A	Removal of upper jaw	26.44	NA	16.55	17.50	17.50	1.59	NA	NA	44.58	45.53	090
31230	A	Removal of upper jaw	30.56	NA	17.27	18.84	18.84	1.78	NA	NA	49.61	51.18	090
31231	A	Nasal endoscopy, dx	1.10	3.34	3.37	0.70	0.84	0.09	4.53	4.56	1.89	2.03	000
31233	A	Nasal/sinus endoscopy, dx	2.18	3.95	4.21	1.02	1.37	0.20	6.33	6.59	3.40	3.75	000
31235	A	Nasal/sinus endoscopy, dx	2.64	4.30	4.76	1.15	1.58	0.26	7.20	7.66	4.05	4.48	000

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Facility RVUs	Year 2007 Transi- tional Facility RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Facility Total	Global
31237	A	Nasal/sinus endoscopy, surg	2.98	4.53	5.03	1.25	1.72	0.28	7.79	8.29	4.51	4.98	000	
31238	A	Nasal/sinus endoscopy, surg	3.26	4.46	5.04	1.34	1.90	0.27	7.99	8.57	4.87	5.43	000	
31239	A	Nasal/sinus endoscopy, surg	9.23	NA	NA	6.34	7.59	0.62	NA	NA	16.19	17.44	010	
31240	A	Nasal/sinus endoscopy, surg	2.61	NA	NA	1.15	1.59	0.24	NA	NA	4.00	4.44	000	
31254	A	Revision of ethmoid sinus	4.64	NA	NA	1.74	2.57	0.45	NA	NA	6.83	7.66	000	
31255	A	Removal of ethmoid sinus	6.95	NA	NA	2.42	3.69	0.73	NA	NA	10.10	11.37	000	
31256	A	Exploration maxillary sinus	3.29	NA	NA	1.34	1.92	0.33	NA	NA	4.96	5.54	000	
31267	A	Endoscopy, maxillary sinus	5.45	NA	NA	1.98	2.96	0.55	NA	NA	7.98	8.96	000	
31276	A	Sinus endoscopy, surgical	8.84	NA	NA	2.97	4.58	0.92	NA	NA	12.73	14.34	000	
31287	A	Nasal/sinus endoscopy, surg	3.91	NA	NA	1.52	2.22	0.39	NA	NA	5.82	6.52	000	
31288	A	Nasal/sinus endoscopy, surg	18.50	NA	NA	1.72	2.54	0.46	NA	NA	6.75	7.57	000	
31290	A	Nasal/sinus endoscopy, surg	18.50	NA	NA	8.19	11.09	1.40	NA	NA	28.09	30.99	010	
31291	A	Nasal/sinus endoscopy, surg	19.45	NA	NA	8.80	11.55	1.69	NA	NA	29.94	32.69	010	
31292	A	Nasal/sinus endoscopy, surg	15.79	NA	NA	7.37	9.80	1.21	NA	NA	24.37	26.80	010	
31293	A	Nasal/sinus endoscopy, surg	17.36	NA	NA	8.00	10.54	1.28	NA	NA	26.64	29.18	010	
31294	A	Nasal/sinus endoscopy, surg	20.20	NA	NA	8.92	11.88	1.53	NA	NA	30.65	33.61	010	
31299	C	Sinus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	
31300	A	Removal of larynx lesion	15.71	NA	NA	13.59	14.63	1.17	NA	NA	30.47	31.51	090	
31320	A	Diagnostic incision, larynx	5.62	NA	NA	9.20	10.03	0.46	NA	NA	15.28	16.11	090	
31360	A	Removal of larynx	29.57	NA	NA	18.32	17.12	1.38	NA	NA	49.27	48.07	090	
31365	A	Removal of larynx	38.47	NA	NA	20.91	20.50	1.98	NA	NA	61.36	60.95	090	
31367	A	Partial removal of larynx	30.23	NA	NA	20.48	21.54	1.79	NA	NA	52.50	53.56	090	
31368	A	Partial removal of larynx	33.85	NA	NA	22.44	24.73	2.21	NA	NA	58.50	60.79	090	
31370	A	Partial removal of larynx	27.23	NA	NA	20.39	21.79	1.75	NA	NA	49.37	50.77	090	
31375	A	Partial removal of larynx	25.73	NA	NA	19.49	20.16	1.63	NA	NA	46.85	47.52	090	
31380	A	Partial removal of larynx	25.23	NA	NA	19.17	20.24	1.71	NA	NA	46.11	47.18	090	
31382	A	Partial removal of larynx	28.23	NA	NA	20.68	21.38	1.68	NA	NA	50.59	51.29	090	
31390	A	Removal of larynx & pharynx	42.17	NA	NA	23.64	24.20	2.24	NA	NA	68.05	68.61	090	
31395	A	Reconstruct larynx & pharynx	43.46	NA	NA	25.96	27.72	2.49	NA	NA	71.91	73.67	090	
31400	A	Revision of larynx	11.48	NA	NA	11.54	13.21	0.83	NA	NA	23.85	25.52	090	
31420	A	Removal of epiglottis	11.32	NA	NA	7.94	9.14	0.83	NA	NA	20.09	21.29	090	
31500	A	Insert emergency airway	2.33	NA	NA	0.44	0.52	0.17	NA	NA	2.94	3.02	000	
31502	A	Change of windpipe airway	0.65	NA	NA	0.20	0.26	0.05	NA	NA	0.90	0.96	000	
31505	A	Diagnostic laryngoscopy	0.61	1.34	1.42	0.55	0.60	0.05	2.00	2.08	1.21	1.26	000	
31510	A	Laryngoscopy with biopsy	1.92	2.98	3.22	0.92	1.17	0.16	5.06	5.30	3.00	3.25	000	
31511	A	Remove foreign body, larynx	2.16	2.76	3.03	0.95	1.03	0.19	5.11	5.33	3.30	3.38	000	
31512	A	Removal of larynx lesion	2.07	2.73	3.08	0.97	1.26	0.18	4.98	5.38	3.22	3.51	000	
31513	A	Injection into vocal cord	2.10	NA	NA	0.99	1.34	0.17	NA	NA	3.26	3.61	000	
31515	A	Laryngoscopy for aspiration	1.80	3.07	3.42	0.85	1.01	0.14	5.01	5.36	3.87	2.95	000	
31520	A	Dx laryngoscopy, newborn	2.56	NA	NA	1.11	1.45	0.20	NA	NA	3.87	4.21	000	
31525	A	Dx laryngoscopy excl nb	2.63	3.24	3.54	1.13	1.53	0.21	6.08	6.38	3.97	4.37	000	
31526	A	Dx laryngoscopy w/oper scope	2.57	NA	NA	1.13	1.57	0.21	NA	NA	3.91	4.35	000	
31527	A	Laryngoscopy for treatment	3.27	NA	NA	1.31	1.73	0.26	NA	NA	4.84	5.26	000	

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PERVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
31528		A	Laryngoscopy and dilation	2.37	NA	NA	0.99	1.34	0.19	NA	NA	3.55	3.90	000
31529		A	Laryngoscopy and dilation	2.68	NA	NA	1.12	1.56	0.22	NA	NA	4.02	4.46	000
31530		A	Laryngoscopy w/ib removal	3.38	NA	NA	1.32	1.79	0.29	NA	NA	4.99	5.46	000
31531		A	Laryngoscopy w/ib & op scope	3.58	NA	NA	1.43	2.06	0.29	NA	NA	5.30	5.93	000
31535		A	Laryngoscopy w/ib	3.16	NA	NA	1.30	1.82	0.26	NA	NA	4.72	5.24	000
31536		A	Laryngoscopy w/ib & op scope	3.55	NA	NA	1.42	2.04	0.29	NA	NA	5.26	5.88	000
31540		A	Laryngoscopy w/exc of tumor	4.12	NA	NA	1.59	2.30	0.33	NA	NA	6.04	6.75	000
31541		A	Laryngoscopy w/tumr exc + scope	4.52	NA	NA	1.70	2.51	0.37	NA	NA	6.59	7.40	000
31545		A	Remove vc lesion w/scope	6.30	NA	NA	2.26	3.17	0.37	NA	NA	8.93	9.84	000
31546		A	Remove vc lesion scope/graft	9.73	NA	NA	3.77	4.67	0.78	NA	NA	14.28	15.18	000
31560		A	Laryngoscopy w/arytenoidectomy	5.45	NA	NA	1.92	2.84	0.43	NA	NA	7.80	8.72	000
31561		A	Laryngoscopy, remove cart + scop	5.89	NA	NA	2.08	3.05	0.49	NA	NA	8.56	9.53	000
31570		A	Laryngoscopy w/vc lnj	3.86	3.96	5.24	1.51	2.16	0.31	8.13	9.41	5.68	6.33	000
31571		A	Laryngoscopy w/vc lnj + scope	4.26	NA	NA	1.63	2.36	0.35	NA	NA	6.24	6.97	000
31575		A	Diagnostic laryngoscopy	1.10	1.57	1.82	0.70	0.84	0.09	2.76	3.01	1.89	2.03	000
31576		A	Laryngoscopy with biopsy	1.97	3.28	3.57	0.96	1.21	0.14	5.39	5.68	3.07	3.32	000
31577		A	Remove foreign body, larynx	2.47	3.23	3.63	1.11	1.43	0.23	5.91	6.31	3.79	4.11	000
31578		A	Removal of larynx lesion	2.84	3.68	4.13	1.21	1.44	0.23	6.75	7.20	4.28	4.51	000
31579		A	Diagnostic laryngoscopy	2.26	2.64	3.50	1.04	1.37	0.18	5.08	5.94	3.48	3.81	000
31580		A	Revision of larynx	14.46	NA	NA	13.49	15.31	1.00	NA	NA	28.95	30.77	090
31582		A	Revision of larynx	22.87	NA	NA	20.51	24.48	1.76	NA	NA	45.14	49.11	090
31584		A	Treat larynx fracture	20.35	NA	NA	14.32	17.19	1.72	NA	NA	36.39	39.26	090
31587		A	Revision of larynx	15.12	NA	NA	8.05	8.96	0.97	NA	NA	24.14	25.05	090
31588		A	Revision of larynx	14.62	NA	NA	11.46	13.07	1.06	NA	NA	27.14	28.75	090
31590		A	Reinnervate larynx	7.63	NA	NA	12.10	14.67	0.84	NA	NA	20.57	23.14	090
31595		A	Larynx nerve surgery	8.75	NA	NA	8.94	10.15	0.68	NA	NA	18.37	19.58	090
31599		C	Larynx surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31600		A	Incision of windpipe	7.17	NA	NA	2.22	2.95	0.80	NA	NA	10.19	10.92	000
31601		A	Incision of windpipe	4.44	NA	NA	1.63	2.21	0.40	NA	NA	6.47	7.05	000
31603		A	Incision of windpipe	4.14	NA	NA	1.13	1.57	0.44	NA	NA	5.71	6.15	000
31605		A	Incision of windpipe	3.57	NA	NA	0.83	1.10	0.40	NA	NA	4.80	5.07	000
31610		A	Incision of windpipe	9.29	NA	NA	7.19	7.99	0.79	NA	NA	17.27	18.07	090
31611		A	Surgery/speech prosthesis	5.92	NA	NA	6.50	6.92	0.46	NA	NA	12.88	13.30	090
31612		A	Puncture/clear windpipe	0.91	1.07	1.09	0.25	0.33	0.08	2.06	2.08	1.24	1.32	000
31613		A	Repair windpipe opening	4.63	NA	NA	5.94	5.94	0.42	NA	NA	10.85	10.99	090
31614		A	Repair windpipe opening	8.47	NA	NA	8.90	8.76	0.58	NA	NA	17.95	17.81	090
31615		A	Visualization of windpipe	2.09	2.22	2.50	0.96	1.14	0.16	4.47	4.75	3.21	3.39	000
31620		A	Endobronchial us add-on	1.40	6.00	5.73	0.35	0.50	0.11	7.51	7.24	1.86	2.01	ZZZ
31622		A	Dx bronchoscope/wash	2.78	5.23	5.55	0.91	1.02	0.18	8.19	8.51	3.87	3.98	000
31623		A	Dx bronchoscope/brush	2.88	6.01	6.32	0.92	1.02	0.13	9.02	9.02	3.93	4.03	000
31624		A	Dx bronchoscope/lavage	2.88	5.36	5.67	0.92	1.02	0.13	8.37	8.68	3.93	4.03	000
31625		A	Bronchoscopy w/biopsy(s)	3.36	5.50	5.73	1.04	1.17	0.18	9.04	9.27	4.58	4.71	000
31628		A	Bronchoscopy/lung bx, each	3.80	7.00	7.02	1.14	1.26	0.18	10.98	11.00	5.12	5.24	000

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Fully Implemented Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
31629	A	Bronchoscopy/needle bx, each	4.09	12.05	13.70	1.21	1.35	16.30	17.95	5.46	5.60	000
31630	A	Bronchoscopy dilate/fx repr	3.81	NA	NA	1.26	1.61	NA	NA	5.39	5.74	000
31631	A	Bronchoscopy, dilate w/stent	4.36	NA	NA	1.41	1.67	NA	NA	6.11	6.37	000
31632	A	Bronchoscopy/lung bx, add1	1.03	0.87	0.83	0.25	0.30	2.08	2.04	1.46	1.51	ZZZ
31633	A	Bronchoscopy/needle bx add1	1.32	1.00	0.94	0.32	0.36	2.48	2.42	1.80	1.86	ZZZ
31635	A	Bronchoscopy w/fb removal	3.67	5.19	5.88	1.15	1.36	9.10	9.79	5.06	5.27	000
31636	A	Bronchoscopy, bronch stenosis	4.30	NA	NA	1.38	1.67	NA	NA	5.99	6.28	000
31637	A	Bronchoscopy, stent add-on	1.58	NA	NA	0.42	0.53	NA	NA	2.13	2.24	ZZZ
31638	A	Bronchoscopy, revise stent	4.88	NA	NA	1.56	1.87	NA	NA	6.66	6.97	000
31640	A	Bronchoscopy w/tumor excise	4.93	NA	NA	1.54	1.94	NA	NA	6.93	7.33	000
31641	A	Bronchoscopy, treat blockage	5.02	NA	NA	1.51	1.79	NA	NA	6.88	7.16	000
31643	A	Diag bronchoscope/catheter	3.49	NA	NA	1.07	1.19	NA	NA	4.76	4.88	000
31645	A	Bronchoscopy, clear airways	3.16	4.76	5.05	0.99	1.09	8.08	8.37	4.31	4.41	000
31646	A	Bronchoscopy, reclear airway	2.72	4.47	4.76	0.88	0.97	7.33	7.62	3.74	3.83	000
31656	A	Bronchoscopy, inj for x-ray	2.17	5.27	6.79	0.65	0.79	7.59	9.11	2.97	3.11	000
31715	A	Injection for bronchus x-ray	1.11	NA	NA	0.28	0.33	NA	NA	1.46	1.51	000
31717	A	Bronchial brush biopsy	2.12	5.83	7.65	0.77	0.79	8.09	9.91	3.03	3.05	000
31720	A	Clearance of airways	1.06	NA	NA	0.26	0.31	NA	NA	1.39	1.44	000
31725	A	Clearance of airways	1.96	NA	NA	0.45	0.55	NA	NA	2.55	2.65	000
31730	A	Intro, windpipe wire/tube	2.85	25.35	7.98	0.74	0.94	28.41	11.04	3.80	4.00	000
31750	A	Repair of windpipe	15.19	NA	NA	16.21	17.22	NA	NA	32.45	33.46	090
31755	A	Repair of windpipe	17.19	NA	NA	22.30	23.97	NA	NA	40.78	42.45	090
31760	A	Repair of windpipe	23.36	NA	NA	9.76	10.47	NA	NA	36.07	36.78	090
31766	A	Reconstruction of windpipe	31.58	NA	NA	11.46	13.10	NA	NA	47.57	49.21	090
31770	A	Repair/graft of bronchus	23.46	NA	NA	8.80	9.88	NA	NA	35.12	36.20	090
31775	A	Reconstruct bronchus	24.51	NA	NA	8.91	11.07	NA	NA	36.44	38.60	090
31780	A	Reconstruct windpipe	19.70	NA	NA	8.12	10.32	NA	NA	29.47	31.67	090
31781	A	Reconstruct windpipe	24.77	NA	NA	9.28	11.41	NA	NA	36.30	38.43	090
31785	A	Remove windpipe lesion	18.29	NA	NA	5.60	9.04	NA	NA	25.48	28.92	090
31786	A	Remove windpipe lesion	25.34	NA	NA	9.79	12.27	NA	NA	38.43	40.91	090
31800	A	Repair of windpipe injury	8.10	NA	NA	8.33	9.01	NA	NA	17.22	17.90	090
31805	A	Repair of windpipe injury	13.34	NA	NA	6.32	6.99	NA	NA	21.49	22.16	090
31820	A	Closure of windpipe lesion	4.58	5.46	5.61	3.02	3.49	10.42	10.57	7.98	8.45	090
31825	A	Repair of windpipe defect	6.98	6.85	7.46	4.08	5.05	14.36	14.97	11.59	12.56	090
31830	A	Revise windpipe scar	4.54	5.62	5.73	3.37	3.83	10.60	10.71	8.35	8.81	090
31899	C	Always surgical procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
32000	A	Drainage of chest	1.54	2.30	2.86	0.41	0.46	3.92	4.48	2.00	2.08	000
32002	A	Treatment of collapsed lung	2.19	2.73	3.09	0.94	1.03	5.04	5.40	3.25	3.34	000
32005	A	Treat lung lining chemically	2.19	5.04	6.10	0.59	0.67	7.46	8.52	3.01	3.09	000
32019	A	Insert pleural catheter	4.17	15.15	18.76	1.42	1.59	19.74	23.35	6.01	6.18	000
32020	A	Insertion of chest tube	3.29	NA	NA	0.94	1.25	NA	NA	4.66	4.97	000
32035	A	Exploration of chest	11.20	NA	NA	6.07	5.91	NA	NA	18.53	18.37	090
32036	A	Exploration of chest	12.21	NA	NA	6.40	6.42	NA	NA	20.04	20.06	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im-plement- ed Non-Facility PE RVUs	Year 2007 Transi- tional Non-Facility PE RVUs	Fully Im-plement- ed Facility RVUs	Year 2007 Transi- tional Facility PE RVUs	Year 2007 Transi- tional Facility RVUs	Year 2007 Transi- tional Non-Facility Total	Fully Im-plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
32095		A	Biopsy through chest wall	10.06	NA	NA	5.19	5.32	1.22	NA	16.47	16.60	090
32100		A	Exploration/biopsy of chest	16.08	NA	NA	7.96	7.63	2.24	NA	25.38	25.95	090
32110		A	Explore/repair chest	25.15	NA	NA	9.99	10.55	3.22	NA	38.36	38.92	090
32120		A	Re-exploration of chest	14.27	NA	NA	6.88	7.02	1.63	NA	22.78	22.92	090
32124		A	Explore chest free adhesions	15.33	NA	NA	7.05	7.17	1.90	NA	24.28	24.40	090
32140		A	Removal of lung lesion(s)	16.54	NA	NA	7.44	7.62	1.97	NA	25.95	26.13	090
32141		A	Remove/treat lung lesions	27.10	NA	NA	10.34	8.25	2.01	NA	39.45	37.36	090
32150		A	Removal of lung lesion(s)	16.70	NA	NA	7.50	7.58	2.01	NA	26.21	26.29	090
32151		A	Remove lung foreign body	16.82	NA	NA	8.75	8.19	2.04	NA	27.61	27.05	090
32160		A	Open chest heart massage	13.02	NA	NA	5.86	5.41	1.31	NA	20.19	19.74	090
32200		A	Drain, open, lung lesion	18.48	NA	NA	8.77	8.65	2.14	NA	29.39	29.27	090
32201		A	Drain, percut, lung lesion	3.99	18.73	20.21	1.13	1.26	0.24	22.96	24.44	000	
32215		A	Treat chest lining	12.93	NA	NA	6.39	6.77	1.69	NA	21.01	21.39	090
32220		A	Release of lung	26.41	NA	NA	12.07	12.73	3.57	NA	42.05	42.71	090
32225		A	Partial release of lung	16.63	NA	NA	7.51	7.62	2.07	NA	26.21	26.32	090
32310		A	Removal of chest lining	15.16	NA	NA	6.94	7.28	2.00	NA	24.10	24.44	090
32320		A	Free/remove chest lining	27.04	NA	NA	11.58	12.01	3.52	NA	42.14	42.57	090
32400		A	Needle biopsy chest lining	1.76	2.01	2.09	0.48	0.53	0.10	3.87	2.34	2.39	000
32402		A	Open biopsy chest lining	8.89	NA	NA	4.78	5.03	1.07	NA	14.74	14.99	090
32405		A	Biopsy, lung or mediastinum	1.93	0.55	0.64	0.55	0.61	0.11	2.59	2.68	2.65	000
32420		A	Puncture/clear lung	2.18	NA	NA	0.61	0.66	0.12	NA	2.91	2.96	000
32440		A	Removal of lung	27.17	NA	NA	11.08	12.44	3.69	NA	41.94	43.30	090
32442		A	Sleeve pneumonectomy	56.37	NA	NA	18.56	15.71	3.85	NA	78.78	75.93	090
32445		A	Removal of lung	63.60	NA	NA	23.01	16.30	3.72	NA	90.33	83.62	090
32480		A	Partial removal of lung	25.71	NA	NA	10.34	11.63	3.50	NA	39.55	40.84	090
32482		A	Biobectomy	27.28	NA	NA	11.17	12.48	3.67	NA	42.12	43.43	090
32484		A	Segmentectomy	25.30	NA	NA	9.64	10.95	3.04	NA	37.98	39.29	090
32486		A	Sleeve lobectomy	42.80	NA	NA	15.21	13.73	3.52	NA	61.53	60.05	090
32488		A	Completion pneumonectomy	42.83	NA	NA	15.69	14.26	3.81	NA	62.33	60.90	090
32491		R	Lung volume reduction	25.09	NA	NA	10.65	12.13	2.99	NA	38.73	40.21	090
32500		A	Partial removal of lung	24.48	NA	NA	10.39	11.86	3.26	NA	38.13	39.60	090
32501		A	Repair bronchus add-on	4.68	NA	NA	1.37	1.50	0.65	NA	6.70	6.83	ZZZZ
32503		A	Resect apical lung tumor	31.61	NA	NA	12.26	14.37	4.38	NA	48.25	50.36	090
32504		A	Resect apical lung tum/chest	36.41	NA	NA	13.69	15.93	5.09	NA	55.19	57.43	090
32540		A	Removal of lung lesion	30.22	NA	NA	12.20	10.27	2.08	NA	44.50	42.57	090
32601		A	Thoracoscopy, diagnostic	5.45	NA	NA	2.10	2.29	0.80	NA	8.35	8.54	000
32602		A	Thoracoscopy, diagnostic	5.95	NA	NA	2.24	2.45	0.87	NA	9.06	9.27	000
32603		A	Thoracoscopy, diagnostic	7.80	NA	NA	2.98	3.02	1.14	NA	11.92	11.96	000
32604		A	Thoracoscopy, diagnostic	8.77	NA	NA	3.06	3.35	1.25	NA	13.08	13.37	000
32605		A	Thoracoscopy, diagnostic	6.92	NA	NA	2.55	2.81	1.00	NA	10.47	10.73	000
32606		A	Thoracoscopy, diagnostic	8.39	NA	NA	3.01	3.25	1.22	NA	12.62	12.86	000
32650		A	Thoracoscopy, surgical	10.77	NA	NA	5.29	6.39	1.58	NA	17.64	18.74	090
32651		A	Thoracoscopy, surgical	18.70	NA	NA	7.75	7.36	1.87	NA	28.32	27.93	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im-plement- ed Non-PE Facility RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im-plement- ed Facility PE RVUs	Fully Im-plement- ed Facility RVUs	Year 2007 Transi- tional Facility RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im-plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
32652	...	A	Thoracoscopy, surgical	29.00	NA	NA	11.23	10.41	2.73	NA	42.96	42.14	090
32653	...	A	Thoracoscopy, surgical	18.09	NA	NA	7.47	7.10	1.89	NA	27.45	27.08	090
32654	...	A	Thoracoscopy, surgical	20.44	NA	NA	7.98	7.64	1.63	NA	30.05	29.71	090
32655	...	A	Thoracoscopy, surgical	16.09	NA	NA	7.03	7.19	1.90	NA	25.02	25.18	090
32656	...	A	Thoracoscopy, surgical	13.18	NA	NA	6.01	7.46	1.90	NA	21.09	22.54	090
32657	...	A	Thoracoscopy, surgical	12.85	NA	NA	6.07	7.28	2.00	NA	20.92	22.13	090
32658	...	A	Thoracoscopy, surgical	11.65	NA	NA	5.61	6.92	1.70	NA	18.96	20.27	090
32659	...	A	Thoracoscopy, surgical	11.86	NA	NA	5.93	7.07	1.62	NA	19.41	20.55	090
32660	...	A	Thoracoscopy, surgical	17.69	NA	NA	7.47	8.98	2.09	NA	27.25	28.76	090
32661	...	A	Thoracoscopy, surgical	13.27	NA	NA	6.20	7.39	1.93	NA	21.40	22.59	090
32662	...	A	Thoracoscopy, surgical	14.91	NA	NA	6.71	8.29	2.18	NA	23.80	25.38	090
32663	...	A	Thoracoscopy, surgical	24.56	NA	NA	9.47	10.44	2.73	NA	36.76	37.73	090
32664	...	A	Thoracoscopy, surgical	14.22	NA	NA	6.40	7.32	2.33	NA	22.95	23.87	090
32665	...	A	Thoracoscopy, surgical	21.45	NA	NA	8.65	8.26	2.16	NA	32.26	31.87	090
32800	...	A	Repair lung hernia	15.59	NA	NA	7.10	7.33	1.99	NA	24.68	24.91	090
32810	...	A	Close chest after drainage	14.83	NA	NA	7.10	7.42	1.94	NA	23.87	24.19	090
32815	...	A	Close bronchial fistula	49.79	NA	NA	18.95	12.97	3.28	NA	72.02	66.04	090
32820	...	A	Reconstruct injured chest	22.33	NA	NA	11.82	12.08	2.53	NA	36.68	36.94	090
32850	...	X	Donor pneumonectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32851	...	A	Lung transplant, single	40.94	NA	NA	20.90	25.97	5.58	NA	67.42	72.49	090
32852	...	A	Lung transplant with bypass	44.65	NA	NA	23.73	30.80	6.02	NA	74.40	81.47	090
32853	...	A	Lung transplant, double	50.11	NA	NA	23.29	29.64	7.07	NA	80.47	86.82	090
32854	...	A	Lung transplant with bypass	53.88	NA	NA	26.52	32.68	7.22	NA	87.62	93.78	090
32855	...	C	Prepare donor lung, single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32856	...	C	Prepare donor lung, double	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32900	...	A	Removal of rib(s)	23.69	NA	NA	9.79	9.86	2.94	NA	36.42	36.49	090
32905	...	A	Revise & repair chest wall	23.17	NA	NA	9.62	10.00	3.16	NA	35.95	36.33	090
32906	...	A	Revise & repair chest wall	29.18	NA	NA	11.32	11.88	3.98	NA	44.48	45.04	090
32940	...	A	Revision of lung	21.22	NA	NA	8.62	9.26	2.89	NA	32.73	33.37	090
32960	...	A	Therapeutic pneumothorax	1.84	1.53	1.68	0.63	0.58	0.16	3.68	2.63	2.58	000
32997	...	A	Total lung lavage	7.31	NA	NA	1.87	1.90	0.55	NA	9.73	9.76	000
32998	...	A	Perq rf ablate tx, pul tumor	5.68	68.64	68.64	1.77	1.77	0.36	74.68	7.81	7.81	000
32999	...	C	Chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
33010	...	A	Drainage of heart sac	2.24	NA	NA	1.04	0.85	0.14	NA	3.42	3.23	000
33011	...	A	Repeat drainage of heart sac	2.24	NA	NA	1.11	0.89	0.15	NA	3.50	3.28	000
33015	...	A	Incision of heart sac	8.44	NA	NA	5.05	4.98	0.65	NA	14.14	14.07	090
33020	...	A	Incision of heart sac	14.87	NA	NA	6.51	6.71	1.80	NA	23.18	23.38	090
33025	...	A	Incision of heart sac	13.65	NA	NA	5.96	6.25	1.81	NA	21.42	21.71	090
33030	...	A	Partial removal of heart sac	22.27	NA	NA	9.22	9.45	2.84	NA	34.33	34.56	090
33031	...	A	Partial removal of heart sac	25.30	NA	NA	9.93	10.01	3.14	NA	38.37	38.45	090
33050	...	A	Removal of heart sac lesion	27.33	NA	NA	7.58	7.78	2.15	NA	26.58	26.78	090
33120	...	A	Removal of heart sac lesion	27.33	NA	NA	10.75	11.37	3.70	NA	41.78	42.40	090
33130	...	A	Removal of heart sac lesion	24.05	NA	NA	9.45	9.95	3.01	NA	36.51	37.01	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Facility PE RVUs	Year 2007 Transi- tional Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Facility Total	Global
33140		A	Heart revascularize (tmr)	28.26	NA	NA	10.65	10.82	2.86	NA	41.77	41.94	090
33141		A	Heart tmr w/other procedure	2.54	NA	NA	0.80	1.39	0.69	NA	4.03	4.62	ZZZ
33202		A	Insert epicard eltrd, open	13.15	NA	NA	6.22	6.22	1.71	NA	21.08	21.08	090
33203		A	Insert epicard eltrd, endo	13.92	NA	NA	6.29	6.29	1.39	NA	21.60	21.60	090
33206		A	Insertion of heart pacemaker	7.31	NA	NA	5.19	4.64	0.52	NA	13.02	12.47	090
33207		A	Insertion of heart pacemaker	9.05	NA	NA	5.83	4.95	0.59	NA	15.47	14.59	090
33208		A	Insertion of heart pacemaker	8.12	NA	NA	5.47	4.95	0.56	NA	14.15	13.63	090
33210		A	Insertion of heart electrode	3.30	NA	NA	1.73	1.37	0.52	NA	5.21	4.85	000
33211		A	Insertion of heart electrode	3.39	NA	NA	1.69	1.41	0.21	NA	5.29	5.01	000
33212		A	Insertion of pulse generator	5.51	NA	NA	3.77	3.46	0.43	NA	9.71	9.40	090
33213		A	Insertion of pulse generator	6.36	NA	NA	4.30	3.87	0.45	NA	11.11	10.68	090
33214		A	Upgrade of pacemaker system	7.78	NA	NA	5.44	5.03	0.58	NA	13.80	13.39	090
33215		A	Reposition pacing-defib lead	4.89	NA	NA	3.55	3.27	0.37	NA	8.81	8.53	090
33216		A	Insert lead pace-defib, one	5.81	NA	NA	4.63	4.31	0.36	NA	10.80	10.48	090
33217		A	Insert lead pace-defib, dual	5.78	NA	NA	4.54	4.31	0.39	NA	10.71	10.48	090
33218		A	Repair lead pace-defib, one	5.97	NA	NA	4.87	4.44	0.37	NA	11.21	10.78	090
33220		A	Repair lead pace-defib, dual	6.05	NA	NA	4.94	4.44	0.37	NA	11.36	10.86	090
33221		A	Revise pocket, pacemaker	5.01	NA	NA	4.37	4.31	0.42	NA	9.80	9.74	090
33222		A	Revise pocket, pacing-defib	6.49	NA	NA	5.02	4.70	0.45	NA	11.96	11.64	090
33224		A	Insert pacing lead & connect	9.04	NA	NA	5.10	4.28	0.54	NA	14.68	13.86	000
33225		A	L ventric pacing lead add-on	8.33	NA	NA	4.53	3.57	0.59	NA	13.31	12.35	000
33226		A	Reposition I ventric lead	8.68	NA	NA	4.94	4.10	0.59	NA	14.21	13.37	000
33233		A	Removal of pacemaker system	3.33	NA	NA	3.33	3.29	0.22	NA	6.88	6.84	090
33234		A	Removal of pacemaker system	7.85	NA	NA	5.58	5.08	0.56	NA	13.99	13.49	090
33235		A	Removal pacemaker electrode	9.93	NA	NA	7.41	6.96	0.73	NA	18.07	17.62	090
33236		A	Remove electrode/thoracotomy	12.64	NA	NA	6.67	7.24	1.69	NA	21.00	21.57	090
33237		A	Remove electrode/thoracotomy	13.75	NA	NA	7.70	7.76	1.59	NA	23.04	23.10	090
33238		A	Remove electrode/thoracotomy	15.28	NA	NA	8.33	8.23	2.03	NA	25.64	25.54	090
33240		A	Insert pulse generator	7.61	NA	NA	5.41	4.79	0.41	NA	13.43	12.81	090
33241		A	Remove pulse generator	3.26	NA	NA	3.07	2.99	0.18	NA	6.51	6.43	090
33243		A	Remove eltrd/thoracotomy	23.42	NA	NA	11.02	11.35	2.10	NA	36.54	36.87	090
33244		A	Remove eltrd, transven	13.84	NA	NA	9.66	9.08	0.99	NA	24.49	23.91	090
33249		A	Eltrd/insert pace-defib	15.02	NA	NA	10.47	8.89	0.77	NA	26.26	24.68	090
33250		A	Ablate heart dysrhythm focus	25.78	NA	NA	10.12	10.80	3.19	NA	39.09	39.77	090
33251		A	Ablate heart dysrhythm focus	28.80	NA	NA	11.09	11.52	3.60	NA	43.49	43.92	090
33254		A	Ablate atria, limit	23.58	NA	NA	9.94	9.94	3.35	NA	36.87	36.87	090
33255		A	Ablate atria w/o bypass, ext	29.91	NA	NA	11.57	11.57	3.94	NA	44.42	44.42	090
33256		A	Ablate atria w/bypass, exten	34.77	NA	NA	13.37	13.37	4.95	NA	53.09	53.09	090
33261		A	Ablate heart dysrhythm focus	28.80	NA	NA	11.30	11.65	3.46	NA	43.56	43.91	090
33265		A	Ablate atria w/bypass, endo	23.58	NA	NA	9.94	9.94	3.35	NA	36.87	36.87	090
33266		A	Ablate atria w/o bypass endo	32.91	NA	NA	12.80	12.80	4.80	NA	50.51	50.51	090
33282		A	Implant pat-active ht record	4.70	NA	NA	4.33	4.10	0.23	NA	9.26	9.03	090
33284		A	Remove pat-active ht record	3.04	NA	NA	3.42	3.50	0.14	NA	6.60	6.68	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT./HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
33300		A	Repair of heart wound	44.89	NA	NA	15.61	10.83	2.66	NA	NA	63.16	58.38	090
33305		A	Repair of heart wound	76.85	NA	NA	25.20	14.26	3.13	NA	NA	105.18	94.24	090
33310		A	Exploratory heart surgery	20.22	NA	NA	8.80	9.39	2.59	NA	NA	31.61	32.20	090
33315		A	Exploratory heart surgery	26.05	NA	NA	10.42	10.77	3.28	NA	NA	39.75	40.10	090
33320		A	Repair major blood vessel(s)	18.46	NA	NA	8.71	8.34	2.08	NA	NA	29.25	28.88	090
33321		A	Repair major vessel	20.71	NA	NA	10.31	9.91	2.91	NA	NA	33.93	33.53	090
33322		A	Repair major blood vessel(s)	24.30	NA	NA	9.79	10.22	2.86	NA	NA	36.95	37.38	090
33330		A	Insert major vessel graft	25.17	NA	NA	9.75	10.13	2.82	NA	NA	37.74	38.12	090
33332		A	Insert major vessel graft	24.46	NA	NA	9.59	10.28	3.03	NA	NA	37.08	37.77	090
33335		A	Insert major vessel graft	33.79	NA	NA	12.95	13.24	4.28	NA	NA	51.02	51.31	090
33400		A	Repair of aortic valve	41.37	NA	NA	15.16	15.54	4.11	NA	NA	60.64	61.02	090
33401		A	Valvuloplasty, open	24.41	NA	NA	9.76	12.57	3.57	NA	NA	37.74	40.55	090
33403		A	Valvuloplasty, w/cp bypass	25.39	NA	NA	10.48	13.35	3.55	NA	NA	39.42	42.29	090
33404		A	Prepare heart-aorta conduit	31.25	NA	NA	12.22	13.96	4.33	NA	NA	47.80	49.54	090
33405		A	Replacement of aortic valve	41.19	NA	NA	15.43	17.58	5.33	NA	NA	61.95	64.10	090
33406		A	Replacement of aortic valve	52.55	NA	NA	18.77	19.03	5.45	NA	NA	76.77	77.03	090
33410		A	Replacement of aortic valve	46.28	NA	NA	16.89	16.66	4.69	NA	NA	67.86	67.63	090
33411		A	Replacement of aortic valve	61.94	NA	NA	21.53	19.44	5.48	NA	NA	88.95	86.86	090
33412		A	Replacement of aortic valve	43.77	NA	NA	16.49	19.42	6.39	NA	NA	66.65	69.58	090
33413		A	Replacement of aortic valve	59.74	NA	NA	20.57	20.75	6.53	NA	NA	86.84	87.02	090
33414		A	Repair of aortic valve	39.29	NA	NA	15.21	14.40	4.57	NA	NA	59.07	58.26	090
33415		A	Revision, subvalvular tissue	37.19	NA	NA	12.96	12.26	4.14	NA	NA	54.29	53.59	090
33416		A	Revise ventricle muscle	36.43	NA	NA	13.59	13.52	4.57	NA	NA	54.59	54.52	090
33417		A	Repair of aortic valve	29.17	NA	NA	12.10	13.23	4.10	NA	NA	45.37	46.50	090
33420		A	Revision of mitral valve	25.67	NA	NA	8.98	9.42	1.82	NA	NA	36.47	36.91	090
33422		A	Revision of mitral valve	29.61	NA	NA	12.45	13.35	3.94	NA	NA	46.00	46.90	090
33425		A	Repair of mitral valve	49.83	NA	NA	17.90	14.26	4.07	NA	NA	71.80	68.16	090
33426		A	Repair of mitral valve	43.15	NA	NA	16.03	16.86	5.03	NA	NA	64.21	65.04	090
33427		A	Repair of mitral valve	44.70	NA	NA	16.02	18.53	6.09	NA	NA	66.81	69.32	090
33430		A	Replacement of mitral valve	50.75	NA	NA	18.97	17.71	5.10	NA	NA	74.82	73.56	090
33460		A	Revision of tricuspid valve	44.62	NA	NA	15.50	12.35	3.45	NA	NA	63.57	60.42	090
33463		A	Valvuloplasty, tricuspid	56.95	NA	NA	19.76	14.62	3.87	NA	NA	80.58	75.44	090
33464		A	Valvuloplasty, tricuspid	44.49	NA	NA	16.23	14.20	4.15	NA	NA	64.87	62.84	090
33465		A	Replace tricuspid valve	50.59	NA	NA	17.77	14.16	4.39	NA	NA	72.75	69.14	090
33468		A	Revision of tricuspid valve	32.82	NA	NA	15.37	14.08	4.07	NA	NA	52.26	50.97	090
33470		A	Revision of pulmonary valve	21.32	NA	NA	8.70	10.19	1.03	NA	NA	31.05	32.54	090
33471		A	Valvotomy, pulmonary valve	22.83	NA	NA	7.69	9.24	3.39	NA	NA	33.91	35.46	090
33472		A	Revision of pulmonary valve	22.90	NA	NA	7.21	10.70	3.55	NA	NA	33.66	37.15	090
33474		A	Revision of pulmonary valve	39.27	NA	NA	17.24	12.47	3.22	NA	NA	59.73	54.96	090
33475		A	Replacement, pulmonary valve	42.27	NA	NA	15.72	15.46	4.93	NA	NA	62.92	62.66	090
33476		A	Revision of heart chamber	26.41	NA	NA	11.43	11.83	2.42	NA	NA	40.26	40.66	090
33478		A	Revision of heart chamber	27.38	NA	NA	10.98	12.53	3.89	NA	NA	42.25	43.80	090
33496		A	Repair, prosth valve clot	29.71	NA	NA	11.47	12.42	4.13	NA	NA	45.31	46.26	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT-1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plem- ent- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plem- ent- ed PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Mal-Prac- tice RVUs	Fully Im- plem- ent- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plem- ent- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
33500	1	A	Repair heart vessel fistula	27.82	NA	NA	11.05	11.36	3.87	NA	NA	42.74	43.05	090
33501		A	Repair heart vessel fistula	19.43	NA	NA	8.27	8.28	1.91	NA	NA	29.61	29.62	090
33502		A	Coronary artery correction	21.69	NA	NA	9.27	10.62	3.00	NA	NA	33.96	35.31	090
33503		A	Coronary artery graft	22.29	NA	NA	10.66	9.96	1.78	NA	NA	34.73	34.03	090
33504		A	Coronary artery graft	25.30	NA	NA	11.39	10.14	3.36	NA	NA	38.80	40.05	090
33505		A	Repair artery w/tunnel	38.35	NA	NA	12.28	12.75	2.19	NA	NA	52.82	53.29	090
33506		A	Repair artery, translocation	37.80	NA	NA	15.56	14.81	4.66	NA	NA	58.02	57.27	090
33507		A	Repair art, intramural	31.35	NA	NA	11.76	13.17	4.06	NA	NA	47.17	48.58	090
33508		A	Endoscopic vein harvest	0.31	NA	NA	0.10	0.10	0.04	NA	NA	0.45	0.45	ZZZ
33510		A	CABG, vein, single	34.87	NA	NA	13.19	15.55	4.41	NA	NA	52.47	54.83	090
33511		A	CABG, vein, two	38.34	NA	NA	14.46	16.42	4.56	NA	NA	57.36	59.32	090
33512		A	CABG, vein, three	43.87	NA	NA	16.24	17.26	4.67	NA	NA	64.78	65.80	090
33513		A	CABG, vein, four	45.26	NA	NA	16.82	17.54	4.88	NA	NA	66.96	67.68	090
33514		A	CABG, vein, five	47.97	NA	NA	17.64	17.95	4.77	NA	NA	70.38	70.68	090
33516		A	Cabg, vein, six or more	49.65	NA	NA	18.57	18.74	5.13	NA	NA	73.35	73.52	090
33517		A	CABG, artery-vein, single	3.61	NA	NA	1.11	0.91	0.39	NA	NA	5.11	4.91	ZZZ
33518		A	CABG, artery-vein, two	7.93	NA	NA	2.43	1.79	0.73	NA	NA	11.09	10.45	ZZZ
33519		A	CABG, artery-vein, three	10.49	NA	NA	3.21	2.54	1.04	NA	NA	14.74	14.07	ZZZ
33521		A	CABG, artery-vein, four	12.59	NA	NA	3.88	3.27	1.37	NA	NA	17.84	17.23	ZZZ
33522		A	CABG, artery-vein, five	14.14	NA	NA	4.32	3.94	1.78	NA	NA	20.24	19.86	ZZZ
33523		A	Cabg, art-vein, six or more	16.08	NA	NA	4.96	4.64	2.13	NA	NA	23.17	22.85	ZZZ
33530		A	Coronary artery, bypass/reop	10.13	NA	NA	3.10	2.21	0.88	NA	NA	14.11	13.22	ZZZ
33533		A	CABG, arterial, single	33.64	NA	NA	12.81	15.55	4.56	NA	NA	51.01	53.75	090
33534		A	CABG, arterial, two	39.77	NA	NA	14.98	17.03	4.70	NA	NA	59.45	61.50	090
33535		A	CABG, arterial, three	44.64	NA	NA	16.61	17.75	5.03	NA	NA	66.28	67.42	090
33536		A	Cabg, arterial, four or more	48.32	NA	NA	17.55	18.11	5.44	NA	NA	71.31	71.87	090
33542		A	Removal of heart lesion	48.08	NA	NA	17.51	14.12	4.38	NA	NA	69.97	66.58	090
33545		A	Repair of heart damage	56.93	NA	NA	20.52	16.85	5.21	NA	NA	82.66	78.99	090
33548		A	Restore/remodel, ventricle	53.96	NA	NA	20.04	19.48	5.53	NA	NA	79.53	78.97	090
33572		A	Open coronary endarterectomy	4.44	NA	NA	1.34	1.42	0.65	NA	NA	6.43	6.51	ZZZ
33600		A	Closure of valve	30.15	NA	NA	12.45	12.50	4.42	NA	NA	47.02	47.07	090
33602		A	Closure of valve	29.18	NA	NA	13.60	12.73	3.82	NA	NA	46.60	45.73	090
33606		A	Anastomosis/artery-aorta	31.37	NA	NA	12.10	13.28	4.41	NA	NA	47.88	49.06	090
33608		A	Repair anomaly w/conduit	31.72	NA	NA	13.40	13.93	4.74	NA	NA	49.86	50.39	090
33610		A	Repair by enlargement	31.24	NA	NA	11.28	13.02	4.56	NA	NA	47.08	48.82	090
33611		A	Repair double ventricle	35.49	NA	NA	12.57	13.74	4.37	NA	NA	52.43	53.60	090
33612		A	Repair double ventricle	36.49	NA	NA	12.91	14.59	5.30	NA	NA	54.70	56.38	090
33615		A	Repair, modified fontan	35.76	NA	NA	12.53	12.99	4.32	NA	NA	52.61	53.07	090
33617		A	Repair single ventricle	38.96	NA	NA	16.41	16.10	5.66	NA	NA	61.03	60.72	090
33619		A	Repair single ventricle	48.60	NA	NA	18.25	20.16	6.46	NA	NA	73.31	75.22	090
33641		A	Repair heart septum defect	29.50	NA	NA	11.02	9.93	3.23	NA	NA	43.75	42.66	090
33645		A	Revision of heart veins	27.98	NA	NA	10.98	11.57	3.79	NA	NA	42.75	43.34	090
33647		A	Repair heart septum defects	29.37	NA	NA	12.30	13.40	3.32	NA	NA	44.99	46.09	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non-Fa- cility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Fa- cility Total	Global
33660	A	Repair of heart defects	31.75	NA	NA	11.45	12.97	4.49	NA	NA	47.69	49.21	090
33665	A	Repair of heart defects	34.77	NA	NA	12.42	13.48	4.00	NA	NA	51.19	52.25	090
33670	A	Repair of heart chambers	36.58	NA	NA	12.25	12.94	4.65	NA	NA	53.48	54.17	090
33675	A	Close mult vsd	35.87	NA	NA	17.82	17.82	4.95	NA	NA	58.64	58.64	090
33676	A	Close mult vsd w/resection	36.87	NA	NA	18.17	18.17	5.44	NA	NA	60.48	60.48	090
33677	A	CI mult vsd w/rem pul band	38.37	NA	NA	18.82	18.82	5.68	NA	NA	62.87	62.87	090
33681	A	Repair heart septum defect	32.16	NA	NA	13.24	14.32	4.45	NA	NA	49.85	50.93	090
33684	A	Repair heart septum defect	34.29	NA	NA	19.66	15.13	3.39	NA	NA	57.34	52.81	090
33688	A	Repair heart septum defect	34.67	NA	NA	9.41	10.21	4.73	NA	NA	48.81	49.61	090
33690	A	Reinforce pulmonary artery	20.20	NA	NA	8.60	9.77	1.97	NA	NA	30.77	31.94	090
33692	A	Repair of heart defects	31.38	NA	NA	9.20	12.74	4.58	NA	NA	45.16	48.70	090
33694	A	Repair of heart defects	35.49	NA	NA	10.06	13.18	5.28	NA	NA	50.83	53.95	090
33697	A	Repair of heart defects	37.49	NA	NA	21.95	16.64	4.09	NA	NA	63.53	58.22	090
33702	A	Repair of heart defects	30.28	NA	NA	11.46	12.29	3.68	NA	NA	42.25	43.08	090
33710	A	Repair of heart defects	27.11	NA	NA	11.65	13.38	4.43	NA	NA	46.36	48.09	090
33720	A	Repair of heart defect	27.13	NA	NA	11.13	11.99	3.84	NA	NA	42.10	42.96	090
33722	A	Repair of heart defect	29.05	NA	NA	8.66	12.55	1.30	NA	NA	39.01	42.90	090
33724	A	Repair venous anomaly	27.55	NA	NA	10.56	10.56	4.00	NA	NA	42.11	42.11	090
33726	A	Repair pul venous stenosis	37.04	NA	NA	13.46	13.46	5.03	NA	NA	55.53	55.53	090
33730	A	Repair heart-vein defect(s)	36.01	NA	NA	13.29	13.91	5.03	NA	NA	54.33	54.95	090
33732	A	Repair heart-vein defect	28.80	NA	NA	14.82	13.74	3.68	NA	NA	47.30	46.22	090
33735	A	Revision of heart chamber	22.04	NA	NA	9.45	9.08	1.92	NA	NA	33.41	33.04	090
33736	A	Revision of heart chamber	24.16	NA	NA	10.74	11.57	3.09	NA	NA	37.99	38.82	090
33737	A	Revision of heart chamber	22.34	NA	NA	7.53	10.08	3.25	NA	NA	33.12	35.67	090
33750	A	Major vessel shunt	22.06	NA	NA	11.40	10.51	1.16	NA	NA	34.62	33.73	090
33755	A	Major vessel shunt	22.44	NA	NA	7.78	8.55	3.26	NA	NA	33.48	34.25	090
33762	A	Major vessel shunt	22.44	NA	NA	7.13	9.40	3.14	NA	NA	32.71	34.98	090
33764	A	Major vessel shunt & graft	22.44	NA	NA	9.22	9.97	3.01	NA	NA	34.67	35.42	090
33766	A	Major vessel shunt	23.41	NA	NA	8.53	10.89	3.70	NA	NA	35.64	38.00	090
33767	A	Major vessel shunt	25.14	NA	NA	9.42	11.15	3.82	NA	NA	38.38	40.11	090
33768	A	Cavopulmonary shunting	8.00	NA	NA	2.21	2.55	1.19	NA	NA	11.40	11.74	ZZZ
33770	A	Repair great vessels defect	39.02	NA	NA	10.56	13.65	5.74	NA	NA	55.32	58.41	090
33771	A	Repair great vessels defect	40.58	NA	NA	10.55	11.92	5.68	NA	NA	56.81	58.18	090
33774	A	Repair great vessels defect	31.54	NA	NA	12.38	14.09	4.81	NA	NA	48.73	50.44	090
33775	A	Repair great vessels defect	32.83	NA	NA	10.10	13.77	4.99	NA	NA	47.92	51.59	090
33776	A	Repair great vessels defect	33.95	NA	NA	13.32	15.18	5.09	NA	NA	54.80	54.80	090
33777	A	Repair great vessels defect	33.95	NA	NA	9.93	14.19	5.49	NA	NA	49.37	53.63	090
33778	A	Repair great vessels defect	42.62	NA	NA	15.19	16.47	6.20	NA	NA	64.01	65.29	090
33779	A	Repair great vessels defect	43.15	NA	NA	11.37	14.37	2.92	NA	NA	57.44	60.44	090
33780	A	Repair great vessels defect	43.85	NA	NA	11.68	17.23	3.68	NA	NA	59.21	64.76	090
33781	A	Repair great vessels defect	43.16	NA	NA	14.16	13.54	5.97	NA	NA	63.29	62.67	090
33786	A	Repair arterial trunk	41.74	NA	NA	11.42	15.39	5.71	NA	NA	58.87	62.84	090
33788	A	Revision of pulmonary artery	27.26	NA	NA	9.70	11.39	4.03	NA	NA	40.99	42.68	090

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ity PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Mat-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
33800		A	Aortic suspension	17.23	NA	NA	7.30	7.91	2.46	NA	NA	26.99	27.60	09U
33802		A	Repair vessel defect	18.24	NA	NA	7.53	8.80	8.80	NA	NA	28.04	29.31	09U
33803		A	Repair vessel defect	20.18	NA	NA	7.93	9.30	3.20	NA	NA	31.31	32.88	09U
33813		A	Repair septal defect	21.23	NA	NA	8.96	10.42	3.13	NA	NA	33.32	34.78	09U
33814		A	Repair septal defect	28.41	NA	NA	10.44	12.09	3.85	NA	NA	40.70	42.35	09U
33820		A	Revise major vessel	16.61	NA	NA	8.41	8.37	2.35	NA	NA	27.37	27.33	09U
33822		A	Revise major vessel	17.63	NA	NA	5.93	8.20	2.88	NA	NA	26.24	28.51	09U
33824		A	Revise major vessel	20.10	NA	NA	8.57	9.63	2.89	NA	NA	31.56	32.62	09U
33840		A	Remove aorta constriction	21.21	NA	NA	8.95	9.96	2.16	NA	NA	32.32	33.33	09U
33845		A	Remove aorta constriction	22.77	NA	NA	9.57	10.91	3.22	NA	NA	35.56	36.90	09U
33851		A	Remove aorta constriction	21.85	NA	NA	9.12	10.29	3.18	NA	NA	34.15	35.32	09U
33852		A	Repair septal defect	24.28	NA	NA	9.85	10.98	2.18	NA	NA	36.29	37.42	09U
33853		A	Repair septal defect	32.35	NA	NA	13.00	14.37	4.48	NA	NA	49.83	51.20	09U
33860		A	Ascending aortic graft	59.33	NA	NA	20.58	17.48	5.76	NA	NA	85.67	82.57	09U
33861		A	Ascending aortic graft	43.94	NA	NA	16.07	17.30	6.37	NA	NA	66.38	67.61	09U
33863		A	Ascending aortic graft	58.71	NA	NA	19.98	19.01	6.59	NA	NA	85.28	84.31	09U
33870		A	Transverse aortic arch graft	45.93	NA	NA	16.64	17.95	6.82	NA	NA	69.19	70.50	09U
33875		A	Thoracic aortic graft	35.68	NA	NA	13.12	13.85	4.89	NA	NA	53.69	54.42	09U
33877		A	Thoracoabdominal graft	68.85	NA	NA	21.75	17.67	5.94	NA	NA	96.54	92.46	09U
33880		A	Endovasc tea repr incl subcl	34.48	NA	NA	10.50	12.73	2.75	NA	NA	47.73	49.96	09U
33881		A	Endovasc tea repr w/o subcl	29.48	NA	NA	9.27	11.29	2.33	NA	NA	41.08	43.10	09U
33883		A	Insert endovasc prosth, tea	20.99	NA	NA	6.95	8.62	2.11	NA	NA	30.05	31.72	09U
33884		A	Endovasc prosth, tea, add-on	8.20	NA	NA	2.00	2.43	0.86	NA	NA	11.06	11.49	ZZZ
33886		A	Endovasc prosth, delayed	17.99	NA	NA	6.20	7.72	1.80	NA	NA	25.99	27.51	09U
33889		A	Artery transpose/endovasc tea	15.92	NA	NA	4.15	4.92	2.18	NA	NA	22.25	23.02	000
33891		A	Car-car bp grt/endovasc tea	20.00	NA	NA	6.30	6.80	2.73	NA	NA	29.03	29.53	000
33910		A	Remove lung artery emboli	29.59	NA	NA	11.28	11.39	3.70	NA	NA	44.57	44.68	09U
33915		A	Remove lung artery emboli	24.83	NA	NA	9.41	9.58	1.44	NA	NA	35.68	35.85	09U
33916		A	Surgery of great vessel	28.30	NA	NA	10.87	11.22	3.67	NA	NA	42.84	43.19	09U
33917		A	Repair pulmonary artery	25.14	NA	NA	10.38	11.73	3.70	NA	NA	39.22	40.57	09U
33920		A	Repair pulmonary atresia	32.58	NA	NA	11.32	13.20	4.38	NA	NA	48.28	50.16	09U
33922		A	Transect pulmonary artery	24.09	NA	NA	11.47	11.04	3.10	NA	NA	38.66	38.23	09U
33924		A	Remove pulmonary shunt	31.25	NA	NA	2.14	1.92	0.82	NA	NA	8.45	8.23	ZZZ
33925		A	Pr pul art unifocal w/o cpb	44.68	NA	NA	10.16	13.54	4.61	NA	NA	46.02	49.40	09U
33926		A	Repr pul art, unifocal w/cpb	44.68	NA	NA	14.32	18.84	6.22	NA	NA	65.22	67.74	09U
33930		X	Removal of donor heart/lung	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33933		C	Prepare donor heart/lung	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33935		R	Transplantation, heart/lung	61.68	NA	NA	23.24	27.39	9.06	NA	NA	93.98	98.13	09U
33940		X	Removal of donor heart	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33944		C	Prepare donor heart	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33945		R	Transplantation of heart	89.08	NA	NA	30.80	23.74	6.26	NA	NA	126.14	119.08	09U
33960		A	External circulation assist	19.33	NA	NA	5.63	5.09	2.67	NA	NA	27.63	27.09	000
33961		A	External circulation assist	10.91	NA	NA	2.95	3.45	0.88	NA	NA	14.74	15.24	ZZZ

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS 2	Mod	Status	Description	Physician Work RVUs 3	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
34832	A	Open aortofemoral prosth repr	37.85	NA	NA	11.60	13.87	4.85	54.30	56.57	090
34833	A	Xpsoe for endoprosth, iliac	11.98	NA	NA	3.29	4.15	1.70	16.97	17.83	000
34834	A	Xpsoe, endoprosth, brachial	5.34	NA	NA	1.60	2.04	0.76	7.70	8.14	000
34900	A	Endovasc iliac repr w/graft	16.77	NA	NA	6.22	7.24	2.00	24.99	26.01	090
35001	A	Repair defect of artery	20.70	NA	NA	7.62	9.07	2.81	31.13	32.58	090
35002	A	Repair artery rupture, neck	22.12	NA	NA	7.80	9.22	3.00	32.92	34.34	090
35005	A	Repair defect of artery	19.18	NA	NA	7.55	8.52	1.77	28.50	29.47	090
35011	A	Repair defect of artery	18.50	NA	NA	6.40	7.59	2.55	27.45	28.64	090
35013	A	Repair artery rupture, arm	23.10	NA	NA	7.93	9.24	3.10	34.13	35.44	090
35021	A	Repair defect of artery	22.09	NA	NA	8.67	9.23	2.87	33.63	34.19	090
35022	A	Repair artery rupture, chest	25.62	NA	NA	9.46	9.75	3.17	38.25	38.54	090
35045	A	Repair defect of arm artery	17.94	NA	NA	6.53	7.26	2.45	26.92	27.65	090
35081	A	Repair defect of artery	33.37	NA	NA	11.05	11.36	4.01	48.43	48.74	090
35082	A	Repair artery rupture, aorta	41.93	NA	NA	13.12	14.75	5.44	60.49	62.12	090
35091	A	Repair defect of artery	35.35	NA	NA	10.39	12.77	5.14	50.88	53.26	090
35092	A	Repair artery rupture, aorta	50.81	NA	NA	15.02	16.98	6.40	72.23	74.19	090
35102	A	Repair defect of artery	36.37	NA	NA	11.62	12.17	4.48	52.47	53.02	090
35103	A	Repair artery rupture, groin	43.49	NA	NA	13.25	15.19	5.76	62.50	64.44	090
35111	A	Repair defect of artery	26.17	NA	NA	8.58	9.99	3.47	38.22	39.63	090
35121	A	Repair artery rupture, spleen	32.44	NA	NA	10.48	11.59	4.08	47.00	48.11	090
35122	A	Repair defect of artery	31.41	NA	NA	10.47	11.89	4.30	46.18	47.60	090
35131	A	Repair artery rupture, belly	37.76	NA	NA	12.07	13.37	4.75	54.58	55.88	090
35132	A	Repair defect of artery	26.29	NA	NA	8.89	10.28	3.80	38.98	40.37	090
35141	A	Repair artery rupture, groin	32.44	NA	NA	10.27	11.85	4.30	47.01	48.59	090
35142	A	Repair defect of artery	20.83	NA	NA	7.11	8.46	2.90	30.84	32.19	090
35151	A	Repair artery rupture, thigh	25.03	NA	NA	8.41	9.87	3.36	36.80	38.26	090
35152	A	Repair defect of artery	23.61	NA	NA	7.91	9.46	3.24	34.76	36.31	090
35180	A	Repair artery rupture, knee	27.53	NA	NA	9.06	10.79	3.61	40.20	41.93	090
35182	A	Repair blood vessel lesion	15.01	NA	NA	5.75	6.64	1.00	21.76	22.65	090
35184	A	Repair blood vessel lesion	31.58	NA	NA	11.75	12.53	4.36	47.69	48.47	090
35188	A	Repair blood vessel lesion	18.72	NA	NA	6.91	7.95	2.53	28.16	29.20	090
35189	A	Repair blood vessel lesion	15.05	NA	NA	6.23	7.28	2.16	23.44	24.49	090
35190	A	Repair blood vessel lesion	29.85	NA	NA	10.10	11.49	4.01	43.96	45.35	090
35201	A	Repair blood vessel lesion	13.33	NA	NA	5.31	6.18	1.80	20.44	21.31	090
35202	A	Repair blood vessel lesion	16.84	NA	NA	6.44	7.60	2.34	25.62	26.78	090
35206	A	Repair blood vessel lesion	13.76	NA	NA	5.40	6.26	1.87	21.03	21.89	090
35207	A	Repair blood vessel lesion	10.85	NA	NA	6.72	7.19	1.48	19.05	19.52	090
35211	A	Repair blood vessel lesion	24.50	NA	NA	10.09	10.48	3.20	37.79	38.18	090
35216	A	Repair blood vessel lesion	36.47	NA	NA	13.87	10.20	2.65	52.99	49.32	090
35221	A	Repair blood vessel lesion	26.54	NA	NA	8.54	9.58	3.37	38.45	39.49	090
35226	A	Repair blood vessel lesion	15.22	NA	NA	5.89	7.05	2.02	23.13	24.29	090
35231	A	Repair blood vessel lesion	21.08	NA	NA	7.73	9.25	2.89	31.70	33.22	090
35236	A	Repair blood vessel lesion	17.94	NA	NA	6.50	7.54	2.43	26.87	27.91	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
35241		A	Repair blood vessel lesion	25.50	NA	NA	9.93	10.82	3.53	NA	NA	NA	36.96	39.85	090
35246		A	Repair blood vessel lesion	28.15	NA	NA	12.02	11.57	3.86	NA	NA	NA	44.03	43.58	090
35251		A	Repair blood vessel lesion	31.83	NA	NA	9.78	11.29	4.13	NA	NA	NA	45.74	47.25	090
35256		A	Repair blood vessel lesion	18.98	NA	NA	6.61	7.92	2.63	NA	NA	NA	28.22	29.53	090
35261		A	Repair blood vessel lesion	18.88	NA	NA	7.22	7.81	2.61	NA	NA	NA	28.71	29.30	090
35266		A	Repair blood vessel lesion	15.75	NA	NA	5.70	6.68	2.10	NA	NA	NA	23.55	24.53	090
35271		A	Repair blood vessel lesion	24.50	NA	NA	9.65	10.30	3.16	NA	NA	NA	37.31	37.96	090
35276		A	Repair blood vessel lesion	25.72	NA	NA	9.61	10.80	3.49	NA	NA	NA	38.82	40.01	090
35281		A	Repair blood vessel lesion	29.93	NA	NA	9.76	11.22	3.97	NA	NA	NA	43.66	45.12	090
35286		A	Repair blood vessel lesion	17.06	NA	NA	6.43	7.65	2.35	NA	NA	NA	25.84	27.06	090
35301		A	Rechanneling of artery	19.53	NA	NA	6.87	8.04	2.68	NA	NA	NA	29.08	30.25	090
35302		A	Rechanneling of artery	21.27	NA	NA	7.14	7.14	2.98	NA	NA	NA	31.39	31.39	090
35303		A	Rechanneling of artery	23.52	NA	NA	7.72	7.72	3.26	NA	NA	NA	34.50	34.50	090
35304		A	Rechanneling of artery	24.52	NA	NA	7.97	7.97	3.41	NA	NA	NA	35.90	35.90	090
35305		A	Rechanneling of artery	23.52	NA	NA	7.72	7.72	3.26	NA	NA	NA	34.50	34.50	090
35306		A	Rechanneling of artery	9.25	NA	NA	2.38	2.38	1.34	NA	NA	NA	12.97	12.97	ZZZ
35311		A	Rechanneling of artery	28.52	NA	NA	9.66	11.22	3.42	NA	NA	NA	41.60	43.16	090
35321		A	Rechanneling of artery	16.51	NA	NA	5.97	7.03	2.25	NA	NA	NA	24.73	25.79	090
35331		A	Rechanneling of artery	27.61	NA	NA	9.00	10.67	3.83	NA	NA	NA	40.44	42.11	090
35341		A	Rechanneling of artery	26.10	NA	NA	8.53	10.28	3.78	NA	NA	NA	38.41	40.16	090
35351		A	Rechanneling of artery	24.53	NA	NA	7.93	9.18	3.35	NA	NA	NA	35.81	37.06	090
35355		A	Rechanneling of artery	19.78	NA	NA	6.53	7.69	2.67	NA	NA	NA	28.98	30.14	090
35361		A	Rechanneling of artery	30.11	NA	NA	9.69	11.20	4.15	NA	NA	NA	43.95	45.46	090
35363		A	Rechanneling of artery	32.22	NA	NA	10.55	12.07	4.33	NA	NA	NA	47.10	48.62	090
35371		A	Rechanneling of artery	15.23	NA	NA	5.48	6.58	2.14	NA	NA	NA	22.85	23.95	090
35372		A	Rechanneling of artery	18.50	NA	NA	6.30	7.61	2.63	NA	NA	NA	27.43	28.74	090
35390		A	Reoperation, carotid add-on	3.19	NA	NA	0.85	1.01	0.46	NA	NA	NA	4.50	4.66	ZZZ
35400		A	Angioscopy	3.00	NA	NA	0.75	1.02	0.43	NA	NA	NA	4.18	4.45	ZZZ
35450		A	Repair arterial blockage	10.05	NA	NA	3.18	3.47	1.25	NA	NA	NA	14.48	14.77	000
35452		A	Repair arterial blockage	6.90	NA	NA	2.11	2.48	0.94	NA	NA	NA	9.95	10.32	000
35454		A	Repair arterial blockage	6.03	NA	NA	1.82	2.19	0.87	NA	NA	NA	8.72	9.09	000
35456		A	Repair arterial blockage	7.34	NA	NA	2.29	2.64	1.04	NA	NA	NA	10.67	11.02	000
35458		A	Repair arterial blockage	9.48	NA	NA	2.90	3.33	1.26	NA	NA	NA	13.64	14.07	000
35458		A	Repair arterial blockage	8.62	NA	NA	2.52	3.01	1.21	NA	NA	NA	12.35	12.84	000
35460		A	Repair venous blockage	6.03	NA	NA	1.78	2.15	0.83	NA	NA	NA	8.64	9.01	000
35470		A	Repair arterial blockage	8.62	60.53	81.78	3.41	3.37	0.69	69.84	91.09	12.72	12.68	000	
35471		A	Repair arterial blockage	10.05	65.60	91.60	4.66	4.13	0.67	76.32	102.32	15.38	14.85	000	
35472		A	Repair arterial blockage	6.90	47.16	60.05	2.76	2.75	0.58	54.64	67.53	10.24	10.23	000	
35473		A	Repair arterial blockage	6.03	46.08	56.40	2.47	2.43	0.51	52.62	62.94	9.01	8.97	000	
35474		A	Repair arterial blockage	7.35	59.59	80.70	2.93	2.90	0.57	67.51	88.62	10.85	10.82	000	
35475		R	Repair arterial blockage	9.48	47.48	53.95	3.25	3.48	0.62	57.58	64.05	13.35	13.58	000	
35476		A	Repair venous blockage	6.03	35.61	42.45	1.87	2.26	0.34	41.98	48.82	8.34	8.63	000	
35480		A	Atherectomy, open	11.06	NA	NA	3.98	4.03	1.28	NA	NA	NA	16.32	16.37	000

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs ³	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Facil- ity PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Facil- ity Total	Global
35481	A	Atherectomy, open	7.60	NA	NA	2.49	2.78	1.13	NA	NA	11.22	11.51	000
35482	A	Atherectomy, open	6.64	NA	NA	2.12	2.45	0.89	NA	NA	11.22	9.98	000
35483	A	Atherectomy, open	8.09	NA	NA	2.78	2.96	1.15	NA	NA	12.02	12.20	000
35484	A	Atherectomy, open	10.42	NA	NA	3.05	3.59	1.27	NA	NA	14.74	15.28	000
35485	A	Atherectomy, open	9.48	NA	NA	2.99	3.40	1.35	NA	NA	13.82	14.23	000
35490	A	Atherectomy, percutaneous	11.06	NA	NA	6.33	5.11	0.71	NA	NA	18.10	16.88	000
35491	A	Atherectomy, percutaneous	7.60	NA	NA	3.96	3.46	0.74	NA	NA	12.30	11.80	000
35492	A	Atherectomy, percutaneous	6.64	NA	NA	3.64	3.30	0.43	NA	NA	10.71	10.37	000
35493	A	Atherectomy, percutaneous	8.09	NA	NA	4.15	3.89	0.56	NA	NA	12.80	12.54	000
35494	A	Atherectomy, percutaneous	10.42	NA	NA	5.16	4.64	0.59	NA	NA	16.17	15.65	000
35495	A	Atherectomy, percutaneous	9.48	NA	NA	4.64	4.45	0.69	NA	NA	14.81	14.62	000
35500	A	Harvest vein for bypass	6.44	NA	NA	1.68	1.94	0.93	NA	NA	9.05	9.31	ZZZ
35501	A	Artery bypass graft	28.99	NA	NA	11.51	9.22	4.10	NA	NA	44.60	42.31	090
35506	A	Artery bypass graft	25.23	NA	NA	8.44	9.21	2.87	NA	NA	36.54	37.31	090
35508	A	Artery bypass graft	25.99	NA	NA	9.09	9.35	2.78	NA	NA	37.86	38.12	090
35509	A	Artery bypass graft	27.99	NA	NA	10.68	9.24	3.92	NA	NA	42.59	41.15	090
35510	A	Artery bypass graft	24.29	NA	NA	7.76	9.57	2.12	NA	NA	34.17	35.98	090
35511	A	Artery bypass graft	22.12	NA	NA	7.28	8.83	2.91	NA	NA	32.31	33.86	090
35512	A	Artery bypass graft	23.79	NA	NA	7.48	9.37	2.12	NA	NA	33.39	35.28	090
35515	A	Artery bypass graft	25.99	NA	NA	8.38	9.06	2.78	NA	NA	37.15	37.83	090
35516	A	Artery bypass graft	24.11	NA	NA	7.78	7.04	2.34	NA	NA	34.21	33.49	090
35518	A	Artery bypass graft	22.57	NA	NA	7.50	8.60	3.03	NA	NA	33.10	34.20	090
35521	A	Artery bypass graft	24.00	NA	NA	8.11	9.40	3.13	NA	NA	35.24	36.53	090
35522	A	Artery bypass graft	23.05	NA	NA	7.46	9.18	2.12	NA	NA	32.63	34.35	090
35525	A	Artery bypass graft	21.59	NA	NA	7.14	8.81	2.12	NA	NA	30.85	32.52	090
35526	A	Artery bypass graft	31.47	NA	NA	18.38	13.97	3.63	NA	NA	53.48	49.07	090
35531	A	Artery bypass graft	38.98	NA	NA	11.89	13.83	5.18	NA	NA	56.05	57.99	090
35533	A	Artery bypass graft	29.79	NA	NA	9.94	11.28	3.85	NA	NA	43.58	44.92	090
35536	A	Artery bypass graft	33.60	NA	NA	10.53	12.34	4.62	NA	NA	48.75	50.56	090
35537	A	Artery bypass graft	41.75	NA	NA	13.22	13.22	5.72	NA	NA	60.69	60.69	090
35538	A	Artery bypass graft	46.82	NA	NA	14.60	14.60	6.39	NA	NA	67.81	67.81	090
35539	A	Artery bypass graft	43.98	NA	NA	13.73	13.73	6.02	NA	NA	63.73	63.73	090
35540	A	Artery bypass graft	49.20	NA	NA	15.10	15.10	6.76	NA	NA	71.06	71.06	090
35548	A	Artery bypass graft	22.57	NA	NA	7.86	9.03	2.98	NA	NA	33.41	34.58	090
35549	A	Artery bypass graft	24.34	NA	NA	9.15	10.07	3.30	NA	NA	36.79	37.71	090
35551	A	Artery bypass graft	27.72	NA	NA	9.86	11.08	3.75	NA	NA	41.33	42.55	090
35556	A	Artery bypass graft	26.62	NA	NA	8.88	9.51	3.10	NA	NA	38.60	39.23	090
35558	A	Artery bypass graft	23.00	NA	NA	8.05	9.17	3.00	NA	NA	34.05	35.17	090
35560	A	Artery bypass graft	33.90	NA	NA	10.74	12.67	4.75	NA	NA	49.39	51.32	090
35563	A	Artery bypass graft	25.99	NA	NA	8.57	10.03	3.52	NA	NA	38.08	39.54	090
35565	A	Artery bypass graft	25.00	NA	NA	8.46	9.71	3.30	NA	NA	36.76	38.01	090
35566	A	Artery bypass graft	32.22	NA	NA	10.14	11.07	3.83	NA	NA	46.19	47.12	090
35571	A	Artery bypass graft	25.39	NA	NA	8.40	10.23	3.43	NA	NA	37.22	39.05	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
36569	...	A	Insert picc cath	1.82	4.19	8.55	0.55	0.57	0.19	6.20	8.56	2.56	8.56	000
36570	...	A	Insert picvad cath	5.33	22.38	30.47	2.26	2.81	0.57	28.28	36.37	8.16	36.37	010
36571	...	A	Insert picvad cath	5.31	24.27	31.00	2.38	2.62	0.57	30.15	36.88	8.24	36.88	010
36575	...	A	Repair tunneled cv cath	0.67	3.19	3.84	0.21	0.25	0.20	4.06	4.71	1.08	4.71	000
36576	...	A	Repair tunneled cv cath	3.21	5.89	8.63	1.50	1.76	0.19	9.09	10.03	4.90	10.03	010
36578	...	A	Replace tunneled cv cath	3.51	8.70	10.52	1.82	2.18	0.19	12.40	14.22	5.52	14.22	010
36580	...	A	Replace cvad cath	1.31	3.82	6.16	0.39	0.41	0.19	5.32	7.66	1.89	7.66	000
36581	...	A	Replace tunneled cv cath	3.45	14.84	18.33	1.55	1.83	0.19	18.48	21.97	5.19	21.97	010
36582	...	A	Replace tunneled cv cath	5.21	20.00	24.51	2.20	2.70	0.19	25.40	29.91	7.60	29.91	010
36583	...	A	Replace tunneled cv cath	5.26	20.04	24.53	2.27	2.73	0.19	25.49	29.98	7.72	29.98	010
36584	...	A	Replace picc cath	1.20	3.73	6.16	0.52	0.54	0.19	5.12	7.55	1.91	7.55	000
36585	...	A	Replace picvad cath	4.81	21.71	26.29	2.17	2.59	0.19	26.71	31.29	7.17	31.29	010
36589	...	A	Removal tunneled cv cath	2.27	1.79	2.13	1.17	1.34	0.24	4.30	3.68	3.85	3.68	010
36590	...	A	Removal tunneled cv cath	3.32	3.55	3.42	1.56	1.68	0.44	7.31	7.18	5.32	7.18	010
36595	...	A	Mech remov tunneled cv cath	3.59	10.24	15.50	1.20	1.39	0.21	14.04	19.30	5.00	19.30	000
36596	...	A	Mech remov tunneled cv cath	0.75	2.44	3.38	0.39	0.47	0.05	3.24	4.18	1.19	4.18	000
36597	...	A	Reposition venous catheter	1.21	1.90	2.28	0.38	0.43	0.07	3.18	3.56	1.66	3.56	000
36598	...	T	Inj w/fluor, eval cv device	0.74	2.15	2.52	0.24	2.04	0.05	2.94	3.31	1.03	3.31	000
36600	...	A	Withdrawal of arterial blood	0.32	0.50	0.49	0.08	0.09	0.02	0.84	0.83	0.42	0.83	XXX
36620	...	A	Insertion catheter, artery	1.15	NA	NA	0.17	0.22	0.07	1.39	NA	1.39	1.44	000
36625	...	A	Insertion catheter, artery	2.11	NA	NA	0.49	0.52	0.26	2.89	NA	2.86	2.89	000
36640	...	A	Insertion catheter, artery	2.10	NA	NA	0.91	1.01	0.21	NA	NA	3.22	3.32	000
36660	...	A	Insertion catheter, artery	1.40	NA	NA	0.20	0.38	0.14	NA	NA	1.74	1.92	000
36680	...	A	Insertion catheter, bone cavity	1.20	NA	NA	0.33	0.45	0.11	NA	NA	1.64	1.76	000
36800	...	A	Insertion of cannula	2.43	NA	NA	1.55	1.74	0.25	NA	NA	4.23	4.42	000
36810	...	A	Insertion of cannula	3.96	NA	NA	1.34	1.60	0.45	NA	NA	5.75	6.01	000
36815	...	A	Insertion of cannula	2.62	NA	NA	1.03	1.14	0.35	NA	NA	4.00	4.11	000
36818	...	A	Av fuse, uppr arm, cephalic	11.81	NA	NA	4.81	5.73	1.90	NA	NA	18.52	19.44	090
36819	...	A	Av fuse, uppr arm, basilic	14.39	NA	NA	5.22	6.08	1.96	NA	NA	21.57	22.43	090
36820	...	A	Av fusion/ream vein	14.39	NA	NA	5.31	6.11	1.95	NA	NA	21.65	22.45	090
36821	...	A	Av fusion direct any site	9.15	NA	NA	4.01	4.49	1.23	NA	NA	14.39	14.87	090
36822	...	A	Insertion of cannula(s)	5.51	NA	NA	3.79	4.23	0.79	NA	NA	10.09	10.53	090
36823	...	A	Insertion of cannula(s)	22.82	NA	NA	8.80	9.23	2.89	NA	NA	34.51	34.94	090
36825	...	A	Artery-vein autograft	10.00	NA	NA	4.31	4.87	1.35	NA	NA	15.66	16.22	090
36830	...	A	Artery-vein nonautograft	12.00	NA	NA	4.23	4.98	1.66	NA	NA	17.89	18.64	090
36831	...	A	Open thrombect av fistula	8.01	NA	NA	3.25	3.77	1.09	NA	NA	12.35	12.87	090
36832	...	A	Av fistula revision, open	10.50	NA	NA	3.84	4.50	1.44	NA	NA	15.76	16.44	090
36833	...	A	Av fistula revision	11.95	NA	NA	4.23	4.96	1.65	NA	NA	17.83	18.56	090
36834	...	A	Repair A-V aneurysm	11.11	NA	NA	4.33	4.68	1.37	NA	NA	16.81	17.16	090
36835	...	A	Artery to vein shunt	7.43	NA	NA	3.88	4.21	0.98	NA	NA	12.29	12.62	090
36838	...	A	Dist revas ligation, hemo	21.59	NA	NA	7.09	8.81	3.02	NA	NA	31.70	33.42	090
36860	...	A	External cannula declotting	2.01	3.32	2.16	0.62	0.67	0.11	5.44	4.28	2.74	2.79	000
36861	...	A	Cannula declotting	2.52	NA	NA	1.22	1.42	0.27	NA	NA	4.01	4.21	000

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
36870	A	Percut thrombect av fistula	5.17	39.08	49.54	2.50	2.99	0.29	44.54	55.00	7.96	8.45	090
37140	A	Revision of circulation	25.12	NA	NA	8.82	10.07	2.02	NA	NA	35.96	37.21	090
37145	A	Revision of circulation	26.13	NA	NA	9.06	10.41	3.26	NA	NA	38.45	39.80	090
37160	A	Revision of circulation	23.13	NA	NA	8.11	8.97	2.82	NA	NA	34.06	34.92	090
37180	A	Revision of circulation	26.13	NA	NA	8.95	9.96	3.35	NA	NA	38.43	39.44	090
37181	A	Splice spleen/kidney veins	28.26	NA	NA	9.32	10.58	3.41	NA	NA	40.99	42.25	090
37182	A	Insert hepatic shunt (lips)	16.97	NA	NA	5.11	5.82	1.00	NA	NA	23.08	23.79	090
37183	A	Remove hepatic shunt (lips)	7.99	NA	NA	2.51	2.89	0.47	NA	NA	10.97	11.35	000
37184	A	Prim art mech thrombectomy	8.66	47.39	65.62	2.78	3.21	0.55	56.60	74.83	11.99	12.42	000
37185	A	Prim art m-thrombect add-on	3.28	15.41	21.01	0.94	1.07	0.21	18.90	24.50	4.43	4.56	ZZZ
37186	A	Sec art m-thrombect add-on	4.92	32.55	45.18	1.41	1.60	0.32	37.79	50.42	6.65	6.84	ZZZ
37187	A	Venous mech thrombectomy	8.03	46.31	64.21	2.59	3.00	0.51	54.85	72.75	11.13	11.54	000
37188	A	Venous m-thrombectomy add-on	5.71	40.43	56.59	1.93	2.25	0.37	46.51	62.67	8.01	8.33	000
37195	C	Thrombolytic therapy, stroke	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
37200	A	Transcatheter biopsy	4.55	NA	NA	1.32	1.46	0.27	NA	NA	6.14	6.28	000
37201	A	Transcatheter therapy infuse	4.99	NA	NA	2.11	2.43	0.33	NA	NA	7.43	7.75	000
37202	A	Transcatheter therapy infuse	5.67	NA	NA	3.42	3.13	0.43	NA	NA	9.52	9.23	000
37203	A	Transcatheter retrieval	5.02	28.86	31.87	1.81	1.98	0.29	34.17	37.18	7.12	7.29	000
37204	A	Transcatheter occlusion	18.11	NA	NA	5.30	5.75	1.48	NA	NA	24.89	25.34	000
37205	A	Transcath iv stent, percut	8.27	NA	NA	3.81	3.77	0.60	NA	NA	12.68	12.64	000
37206	A	Transcath iv stent/perc addl	4.12	NA	NA	1.56	1.46	0.31	NA	NA	5.99	5.89	ZZZ
37207	A	Transcath iv stent, open	8.27	NA	NA	2.43	2.98	1.17	NA	NA	11.87	12.42	000
37208	A	Transcath iv stent/open addl	4.12	NA	NA	1.05	1.30	0.59	NA	NA	5.76	6.01	ZZZ
37209	A	Change iv cath at thromb tx	2.27	NA	NA	0.67	0.72	0.15	NA	NA	3.09	3.14	000
37210	A	Embolization uterine fibroid	10.60	46.03	46.03	3.13	3.13	0.60	57.23	57.23	14.33	14.33	000
37215	R	Transcath stent, cca w/eps	18.85	NA	NA	5.75	8.05	1.04	NA	NA	30.75	30.01	090
37216	N	Transcath stent, cca w/o eps	2.10	NA	NA	0.81	0.77	0.21	NA	NA	25.64	27.94	090
37250	A	Iv us first vessel add-on	1.60	NA	NA	0.52	0.54	0.19	NA	NA	2.31	2.33	ZZZ
37251	A	Iv us each add vessel add-on	11.54	NA	NA	5.42	6.49	1.54	NA	NA	18.50	19.57	090
37500	A	Endoscopy ligate perf veins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
37501	C	Vascular endoscopy procedure	11.97	NA	NA	5.11	5.49	1.33	NA	NA	18.41	18.79	090
37565	A	Ligation of neck vein	12.34	NA	NA	4.81	6.18	1.41	NA	NA	18.56	19.93	090
37600	A	Ligation of neck artery	14.20	NA	NA	5.57	6.57	1.99	NA	NA	21.76	22.76	090
37605	A	Ligation of neck artery	8.72	NA	NA	4.89	4.64	1.23	NA	NA	14.84	14.59	090
37606	A	Ligation of a-v fistula	6.19	NA	NA	3.08	3.44	0.85	NA	NA	10.12	10.48	090
37607	A	Temporal artery procedure	3.02	4.20	4.43	1.84	1.93	0.36	7.56	7.81	5.22	5.31	010
37615	A	Ligation of neck artery	7.72	NA	NA	4.01	4.09	0.68	NA	NA	12.41	12.49	090
37616	A	Ligation of chest artery	18.89	NA	NA	7.92	8.04	2.33	NA	NA	29.14	29.26	090
37617	A	Ligation of abdomen artery	23.71	NA	NA	7.89	8.85	2.98	NA	NA	34.58	35.54	090
37618	A	Ligation of extremity artery	5.95	NA	NA	3.37	3.55	0.67	NA	NA	9.99	10.17	090
37620	A	Revision of major vein	11.49	NA	NA	4.94	5.52	0.91	NA	NA	17.34	17.92	090
37650	A	Revision of major vein	8.41	NA	NA	4.19	4.56	1.01	NA	NA	13.61	13.98	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mat-Prac-ice RVUs	Fully Implemented Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
37680	...	A	Revision of major vein	22.20	NA	NA	8.02	8.79	2.49	NA	NA	32.71	33.48	090
37700	...	A	Revise leg vein	3.76	NA	NA	2.43	2.70	0.53	NA	NA	6.72	6.99	090
37718	...	A	Ligate/strip short leg vein	7.05	NA	NA	3.51	3.92	0.14	NA	NA	10.70	11.11	090
37722	...	A	Ligate/strip long leg vein	8.08	NA	NA	3.77	4.25	0.86	NA	NA	12.71	13.19	090
37735	...	A	Removal of leg veins/lesion	10.81	NA	NA	4.65	5.29	1.48	NA	NA	16.94	17.58	090
37760	...	A	Ligation, leg veins, open	10.69	NA	NA	4.53	5.14	1.44	NA	NA	16.66	17.27	090
37765	...	A	Phleb veins—extrem—to 20	7.63	NA	NA	3.56	4.36	0.48	NA	NA	11.67	12.47	090
37766	...	A	Phleb veins—extrem 20+	9.58	NA	NA	4.09	5.01	0.48	NA	NA	14.15	15.07	090
37780	...	A	Revision of leg vein	3.87	NA	NA	2.48	2.76	0.53	NA	NA	6.88	7.16	090
37785	...	A	Ligate/divide/excise vein	3.87	4.90	5.12	2.58	2.69	0.54	9.31	9.53	6.99	7.10	090
37788	...	A	Revascularization, penis	23.21	NA	NA	12.15	9.85	2.26	NA	NA	37.62	35.32	090
37790	...	A	Penile venous occlusion	8.37	NA	NA	5.13	4.56	0.59	NA	NA	14.09	13.52	090
37799	...	C	Vascular surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38100	...	A	Removal of spleen, total	19.47	NA	NA	6.90	6.35	1.92	NA	NA	28.29	27.74	090
38101	...	A	Removal of spleen, partial	19.47	NA	NA	7.31	6.72	2.05	NA	NA	28.83	28.24	090
38102	...	A	Removal of spleen, total	4.79	NA	NA	1.26	1.55	0.63	NA	NA	6.68	6.97	ZZZ
38115	...	A	Repair of ruptured spleen	21.80	NA	NA	7.56	6.87	2.09	NA	NA	31.45	30.76	090
38120	...	A	Laparoscopy, splenectomy	16.97	NA	NA	6.94	7.27	2.25	NA	NA	26.16	26.49	090
38129	...	C	Laparoscopy proc, spleen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38200	...	A	Injection for spleen x-ray	2.64	NA	NA	0.96	0.91	0.14	NA	NA	3.74	3.69	000
38204	...	B	BI donor search management	2.00	0.00	0.00	0.00	0.00	0.06	2.06	2.06	2.06	2.06	XXX
38205	...	R	Harvest allogeneic stem cells	1.50	NA	NA	0.55	0.64	0.07	NA	NA	2.12	2.21	000
38206	...	R	Harvest auto stem cells	1.50	NA	NA	0.55	0.64	0.07	NA	NA	2.12	2.21	000
38207	...	I	Cryopreserve stem cells	0.47	0.00	0.00	0.00	0.00	0.01	0.48	0.48	0.48	0.48	XXX
38208	...	I	Thaw preserved stem cells	0.56	0.00	0.00	0.00	0.00	0.02	0.58	0.58	0.58	0.58	XXX
38209	...	I	Wash harvest stem cells	0.24	0.00	0.00	0.00	0.00	0.01	0.25	0.25	0.25	0.25	XXX
38210	...	I	T-cell depletion of harvest	0.94	0.00	0.00	0.00	0.00	0.03	0.97	0.97	0.97	0.97	XXX
38211	...	I	Tumor cell deplete of harvest	0.71	0.00	0.00	0.00	0.00	0.02	0.73	0.73	0.73	0.73	XXX
38212	...	I	Rbc depletion of harvest	0.47	0.00	0.00	0.00	0.00	0.49	0.49	0.49	0.49	0.49	XXX
38213	...	I	Platelet deplete of harvest	0.24	0.00	0.00	0.00	0.00	0.01	0.25	0.25	0.25	0.25	XXX
38214	...	I	Volume deplete of harvest	0.24	0.00	0.00	0.00	0.00	0.01	0.25	0.25	0.25	0.25	XXX
38215	...	I	Harvest stem cell concentrate	0.55	0.00	0.00	0.00	0.00	0.02	0.57	0.57	0.57	0.57	XXX
38220	...	A	Bone marrow aspiration	1.08	2.66	3.46	0.45	0.50	0.05	3.79	4.59	1.58	1.63	XXX
38221	...	A	Bone marrow biopsy	1.37	2.78	3.64	0.58	0.63	0.07	4.22	5.08	2.02	2.07	XXX
38230	...	R	Bone marrow collection	4.80	NA	NA	2.80	3.12	0.48	NA	NA	8.08	8.40	010
38240	...	R	Bone marrow/stem transplant	2.24	NA	NA	0.96	1.01	0.11	NA	NA	3.31	3.36	XXX
38241	...	R	Bone marrow/stem transplant	2.24	NA	NA	0.95	1.02	0.11	NA	NA	3.30	3.37	XXX
38242	...	A	Lymphocyte infuse transplant	1.71	NA	NA	0.71	0.76	0.08	NA	NA	2.50	2.55	000
38300	...	A	Drainage, lymph node lesion	2.28	3.58	4.12	1.74	1.97	0.25	6.11	6.65	4.27	4.50	010
38305	...	A	Drainage, lymph node lesion	6.55	NA	NA	3.38	4.18	0.88	NA	NA	10.81	11.61	090
38308	...	A	Incision of lymph channels	6.73	NA	NA	3.54	3.69	0.85	NA	NA	11.12	11.27	090
38380	...	A	Thoracic duct procedure	8.34	NA	NA	4.70	5.44	0.74	NA	NA	13.78	14.52	090
38381	...	A	Thoracic duct procedure	13.32	NA	NA	6.08	6.68	1.85	NA	NA	21.25	21.85	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HC- ² CS	Mod	Status	Description	Physician Work RVUs ³	Fully Im-plement- ed Non-Facility PE RVUs	Year 2007 Transi- tional Non-Facility PE RVUs	Fully Im-plement- ed Facility PE RVUs	Year 2007 Transi- tional Facility PE RVUs	Mat/Fac- tice RVUs	Fully Im-plement- ed Non-Facility Total	Year 2007 Transi- tional Non-Facility Total	Fully Im-plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
38382	A	A	Thoracic duct procedure	10.51	NA	NA	5.45	5.68	1.37	NA	NA	17.33	17.56	090
38500	A	A	Biopsy/removal, lymph nodes	3.76	3.73	3.70	2.02	2.07	0.49	7.98	7.95	6.27	6.32	010
38505	A	A	Needle biopsy, lymph nodes	1.14	2.00	2.04	0.67	0.75	0.09	3.23	3.27	1.90	1.98	000
38510	A	A	Biopsy/removal, lymph nodes	6.69	5.20	5.46	2.98	3.36	0.72	12.61	12.87	10.39	10.77	010
38520	A	A	Biopsy/removal, lymph nodes	6.95	NA	NA	3.70	3.96	0.84	NA	NA	11.49	11.75	090
38525	A	A	Biopsy/removal, lymph nodes	6.35	NA	NA	3.46	3.33	0.80	NA	NA	10.61	10.48	090
38530	A	A	Biopsy/removal, lymph nodes	8.26	NA	NA	4.09	4.32	1.12	NA	NA	13.47	13.70	090
38542	A	A	Explore deep node(s), neck	6.08	NA	NA	3.77	4.30	0.60	NA	NA	10.45	10.98	090
38550	A	A	Removal, neck/armpit lesion	6.99	NA	NA	4.22	3.99	0.88	NA	NA	12.09	11.86	090
38555	A	A	Removal, neck/armpit lesion	15.42	NA	NA	7.27	8.22	1.76	NA	NA	24.45	25.40	090
38562	A	A	Removal, pelvic lymph nodes	10.92	NA	NA	5.77	5.77	1.20	NA	NA	17.89	17.89	090
38564	A	A	Removal, abdomen lymph nodes	11.29	NA	NA	5.23	5.24	1.32	NA	NA	17.84	17.85	090
38570	A	A	Laparoscopy, lymph node biop	9.28	NA	NA	3.99	3.98	1.13	NA	NA	14.40	14.39	010
38571	A	A	Laparoscopy, lymphadenectomy	14.70	NA	NA	6.95	5.97	1.15	NA	NA	22.80	21.82	010
38572	A	A	Laparoscopy, lymphadenectomy	16.86	NA	NA	6.21	6.86	1.91	NA	NA	24.98	25.63	010
38589	C	C	Laparoscopy proc, lymphatic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38700	A	A	Removal of lymph nodes, neck	12.68	NA	NA	6.01	6.18	0.72	NA	NA	19.41	19.58	090
38720	A	A	Removal of lymph nodes, neck	21.72	NA	NA	9.38	9.36	1.20	NA	NA	32.30	32.28	090
38724	A	A	Removal of lymph nodes, neck	23.72	NA	NA	10.00	9.87	1.28	NA	NA	35.00	34.87	090
38740	A	A	Remove armpit lymph nodes	10.57	NA	NA	5.02	4.96	1.32	NA	NA	16.91	16.85	090
38745	A	A	Remove armpit lymph nodes	13.71	NA	NA	6.06	6.07	1.74	NA	NA	21.51	21.52	090
38746	A	A	Remove thoracic lymph nodes	4.88	NA	NA	1.45	1.57	0.72	NA	NA	7.05	7.17	ZZZ
38747	A	A	Remove abdominal lymph nodes	4.88	NA	NA	1.27	1.57	0.64	NA	NA	6.79	7.09	ZZZ
38760	A	A	Remove groin lymph nodes	13.49	NA	NA	5.98	6.09	1.72	NA	NA	21.19	21.30	090
38765	A	A	Remove groin lymph nodes	21.78	NA	NA	8.66	8.77	2.48	NA	NA	32.92	33.03	090
38770	A	A	Remove pelvis lymph nodes	13.98	NA	NA	6.97	6.05	1.40	NA	NA	22.35	21.43	090
38780	A	A	Remove abdomen lymph nodes	17.56	NA	NA	8.02	8.16	1.89	NA	NA	27.47	27.61	090
38790	A	A	Inject for lymphatic x-ray	1.29	NA	NA	0.70	0.75	0.13	NA	NA	2.12	2.17	000
38792	A	A	Identify sentinel node	0.52	NA	NA	0.46	0.45	0.06	NA	NA	1.04	1.03	000
38794	A	A	Access thoracic lymph duct	4.51	NA	NA	2.84	3.30	0.32	NA	NA	7.67	8.13	090
38999	C	C	Blood/lymph system procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39000	A	A	Exploration of chest	7.49	NA	NA	4.34	4.57	0.89	NA	NA	12.72	12.95	090
39010	A	A	Exploration of chest	13.11	NA	NA	6.14	7.19	1.76	NA	NA	21.01	22.06	090
39200	A	A	Removal chest lesion	15.04	NA	NA	6.26	7.21	2.03	NA	NA	23.33	24.28	090
39220	A	A	Removal chest lesion	19.47	NA	NA	8.06	9.04	2.46	NA	NA	29.99	30.97	090
39400	A	A	Visualization of chest	8.00	NA	NA	4.18	4.68	0.82	NA	NA	13.00	13.50	010
39499	C	C	Chest procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39501	A	A	Repair diaphragm laceration	13.89	NA	NA	5.92	6.32	1.78	NA	NA	21.59	21.99	090
39502	A	A	Repair paraesophageal hernia	17.09	NA	NA	6.63	7.01	2.17	NA	NA	25.89	26.27	090
39503	A	A	Repair of diaphragm hernia	108.67	NA	NA	30.82	32.73	10.98	NA	NA	150.47	152.38	090
39520	A	A	Repair of diaphragm hernia	16.63	NA	NA	6.90	7.76	2.24	NA	NA	25.77	26.63	090
39530	A	A	Repair of diaphragm hernia	16.22	NA	NA	6.39	6.95	2.11	NA	NA	24.72	25.28	090
39531	A	A	Repair of diaphragm hernia	17.23	NA	NA	6.59	7.18	2.22	NA	NA	26.04	26.63	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mat-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
39540		A	Repair of diaphragm hernia	14.51	NA	NA	5.62	6.07	1.80	NA	NA	21.93	22.38	090
39541		A	Repair of diaphragm hernia	15.67	NA	NA	6.18	6.48	1.93	NA	NA	23.78	24.08	090
39545		A	Revision of diaphragm	14.58	NA	NA	7.21	7.46	1.84	NA	NA	23.63	23.88	090
39560		A	Resect diaphragm, simple	12.97	NA	NA	5.54	6.10	1.59	NA	NA	20.10	20.66	090
39561		A	Resect diaphragm, complex	19.75	NA	NA	9.35	9.34	2.45	NA	NA	31.55	31.54	090
39599		C	Diaphragm surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
40490		A	Biopsy of lip	1.22	2.09	1.75	0.59	0.61	0.05	3.36	3.02	1.86	1.88	000
40500		A	Partial excision of lip	4.35	7.79	7.12	4.30	4.32	0.98	12.52	11.85	9.03	9.05	090
40510		A	Partial excision of lip	4.74	6.58	6.60	3.54	3.89	0.49	11.81	11.83	8.77	9.12	090
40520		A	Partial excision of lip	4.71	6.88	7.38	3.77	4.03	0.52	12.11	12.61	9.00	9.26	090
40525		A	Reconstruct lip with flap	7.61	NA	NA	5.34	6.06	0.85	NA	NA	13.80	14.52	090
40527		A	Reconstruct lip with flap	9.20	NA	NA	5.97	7.01	0.97	NA	NA	16.14	17.18	090
40530		A	Partial removal of lip	5.45	7.35	7.70	4.15	4.47	0.55	13.35	13.70	10.15	10.47	090
40650		A	Repair lip	3.69	5.94	6.58	3.16	3.26	0.38	10.01	10.65	7.23	7.33	090
40652		A	Repair lip	4.32	7.07	7.57	4.04	4.21	0.52	11.91	12.41	8.88	9.05	090
40654		A	Repair lip	5.37	8.13	8.48	4.73	4.88	0.60	14.10	14.45	10.70	10.85	090
40700		A	Repair cleft lip/nasal	13.97	NA	NA	9.32	9.13	0.95	NA	NA	24.24	24.05	090
40701		A	Repair cleft lip/nasal	17.03	NA	NA	11.44	11.36	1.65	NA	NA	30.12	30.04	090
40702		A	Repair cleft lip/nasal	14.09	NA	NA	7.32	8.02	1.23	NA	NA	22.64	23.34	090
40720		A	Repair cleft lip/nasal	14.54	NA	NA	9.22	9.72	1.80	NA	NA	25.56	26.68	090
40751		A	Repair cleft lip/nasal	15.69	NA	NA	9.05	9.97	1.94	NA	NA	26.68	27.60	090
40799		C	Lip surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
40800		A	Drainage of mouth lesion	1.19	3.83	3.18	1.88	1.80	0.13	5.15	4.50	3.20	3.12	010
40801		A	Drainage of mouth lesion	2.57	4.86	4.23	2.58	2.70	0.31	7.74	7.11	5.46	5.58	010
40804		A	Removal, foreign body, mouth	1.26	3.63	3.45	1.76	1.83	0.11	5.00	4.82	3.13	3.20	010
40805		A	Removal, foreign body, mouth	2.73	5.06	4.63	2.59	2.76	0.32	8.11	7.68	5.64	5.81	010
40806		A	Incision of lip fold	0.31	2.37	1.97	0.50	0.50	0.04	2.72	2.32	0.85	0.85	000
40808		A	Biopsy of mouth lesion	0.98	3.52	2.87	1.58	1.51	0.10	4.60	3.95	2.66	2.59	010
40810		A	Excision of mouth lesion	1.33	3.57	3.05	1.67	1.66	0.13	5.03	4.51	3.13	3.12	010
40812		A	Excise/repair mouth lesion	2.33	4.51	3.92	2.28	2.37	0.28	7.12	6.53	4.89	4.98	010
40814		A	Excise/repair mouth lesion	3.45	5.63	5.11	3.66	3.83	0.41	9.49	8.97	7.52	7.69	090
40816		A	Excision of mouth lesion	3.70	5.80	5.33	3.71	3.93	0.40	9.90	9.43	7.81	8.03	090
40818		A	Excise oral mucosa for graft	2.72	5.78	5.32	3.73	3.91	0.21	8.71	8.25	6.66	6.84	090
40819		A	Excise lip or cheek fold	2.45	4.87	4.28	3.07	3.09	0.29	7.61	7.02	5.81	5.83	090
40820		A	Treatment of mouth lesion	1.30	5.14	4.23	2.85	2.54	0.11	6.55	5.64	4.25	4.11	010
40830		A	Repair mouth laceration	1.78	4.09	3.81	2.02	2.07	0.19	6.06	5.78	3.99	4.04	010
40831		A	Repair mouth laceration	2.50	5.35	4.83	2.76	2.98	0.30	8.15	7.63	5.56	5.78	010
40840		R	Reconstruction of mouth	9.03	10.06	9.85	5.63	6.64	1.08	20.17	19.96	15.74	16.75	090
40842		R	Reconstruction of mouth	9.03	9.76	9.99	5.40	6.44	1.08	19.87	20.10	15.51	16.55	090
40843		R	Reconstruction of mouth	12.62	11.82	11.92	6.12	7.39	1.39	25.83	25.93	20.13	21.40	090
40844		R	Reconstruction of mouth	16.57	14.88	15.54	8.89	10.89	2.00	33.45	34.11	27.46	29.46	090
40845		R	Reconstruction of mouth	19.13	15.37	16.64	9.78	12.35	2.01	36.51	37.78	30.92	33.49	090
40899		C	Mouth surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity RVUs	Year 2007 Transi- tional Faci- lity RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
41000	A	Drainage of mouth lesion	1.32	2.50	2.36	1.31	1.39	3.80	2.75	2.83	010
41005	A	Drainage of mouth lesion	1.28	4.22	3.55	1.72	1.72	4.95	3.12	3.12	010
41006	A	Drainage of mouth lesion	3.28	5.30	4.92	2.76	3.07	8.55	6.39	6.70	090
41007	A	Drainage of mouth lesion	3.14	5.34	5.19	2.74	2.95	8.64	6.19	6.40	090
41008	A	Drainage of mouth lesion	3.40	5.42	4.87	2.82	3.11	8.69	6.64	6.93	090
41009	A	Drainage of mouth lesion	3.63	5.81	5.18	3.15	3.47	9.28	7.25	7.57	090
41010	A	Inclusion of tongue fold	1.08	3.36	3.41	1.35	1.54	4.56	2.50	2.69	010
41015	A	Drainage of mouth lesion	4.00	6.22	5.61	3.95	4.09	10.07	8.41	8.55	090
41016	A	Drainage of mouth lesion	4.11	6.18	5.75	4.05	4.18	10.39	8.69	8.82	090
41017	A	Drainage of mouth lesion	4.11	6.33	5.81	4.11	4.25	10.45	8.75	8.89	090
41018	A	Drainage of mouth lesion	5.14	6.57	6.24	4.36	4.52	12.06	10.18	10.34	090
41100	A	Drainage of mouth lesion	1.39	2.98	2.46	1.13	1.35	4.00	2.67	2.89	010
41105	A	Biopsy of tongue	1.44	2.57	2.37	1.15	1.28	3.94	2.72	2.85	010
41108	A	Biopsy of floor of mouth	1.07	2.40	2.15	1.03	1.11	3.32	2.20	2.28	010
41110	A	Excision of tongue lesion	1.53	3.47	3.10	1.55	1.62	4.76	3.21	3.28	010
41112	A	Excision of tongue lesion	2.77	5.12	4.63	3.16	3.21	7.68	6.21	6.28	090
41113	A	Excision of tongue lesion	3.23	5.40	4.91	3.33	3.44	8.97	6.90	7.01	090
41114	A	Excision of tongue lesion	8.71	NA	NA	6.02	6.90	NA	15.56	16.44	090
41115	A	Excision of tongue fold	1.76	4.26	3.53	1.76	1.83	5.47	3.70	3.77	010
41116	A	Excision of tongue lesion	2.47	5.32	4.59	2.67	2.77	7.29	5.37	5.47	090
41120	A	Excision of mouth lesion	10.91	NA	NA	13.31	14.81	NA	25.01	26.51	090
41130	A	Partial removal of tongue	15.51	NA	NA	14.68	15.81	NA	31.12	32.25	090
41135	A	Partial removal of tongue	29.83	NA	NA	20.15	22.45	NA	51.87	54.17	090
41140	A	Tongue and neck surgery	28.81	NA	NA	21.56	25.39	NA	52.64	56.47	090
41145	A	Tongue removal, neck surgery	37.59	NA	NA	26.62	29.56	NA	66.76	69.70	090
41150	A	Tongue, mouth, jaw surgery	29.52	NA	NA	21.36	23.87	NA	52.83	55.34	090
41153	A	Tongue, mouth, neck surgery	33.28	NA	NA	22.13	24.30	NA	57.42	59.59	090
41155	A	Tongue, jaw, & neck surgery	43.96	NA	NA	25.50	26.48	NA	71.80	72.78	090
41250	A	Repair tongue laceration	1.93	3.79	3.00	1.59	1.28	5.11	3.70	3.99	010
41251	A	Repair tongue laceration	2.29	3.15	3.24	1.65	1.58	5.75	4.16	4.09	010
41252	A	Repair tongue laceration	2.99	4.35	4.01	1.98	2.18	7.29	5.26	5.46	010
41500	A	Fixation of tongue	3.74	NA	NA	6.54	7.22	NA	10.58	11.26	090
41510	A	Tongue to lip surgery	3.45	NA	NA	7.05	7.71	NA	10.70	11.36	090
41520	A	Reconstruction, tongue fold	2.77	5.72	4.90	3.22	3.52	7.94	6.26	6.56	090
41599	C	Tongue and mouth surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
41800	A	Drainage of gum lesion	1.21	4.74	3.13	2.10	1.49	4.46	3.43	2.82	010
41805	A	Removal foreign body, gum	1.28	4.72	3.18	2.75	2.35	4.59	4.16	3.76	010
41806	A	Removal foreign body, jawbone	2.73	5.91	4.16	3.41	3.13	7.26	6.51	6.23	010
41820	R	Excision, gum, each quadrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
41821	R	Excision of gum flap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
41822	R	Excision of gum lesion	2.35	4.66	4.08	1.80	1.85	6.74	4.46	4.51	010
41823	R	Excision of gum lesion	3.63	6.50	5.80	3.77	3.95	9.90	7.87	8.05	090
41825	A	Excision of gum lesion	1.35	3.62	3.20	1.44	2.04	4.70	2.94	3.54	010

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/HCPCS	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
41826		A	Excision of gum lesion	2.35	5.12	3.10	2.60	2.23	0.30	7.77	5.75	5.25	4.88	010
41827		A	Excision of gum lesion	3.72	6.61	5.79	3.38	3.59	0.35	10.68	9.86	7.45	7.66	090
41828		R	Excision of gum lesion	3.11	4.13	3.88	1.68	2.64	0.44	7.68	7.43	5.23	6.19	010
41830		R	Removal of gum tissue	3.38	6.04	5.23	3.16	3.51	0.44	9.86	9.05	6.98	7.33	010
41850		R	Treatment of gum lesion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
41870		R	Gum graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
41872		R	Repair gum	2.90	5.89	5.24	3.28	3.42	0.30	9.09	8.44	6.48	6.62	090
41874		R	Repair tooth socket	3.13	5.76	5.07	2.79	3.08	0.45	9.34	8.65	6.37	6.66	090
41899		C	Dental surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42000		A	Drainage mouth roof lesion	1.25	2.34	2.51	1.15	1.23	0.12	3.71	3.88	2.52	2.60	010
42100		A	Biopsy roof of mouth	1.33	2.19	2.11	1.22	1.33	0.13	3.65	3.57	2.68	2.79	010
42104		A	Excision lesion, mouth roof	1.66	3.43	2.76	1.60	1.56	0.16	5.25	4.58	3.42	3.38	010
42106		A	Excision lesion, mouth roof	2.12	4.41	3.52	2.06	2.35	0.25	6.78	5.89	4.43	4.72	010
42107		A	Excision lesion, mouth roof	4.48	6.34	5.87	3.58	3.86	0.44	11.26	10.79	8.50	8.78	090
42120		A	Remove palate/lesion	11.70	11.51	NA	11.51	11.71	0.52	NA	NA	23.73	23.93	090
42140		A	Excision of uvula	1.65	4.24	3.85	1.95	2.06	0.13	6.02	5.63	3.73	3.84	090
42145		A	Repair palate, pharynx/uvula	9.63	NA	NA	8.85	7.33	0.65	NA	NA	17.13	17.61	090
42160		A	Treatment mouth roof lesion	1.82	3.63	4.10	1.62	2.12	0.17	5.62	6.09	3.61	4.11	010
42180		A	Repair palate	2.52	3.22	3.11	1.79	2.02	0.21	5.95	5.84	4.52	4.75	010
42182		A	Repair palate	3.84	4.05	3.92	2.41	2.88	0.40	8.29	8.16	6.65	7.12	010
42200		A	Reconstruct cleft palate	12.41	NA	NA	8.26	9.72	1.27	NA	NA	21.94	23.40	090
42205		A	Reconstruct cleft palate	13.57	NA	NA	7.60	9.45	1.58	NA	NA	22.75	24.60	090
42210		A	Reconstruct cleft palate	14.91	NA	NA	9.87	11.06	2.17	NA	NA	26.95	28.14	090
42215		A	Reconstruct cleft palate	8.88	NA	NA	7.34	8.64	1.31	NA	NA	17.53	18.83	090
42220		A	Reconstruct cleft palate	7.07	NA	NA	6.80	6.79	0.73	NA	NA	14.60	14.59	090
42225		A	Reconstruct cleft palate	9.66	NA	NA	12.12	15.83	0.86	NA	NA	22.64	26.35	090
42226		A	Lengthening of palate	10.24	NA	NA	11.44	13.89	1.01	NA	NA	22.68	25.14	090
42227		A	Repair palate	9.81	NA	NA	9.78	14.10	0.98	NA	NA	20.57	24.89	090
42235		A	Repair palate	7.92	NA	NA	10.34	11.48	0.72	NA	NA	18.98	20.12	090
42260		A	Repair nose to lip fistula	10.10	9.65	10.06	5.93	6.78	1.26	21.01	21.42	17.29	18.14	090
42280		A	Preparation, palate mold	1.56	2.25	2.03	0.85	1.07	0.19	4.00	3.78	2.60	2.82	010
42281		A	Insertion, palate prosthesis	1.95	2.83	2.68	1.57	1.80	0.17	4.95	4.80	3.69	3.92	010
42289		C	Palate/uvula surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42300		A	Drainage of salivary gland	1.95	2.93	2.85	1.61	1.76	0.16	5.04	4.96	3.72	3.87	010
42305		A	Drainage of salivary gland	6.23	3.71	NA	3.71	4.47	0.51	NA	NA	10.45	11.21	090
42310		A	Drainage of salivary gland	1.58	2.19	2.24	1.32	1.49	0.13	3.90	3.95	3.03	3.20	010
42320		A	Drainage of salivary gland	2.37	3.56	3.34	1.78	2.01	0.21	6.14	5.92	4.36	4.59	010
42330		A	Removal of salivary stone	2.23	3.20	3.16	1.62	1.79	0.19	5.62	5.58	4.04	4.21	010
42335		A	Removal of salivary stone	3.35	5.46	5.04	2.89	3.03	0.29	8.68	8.68	6.33	6.67	090
42340		A	Removal of salivary stone	4.64	6.31	6.11	3.26	3.76	0.42	11.37	11.17	8.32	8.82	090
42400		A	Biopsy of salivary gland	0.78	1.88	1.71	0.59	0.69	0.06	2.72	2.55	1.43	1.53	000
42405		A	Biopsy of salivary gland	3.31	3.74	3.94	2.02	2.34	0.28	7.33	7.53	5.61	5.93	010
42408		A	Excision of salivary cyst	4.58	6.10	5.96	3.10	3.48	0.45	11.13	10.99	8.13	8.51	090

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Fully Im- plement- ed Facility RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Fa- cility Total	Global
42409		A	Drainage of salivary cyst	2.85	5.07	4.66	2.40	2.67	0.27	8.19	7.78	5.52	0.90		
42410		A	Excise parotid gland/lesion	9.46	NA	NA	4.99	5.91	0.91	NA	NA	15.36	0.90		
42415		A	Excise parotid gland/lesion	17.99	NA	NA	7.87	10.11	1.43	NA	NA	27.29	0.90		
42420		A	Excise parotid gland/lesion	20.87	NA	NA	8.72	11.46	1.65	NA	NA	31.24	0.90		
42425		A	Excise parotid gland/lesion	13.31	NA	NA	6.17	8.00	1.05	NA	NA	20.53	0.90		
42426		A	Excise parotid gland/lesion	22.54	NA	NA	8.98	12.00	1.81	NA	NA	33.33	0.90		
42440		A	Excise submaxillary gland	7.05	NA	NA	3.53	4.48	0.59	NA	NA	11.17	0.90		
42450		A	Excise sublingual gland	4.66	5.90	5.90	3.70	4.11	0.42	10.98	10.98	8.78	0.90		
42500		A	Repair salivary duct	4.34	5.82	5.72	3.66	4.05	0.41	10.57	10.47	8.41	0.90		
42505		A	Repair salivary duct	6.23	6.80	7.04	4.39	5.12	0.55	13.58	13.82	11.17	0.90		
42507		A	Parotid duct diversion	6.16	NA	NA	5.95	6.39	0.49	NA	NA	12.60	0.90		
42508		A	Parotid duct diversion	9.22	NA	NA	7.56	8.15	1.04	NA	NA	17.82	0.90		
42509		A	Parotid duct diversion	11.65	NA	NA	8.76	9.83	0.93	NA	NA	21.34	0.90		
42510		A	Parotid duct diversion	8.26	NA	NA	6.43	7.45	0.66	NA	NA	15.35	0.90		
42550		A	Injection for salivary x-ray	1.25	2.10	2.93	0.35	0.40	0.07	3.42	4.25	1.67	0.00		
42600		A	Closure of salivary fistula	4.86	6.51	6.56	3.38	3.94	0.43	11.80	11.85	8.67	0.90		
42650		A	Dilation of salivary duct	0.77	1.20	1.13	0.61	0.69	0.07	2.64	1.97	1.45	0.00		
42660		A	Dilation of salivary duct	1.13	1.42	1.37	0.73	0.82	0.09	2.64	2.59	1.95	0.00		
42665		A	Ligation of salivary duct	2.57	4.74	4.31	2.24	2.50	0.23	7.54	7.11	5.04	0.90		
42699		C	Salivary surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
42700		A	Drainage of tonsil abscess	1.64	2.76	2.68	1.53	1.66	0.13	4.53	4.45	3.30	0.10		
42720		A	Drainage of throat abscess	6.31	4.34	4.71	2.91	3.57	0.44	11.09	11.46	9.66	0.10		
42725		A	Drainage of throat abscess	12.28	NA	NA	6.89	7.84	0.91	NA	NA	19.88	0.90		
42800		A	Biopsy of throat	1.41	2.28	2.21	1.19	1.35	0.11	3.80	3.73	2.71	0.10		
42802		A	Biopsy of throat	1.56	3.84	4.53	1.54	1.93	0.12	5.52	6.21	3.22	0.10		
42804		A	Biopsy of upper nose/throat	1.26	3.34	3.64	1.38	1.64	0.10	4.70	5.00	2.74	0.10		
42806		A	Biopsy of upper nose/throat	1.60	3.56	3.94	1.49	1.82	0.13	5.29	5.67	3.22	0.10		
42808		A	Excise pharynx lesion	2.32	2.99	3.07	1.47	1.82	0.19	5.50	5.58	3.98	0.10		
42809		A	Remove pharynx foreign body	1.83	2.14	2.28	1.26	1.31	0.16	4.13	4.27	3.25	0.10		
42810		A	Excision of neck cyst	3.30	5.75	5.72	3.43	3.51	0.29	9.34	9.31	7.02	0.90		
42815		A	Excision of neck cyst	7.23	NA	NA	5.77	6.25	0.61	NA	NA	13.61	0.90		
42820		A	Remove tonsils and adenoids	4.17	NA	NA	2.57	3.11	0.31	NA	NA	7.05	0.90		
42821		A	Remove tonsils and adenoids	4.31	NA	NA	2.73	3.31	0.35	NA	NA	7.39	0.90		
42825		A	Removal of tonsils	3.45	NA	NA	2.45	2.99	0.25	NA	NA	6.15	0.90		
42826		A	Removal of tonsils	3.40	NA	NA	2.46	2.89	0.27	NA	NA	6.13	0.90		
42830		A	Removal of adenoids	2.60	NA	NA	2.23	2.48	0.20	NA	NA	5.03	0.90		
42831		A	Removal of adenoids	2.75	NA	NA	2.44	2.74	0.22	NA	NA	5.41	0.90		
42835		A	Removal of adenoids	2.33	NA	NA	1.77	2.29	0.21	NA	NA	4.31	0.90		
42836		A	Removal of adenoids	3.21	NA	NA	2.45	2.83	0.26	NA	NA	5.92	0.90		
42842		A	Extensive surgery of throat	12.02	NA	NA	11.08	11.01	0.71	NA	NA	23.81	0.90		
42844		A	Extensive surgery of throat	17.57	NA	NA	14.17	15.72	1.16	NA	NA	32.90	0.90		
42845		A	Extensive surgery of throat	32.35	NA	NA	19.29	22.21	1.99	NA	NA	53.63	0.90		
42860		A	Excision of tonsil tags	2.25	NA	NA	2.13	2.33	0.18	NA	NA	4.56	0.90		

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
42870	A	Excision of lingual tonsil	5.44	NA	NA	8.02	8.43	0.44	NA	NA	13.90	14.31	090
42890	A	Partial removal of pharynx	18.92	NA	NA	13.98	14.11	1.05	NA	NA	33.95	34.08	090
42892	A	Revision of pharyngeal walls	25.77	NA	NA	17.28	17.28	1.28	NA	NA	44.64	44.33	090
42894	A	Revision of pharyngeal walls	33.61	NA	NA	21.36	21.86	1.87	NA	NA	56.84	57.34	090
42900	A	Repair throat wound	5.26	NA	NA	2.75	3.43	0.50	NA	NA	8.51	9.19	010
42950	A	Reconstruction of throat	8.16	NA	NA	10.30	11.48	0.72	NA	NA	19.18	20.36	090
42953	A	Repair throat, esophagus	9.33	NA	NA	12.97	16.24	0.88	NA	NA	23.18	26.45	090
42955	A	Surgical opening of throat	7.92	NA	NA	9.34	10.34	0.80	NA	NA	18.06	19.06	090
42960	A	Control throat bleeding	2.35	NA	NA	1.61	1.87	0.19	NA	NA	4.15	4.41	010
42961	A	Control throat bleeding	5.69	NA	NA	4.15	4.76	0.45	NA	NA	10.29	10.90	090
42962	A	Control throat bleeding	7.31	NA	NA	4.77	5.63	0.58	NA	NA	12.66	13.52	090
42970	A	Control nose/throat bleeding	5.76	NA	NA	3.52	4.02	0.39	NA	NA	9.67	10.17	090
42971	A	Control nose/throat bleeding	6.54	NA	NA	4.15	4.88	0.51	NA	NA	11.20	11.93	090
42972	A	Control nose/throat bleeding	7.53	NA	NA	4.50	5.40	0.62	NA	NA	12.65	13.55	090
42999	C	Throat surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43020	A	Incision of esophagus	8.14	NA	NA	4.35	5.15	0.87	NA	NA	13.36	14.16	090
43030	A	Throat muscle surgery	7.91	NA	NA	4.20	5.17	0.70	NA	NA	12.81	13.78	090
43045	A	Incision of esophagus	21.70	NA	NA	10.06	10.54	2.59	NA	NA	34.35	34.83	090
43100	A	Excision of esophagus lesion	9.55	NA	NA	5.10	5.94	0.93	NA	NA	15.58	16.42	090
43101	A	Excision of esophagus lesion	16.99	NA	NA	7.22	7.72	2.32	NA	NA	26.53	27.03	090
43107	A	Removal of esophagus	43.97	NA	NA	16.57	17.84	5.24	NA	NA	65.78	67.05	090
43108	A	Removal of esophagus	82.66	NA	NA	25.71	17.09	4.08	NA	NA	112.45	103.83	090
43112	A	Removal of esophagus	47.27	NA	NA	17.08	18.79	5.81	NA	NA	70.16	71.87	090
43113	A	Removal of esophagus	79.85	NA	NA	27.82	18.29	4.43	NA	NA	112.10	102.57	090
43116	A	Partial removal of esophagus	92.78	NA	NA	28.93	19.75	3.06	NA	NA	124.77	115.59	090
43117	A	Partial removal of esophagus	43.52	NA	NA	15.32	16.78	5.19	NA	NA	64.03	65.49	090
43118	A	Partial removal of esophagus	66.86	NA	NA	21.36	15.68	4.11	NA	NA	92.33	86.65	090
43121	A	Partial removal of esophagus	51.22	NA	NA	18.28	14.82	3.91	NA	NA	73.41	69.95	090
43122	A	Partial removal of esophagus	43.97	NA	NA	15.73	16.98	5.42	NA	NA	65.12	66.37	090
43123	A	Partial removal of esophagus	82.91	NA	NA	25.89	17.05	4.16	NA	NA	112.96	104.12	090
43124	A	Removal of esophagus	68.83	NA	NA	23.97	15.80	3.74	NA	NA	96.54	88.37	090
43130	A	Removal of esophagus pouch	12.41	NA	NA	6.01	7.17	1.16	NA	NA	19.58	20.74	090
43135	A	Removal of esophagus pouch	26.09	NA	NA	9.99	8.57	2.34	NA	NA	38.42	37.00	090
43200	A	Esophagus endoscopy	1.59	3.54	3.98	0.93	1.04	0.13	5.26	5.70	2.65	2.76	000
43201	A	Esoph scope w/submucous inj	2.09	5.55	4.86	1.19	1.12	0.15	7.79	7.10	3.43	3.36	000
43202	A	Esophagus endoscopy, biopsy	1.89	5.12	5.44	0.99	0.95	0.15	7.16	7.48	3.03	2.99	000
43204	A	Esoph scope w/sclerosis inj	3.76	NA	NA	1.97	1.63	0.30	NA	NA	6.03	5.69	000
43205	A	Esophagus endoscopy/ligation	3.78	NA	NA	2.07	1.66	0.28	NA	NA	6.13	5.72	000
43215	A	Esophagus endoscopy	2.60	3.00	1.28	1.22	1.22	0.22	NA	NA	4.10	4.04	000
43216	A	Esophagus endoscopy/lesion	2.40	3.00	1.55	1.23	1.10	0.20	5.60	4.15	3.83	3.70	000
43217	A	Esophagus endoscopy	2.90	6.55	6.85	1.42	1.25	0.26	9.71	10.01	4.58	4.41	000
43219	A	Esophagus endoscopy	2.80	NA	NA	1.55	1.40	0.24	NA	NA	4.59	4.44	000
43220	A	Esoph endoscopy, dilation	2.10	NA	NA	1.13	1.01	0.17	NA	NA	3.40	3.28	000

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully im- plement- ed PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional PE RVUs	Year 2007 Transi- tional PE RVUs	Year 2007 Transi- tional PE RVUs	Fully im- plement- ed Non- Facility RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
43226		A	Esoph endoscopy, dilation	2.34	NA	NA	1.29	1.10	0.19	NA	NA	0.19	NA	3.82	3.63	000
43227		A	Esoph endoscopy, repair	3.59	NA	NA	1.84	1.55	0.28	NA	NA	0.28	NA	5.71	5.42	000
43228		A	Esoph endoscopy, ablator	3.76	NA	NA	1.87	1.63	0.34	NA	NA	0.34	NA	5.97	5.73	000
43231		A	Esoph endoscopy w/us exam	3.19	NA	NA	1.75	1.42	0.23	NA	NA	0.23	NA	5.17	4.84	000
43232		A	Esoph endoscopy w/us fn bx	4.47	NA	NA	2.39	1.96	0.34	NA	NA	0.34	NA	7.20	6.77	000
43234		A	Upper GI endoscopy, exam	2.01	4.96	5.23	1.02	0.91	0.17	7.14	7.41	0.17	7.41	3.20	3.09	000
43235		A	Upr gi endoscopy, diagnosis	2.39	5.26	5.19	1.37	1.11	0.19	7.84	7.77	0.19	7.77	3.95	3.69	000
43236		A	Upr gi scope w/submuc inj	2.92	6.69	6.47	1.67	1.33	0.21	9.82	9.60	0.21	9.60	4.80	4.46	000
43237		A	Endoscopic us exam, esoph	3.98	NA	NA	2.17	1.74	0.43	NA	NA	0.43	NA	6.58	6.15	000
43238		A	Upr gi endoscopy w/us fn bx	5.02	NA	NA	2.57	2.11	0.43	NA	NA	0.43	NA	8.02	7.56	000
43239		A	Upr GI endoscopy, biopsy	2.87	6.02	5.79	1.57	1.29	0.22	9.11	8.88	0.22	8.88	4.66	4.38	000
43240		A	Esoph endoscopy w/drain cyst	6.85	NA	NA	3.49	2.82	0.56	NA	NA	0.56	NA	10.90	10.23	000
43241		A	Upper GI endoscopy with tube	2.59	NA	NA	1.43	1.18	0.21	NA	NA	0.21	NA	4.23	3.98	000
43242		A	Upr gi endoscopy w/us fn bx	7.30	NA	NA	3.73	2.98	0.53	NA	NA	0.53	NA	11.56	10.81	000
43243		A	Upr gi endoscopy & inject	4.56	NA	NA	2.40	1.94	0.33	NA	NA	0.33	NA	7.29	6.83	000
43244		A	Upper GI endoscopy/ligation	5.04	NA	NA	2.68	2.14	0.37	NA	NA	0.37	NA	8.09	7.55	000
43245		A	Upr gi scope dilate strict	3.18	NA	NA	1.65	1.39	0.26	NA	NA	0.26	NA	5.09	4.83	000
43246		A	Place gastrostomy tube	4.32	NA	NA	2.14	1.80	0.34	NA	NA	0.34	NA	6.80	6.46	000
43247		A	Operative upper GI endoscopy	3.38	NA	NA	1.80	1.48	0.27	NA	NA	0.27	NA	5.45	5.13	000
43248		A	Upr gi endoscopy/guide wire	3.15	NA	NA	1.80	1.43	0.23	NA	NA	0.23	NA	5.18	4.81	000
43249		A	Esoph endoscopy, dilation	2.90	NA	NA	1.64	1.32	0.22	NA	NA	0.22	NA	4.76	4.44	000
43250		A	Upper GI endoscopy/tumor	3.20	NA	NA	1.65	1.40	0.26	NA	NA	0.26	NA	5.11	4.86	000
43251		A	Operative upper GI endoscopy	3.89	NA	NA	1.95	1.60	0.29	NA	NA	0.29	NA	5.93	5.58	000
43255		A	Operative upper GI endoscopy	4.81	NA	NA	2.56	2.05	0.35	NA	NA	0.35	NA	7.72	7.21	000
43256		A	Upr gi endoscopy w/stent	4.34	NA	NA	2.28	1.85	0.32	NA	NA	0.32	NA	6.94	6.51	000
43257		A	Upr gi scope w/triml txrmt	5.50	NA	NA	2.04	2.16	0.36	NA	NA	0.36	NA	7.90	8.02	000
43258		A	Operative upper GI endoscopy	4.54	NA	NA	2.41	1.94	0.33	NA	NA	0.33	NA	7.28	6.81	000
43259		A	Endoscopic ultrasound exam	5.19	NA	NA	2.72	2.17	0.35	NA	NA	0.35	NA	8.26	7.71	000
43260		A	Endo cholangiopancreatograph	5.95	NA	NA	3.11	2.49	0.43	NA	NA	0.43	NA	9.49	8.87	000
43261		A	Endo cholangiopancreatograph	6.26	NA	NA	3.27	2.61	0.46	NA	NA	0.46	NA	9.99	9.33	000
43262		A	Endo cholangiopancreatograph	7.38	NA	NA	3.78	3.03	0.54	NA	NA	0.54	NA	11.70	10.95	000
43263		A	Endo cholangiopancreatograph	7.28	NA	NA	3.79	3.02	0.54	NA	NA	0.54	NA	11.61	10.84	000
43264		A	Endo cholangiopancreatograph	8.89	NA	NA	4.52	3.61	0.65	NA	NA	0.65	NA	14.06	13.15	000
43265		A	Endo cholangiopancreatograph	10.00	NA	NA	5.03	4.03	0.73	NA	NA	0.73	NA	15.76	14.76	000
43267		A	Endo cholangiopancreatograph	7.38	NA	NA	3.69	3.01	0.54	NA	NA	0.54	NA	11.61	10.93	000
43268		A	Endo cholangiopancreatograph	7.38	NA	NA	3.94	3.15	0.54	NA	NA	0.54	NA	11.86	11.07	000
43269		A	Endo cholangiopancreatograph	8.20	NA	NA	4.18	3.35	0.60	NA	NA	0.60	NA	12.98	12.15	000
43271		A	Endo cholangiopancreatograph	7.38	NA	NA	3.79	3.03	0.54	NA	NA	0.54	NA	11.71	10.95	000
43272		A	Endo cholangiopancreatograph	7.38	NA	NA	3.86	3.05	0.54	NA	NA	0.54	NA	11.78	10.97	000
43280		A	Laparoscopy, fundoplasty	18.00	NA	NA	6.70	7.13	2.28	NA	NA	2.28	NA	26.98	27.41	090
43289		C	Laparoscopy proc, esoph	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43300		A	Repair of esophagus	9.21	NA	NA	5.20	6.08	1.12	NA	NA	1.12	NA	15.53	16.41	090
43305		A	Repair of esophagus and fistula	17.98	NA	NA	7.65	9.93	1.54	NA	NA	1.54	NA	27.17	29.45	090

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non- Facility PE RVUs	Fully Im- plement- ed Facility RVUs	Year 2007 Transi- tional Facility RVUs	Year 2007 Transi- tional Facility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non- Facility Total	Fully Im- plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
43310		A	Repair of esophagus	26.18	NA	NA	10.10	10.82	3.61	NA	NA	NA	39.89	40.61	090
43312		A	Repair esophagus and fistula	29.23	NA	NA	9.97	11.41	4.01	NA	NA	NA	43.21	44.65	090
43313		A	Esophagoplasty congenital	48.17	NA	NA	17.28	18.43	5.47	NA	NA	NA	70.92	72.07	090
43314		A	Tracheo-esophagoplasty cong	53.15	NA	NA	18.37	18.98	6.65	NA	NA	NA	78.17	78.78	090
43320		A	Fuse esophagus & stomach	23.18	NA	NA	8.83	9.11	2.74	NA	NA	NA	34.75	35.03	090
43324		A	Revise esophagus & stomach	22.86	NA	NA	8.39	8.67	2.76	NA	NA	NA	34.01	34.29	090
43325		A	Revise esophagus & stomach	22.47	NA	NA	8.37	8.68	2.60	NA	NA	NA	33.44	33.75	090
43326		A	Revise esophagus & stomach	22.15	NA	NA	9.33	9.30	2.85	NA	NA	NA	34.33	34.30	090
43330		A	Repair of esophagus	22.06	NA	NA	8.23	8.46	2.63	NA	NA	NA	32.92	33.15	090
43331		A	Repair of esophagus	22.86	NA	NA	9.54	9.72	2.94	NA	NA	NA	35.41	35.59	090
43340		A	Fuse esophagus & intestine	22.86	NA	NA	9.09	8.99	2.46	NA	NA	NA	34.41	34.31	090
43341		A	Fuse esophagus & intestine	24.10	NA	NA	10.08	10.03	2.92	NA	NA	NA	37.10	37.05	090
43350		A	Surgical opening, esophagus	19.31	NA	NA	8.02	8.34	1.42	NA	NA	NA	28.75	29.07	090
43351		A	Surgical opening, esophagus	21.87	NA	NA	9.59	9.74	2.47	NA	NA	NA	33.93	34.08	090
43352		A	Surgical opening, esophagus	17.68	NA	NA	8.17	8.33	2.06	NA	NA	NA	27.91	28.07	090
43360		A	Gastrointestinal repair	39.90	NA	NA	15.81	15.26	4.97	NA	NA	NA	60.68	60.13	090
43361		A	Gastrointestinal repair	45.50	NA	NA	16.89	16.88	4.50	NA	NA	NA	66.49	66.88	090
43400		A	Ligate esophagus veins	25.47	NA	NA	13.73	10.51	1.96	NA	NA	NA	41.16	37.94	090
43401		A	Esophagus surgery for veins	26.36	NA	NA	9.44	9.47	3.05	NA	NA	NA	38.85	38.88	090
43405		A	Ligate/staple esophagus	24.55	NA	NA	10.37	9.78	2.84	NA	NA	NA	37.76	37.17	090
43410		A	Repair esophagus wound	16.28	NA	NA	7.55	7.61	1.72	NA	NA	NA	25.55	25.61	090
43420		A	Repair esophagus opening	28.70	NA	NA	11.93	11.79	3.53	NA	NA	NA	44.16	44.02	090
43425		A	Repair esophagus opening	16.65	NA	NA	6.96	7.29	1.43	NA	NA	NA	25.04	25.37	090
43450		A	Dilate esophagus	24.91	NA	NA	10.37	10.07	3.03	NA	NA	NA	38.31	38.01	090
43453		A	Dilate esophagus	1.38	2.66	2.64	0.93	0.75	0.11	NA	4.15	4.13	2.42	2.24	000
43456		A	Dilate esophagus	1.51	6.28	6.12	1.02	0.80	0.11	NA	7.90	7.74	2.64	2.42	000
43458		A	Dilate esophagus	3.06	12.96	13.55	1.48	1.20	0.20	NA	15.73	16.32	4.25	3.97	000
43460		A	Pressure treatment esophagus	3.79	6.93	6.72	1.64	1.37	0.24	NA	10.23	10.02	4.94	4.67	000
43496		C	Free jejunum flap, microvasc	0.00	NA	NA	1.74	1.55	0.31	NA	NA	NA	5.84	5.65	000
43499		C	Esophagus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	NA	0.00	0.00	0.00	0.00	YYY
43500		A	Surgical opening of stomach	12.71	NA	NA	5.24	5.04	1.45	NA	NA	NA	19.40	19.20	090
43501		A	Surgical repair of stomach	22.47	NA	NA	8.13	8.26	2.65	NA	NA	NA	33.25	33.38	090
43502		A	Surgical repair of stomach	25.56	NA	NA	9.34	9.34	3.10	NA	NA	NA	37.68	38.00	090
43510		A	Surgical opening of stomach	15.01	NA	NA	6.86	6.65	1.48	NA	NA	NA	23.35	23.14	090
43520		A	Incision of pyloric muscle	11.21	NA	NA	4.85	5.15	1.36	NA	NA	NA	17.42	17.72	090
43600		A	Biopsy of stomach	1.91	NA	NA	0.82	0.70	0.14	NA	NA	NA	2.87	2.75	000
43605		A	Biopsy of stomach	13.64	NA	NA	5.43	5.32	1.58	NA	NA	NA	20.65	20.54	090
43610		A	Excision of stomach lesion	16.26	NA	NA	6.08	6.13	1.94	NA	NA	NA	24.28	24.33	090
43611		A	Excision of stomach lesion	20.25	NA	NA	7.59	7.56	2.36	NA	NA	NA	30.16	30.17	090
43620		A	Removal of stomach	33.91	NA	NA	11.09	11.62	3.96	NA	NA	NA	48.96	49.49	090
43621		A	Removal of stomach	39.40	NA	NA	12.47	12.10	4.04	NA	NA	NA	55.91	55.54	090
43622		A	Removal of stomach	39.90	NA	NA	12.62	12.59	4.30	NA	NA	NA	56.82	56.79	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
43631	A	Removal of stomach, partial	24.38	NA	NA	8.63	9.02	NA	NA	36.00	36.39	090
43632	A	Removal of stomach, partial	35.01	NA	NA	11.36	9.70	NA	NA	49.36	47.70	090
43633	A	Removal of stomach, partial	33.01	NA	NA	10.86	9.71	NA	NA	46.93	45.78	090
43634	A	Removal of stomach, partial	36.51	NA	NA	11.88	10.53	NA	NA	51.72	50.37	090
43635	A	Removal of stomach, partial	2.06	NA	NA	0.53	0.66	NA	NA	2.86	2.99	ZZZ
43640	A	Vagotomy & pylorus repair	19.43	NA	NA	7.37	7.28	NA	NA	29.06	28.97	090
43641	A	Vagotomy & pylorus repair	19.68	NA	NA	7.72	7.45	NA	NA	29.65	29.38	090
43644	A	Lap gastric bypass/roux-en-y	29.24	NA	NA	10.23	10.97	NA	NA	42.63	43.37	090
43645	A	Lap gastr bypass incl small i	31.37	NA	NA	11.14	11.79	NA	NA	46.05	46.70	090
43647	C	Lap impl electrode, antrum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43648	C	Lap revise/remv eltrd antrum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43651	A	Laparoscopy, vagus nerve	10.13	NA	NA	4.63	4.73	NA	NA	16.09	16.19	090
43652	A	Laparoscopy, vagus nerve	12.13	NA	NA	5.18	5.61	NA	NA	18.86	19.29	090
43653	A	Laparoscopy, gastrostomy	8.38	0.00	0.00	4.39	4.23	NA	NA	13.78	13.62	090
43659	C	Laparoscopy proc, stom	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43750	A	Place gastrostomy tube	4.62	NA	NA	1.90	2.12	NA	NA	6.95	7.17	010
43752	A	Nasal/orogastric w/stent	0.81	NA	NA	0.23	0.25	NA	NA	1.06	1.08	000
43760	A	Change gastrostomy tube	1.10	12.83	4.77	0.39	0.44	NA	14.02	1.58	1.63	000
43761	A	Reposition gastrostomy tube	2.01	0.91	1.11	0.59	0.64	NA	3.05	2.73	2.78	000
43770	A	Lap, place gastr adjust band	17.85	NA	NA	7.47	7.65	NA	NA	27.51	27.69	090
43771	A	Lap, revise adjust gast band	20.64	NA	NA	8.16	8.48	NA	NA	31.35	31.67	090
43772	A	Lap, remove adjust gast band	15.62	NA	NA	5.99	6.31	NA	NA	23.54	23.86	090
43773	A	Lap, change adjust gast band	20.64	NA	NA	8.16	8.48	NA	NA	31.36	31.68	090
43774	A	Lap remov adj gast band/port	15.66	NA	NA	6.14	6.46	NA	NA	23.65	23.97	090
43800	A	Reconstruction of pylorus	15.35	NA	NA	5.88	5.89	NA	NA	23.05	23.06	090
43810	A	Fusion of stomach and bowel	16.80	NA	NA	6.28	6.20	NA	NA	25.02	24.94	090
43820	A	Fusion of stomach and bowel	22.40	NA	NA	8.14	6.84	NA	NA	32.58	31.28	090
43825	A	Fusion of stomach and bowel	21.63	NA	NA	7.92	7.99	NA	NA	32.09	32.16	090
43830	A	Place gastrostomy tube	10.75	NA	NA	5.19	4.93	NA	NA	17.19	16.93	090
43831	A	Place gastrostomy tube	8.38	NA	NA	5.15	4.67	NA	NA	14.56	14.08	090
43832	A	Place gastrostomy tube	17.26	NA	NA	7.14	6.92	NA	NA	26.38	26.16	090
43840	A	Repair of stomach lesion	22.70	NA	NA	8.22	7.13	NA	NA	32.98	31.89	090
43842	N	V-band gastroplasty	20.90	NA	NA	6.75	7.53	NA	NA	30.10	30.88	090
43843	N	Gastroplasty w/o v-band	21.08	NA	NA	7.81	7.77	NA	NA	31.35	31.31	090
43845	A	Gastroplasty duodenal switch	33.12	NA	NA	12.43	11.19	NA	NA	49.61	48.37	090
43846	A	Gastric bypass for obesity	27.23	NA	NA	10.05	10.03	NA	NA	40.47	40.45	090
43847	A	Gastric bypass incl small i	30.10	NA	NA	10.67	10.84	NA	NA	44.33	44.50	090
43848	A	Revision gastroplasty	32.57	NA	NA	11.35	11.70	NA	NA	47.80	48.15	090
43850	A	Revise stomach-bowel fusion	27.45	NA	NA	9.44	9.72	NA	NA	40.17	40.45	090
43855	A	Revise stomach-bowel fusion	28.56	NA	NA	9.78	10.19	NA	NA	41.81	42.22	090
43860	A	Revise stomach-bowel fusion	27.76	NA	NA	9.53	9.85	NA	NA	40.60	40.92	090
43865	A	Revise stomach-bowel fusion	28.92	NA	NA	10.12	10.41	NA	NA	42.55	42.84	090
43870	A	Repair stomach opening	11.36	NA	NA	5.04	4.64	NA	NA	17.67	17.27	090

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed PE RVUs	Year 2007 Transi- tional Facility PE RVUs	Mat-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Facility Total	Global
43880		A	Repair stomach-bowel fistula	27.05	NA	NA	9.37	9.76	3.27	NA	NA	39.69	40.08	090
43881		C	Imp/redo electrd, antrum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43882		C	Revised/remove electrd antrum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43886		A	Revise gastric port, open	4.54	NA	NA	3.38	3.19	0.25	NA	NA	8.17	7.98	090
43887		A	Remove gastric port, open	4.24	NA	NA	2.94	2.81	0.51	NA	NA	7.69	7.56	090
43888		A	Change gastric port, open	6.34	NA	NA	3.86	3.79	0.70	NA	NA	10.90	10.83	090
43999		C	Stomach surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44005		A	Freeing of bowel adhesion	18.38	NA	NA	6.64	6.69	1.64	NA	NA	27.17	27.22	090
44010		A	Incision of small bowel	14.18	NA	NA	5.55	5.47	0.83	NA	NA	21.37	21.29	090
44015		A	Insert needle cath bowel	2.62	NA	NA	0.69	0.83	0.35	NA	NA	3.66	3.80	ZZZ
44020		A	Explore small intestine	16.14	NA	NA	6.03	5.96	1.86	NA	NA	24.03	23.96	090
44021		A	Decompress small bowel	16.23	NA	NA	6.31	6.05	1.87	NA	NA	24.41	24.15	090
44025		A	Incision of large bowel	16.43	NA	NA	6.16	6.06	1.90	NA	NA	24.49	24.39	090
44050		A	Reduce bowel obstruction	15.44	NA	NA	5.86	5.93	1.86	NA	NA	23.16	23.23	090
44055		A	Correct malrotation of bowel	25.53	NA	NA	8.56	8.68	2.91	NA	NA	37.00	37.12	090
44100		A	Biopsy of bowel	2.01	NA	NA	0.90	0.76	0.17	NA	NA	3.08	2.94	000
44110		A	Excise intestine lesion(s)	13.96	NA	NA	5.56	5.31	1.55	NA	NA	21.07	20.82	090
44111		A	Excision of bowel lesion(s)	16.44	NA	NA	6.18	6.12	1.87	NA	NA	24.49	24.43	090
44120		A	Removal of small intestine	20.74	NA	NA	7.21	7.11	2.25	NA	NA	30.20	30.10	090
44121		A	Removal of small intestine	4.44	NA	NA	1.14	1.43	0.58	NA	NA	6.16	6.45	ZZZ
44125		A	Removal of small intestine	19.93	NA	NA	7.08	7.21	2.27	NA	NA	29.28	29.41	090
44126		A	Enterectomy w/o taper, cong	42.02	NA	NA	13.91	14.06	4.69	NA	NA	60.62	60.77	090
44127		A	Enterectomy w/taper, cong	49.09	NA	NA	14.80	15.48	5.77	NA	NA	69.66	70.34	090
44128		A	Enterectomy cong, add-on	4.44	NA	NA	1.05	1.41	0.61	NA	NA	6.10	6.46	ZZZ
44130		A	Bowel to bowel fusion	21.98	NA	NA	8.02	6.66	1.88	NA	NA	31.88	30.52	090
44132		R	Enterectomy, cadaver donor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44133		R	Enterectomy, live donor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44135		R	Intestine transplant, cadaver	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44137		C	Intestine transplant, live	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44139		A	Mobilization of colon	2.23	NA	NA	0.57	0.71	0.28	NA	NA	3.08	3.22	ZZZ
44140		A	Partial removal of colon	22.46	NA	NA	8.14	8.52	2.71	NA	NA	33.31	33.69	090
44141		A	Partial removal of colon	29.75	NA	NA	11.90	10.51	2.53	NA	NA	44.18	42.79	090
44143		A	Partial removal of colon	27.63	NA	NA	10.35	10.60	3.05	NA	NA	41.03	41.28	090
44144		A	Partial removal of colon	29.75	NA	NA	10.70	9.88	2.86	NA	NA	43.31	42.49	090
44145		A	Partial removal of colon	28.45	NA	NA	9.58	10.50	3.29	NA	NA	41.32	42.24	090
44146		A	Partial removal of colon	35.14	NA	NA	13.42	12.99	3.41	NA	NA	51.97	51.54	090
44147		A	Partial removal of colon	33.56	NA	NA	11.05	9.27	2.56	NA	NA	47.17	45.39	090
44150		A	Removal of colon	29.99	NA	NA	12.68	12.19	3.04	NA	NA	45.71	45.22	090
44151		A	Removal of colon/ileostomy	34.73	NA	NA	14.10	13.57	3.49	NA	NA	52.32	51.79	090
44155		A	Removal of colon/ileostomy	34.23	NA	NA	13.56	13.37	3.28	NA	NA	51.07	50.88	090
44156		A	Removal of colon/ileostomy	37.23	NA	NA	14.79	14.97	3.95	NA	NA	55.97	56.15	090
44157		A	Colectomy w/ileoanal anast	35.49	NA	NA	15.67	15.67	3.93	NA	NA	55.09	55.09	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT-1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional PE RVUs	Medi-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
44158	A	Colectomy w/neo-rectum pouch	36.49	NA	15.97	15.97	15.97	4.06	NA	NA	56.52	56.52	090
44160	A	Removal of colon	20.78	NA	7.57	7.70	7.70	2.37	NA	NA	30.72	30.85	090
44180	A	Lap, enterolysis	0.77	NA	2.15	5.21	5.21	1.86	NA	NA	4.78	7.84	090
44186	A	Lap, jejunostomy	0.53	NA	2.15	4.13	4.13	1.27	NA	NA	3.95	5.93	090
44187	A	Lap, ileo/jeuno-stomy	17.27	NA	8.19	8.25	8.25	1.96	NA	NA	27.42	27.48	090
44188	A	Lap, colectomy	19.20	NA	8.77	8.82	8.82	2.24	NA	NA	30.21	30.26	090
44202	A	Lap, enterectomy	23.26	NA	8.37	8.78	8.78	2.85	NA	NA	34.48	34.89	090
44203	A	Lap resect s/intestine, addl	4.44	NA	1.14	1.41	1.41	0.57	NA	NA	6.15	6.42	ZZZ
44204	A	Laparot partial colectomy	26.29	NA	9.00	9.71	9.71	3.11	NA	NA	38.40	39.11	090
44205	A	Lap colectomy part w/ileum	22.86	NA	7.88	8.60	8.60	2.75	NA	NA	33.49	34.21	090
44206	A	Lap part colectomy w/stoma	29.63	NA	10.58	11.08	11.08	3.46	NA	NA	43.67	44.17	090
44207	A	L colectomy/coloproctostomy	31.79	NA	10.24	11.17	11.17	3.67	NA	NA	45.70	46.63	090
44208	A	L colectomy/coloproctostomy	33.86	NA	12.17	12.89	12.89	3.88	NA	NA	49.91	50.63	090
44210	A	Laparot total proctocolectomy	29.88	NA	11.27	11.72	11.72	3.42	NA	NA	44.57	45.02	090
44211	A	Lap colectomy w/proctectomy	36.87	NA	13.85	14.47	14.47	4.17	NA	NA	54.89	55.51	090
44212	A	Laparot total proctocolectomy	34.37	NA	13.26	13.58	13.58	3.78	NA	NA	51.41	51.73	090
44213	A	Lap, mobil splenic fl add-on	3.50	NA	0.89	1.14	1.14	0.44	NA	NA	4.83	5.08	ZZZ
44227	A	Lap, close enterostomy	28.49	NA	9.59	10.36	10.36	3.38	NA	NA	41.46	42.23	090
44238	C	Laparoscope proc, intestine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44300	A	Open bowel to skin	13.65	NA	5.58	5.51	5.51	1.60	NA	NA	20.83	20.76	090
44310	A	Ileostomy/jejunostomy	17.49	NA	6.45	6.63	6.63	1.99	NA	NA	25.93	26.11	090
44312	A	Revision of ileostomy	9.33	NA	4.65	4.16	4.16	0.92	NA	NA	14.90	14.41	390
44314	A	Revision of ileostomy	16.61	NA	6.88	6.63	6.63	1.75	NA	NA	25.24	24.99	090
44316	A	Devised bowel pouch	23.46	NA	9.35	8.74	8.74	2.38	NA	NA	35.19	34.58	090
44320	A	Colectomy	19.75	NA	7.66	7.65	7.65	2.26	NA	NA	29.67	29.66	090
44322	A	Colectomy with biopsies	13.15	NA	9.41	8.78	8.78	1.54	NA	NA	24.10	23.47	090
44340	A	Revision of colectomy	9.12	NA	4.96	4.44	4.44	0.99	NA	NA	15.07	14.55	090
44345	A	Revision of colectomy	17.06	NA	6.96	6.90	6.90	1.97	NA	NA	25.99	25.93	090
44346	A	Revision of colectomy	19.47	NA	7.58	7.43	7.43	2.13	NA	NA	29.18	29.03	090
44380	A	Small bowel endoscopy	2.59	NA	1.53	1.21	1.21	0.19	NA	NA	4.31	3.99	000
44361	A	Small bowel endoscopy/biopsy	2.87	NA	1.67	1.32	1.32	0.21	NA	NA	4.75	4.40	000
44363	A	Small bowel endoscopy	3.49	NA	1.96	1.53	1.53	0.27	NA	NA	5.72	5.29	000
44364	A	Small bowel endoscopy	3.73	NA	2.04	1.63	1.63	0.27	NA	NA	6.04	5.63	000
44365	A	Small bowel endoscopy	3.31	NA	1.81	1.47	1.47	0.24	NA	NA	5.36	5.02	000
44366	A	Small bowel endoscopy	4.40	NA	2.42	1.90	1.90	0.32	NA	NA	7.14	6.62	000
44369	A	Small bowel endoscopy	4.51	NA	2.46	1.91	1.91	0.33	NA	NA	7.30	6.75	000
44370	A	Small bowel endoscopy/stent	4.79	NA	2.58	2.12	2.12	0.37	NA	NA	7.74	7.28	000
44372	A	Small bowel endoscopy	4.40	NA	2.16	1.84	1.84	0.35	NA	NA	6.91	6.59	000
44373	A	Small bowel endoscopy	3.49	NA	1.74	1.50	1.50	0.27	NA	NA	5.50	5.26	000
44376	A	Small bowel endoscopy	5.25	NA	2.48	2.14	2.14	0.42	NA	NA	8.15	7.81	000
44377	A	Small bowel endoscopy/biopsy	5.52	NA	2.84	2.48	2.48	0.40	NA	NA	8.76	8.23	000
44378	A	Small bowel endoscopy	7.12	NA	3.61	2.92	2.92	0.52	NA	NA	11.25	10.56	000
44379	A	S bowel endoscope w/stent	7.46	NA	3.34	3.02	3.02	0.62	NA	NA	11.42	11.10	000

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Facility RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Facility Total	Global
44380	A	Small bowel endoscopy	1.05	NA	NA	0.75	0.60	0.08	NA	NA	1.88	1.73	000
44382	A	Small bowel endoscopy	1.27	NA	NA	0.79	0.67	0.12	NA	NA	2.18	2.06	000
44383	A	ileoscopy w/stent	2.94	NA	NA	1.64	1.36	0.21	NA	NA	4.79	4.51	000
44385	A	Endoscopy of bowel pouch	1.82	4.88	3.73	0.90	0.79	0.15	6.85	5.70	2.87	2.76	000
44386	A	Endoscopy, bowel pouch/biops	2.12	6.73	6.66	1.06	0.93	0.20	9.05	8.96	3.38	3.25	000
44388	A	Colonoscopy	2.82	6.10	6.34	1.21	1.21	0.26	9.18	8.42	4.45	4.29	000
44389	A	Colonoscopy with biopsy	3.13	7.07	6.73	1.60	1.35	0.27	10.47	10.13	5.00	4.75	000
44390	A	Colonoscopy for foreign body	3.82	7.96	7.32	1.81	1.57	0.32	12.10	11.46	5.95	5.71	000
44391	A	Colonoscopy for bleeding	4.31	8.95	8.78	2.24	1.83	0.34	13.60	13.43	6.89	6.48	000
44392	A	Colonoscopy & polypectomy	3.81	7.37	6.78	1.74	1.55	0.34	11.52	10.93	5.89	5.70	000
44393	A	Colonoscopy, lesion removal	4.83	7.87	7.14	2.07	1.91	0.42	13.12	12.39	7.32	7.16	000
44394	A	Colonoscopy w/snare	4.42	8.46	7.97	2.09	1.81	0.38	13.26	12.77	6.89	6.61	000
44397	A	Colonoscopy w/stent	4.70	NA	NA	2.33	1.93	0.39	NA	NA	7.42	7.02	000
44500	A	Intro, gastrointestinal tube	0.49	NA	NA	0.14	0.16	0.03	NA	NA	0.66	0.68	000
44602	A	Suture, small intestine	24.64	NA	NA	7.71	6.72	2.12	NA	NA	34.47	33.48	090
44603	A	Suture, small intestine	28.03	NA	NA	9.08	7.72	2.42	NA	NA	39.53	38.17	090
44604	A	Suture, large intestine	18.06	NA	NA	6.12	6.37	2.12	NA	NA	26.30	26.55	090
44605	A	Repair of bowel lesion	22.00	NA	NA	7.95	8.28	2.52	NA	NA	32.47	32.80	090
44615	A	Intestinal stricturoplasty	18.08	NA	NA	6.61	6.66	2.07	NA	NA	26.76	26.81	090
44620	A	Repair bowel opening	14.35	NA	NA	5.54	5.38	1.51	NA	NA	21.40	21.24	090
44625	A	Repair bowel opening	17.20	NA	NA	6.22	6.28	1.86	NA	NA	25.28	25.34	090
44626	A	Repair bowel opening	27.82	NA	NA	9.00	9.61	3.27	NA	NA	40.09	40.70	090
44640	A	Repair bowel-skin fistula	24.12	NA	NA	8.13	8.46	2.78	NA	NA	35.03	35.36	090
44650	A	Repair bowel fistula	25.04	NA	NA	8.38	8.76	2.93	NA	NA	36.35	36.73	090
44660	A	Repair bowel-bladder fistula	23.83	NA	NA	9.79	8.70	2.14	NA	NA	35.76	34.67	090
44661	A	Repair bowel-bladder fistula	27.27	NA	NA	9.48	9.53	2.81	NA	NA	39.56	39.61	090
44680	A	Surgical revision, intestine	17.88	NA	NA	6.59	6.48	2.00	NA	NA	26.47	26.36	090
44700	A	Suspend bowel w/prosthesis	17.40	NA	NA	6.29	6.57	1.84	NA	NA	25.53	25.81	090
44701	A	Intraop colon lavage add-on	3.10	NA	NA	0.78	0.99	0.37	NA	NA	4.25	4.46	ZZZ
44715	C	Prepare donor intestine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44720	A	Prep donor intestine/venous	5.00	NA	NA	1.26	1.60	0.37	NA	NA	6.63	6.97	XXX
44721	A	Prep donor intestine/artery	7.00	NA	NA	1.83	2.25	0.97	NA	NA	9.80	10.22	XXX
44799	C	Unlisted procedure intestine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44800	A	Excision of bowel pouch	11.94	NA	NA	5.54	5.42	1.47	NA	NA	18.95	18.83	090
44820	A	Excision of mesentery lesion	13.63	NA	NA	5.63	5.52	1.59	NA	NA	20.85	20.74	090
44850	A	Repair of mesentery	12.03	NA	NA	5.03	5.01	1.39	NA	NA	18.45	18.43	090
44899	C	Bowel surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44900	A	Drain app abscess, open	12.44	NA	NA	5.04	4.78	1.33	NA	NA	18.81	18.55	090
44901	A	Drain app abscess, percut	3.37	18.75	25.61	0.95	1.07	0.22	22.34	29.20	4.54	4.66	000
44950	A	Appendectomy	10.52	NA	NA	4.07	4.25	1.31	NA	NA	15.90	16.08	090
44955	A	Appendectomy add-on	1.53	NA	NA	0.41	0.51	0.20	NA	NA	2.14	2.24	ZZZ
44960	A	Appendectomy	14.39	NA	NA	5.44	5.36	1.63	NA	NA	21.46	21.38	090
44970	A	Laparoscopy, appendectomy	9.95	NA	NA	4.21	4.11	1.14	NA	NA	14.70	14.60	090

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
44979	C	Laparoscope proc. app	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
45000	A	Drainage of pelvic abscess	6.20	NA	NA	3.50	3.10	0.52	NA	NA	10.22	9.82	090
45005	A	Drainage of rectal abscess	2.00	3.94	4.02	1.58	1.58	0.25	6.19	6.27	3.83	3.83	010
45020	A	Drainage of rectal abscess	8.43	NA	NA	4.52	3.58	0.55	NA	NA	13.50	12.56	090
45100	A	Biopsy of rectum	3.96	NA	NA	2.83	2.48	0.44	NA	NA	7.23	6.88	090
45108	A	Removal of anorectal lesion	5.04	NA	NA	3.06	2.84	0.59	NA	NA	8.69	8.47	090
45110	A	Removal of rectum	30.57	NA	NA	11.97	12.29	3.36	NA	NA	45.90	46.22	090
45111	A	Partial removal of rectum	17.89	NA	NA	7.05	7.13	2.07	NA	NA	27.01	27.09	090
45112	A	Removal of rectum	33.05	NA	NA	10.43	11.43	3.43	NA	NA	46.91	47.91	090
45113	A	Partial proctectomy	33.09	NA	NA	11.67	12.36	3.49	NA	NA	48.25	48.94	090
45114	A	Partial removal of rectum	30.63	NA	NA	10.43	10.76	3.36	NA	NA	44.42	44.75	090
45116	A	Partial removal of rectum	27.56	NA	NA	9.45	9.88	2.88	NA	NA	39.89	40.32	090
45119	A	Remove rectum w/reservoir	33.35	NA	NA	11.79	12.29	3.36	NA	NA	48.50	49.00	090
45120	A	Removal of rectum	26.25	NA	NA	9.47	9.96	2.90	NA	NA	38.62	39.11	090
45121	A	Removal of rectum and colon	28.93	NA	NA	10.33	10.91	3.25	NA	NA	42.51	43.09	090
45123	A	Partial proctectomy	18.70	NA	NA	7.12	6.92	1.86	NA	NA	27.68	27.48	090
45126	A	Pelvic exenteration	48.89	NA	NA	17.38	18.75	4.33	NA	NA	70.60	71.97	090
45130	A	Excision of rectal prolapse	18.37	NA	NA	6.79	6.77	1.80	NA	NA	26.96	26.94	090
45135	A	Excision of rectal prolapse	22.15	NA	NA	9.35	8.65	2.36	NA	NA	33.86	33.16	090
45136	A	Excise ileoanal reservoir	30.63	NA	NA	11.94	12.37	2.82	NA	NA	45.39	45.82	090
45150	A	Excision of rectal structure	5.77	NA	NA	3.42	3.08	0.61	NA	NA	9.80	9.46	090
45160	A	Excision of rectal lesion	16.17	NA	NA	6.61	6.63	1.68	NA	NA	24.46	24.48	090
45170	A	Excision of rectal lesion	12.48	NA	NA	5.41	5.28	1.35	NA	NA	19.24	19.11	090
45190	A	Destruction, rectal tumor	10.29	NA	NA	5.60	4.87	1.13	NA	NA	17.02	16.29	090
45300	A	Proctosigmoidoscopy dx	0.38	1.93	1.63	0.35	0.30	0.04	2.35	2.05	0.77	0.72	000
45303	A	Proctosigmoidoscopy dilate	0.44	19.40	18.86	0.38	0.34	0.05	19.89	19.35	0.87	0.83	000
45305	A	Proctosigmoidoscopy w/bx	1.01	3.24	2.78	0.53	0.51	0.11	4.36	3.90	1.65	1.63	000
45307	A	Proctosigmoidoscopy fb	0.94	3.30	3.10	0.51	0.49	0.11	4.35	4.15	1.56	1.54	000
45308	A	Proctosigmoidoscopy removal	0.83	3.27	2.31	0.49	0.45	0.09	4.19	3.23	1.41	1.37	000
45309	A	Proctosigmoidoscopy removal	2.01	3.75	3.05	0.83	0.84	0.22	5.98	5.28	3.06	3.07	000
45315	A	Proctosigmoidoscopy removal	1.40	3.58	3.04	0.65	0.64	0.15	5.13	4.59	2.20	2.19	000
45317	A	Proctosigmoidoscopy bleed	1.50	3.48	2.69	0.66	0.66	0.15	5.13	4.34	2.31	2.31	000
45320	A	Proctosigmoidoscopy ablate	1.58	3.95	3.17	0.75	0.72	0.16	5.69	4.91	2.49	2.46	000
45321	A	Proctosigmoidoscopy volvul	1.17	NA	NA	0.65	0.58	0.13	NA	NA	1.95	1.88	000
45327	A	Proctosigmoidoscopy w/sient	1.65	NA	NA	0.82	0.72	0.16	NA	NA	2.63	2.53	000
45330	A	Diagnostic sigmoidoscopy	0.96	2.49	2.33	0.62	0.53	0.08	3.53	3.37	1.66	1.57	000
45331	A	Sigmoidoscopy and biopsy	1.15	3.24	3.11	0.79	0.64	0.09	4.48	4.35	2.03	1.88	000
45332	A	Sigmoidoscopy w/bf removal	1.79	5.60	5.15	1.04	0.86	0.16	7.55	7.10	2.99	2.81	000
45333	A	Sigmoidoscopy & polypectomy	1.79	5.61	5.06	0.99	0.85	0.15	7.55	7.00	2.93	2.79	000
45334	A	Sigmoidoscopy for bleeding	2.73	NA	NA	1.24	1.24	0.20	NA	NA	4.48	4.17	000
45335	A	Sigmoidoscopy w/submc inj	1.46	5.31	3.74	0.91	0.75	0.11	6.88	5.31	2.48	2.32	000
45337	A	Sigmoidoscopy & decompress	2.36	NA	NA	1.25	1.06	0.21	NA	NA	3.81	3.63	000
45338	A	Sigmoidoscopy w/tumor remove	2.34	5.84	5.37	1.28	1.07	0.19	8.37	7.90	3.81	3.60	000

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS 2	Mod	Status	Description	Physician Work RVUs 3	Fully im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
45339	A		Sigmoidoscopy w/ablate tumr	3.14	5.74	4.03	1.69	1.38	0.26	9.14	7.43	5.09	4.78	000	
45340	A		Sig w/balloon dilation	1.89	10.20	7.18	1.05	0.89	0.15	12.24	9.22	3.09	2.93	000	
45341	A		Sigmoidoscopy w/ultrasound	2.60	NA	NA	1.48	1.17	0.19	NA	NA	NA	3.06	000	
45342	A		Sigmoidoscopy w/lus guide bx	4.05	NA	NA	2.20	1.71	0.30	NA	NA	NA	6.06	000	
45345	A		Sigmoidoscopy w/sient	2.92	NA	NA	1.56	1.26	0.23	NA	NA	NA	4.71	000	
45355	A		Surgical colonoscopy	3.51	NA	NA	1.57	1.43	0.36	NA	NA	NA	5.30	000	
45378	A		Diagnostic colonoscopy	3.69	6.37	6.20	1.85	1.57	0.30	10.36	10.19	5.84	5.56	000	
45379	A		Diagnostic colonoscopy	0.96	2.49	2.33	0.62	0.53	0.08	3.53	3.37	1.66	1.57	000	
45380	A		Colonoscopy w/fb removal	4.68	8.15	7.78	2.25	1.92	0.39	13.22	12.85	7.32	6.99	000	
45381	A		Colonoscopy and biopsy	4.43	7.73	7.33	2.27	1.87	0.35	12.51	12.11	7.05	6.65	000	
45382	A		Colonoscopy, submucous inj	4.19	7.71	7.26	2.19	1.79	0.30	12.20	11.75	6.68	6.28	000	
45383	A		Colonoscopy/control bleeding	5.68	10.34	10.04	2.93	2.37	0.41	16.43	16.13	9.02	8.46	000	
45384	A		Lesion removal colonoscopy	5.86	8.56	8.08	2.69	2.34	0.48	14.90	14.42	9.03	8.68	000	
45385	A		Lesion remove colonoscopy	4.69	7.21	6.90	2.24	1.93	0.38	12.28	11.97	7.31	7.00	000	
45386	A		Lesion removal colonoscopy	5.30	8.35	7.94	2.63	2.18	0.42	14.07	13.66	8.35	7.90	000	
45387	A		Colonoscopy dilate stricture	4.57	12.29	12.37	2.21	1.89	0.39	17.25	17.33	7.17	6.85	000	
45391	A		Colonoscopy w/sient	5.90	NA	NA	2.95	2.49	0.48	NA	NA	NA	8.87	000	
45392	A		Colonoscopy w/endscope us	5.09	NA	NA	2.60	2.13	0.42	NA	NA	NA	7.64	000	
45393	A		Colonoscopy w/endscope fmb	6.54	NA	NA	3.17	2.65	0.42	NA	NA	NA	9.61	000	
45395	A		Lap, removal of rectum	32.79	NA	NA	13.03	13.51	3.63	NA	NA	NA	49.93	090	
45397	A		Lap, remove rectum w/pouch	36.29	NA	NA	13.67	14.11	3.67	NA	NA	NA	54.07	090	
45400	A		Laparoscopic proc	19.31	NA	NA	7.21	7.68	2.03	NA	NA	NA	28.55	090	
45402	A		Lap proctectomy w/sig resect	26.38	NA	NA	8.91	9.71	2.82	NA	NA	NA	38.91	090	
45499	C		Laparoscopy proc, rectum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	
45500	A		Repair of rectum	7.64	NA	NA	4.39	3.75	0.75	NA	NA	NA	12.14	090	
45505	A		Repair of rectum	8.20	NA	NA	5.14	4.17	0.86	NA	NA	NA	14.20	090	
45520	A		Treatment of rectal prolapse	0.55	3.04	1.99	0.41	0.38	0.05	3.64	2.59	1.01	0.98	000	
45540	A		Correct rectal prolapse	18.02	NA	NA	5.83	6.55	1.85	NA	NA	NA	25.70	090	
45541	A		Correct rectal prolapse	14.72	NA	NA	6.63	6.11	1.55	NA	NA	NA	22.38	090	
45550	A		Repair rectum/remove sigmoid	24.67	NA	NA	9.06	9.17	2.62	NA	NA	NA	36.35	090	
45560	A		Repair of rectocele	11.42	NA	NA	5.55	5.18	1.13	NA	NA	NA	18.10	090	
45562	A		Exploration/repair of rectum	17.82	NA	NA	8.18	7.28	1.84	NA	NA	NA	27.84	090	
45563	A		Exploration/repair of rectum	26.22	NA	NA	10.95	10.62	3.11	NA	NA	NA	40.28	090	
45800	A		Repair rect/bladder fistula	20.18	NA	NA	9.30	7.89	1.86	NA	NA	NA	31.34	090	
45805	A		Repair fistula w/colostomy	23.19	NA	NA	9.27	9.44	2.03	NA	NA	NA	34.66	090	
45820	A		Repair rectourethral fistula	20.24	NA	NA	9.39	8.06	1.58	NA	NA	NA	31.21	090	
45825	A		Repair fistula w/colostomy	24.01	NA	NA	11.05	10.12	2.32	NA	NA	NA	37.38	090	
45900	A		Reduction of rectal prolapse	2.96	NA	NA	1.69	1.55	0.30	NA	NA	NA	4.95	010	
45905	A		Dilation of anal sphincter	2.32	NA	NA	1.65	1.49	0.27	NA	NA	NA	4.08	010	
45910	A		Dilation of rectal narrowing	2.82	NA	NA	1.81	1.70	0.30	NA	NA	NA	4.82	010	
45915	A		Remove rectal obstruction	3.16	4.25	4.30	2.05	2.08	0.30	7.71	7.76	5.51	5.54	010	
45990	A		Surg dx exam, anorectal	1.80	NA	NA	0.80	0.79	0.17	NA	NA	NA	2.77	000	
45999	C		Rectum surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/ HCPCS ²	Mod	Status	Description	Physician Work RVU ³	Fully Im- plement- ed Non- Facility PE RVUS	Year 2007 Transi- tional Non-Fa- cility PE RVUS	Fully Im- plement- ed PE RVUS	Year 2007 Transi- tional Facility RVUS	Year 2007 Transi- tional Facility RVUS	Year 2007 Transi- tional Non-Fa- cility RVUS	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Facility Total	Global
46020		A	Placement of seton	2.94	3.26	2.56	2.36	1.98	0.31	6.51	5.81	5.61	5.23	5.61	5.23	010
46030		A	Removal of rectal marker	1.24	1.88	1.48	0.82	0.74	0.14	3.26	2.86	2.20	2.12	2.20	2.12	010
46040		A	Incision of rectal abscess	5.26	6.51	5.75	3.98	3.68	0.62	12.39	11.63	9.86	9.56	9.86	9.56	090
46045		A	Incision of rectal abscess	5.79	NA	NA	3.94	3.15	0.54	NA	NA	10.27	9.48	10.27	9.48	090
46050		A	Incision of anal abscess	1.21	3.17	2.70	0.98	0.88	0.14	4.52	4.05	2.23	2.23	2.23	2.23	010
46060		A	Incision of rectal abscess	6.24	NA	NA	4.42	3.54	0.87	NA	NA	11.33	10.45	11.33	10.45	090
46070		A	Incision of anal septum	2.74	NA	NA	2.33	1.96	0.36	NA	NA	5.43	5.06	5.43	5.06	090
46080		A	Incision of anal sphincter	2.50	3.05	2.53	1.13	1.13	0.30	5.85	5.33	3.93	3.93	3.93	3.93	010
46083		A	Incise external hemorrhoid	1.42	2.34	2.48	0.96	0.93	0.15	3.91	4.05	2.53	2.50	2.53	2.50	010
46200		A	Removal of anal fissure	3.48	6.28	4.46	3.73	3.08	0.39	10.15	8.33	7.60	6.95	7.60	6.95	090
46210		A	Removal of anal crypt	2.73	5.93	5.32	3.36	2.81	0.31	8.97	8.36	6.40	5.85	6.40	5.85	090
46211		A	Removal of anal crypts	4.31	7.12	5.83	4.11	3.65	0.48	11.91	10.62	8.90	8.44	8.90	8.44	090
46220		A	Removal of anal tag	1.58	2.98	2.46	1.09	0.99	0.17	4.73	4.21	2.84	2.74	2.84	2.74	010
46221		A	Ligation of hemorrhoid(s)	2.31	3.72	2.91	2.00	1.81	0.23	6.26	5.45	4.54	4.35	4.54	4.35	010
46230		A	Removal of anal tags	2.59	3.49	3.18	1.34	1.30	0.30	6.38	6.07	4.23	4.19	4.23	4.19	010
46250		A	Hemorrhoidectomy	4.17	5.95	5.46	3.18	2.67	0.48	10.60	10.11	7.50	7.32	7.50	7.32	090
46255		A	Hemorrhoidectomy	4.88	6.37	5.97	3.10	2.90	0.58	11.83	11.43	8.56	8.36	8.56	8.36	090
46257		A	Remove hemorrhoids & fissure	5.68	NA	NA	3.82	3.11	0.64	NA	NA	10.14	9.43	10.14	9.43	090
46258		A	Remove hemorrhoids & fistula	6.28	NA	NA	4.02	3.48	0.68	NA	NA	10.98	10.42	10.98	10.42	090
46260		A	Hemorrhoidectomy	6.65	NA	NA	4.07	3.40	0.76	NA	NA	11.48	10.81	11.48	10.81	090
46261		A	Remove hemorrhoids & fissure	7.63	NA	NA	4.35	3.79	0.79	NA	NA	12.77	12.21	12.77	12.21	090
46262		A	Remove hemorrhoids & fistula	7.80	NA	NA	4.70	3.97	0.83	NA	NA	13.33	12.60	13.33	12.60	090
46270		A	Removal of anal fistula	4.81	6.26	5.31	3.85	3.09	0.46	11.53	10.58	9.12	8.36	9.12	8.36	090
46275		A	Removal of anal fistula	5.31	6.80	5.12	3.97	3.22	0.52	12.43	10.95	9.80	9.05	9.80	9.05	090
46280		A	Removal of anal fistula	6.28	NA	NA	4.29	3.51	0.66	NA	NA	11.23	10.45	11.23	10.45	090
46285		A	Removal of anal fistula	5.31	6.51	4.45	3.96	3.05	0.44	12.26	10.20	8.80	8.00	8.80	8.00	090
46288		A	Repair anal fistula	7.68	NA	NA	4.70	3.93	0.79	NA	NA	13.17	12.40	13.17	12.40	090
46320		A	Removal of hemorrhoid clot	1.62	2.40	2.19	0.89	0.86	0.18	4.20	3.99	2.69	2.66	2.69	2.66	010
46500		A	Injection into hemorrhoid(s)	1.64	3.60	2.48	1.26	1.18	0.16	5.40	4.28	3.06	2.98	3.06	2.98	010
46505		A	Chemodenervation anal musc	3.13	3.29	3.10	2.31	2.05	0.14	6.56	6.37	5.58	5.32	5.58	5.32	010
46600		A	Diagnostic anoscopy	0.50	1.43	1.53	0.37	0.35	0.05	1.98	2.08	0.92	0.90	0.92	0.90	000
46604		A	Anoscopy and dilation	1.31	12.51	9.97	0.58	0.61	0.12	13.94	11.40	2.01	2.04	2.01	2.04	000
46606		A	Anoscopy and biopsy	0.81	3.88	4.81	0.48	0.44	0.09	4.78	4.71	1.38	1.34	1.38	1.34	000
46608		A	Anoscopy, remove for body	1.51	3.90	4.28	0.62	0.64	0.16	5.57	5.95	2.29	2.31	2.29	2.31	000
46610		A	Anoscopy, remove lesion	1.32	4.12	4.05	0.67	0.63	0.15	5.59	5.52	2.14	2.10	2.14	2.10	000
46611		A	Anoscopy	1.81	2.80	3.20	0.72	0.77	0.19	4.80	5.20	2.72	2.77	2.72	2.77	000
46612		A	Anoscopy, remove lesions	2.34	5.24	5.20	0.98	0.98	0.28	7.86	7.82	3.58	3.60	3.58	3.60	000
46614		A	Anoscopy, control bleeding	2.01	2.56	2.38	0.83	0.84	0.20	4.77	4.59	3.04	3.05	3.04	3.05	000
46615		A	Anoscopy	2.66	2.26	2.43	0.97	1.05	0.33	5.27	5.44	3.96	4.06	3.96	4.06	000
46700		A	Repair of anal stricture	9.68	NA	NA	5.19	4.45	0.91	NA	NA	15.81	15.07	15.81	15.07	090
46705		A	Repair of anal stricture	7.32	NA	NA	4.04	3.77	0.91	NA	NA	12.27	12.00	12.27	12.00	090
46706		A	Repr of anal fistula w/glue	2.41	NA	NA	1.45	1.30	0.28	NA	NA	4.14	3.99	4.14	3.99	010
46710		A	Repr per/vag pouch snrgl proc	17.01	NA	NA	7.83	7.77	1.38	NA	NA	26.22	26.16	26.22	26.16	090

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Pa- cility Total	Global
46712		A	Repr per/vag pouch dbi proc	36.32	NA	NA	14.26	14.85	NA	NA	54.25	090
46715		A	Rep perf anoper fistu	7.54	NA	NA	3.74	3.61	NA	NA	12.20	090
46716		A	Rep perf anoper/vesib fistu	17.14	NA	NA	9.59	8.38	NA	NA	28.31	090
46730		A	Construction of absent anus	30.17	NA	NA	11.55	11.90	NA	NA	44.19	090
46735		A	Construction of absent anus	35.66	NA	NA	13.63	13.56	NA	NA	52.43	090
46740		A	Construction of absent anus	33.42	NA	NA	14.57	13.56	NA	NA	50.41	090
46744		A	Repair of imperforated anus	39.66	NA	NA	16.09	17.06	NA	NA	58.95	090
46744		A	Repair of cloacal anomaly	58.46	NA	NA	21.37	21.18	NA	NA	86.23	090
46744		A	Repair of cloacal anomaly	64.93	NA	NA	19.68	23.78	NA	NA	92.31	090
46746		A	Repair of cloacal anomaly	70.91	NA	NA	21.07	22.99	NA	NA	95.35	090
46748		A	Repair of anal sphincter	12.02	NA	NA	5.83	5.25	NA	NA	18.95	090
46750		A	Repair of anal sphincter	9.19	NA	NA	4.42	5.16	NA	NA	14.55	090
46751		A	Repair of anal sphincter	8.81	NA	NA	4.63	4.04	NA	NA	14.38	090
46753		A	Removal of suture from anus	2.88	3.72	3.62	2.28	1.82	6.79	6.69	5.35	010
46754		A	Repair of anal sphincter	17.21	NA	NA	8.24	7.37	NA	NA	27.04	090
46760		A	Repair of anal sphincter	15.16	NA	NA	6.51	6.13	NA	NA	23.10	090
46761		A	Implant artificial sphincter	14.66	NA	NA	6.87	5.85	NA	NA	22.77	090
46762		A	Destruction, anal lesion(s)	1.91	3.63	2.84	1.31	1.28	5.71	4.92	3.39	010
46900		A	Destruction, anal lesion(s)	1.88	3.88	3.15	1.21	1.10	5.95	5.22	3.28	010
46910		A	Cryosurgery, anal lesion(s)	1.88	3.80	3.31	1.61	1.45	5.79	5.30	3.60	010
46916		A	Laser surgery, anal lesions	1.88	8.62	9.00	1.21	1.14	10.71	11.09	3.30	010
46922		A	Excision of anal lesion(s)	1.88	4.10	3.48	1.20	1.10	6.20	5.58	3.30	010
46924		A	Destruction, anal lesion(s)	2.78	9.60	8.91	1.55	1.40	12.64	11.95	4.59	010
46934		A	Destruction of hemorrhoids	3.79	5.40	5.15	2.81	2.92	9.51	9.26	6.92	090
46935		A	Destruction of hemorrhoids	2.44	3.68	3.52	1.09	1.18	6.35	6.19	3.76	010
46936		A	Destruction of hemorrhoids	3.70	6.15	5.19	2.62	2.52	10.19	9.23	6.66	090
46937		A	Cryotherapy of rectal lesion	2.70	4.16	3.12	1.90	1.39	7.00	5.96	4.74	010
46938		A	Treatment of anal fissure	4.70	5.78	4.44	3.64	3.20	11.06	9.72	8.92	090
46940		A	Ligation of hemorrhoids	2.33	2.84	2.20	1.05	1.08	5.40	4.76	3.61	010
46942		A	Ligation of hemorrhoids	2.05	2.79	2.07	0.96	1.01	5.03	4.31	3.20	010
46945		A	Ligation of hemorrhoids	2.13	4.81	3.65	2.99	2.60	7.13	5.97	5.31	090
46946		A	Hemorrhoidectomy by stapling	2.60	4.64	3.95	2.66	2.46	7.51	6.82	5.33	090
46947		A	Anus surgery procedure	5.49	NA	NA	3.11	2.81	NA	NA	9.35	090
46989		C	Needle biopsy of liver	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47000		A	Needle biopsy, liver add-on	1.90	7.28	4.12	0.58	0.62	9.30	6.14	2.60	000
47001		A	Open drainage, liver lesion	19.27	NA	NA	0.49	0.61	NA	NA	2.64	ZZZ
47010		A	Percut drain, liver lesion	3.69	NA	NA	8.15	8.33	NA	NA	29.23	090
47011		A	Inject/aspirate liver cyst	18.37	NA	NA	1.05	1.17	NA	NA	4.96	000
47100		A	Partial removal of liver	12.78	NA	NA	7.80	7.56	NA	NA	28.01	090
47120		A	Extensive removal of liver	38.82	NA	NA	6.33	6.11	NA	NA	20.64	090
47122		A	Partial removal of liver	59.35	NA	NA	14.08	14.88	NA	NA	57.56	090
47125		A	Partial removal of liver	52.91	NA	NA	17.09	20.79	NA	NA	85.39	090
								18.90	6.47	76.47	090	

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
47130	A	Partial removal of liver	57.06	NA	NA	18.09	20.24	6.96	NA	NA	82.11	84.26	090
47133	X	Removal of donor liver	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
47135	R	Transplantation of liver	83.29	NA	NA	27.87	30.59	9.96	NA	NA	121.12	123.84	090
47136	F	Transplantation of liver	70.39	NA	NA	23.77	26.20	8.44	NA	NA	102.60	105.03	090
47140	A	Partial removal, donor liver	59.22	NA	NA	21.75	22.14	5.19	NA	NA	86.16	86.55	090
47141	A	Partial removal, donor liver	71.27	NA	NA	25.51	26.55	5.19	NA	NA	101.97	103.01	090
47142	A	Partial removal, donor liver	79.21	NA	NA	27.55	28.98	5.19	NA	NA	111.95	113.38	090
47143	C	Prep donor liver, whole	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
47144	C	Prep donor liver, 3-segment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
47145	C	Prep donor liver, lobe split	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
47146	A	Prep donor liver/venous	6.00	NA	NA	1.54	1.92	0.83	NA	NA	8.37	8.75	XXX
47147	A	Prep donor liver/arterial	7.00	NA	NA	1.79	2.24	0.97	NA	NA	9.76	10.21	XXX
47300	A	Surgery for liver lesion	18.01	NA	NA	7.67	7.33	1.99	NA	NA	27.67	27.33	090
47350	A	Repair liver wound	22.36	NA	NA	8.89	8.87	2.59	NA	NA	33.84	33.82	090
47360	A	Repair liver wound	31.18	NA	NA	11.38	11.52	3.38	NA	NA	45.94	46.08	090
47361	A	Repair liver wound	52.47	NA	NA	16.82	18.09	5.87	NA	NA	75.16	76.43	090
47362	A	Repair liver wound	23.41	NA	NA	9.31	8.86	2.51	NA	NA	35.23	34.78	090
47370	A	Laparoscopic liver tumor resection	20.67	NA	NA	7.67	8.02	2.56	NA	NA	30.90	31.25	090
47371	A	Laparoscopic liver cryosurgery	20.67	NA	NA	8.14	8.14	2.61	NA	NA	31.42	31.42	090
47379	C	Laparoscopic procedure, liver	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47380	A	Open ablate liver tumor resection	24.43	NA	NA	8.52	9.14	2.87	NA	NA	35.82	36.44	090
47381	A	Open ablate liver tumor cryo	24.72	NA	NA	9.01	9.44	2.85	NA	NA	36.58	37.01	090
47382	A	Percutaneous ablate liver resection	15.19	NA	NA	5.12	5.83	0.96	NA	NA	21.27	21.98	010
47399	C	Liver surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47400	A	Incision of liver duct	36.23	NA	NA	13.12	13.35	3.08	NA	NA	52.43	52.66	090
47420	A	Incision of bile duct	21.92	NA	NA	8.63	8.72	2.63	NA	NA	33.18	33.27	090
47425	A	Incision of bile duct	22.20	NA	NA	8.59	8.75	2.62	NA	NA	33.41	33.57	090
47460	A	Incise bile duct sphincter	20.41	NA	NA	9.01	8.52	2.21	NA	NA	31.63	31.14	090
47480	A	Incision of gallbladder	13.12	NA	NA	6.65	6.09	1.42	NA	NA	21.19	20.63	090
47490	A	Incision for liver x-rays	8.05	NA	NA	4.61	5.32	0.43	NA	NA	13.09	13.80	090
47500	A	Injection for liver x-rays	1.96	NA	NA	0.57	0.82	0.12	NA	NA	2.65	2.70	000
47505	A	Insert catheter, bile duct	0.76	NA	NA	0.22	0.24	0.04	NA	NA	1.02	1.04	000
47510	A	Insert bile duct drain	7.94	NA	NA	3.99	4.76	0.46	NA	NA	12.39	13.16	090
47511	A	Change bile duct catheter	10.74	NA	NA	4.22	4.87	0.62	NA	NA	15.58	16.23	090
47525	A	Revision/reinsert bile tube	5.55	13.94	14.80	2.27	2.67	0.33	19.82	20.68	8.15	8.55	010
47530	A	Biliary endoscopy add-on	5.96	28.88	32.56	2.98	3.53	0.37	35.21	38.89	9.31	9.86	090
47550	A	Biliary endoscopy thru skin	3.02	NA	NA	0.78	0.96	0.40	NA	NA	4.20	4.38	ZZZ
47552	A	Biliary endoscopy thru skin	6.03	NA	NA	2.10	2.30	0.42	NA	NA	8.55	8.75	000
47553	A	Biliary endoscopy thru skin	6.34	NA	NA	1.84	2.01	0.37	NA	NA	8.55	8.72	000
47554	A	Biliary endoscopy thru skin	9.05	NA	NA	2.92	3.24	0.96	NA	NA	12.93	13.25	000
47555	A	Biliary endoscopy thru skin	7.55	NA	NA	2.22	2.40	0.45	NA	NA	10.22	10.40	000
47556	A	Biliary endoscopy thru skin	8.55	NA	NA	2.47	2.70	0.50	NA	NA	11.52	11.75	000
47580	A	Laparoscopic w/cholangio	4.88	NA	NA	1.25	1.57	0.65	NA	NA	6.78	7.10	000

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Mat+Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
47561		A	Laparo w/cholangiobiopsy	5.17	NA	NA	1.56	1.82	0.66	NA	NA	7.39	7.65	000
47562		A	Laparoscopic cholecystectomy	11.63	NA	NA	5.29	5.06	1.46	NA	NA	18.38	18.15	090
47563		A	Laparo cholecystectomy/graph	12.03	NA	NA	5.09	5.24	1.58	NA	NA	18.70	18.85	090
47564		A	Laparo cholecystectomy/explr	14.21	NA	NA	5.46	5.82	1.89	NA	NA	21.56	21.92	090
47570		A	Laparo cholecystoenterostomy	12.56	NA	NA	5.04	5.28	1.65	NA	NA	19.25	19.49	090
47579		C	Laparoscope proc, biliary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47600		A	Removal of gallbladder	17.35	NA	NA	7.25	6.40	1.80	NA	NA	26.40	25.55	090
47605		A	Removal of gallbladder	15.90	NA	NA	6.41	6.47	1.95	NA	NA	24.26	24.32	090
47610		A	Removal of gallbladder	20.84	NA	NA	7.73	7.87	2.49	NA	NA	31.06	31.20	090
47612		A	Removal of gallbladder	21.13	NA	NA	7.73	7.84	2.48	NA	NA	31.34	31.45	090
47620		A	Removal of gallbladder	22.99	NA	NA	8.23	8.44	2.74	NA	NA	33.96	34.17	090
47630		A	Remove bile duct stone	9.57	NA	NA	4.18	4.71	0.65	NA	NA	14.40	14.93	090
47700		A	Exploration of bile ducts	16.39	NA	NA	7.27	7.37	2.07	NA	NA	25.73	25.83	090
47701		A	Bile duct revision	28.62	NA	NA	10.11	11.13	3.68	NA	NA	42.41	43.43	090
47711		A	Excision of bile duct tumor	25.77	NA	NA	9.59	9.83	3.05	NA	NA	38.41	38.65	090
47712		A	Excision of bile duct tumor	33.59	NA	NA	11.59	12.20	3.93	NA	NA	49.11	49.72	090
47715		A	Excision of bile duct cyst	21.42	NA	NA	8.59	8.46	2.49	NA	NA	32.50	32.37	090
47719		A	Fusion of bile duct cyst	19.07	NA	NA	7.97	7.85	2.15	NA	NA	29.19	29.07	090
47720		A	Fuse gallbladder & bowel	18.21	NA	NA	7.74	7.53	2.11	NA	NA	28.06	27.85	090
47721		A	Fuse upper gi structures	21.86	NA	NA	8.62	8.57	2.53	NA	NA	33.01	32.96	090
47740		A	Fuse gallbladder & bowel	21.10	NA	NA	8.52	8.40	2.42	NA	NA	32.04	31.92	090
47741		A	Fuse gallbladder & bowel	24.08	NA	NA	9.27	9.27	2.83	NA	NA	36.18	36.18	090
47760		A	Fuse bile ducts and bowel	38.14	NA	NA	13.14	11.41	3.42	NA	NA	54.70	52.97	090
47765		A	Fuse liver ducts & bowel	52.01	NA	NA	16.99	12.33	3.30	NA	NA	72.30	67.64	090
47780		A	Fuse bile ducts and bowel	42.14	NA	NA	14.16	11.93	3.50	NA	NA	59.80	57.57	090
47785		A	Fuse bile ducts and bowel	56.01	NA	NA	17.95	14.16	4.10	NA	NA	78.06	74.27	090
47800		A	Reconstruction of bile ducts	26.04	NA	NA	9.78	9.98	3.08	NA	NA	38.90	39.10	090
47801		A	Placement, bile duct support	17.47	NA	NA	7.60	8.01	1.16	NA	NA	26.23	26.64	090
47802		A	Fuse liver duct & intestine	24.80	NA	NA	9.54	9.62	2.86	NA	NA	37.20	37.28	090
47900		A	Suture bile duct injury	22.31	NA	NA	8.77	8.83	2.65	NA	NA	33.73	33.79	090
47999		C	Bile tract surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
48000		A	Drainage of abdomen	31.82	NA	NA	10.87	11.34	3.48	NA	NA	46.17	46.64	090
48001		A	Placement of drain, pancreas	39.56	NA	NA	12.74	13.58	4.69	NA	NA	56.99	57.83	090
48020		A	Removal of pancreatic stone	18.96	NA	NA	7.63	7.38	2.13	NA	NA	28.72	28.47	090
48100		A	Blopy of pancreas, open	14.38	NA	NA	5.88	5.66	1.62	NA	NA	21.88	21.56	090
48102		A	Needle biopsy, pancreas	4.68	8.98	8.21	1.58	1.85	0.28	13.94	13.17	6.54	6.81	010
48105		A	Resect/debride pancreas	49.05	NA	NA	16.00	16.41	5.56	NA	NA	70.61	71.02	090
48120		A	Removal of pancreas lesion	18.33	NA	NA	6.93	6.86	2.10	NA	NA	27.36	27.29	090
48140		A	Partial removal of pancreas	26.19	NA	NA	9.40	9.49	3.03	NA	NA	38.62	38.71	090
48145		A	Partial removal of pancreas	27.26	NA	NA	9.76	9.80	3.18	NA	NA	40.20	40.24	090
48146		A	Pancreatectomy	30.42	NA	NA	11.87	11.95	3.50	NA	NA	45.79	45.87	090
48148		A	Removal of pancreatic duct	20.26	NA	NA	8.09	7.72	2.30	NA	NA	30.65	30.28	090
48150		A	Partial removal of pancreas	52.63	NA	NA	18.11	19.14	6.32	NA	NA	77.06	78.09	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im-plement-Non-Facility PE RVUs	Year 2007 Transi-tional Non-Facility PE RVUs	Fully Im-plement-Non-Facility PE RVUs	Fully Im-plement-Non-Facility Total	Mat-Prac-tice RVUs	Year 2007 Transi-tional Facility RVUs	Fully Im-plement-Facility Total	Year 2007 Transi-tional Facility Total	Year 2007 Transi-tional Facility Total	Global
48152	A	Pancreatectomy	48.47	NA	NA	16.65	17.80	5.80	NA	NA	70.92	72.07	090
48153	A	Pancreatectomy	52.61	NA	NA	17.98	19.14	6.31	NA	NA	76.90	78.06	090
48154	A	Pancreatectomy	48.70	NA	NA	17.01	17.91	5.84	NA	NA	71.55	72.45	090
48155	A	Removal of pancreas	29.27	NA	NA	11.98	11.73	3.27	NA	NA	44.52	44.27	090
48160	N	Pancreas removal/transplant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48400	A	Injection, intraop add-on	1.95	NA	NA	0.85	0.69	0.15	NA	NA	2.95	2.79	ZZZ
48500	A	Surgery of pancreatic cyst	18.03	NA	NA	8.04	7.50	2.03	NA	NA	28.10	27.56	090
48510	A	Drain pancreatic pseudocyst	17.06	NA	NA	7.53	7.46	1.83	NA	NA	26.42	26.35	090
48511	A	Drain pancreatic pseudocyst	3.99	19.06	20.43	1.14	1.27	0.24	23.29	5.37	24.66	5.50	000
48520	A	Fuse pancreas cyst and bowel	18.07	NA	NA	6.80	6.72	2.06	NA	NA	26.93	26.85	090
48540	A	Fuse pancreas cyst and bowel	21.86	NA	NA	7.76	8.02	2.61	NA	NA	32.23	32.49	090
48545	A	Pancreatolithiaphy	22.10	NA	NA	8.11	8.01	2.38	NA	NA	32.59	32.49	090
48547	A	Duodenal exclusion	30.25	NA	NA	10.32	10.43	3.42	NA	NA	43.99	44.10	090
48548	A	Fuse pancreas and bowel	27.96	NA	NA	9.93	10.09	3.28	NA	NA	41.17	41.33	090
48550	X	Donor pancreatotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48551	C	Prep donor pancreas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48552	A	Prep donor pancreas/venous	4.30	NA	NA	1.14	1.38	0.31	NA	NA	5.75	5.99	XXX
48554	R	Transpl allograft pancreas	37.03	NA	NA	20.54	18.82	4.19	NA	NA	61.76	60.04	090
48556	A	Removal, allograft pancreas	19.24	NA	NA	9.42	8.40	2.08	NA	NA	30.74	29.72	090
48999	C	Pancreas surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49000	A	Exploration of abdomen	12.44	NA	NA	5.22	5.33	1.52	NA	NA	19.18	19.29	090
49002	A	Reopening of abdomen	17.55	NA	NA	6.44	5.37	1.37	NA	NA	25.36	24.29	090
49010	A	Exploration behind abdomen	15.98	NA	NA	6.34	6.00	1.51	NA	NA	23.83	23.49	090
49020	A	Drain abdominal abscess	26.46	NA	NA	9.84	10.10	2.85	NA	NA	39.15	39.41	090
49021	A	Drain abdominal abscess	3.37	18.57	20.43	0.86	1.07	0.20	22.14	4.53	24.00	4.64	000
49040	A	Drain, open, abdom abscess	16.41	NA	NA	6.51	6.44	1.70	NA	NA	24.62	24.55	090
49041	A	Drain, percut, abdom abscess	3.99	18.77	19.33	1.14	1.27	0.24	23.00	5.37	23.56	5.50	000
49060	A	Drain, open, retroper abscess	18.42	NA	NA	7.17	7.36	1.75	NA	NA	27.34	27.53	090
49061	A	Drain, percut, retroper abscc	3.69	18.66	18.38	1.06	1.17	0.22	22.57	4.97	23.29	5.08	000
49062	A	Drain to peritoneal cavity	12.12	NA	NA	5.23	5.37	1.39	NA	NA	18.74	18.88	090
49080	A	Puncture, peritoneal cavity	1.35	2.58	3.63	0.40	0.45	0.08	4.01	1.83	5.06	1.88	000
49081	A	Removal of abdominal fluid	1.26	2.85	2.65	0.43	0.43	0.09	4.20	1.78	4.00	1.78	000
49180	A	Biopsy, abdominal mass	1.73	2.27	2.89	0.50	0.55	0.10	4.10	2.33	4.72	2.38	000
49200	A	Removal of abdominal lesion	10.94	NA	NA	4.86	4.98	1.24	NA	NA	17.04	17.16	090
49201	A	Remove abdom lesion, complex	15.67	NA	NA	6.46	6.88	1.88	NA	NA	24.01	24.43	090
49215	A	Excise sacral spine tumor	37.66	NA	NA	12.77	13.72	4.38	NA	NA	54.81	55.76	090
49220	A	Multiple surgery, abdomen	15.70	NA	NA	6.26	6.53	1.89	NA	NA	23.85	24.12	090
49250	A	Excision of umbilicus	8.93	NA	NA	4.30	4.27	1.08	NA	NA	14.31	14.28	090
49255	A	Removal of omentum	12.41	NA	NA	5.65	5.61	1.43	NA	NA	19.49	19.45	090
49320	A	Diag laparo separate proc	5.09	NA	NA	2.45	2.59	0.65	NA	NA	8.33	8.33	010
49321	A	Laparoscopy, biopsy	5.39	NA	NA	2.56	2.62	0.70	NA	NA	8.65	8.71	010
49322	A	Laparoscopy, aspiration	5.96	NA	NA	2.64	2.90	0.71	NA	NA	9.31	9.57	010
49323	A	Laparo drain lymphocele	10.13	NA	NA	4.69	4.54	1.20	NA	NA	16.02	15.87	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS2	Mod	Status	Description	Physician Work RVUs 3	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
49324	...	A	Lap insertion perm ip cath	6.27	NA	NA	2.80	2.80	0.73	NA	NA	NA	010
49325	...	A	Lap revision perm ip cath	6.77	NA	NA	2.93	2.93	0.86	NA	NA	10.56	010
49326	...	A	Lap w/menotomy add-on	3.50	NA	NA	0.92	0.92	0.44	NA	NA	4.86	ZZZ
49329	...	C	Laparo proc, abdm/pericoment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49400	...	A	Air injection into abdomen	1.88	2.30	2.88	0.53	0.53	0.15	4.33	4.91	2.63	000
49402	...	A	Remove foreign body, abdomen	14.01	NA	NA	5.58	5.51	1.62	NA	NA	21.14	090
49419	...	A	Insrnt abdom cath for chemoxt	7.03	NA	NA	3.39	3.52	0.81	NA	NA	11.36	090
49420	...	A	Insert abdom drain, temp	2.22	NA	NA	1.15	1.11	0.21	NA	NA	3.54	090
49421	...	A	Insert abdom drain, perm	5.87	NA	NA	3.13	3.15	0.74	NA	NA	9.74	090
49422	...	A	Remove perm cannula/catheter	6.26	NA	NA	2.82	2.82	0.83	NA	NA	9.91	010
49423	...	A	Exchange drainage catheter	1.46	12.46	13.67	0.46	0.51	0.09	14.01	15.22	2.06	000
49424	...	A	Assess cyst, contrast inject	0.76	2.90	3.51	0.25	0.28	0.04	3.70	4.31	1.08	000
49425	...	A	Insert abdomen-venous drain	12.13	NA	NA	5.27	5.51	1.54	NA	NA	18.94	090
49426	...	A	Revise abdomen-venous shunt	10.33	NA	NA	4.50	4.70	1.28	NA	NA	16.31	090
49427	...	A	Injection, abdominal shunt	0.89	NA	NA	0.26	0.29	0.07	NA	NA	1.22	000
49428	...	A	Ligation of shunt	6.79	NA	NA	3.08	3.71	0.80	NA	NA	10.67	010
49429	...	A	Removal of shunt	7.41	NA	NA	2.99	3.31	1.02	NA	NA	11.42	010
49435	...	A	Insert subq exten to ip cath	2.25	NA	NA	0.60	0.60	0.28	NA	NA	3.13	ZZZ
49436	...	A	Embedded ip cath exit-site	2.69	NA	NA	1.63	1.63	0.28	NA	NA	4.60	010
49491	...	A	Rpr hern preemie reduc	12.42	NA	NA	5.43	5.15	1.40	NA	NA	19.25	090
49492	...	A	Rpr ing hern preemie, blocked	15.32	NA	NA	5.85	6.04	1.81	NA	NA	22.98	090
49495	...	A	Rpr ing hernia baby, reduc	6.15	NA	NA	2.99	2.96	0.74	NA	NA	9.88	090
49496	...	A	Rpr ing hernia baby, blocked	9.32	NA	NA	4.36	4.29	1.07	NA	NA	14.75	090
49500	...	A	Rpr ing hernia, init, reduce	5.76	NA	NA	3.62	3.24	0.71	NA	NA	10.09	090
49501	...	A	Rpr ing hernia, init, blocked	9.28	NA	NA	4.25	4.21	1.12	NA	NA	14.65	090
49505	...	A	Rpr i/hern init reduc >5 yr	7.88	NA	NA	3.89	3.78	1.03	NA	NA	12.80	090
49507	...	A	Rpr i/hern init block >5 yr	9.97	NA	NA	4.47	4.46	1.27	NA	NA	15.71	090
49520	...	A	Rerepair ing hernia, reduce	9.91	NA	NA	4.39	4.42	1.28	NA	NA	15.58	090
49521	...	A	Rerepair ing hernia, blocked	12.36	NA	NA	5.01	5.18	1.59	NA	NA	18.96	090
49525	...	A	Repair ing hernia, sliding	8.85	NA	NA	4.14	4.09	1.13	NA	NA	14.12	090
49540	...	A	Repair lumbar hernia	10.66	NA	NA	4.65	4.72	1.37	NA	NA	16.68	090
49550	...	A	Rpr rem hernia, init, reduce	8.91	NA	NA	4.12	4.12	1.14	NA	NA	14.17	090
49553	...	A	Rpr fem hernia, init, blocked	9.84	NA	NA	4.42	4.41	1.24	NA	NA	15.50	090
49555	...	A	Rerepair fem hernia, reduce	9.31	NA	NA	4.23	4.25	1.20	NA	NA	14.74	090
49557	...	A	Rerepair fem hernia, blocked	11.54	NA	NA	4.87	4.95	1.47	NA	NA	17.88	090
49560	...	A	Rpr ventral hern init, reduc	11.84	NA	NA	4.90	5.08	1.52	NA	NA	18.26	090
49561	...	A	Rpr ventral hern init, block	15.30	NA	NA	5.83	6.00	1.89	NA	NA	23.02	090
49565	...	A	Rerepair ventrl hern, reduce	12.29	NA	NA	5.14	5.19	1.52	NA	NA	18.95	090
49566	...	A	Rerepair ventrl hern, block	15.45	NA	NA	5.89	6.06	1.91	NA	NA	23.25	090
49568	...	A	Hernia repair w/mesh	4.88	NA	NA	1.26	1.57	0.64	NA	NA	6.78	ZZZ
49570	...	A	Rpr epigastric hern, reduce	5.97	NA	NA	3.34	3.21	0.75	NA	NA	10.06	090
49572	...	A	Rpr epigastric hern, blocked	7.79	NA	NA	3.84	3.56	0.88	NA	NA	12.51	090
49580	...	A	Rpr umbil hern, reduc < 5 yr	4.39	NA	NA	3.00	2.69	0.54	NA	NA	7.93	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT-1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
49582		A	Rpr umbil hem, block < 5 yr	7.05	NA	NA	3.62	3.50	0.88	NA	NA	11.55	11.43	090
49585		A	Rpr umbil hem, reduc > 5 yr	6.51	NA	NA	3.52	3.35	0.82	NA	NA	10.85	10.68	090
49587		A	Rpr umbil hem, block > 5 yr	7.96	NA	NA	3.88	3.77	0.99	NA	NA	12.83	12.72	090
49590		A	Repair spigelian hernia	8.82	NA	NA	4.11	4.09	1.13	NA	NA	14.06	14.04	090
49600		A	Repair umbilical lesion	11.47	NA	NA	5.19	5.29	1.32	NA	NA	17.98	18.08	090
49605		A	Repair umbilical lesion	86.85	NA	NA	26.45	27.99	9.39	NA	NA	122.69	124.23	090
49606		A	Repair umbilical lesion	18.92	NA	NA	6.64	7.42	2.46	NA	NA	28.02	28.80	090
49610		A	Repair umbilical lesion	10.83	NA	NA	4.70	5.07	1.07	NA	NA	16.60	16.97	090
49611		A	Repair umbilical lesion	9.26	NA	NA	3.63	6.14	0.78	NA	NA	13.67	16.18	090
49650		A	Laparo hernia repair initial	6.30	NA	NA	3.35	3.23	0.93	NA	NA	10.58	10.46	090
49651		A	Laparo hernia repair recur	8.29	NA	NA	4.23	4.09	1.14	NA	NA	13.66	13.52	090
49659		C	Laparo proc, hernia repair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49900		A	Repair of abdominal wall	12.26	NA	NA	6.30	6.24	1.62	NA	NA	20.18	20.12	090
49904		A	Omental flap, extra-abdom	22.16	NA	NA	12.34	14.49	2.70	NA	NA	37.20	39.35	090
49905		A	Omental flap, intra-abdom	6.54	NA	NA	1.75	2.16	0.75	NA	NA	9.04	9.45	ZZZ
49906		C	Free omental flap, microvasc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49988		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50010		A	Exploration of kidney	12.13	NA	NA	6.94	5.64	0.93	NA	NA	20.00	18.70	090
50020		A	Renal abscess, open drain	17.88	NA	NA	8.51	7.93	1.34	NA	NA	27.73	27.15	090
50021		A	Renal abscess, percut drain	3.37	19.98	21.23	0.97	1.07	0.20	23.55	24.80	4.54	4.64	000
50040		A	Drainage of kidney	16.48	NA	NA	8.91	7.33	1.03	NA	NA	26.42	24.84	090
50045		A	Exploration of kidney	16.67	NA	NA	8.55	7.08	1.24	NA	NA	26.46	24.99	090
50060		A	Removal of kidney stone	20.80	NA	NA	11.24	8.68	1.36	NA	NA	33.40	30.84	090
50065		A	Incision of kidney	22.17	NA	NA	11.84	7.51	1.59	NA	NA	35.60	31.27	090
50070		A	Incision of kidney	21.70	NA	NA	11.65	9.07	1.44	NA	NA	34.79	32.21	090
50075		A	Removal of kidney stone	26.91	NA	NA	13.98	10.91	1.81	NA	NA	42.70	39.63	090
50080		A	Removal of kidney stone	15.61	NA	NA	8.72	6.88	1.04	NA	NA	25.37	23.53	090
50081		A	Removal of kidney stone	23.32	NA	NA	12.47	9.68	1.54	NA	NA	37.33	34.54	090
50100		A	Revise kidney blood vessels	17.30	NA	NA	7.20	7.64	2.07	NA	NA	26.57	27.01	090
50120		A	Exploration of kidney	17.06	NA	NA	8.91	7.30	1.21	NA	NA	27.18	25.57	090
50125		A	Explore and drain kidney	17.67	NA	NA	9.97	7.71	1.43	NA	NA	29.07	26.81	090
50130		A	Removal of kidney stone	18.67	NA	NA	10.24	7.93	1.22	NA	NA	30.13	27.82	090
50135		A	Exploration of kidney	20.44	NA	NA	10.96	8.57	1.33	NA	NA	32.73	30.34	090
50200		A	Biopsy of kidney	2.63	NA	NA	1.08	1.24	0.16	NA	NA	3.87	4.03	000
50205		A	Biopsy of kidney	12.19	NA	NA	5.60	5.16	1.30	NA	NA	19.09	18.65	090
50220		A	Remove kidney, open	18.53	NA	NA	9.74	7.86	1.35	NA	NA	29.62	27.74	090
50225		A	Removal kidney open, complex	21.73	NA	NA	11.27	8.92	1.50	NA	NA	34.50	32.15	090
50230		A	Removal kidney open, radical	23.68	NA	NA	11.96	9.42	1.55	NA	NA	37.19	34.65	090
50234		A	Removal of kidney & ureter	23.90	NA	NA	12.36	9.71	1.59	NA	NA	37.85	35.20	090
50236		A	Removal of kidney & ureter	26.74	NA	NA	14.28	11.25	1.77	NA	NA	42.79	39.76	090
50240		A	Partial removal of kidney	24.01	NA	NA	12.93	9.98	1.55	NA	NA	38.49	35.54	090
50250		A	Cryoblate renal mass open	22.06	NA	NA	10.79	9.56	1.39	NA	NA	34.24	33.01	090
50280		A	Removal of kidney lesion	16.94	NA	NA	9.45	7.37	1.19	NA	NA	27.58	25.50	090

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
50290		A	Removal of kidney lesion	18.00	NA	NA	8.27	6.91	NA	NA	NA	25.68	24.32	090
50300	X		Remove cadaver donor kidney	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50320	A		Remove kidney, living donor	22.28	NA	NA	12.46	11.10	NA	NA	NA	37.10	35.74	090
50323	C		Prep cadaver renal allograft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50325	C		Prep donor renal graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50327	A		Prep renal graft/venous	4.00	NA	NA	1.11	1.29	NA	NA	NA	5.40	5.58	XXX
50328	A		Prep renal graft/arterial	3.50	NA	NA	0.98	1.13	NA	NA	NA	4.74	4.89	XXX
50329	A		Prep renal graft/ureteral	3.34	NA	NA	0.97	1.09	NA	NA	NA	4.56	4.68	XXX
50340	A		Removal of kidney	13.86	NA	NA	7.64	6.78	NA	NA	NA	23.15	22.29	090
50380	A		Transplantation of kidney	40.45	NA	NA	18.86	16.32	NA	NA	NA	63.13	60.59	090
50385	A		Transplantation of kidney	45.68	NA	NA	19.55	18.53	NA	NA	NA	69.66	68.64	090
50370	A		Remove transplanted kidney	18.68	NA	NA	9.31	7.68	NA	NA	NA	29.67	28.04	090
50380	A		Reimplantation of kidney	29.66	NA	NA	16.42	13.12	NA	NA	NA	48.59	45.29	090
50382	A		Change ureter stent, percut	5.50	24.85	33.30	1.67	1.81	30.69	39.14	7.51	7.65	000	
50384	A		Remove ureter stent, percut	5.00	19.53	31.30	1.52	1.66	24.84	36.61	6.83	6.97	000	
50387	A		Change ext/int ureter stent	2.00	12.00	16.66	0.60	0.65	14.12	18.78	2.72	2.77	000	
50389	A		Remove renal tube w/fluoro	1.10	6.36	11.15	0.33	0.36	7.53	12.32	1.50	1.53	000	
50390	A		Drainage of kidney lesion	1.96	NA	NA	0.57	0.62	NA	NA	NA	2.65	2.70	000
50391	A		Instill rx agnt into mal tub	1.86	1.51	1.56	0.80	0.67	3.61	3.66	2.90	2.77	000	
50392	A		Insert kidney drain	3.37	NA	NA	1.26	1.46	NA	NA	NA	4.83	5.03	000
50393	A		Insert ureteral tube	4.15	NA	NA	1.50	1.71	NA	NA	NA	5.90	6.11	000
50394	A		Injection for kidney x-ray	0.76	1.76	2.45	0.52	0.63	2.57	3.26	1.33	1.44	000	
50395	A		Create passage to kidney	3.37	NA	NA	1.37	1.47	NA	NA	NA	4.95	5.05	000
50396	A		Measure kidney pressure	2.09	NA	NA	0.93	1.04	NA	NA	NA	3.15	3.26	000
50398	A		Change kidney tube	1.46	11.29	15.06	0.46	0.51	12.84	16.61	2.01	2.06	000	
50400	A		Revision of kidney/ureter	21.12	NA	NA	11.26	8.72	NA	NA	NA	33.76	31.22	090
50405	A		Revision of kidney/ureter	25.68	NA	NA	13.34	10.10	NA	NA	NA	40.81	37.57	090
50500	A		Repair of kidney wound	21.07	NA	NA	9.32	8.82	NA	NA	NA	32.41	31.71	090
50520	A		Close kidney-skin fistula	18.73	NA	NA	9.52	7.95	NA	NA	NA	29.74	28.17	090
50525	A		Repair renal-abdomen fistula	24.21	NA	NA	11.06	9.51	NA	NA	NA	37.11	35.56	090
50526	A		Repair renal-abdomen fistula	26.13	NA	NA	8.15	9.43	NA	NA	NA	36.25	37.53	090
50540	A		Revision of horseshoe kidney	20.95	NA	NA	10.92	8.97	NA	NA	NA	33.23	31.28	090
50541	A		Laparo ablate renal cyst	16.76	NA	NA	8.89	7.08	NA	NA	NA	26.78	24.97	090
50542	A		Laparo ablate renal mass	21.18	NA	NA	11.33	8.93	NA	NA	NA	33.90	31.50	090
50543	A		Laparo partial nephrectomy	27.18	NA	NA	14.39	11.24	NA	NA	NA	43.38	40.23	090
50544	A		Laparoscopy, pyeloplasty	23.27	NA	NA	11.66	9.31	NA	NA	NA	36.51	34.16	090
50545	A		Laparo radical nephrectomy	24.93	NA	NA	12.51	10.15	NA	NA	NA	39.15	36.65	090
50546	A		Laparoscopic nephrectomy	21.69	NA	NA	11.52	9.15	NA	NA	NA	34.78	32.41	090
50547	A		Laparo removal donor kidney	26.24	NA	NA	12.68	11.50	NA	NA	NA	41.69	40.51	090
50548	A		Laparo remove w/ureter	25.26	NA	NA	12.44	9.99	NA	NA	NA	39.43	36.98	090
50549	C		Laparoscopy proc, renal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50551	A		Kidney endoscopy	5.59	4.62	4.26	2.69	2.15	10.61	10.25	8.68	8.14	000	
50553	A		Kidney endoscopy	5.98	4.32	4.35	2.48	2.25	10.69	10.72	8.85	8.62	000	

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT-1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional Fa- cility Total	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Fa- cility Total	Year 2007 Transi- tional Fa- cility Total	Global
50555	A	Kidney endoscopy & biopsy	6.52	5.13	4.89	3.06	2.51	11.86	12.10	11.86	10.03	000
50557	A	Kidney endoscopy & treatment	6.61	5.30	4.76	3.11	2.50	11.84	12.38	11.84	10.19	000
50561	A	Kidney endoscopy & treatment	7.58	5.76	5.25	3.43	2.84	13.37	13.88	13.37	11.55	000
50562	A	Renal scope w/tumor resect	10.90	NA	NA	5.48	4.60	NA	NA	NA	17.11	090
50570	A	Kidney endoscopy	9.53	NA	NA	4.33	3.49	NA	NA	NA	14.54	000
50572	A	Kidney endoscopy	10.33	NA	NA	4.67	3.79	NA	NA	NA	15.85	000
50574	A	Kidney endoscopy & biopsy	11.00	NA	NA	4.82	4.01	NA	NA	NA	16.59	000
50575	A	Kidney endoscopy	13.96	NA	NA	6.15	5.01	NA	NA	NA	21.10	000
50576	A	Kidney endoscopy & treatment	10.97	NA	NA	4.94	3.98	NA	NA	NA	16.69	000
50580	A	Kidney endoscopy & treatment	11.84	NA	NA	5.24	4.28	NA	NA	NA	17.91	000
50590	A	Fragmenting of kidney stone	9.64	17.21	13.60	6.26	4.65	23.89	27.50	23.89	16.55	090
50592	A	Perc r/ ablate renal tumor	6.77	73.56	130.16	2.65	2.90	137.36	80.76	137.36	9.85	010
50600	A	Exploration of ureter	17.04	NA	NA	8.70	7.17	NA	NA	NA	26.87	090
50605	A	Insert ureteral support	16.66	NA	NA	8.04	7.06	NA	NA	NA	26.15	090
50610	A	Removal of ureter stone	17.12	NA	NA	9.22	7.53	NA	NA	NA	27.77	090
50620	A	Removal of ureter stone	16.30	NA	NA	9.07	7.02	NA	NA	NA	26.44	090
50630	A	Removal of ureter stone	16.08	NA	NA	8.40	6.80	NA	NA	NA	25.57	090
50650	A	Removal of ureter	18.67	NA	NA	10.27	7.98	NA	NA	NA	30.17	090
50660	A	Removal of ureter	20.87	NA	NA	11.00	8.71	NA	NA	NA	33.25	090
50684	A	Injection for ureter x-ray	0.76	4.00	4.73	0.62	0.51	5.54	4.81	5.54	1.43	000
50686	A	Measure ureter pressure	1.51	2.03	3.09	0.70	0.79	4.71	3.65	4.71	2.32	000
50688	A	Change of ureter tube/sistent	1.18	NA	NA	0.85	1.01	NA	NA	NA	2.10	010
50690	A	Injection for ureter x-ray	1.16	1.36	1.71	0.68	0.71	2.94	2.59	2.94	1.91	000
50700	A	Revision of ureter	16.54	NA	NA	8.41	7.44	NA	NA	NA	26.22	090
50715	A	Release of ureter	20.49	NA	NA	8.71	8.73	NA	NA	NA	31.34	090
50722	A	Release of ureter	17.80	NA	NA	8.04	7.86	NA	NA	NA	27.75	090
50725	A	Release/revise ureter	20.05	NA	NA	9.77	8.47	NA	NA	NA	31.34	090
50727	A	Revise ureter	8.17	NA	NA	5.79	4.65	NA	NA	NA	14.57	090
50728	A	Revise ureter	12.00	NA	NA	7.25	5.98	NA	NA	NA	20.25	090
50740	A	Fusion of ureter & kidney	19.92	NA	NA	9.07	8.07	NA	NA	NA	30.96	090
50750	A	Fusion of ureter & kidney	21.07	NA	NA	9.90	8.46	NA	NA	NA	32.35	090
50760	A	Fusion of ureters	19.92	NA	NA	9.91	8.23	NA	NA	NA	31.38	090
50770	A	Splicing of ureters	21.07	NA	NA	10.83	8.69	NA	NA	NA	33.35	090
50780	A	Reimplant ureter in bladder	19.80	NA	NA	10.25	8.25	NA	NA	NA	31.56	090
50782	A	Reimplant ureter in bladder	19.51	NA	NA	8.54	8.71	NA	NA	NA	29.66	090
50783	A	Reimplant ureter in bladder	20.52	NA	NA	10.14	8.69	NA	NA	NA	32.65	090
50785	A	Reimplant ureter in bladder	22.08	NA	NA	11.33	9.05	NA	NA	NA	34.86	090
50800	A	Implant ureter in bowel	16.23	NA	NA	9.43	7.20	NA	NA	NA	26.85	090
50810	A	Fusion of ureter & bowel	22.38	NA	NA	9.65	9.22	NA	NA	NA	34.35	090
50815	A	Urine shunt to intestine	22.06	NA	NA	11.76	9.27	NA	NA	NA	35.36	090
50820	A	Construct bowel bladder	23.89	NA	NA	12.14	9.51	NA	NA	NA	37.93	090
50825	A	Construct bowel bladder	30.48	NA	NA	15.28	12.16	NA	NA	NA	47.84	090
50830	A	Revise urine flow	33.57	NA	NA	16.11	13.15	NA	NA	NA	52.06	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1 / HCPCS 2	Mod	Status	Description	Physician Work RVUs 3	Fully Im-plement- ed Non-Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im-plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Main-Prac- tice RVUs	Fully Im-plement- ed Non-Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im-plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
50840		A	Replace ureter by bowel	22.19	NA	NA	12.08	9.34	1.47	35.74	NA	NA	33.00	090	
50845		A	Appendico-vesicostomy	22.21	NA	NA	12.57	9.81	1.57	36.35	NA	NA	33.59	090	
50860		A	Transplant ureter to skin	16.93	NA	NA	9.17	7.25	1.29	27.39	NA	NA	25.47	080	
50900		A	Repair of ureter	14.89	NA	NA	8.16	6.64	1.14	24.21	NA	NA	22.67	090	
50920		A	Closure ureter/skin fistula	15.66	NA	NA	8.50	7.05	1.01	25.17	NA	NA	23.72	090	
50930		A	Closure ureter/bowel fistula	20.04	NA	NA	10.38	8.57	1.28	31.70	NA	NA	29.89	080	
50940		A	Release of ureter	15.76	NA	NA	8.32	6.87	1.26	25.36	NA	NA	23.91	090	
50945		A	Laparoscopy ureterolithotomy	17.87	NA	NA	8.89	7.50	1.36	28.12	NA	NA	26.73	090	
50947		A	Laparo new ureter/bladder	25.63	NA	NA	12.65	10.42	2.17	40.45	NA	NA	38.22	090	
50948		A	Laparo new ureter/bladder	23.69	NA	NA	12.18	9.56	1.71	37.58	NA	NA	34.96	090	
50949		C	Laparoscopy proc. ureter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	
50951		A	Endoscopy of ureter	5.83	4.88	4.44	2.82	2.24	0.41	11.12	10.68	9.06	8.48	000	
50953		A	Endoscopy of ureter	6.23	5.04	4.56	3.32	2.60	0.43	11.70	11.22	9.98	9.26	000	
50955		A	Ureter endoscopy & biopsy	6.74	5.23	6.12	3.51	2.89	0.48	12.45	13.34	10.73	10.11	000	
50957		A	Ureter endoscopy & treatment	6.78	5.37	4.76	3.18	2.57	0.48	12.63	12.02	10.44	9.83	000	
50961		A	Ureter endoscopy & treatment	6.04	4.78	4.47	2.79	2.33	0.41	11.23	10.92	10.44	8.78	000	
50970		A	Ureter endoscopy	7.13	NA	NA	3.34	2.68	0.52	10.99	NA	10.33	10.33	000	
50972		A	Ureter endoscopy & catheter	6.88	NA	NA	3.05	2.61	0.49	10.42	NA	10.42	9.98	000	
50974		A	Ureter endoscopy & biopsy	9.16	NA	NA	3.98	3.32	0.64	13.78	NA	13.12	13.12	000	
50976		A	Ureter endoscopy & treatment	9.03	NA	NA	3.70	3.22	0.66	13.39	NA	12.91	12.91	000	
50980		A	Ureter endoscopy & treatment	6.84	NA	NA	3.13	2.56	0.48	10.45	NA	10.45	9.88	000	
51000		A	Drainage of bladder	0.78	0.94	1.69	0.28	0.25	0.05	1.77	2.52	1.11	1.08	000	
51005		A	Drainage of bladder	1.02	2.40	4.13	0.30	0.33	0.10	3.52	5.25	1.42	1.45	000	
51010		A	Drainage of bladder	4.27	4.76	5.39	2.39	2.00	0.28	9.31	9.94	6.94	6.55	010	
51020		A	Incise & treat bladder	7.56	NA	NA	5.37	4.23	0.47	13.40	NA	12.26	12.26	090	
51030		A	Incise & treat bladder	7.68	NA	NA	4.83	4.19	0.58	13.09	NA	12.45	12.45	090	
51040		A	Incise & drain bladder	4.43	NA	NA	3.74	3.01	0.31	8.48	NA	7.75	7.75	090	
51045		A	Incise bladder/drain ureter	7.68	NA	NA	5.27	4.26	0.52	13.47	NA	12.46	12.46	090	
51050		A	Removal of bladder stone	7.87	NA	NA	5.43	4.09	0.49	13.79	NA	12.45	12.45	090	
51060		A	Removal of ureter stone	9.82	NA	NA	6.49	5.00	0.62	16.93	NA	15.44	15.44	090	
51065		A	Remove ureter calculus	9.82	NA	NA	6.42	4.87	0.63	16.87	NA	15.32	15.32	090	
51080		A	Drainage of bladder abscess	6.61	NA	NA	4.28	3.73	0.43	11.32	NA	10.77	10.77	090	
51500		A	Removal of bladder cyst	10.92	NA	NA	5.86	5.22	1.03	17.81	NA	17.17	17.17	090	
51520		A	Removal of bladder lesion	10.08	NA	NA	6.58	5.15	0.69	17.35	NA	15.92	15.92	090	
51525		A	Removal of bladder lesion	15.29	NA	NA	8.76	6.78	0.99	25.04	NA	23.06	23.06	090	
51530		A	Removal of bladder lesion	13.58	NA	NA	7.39	6.15	1.05	22.02	NA	20.78	20.78	090	
51535		A	Repair of ureter lesion	13.77	NA	NA	7.60	6.48	1.23	22.60	NA	21.48	21.48	090	
51550		A	Partial removal of bladder	17.10	NA	NA	9.00	7.29	1.31	27.41	NA	25.70	25.70	090	
51555		A	Partial removal of bladder	23.03	NA	NA	11.64	9.40	1.70	36.37	NA	34.13	34.13	090	
51565		A	Revise bladder & ureter(s)	23.50	NA	NA	12.22	9.77	1.63	37.35	NA	34.90	34.90	090	
51570		A	Removal of bladder	27.31	NA	NA	13.55	10.69	1.72	42.58	NA	39.72	39.72	090	
51575		A	Removal of bladder & nodes	34.00	NA	NA	17.03	13.27	2.17	53.20	NA	49.44	49.44	090	
51580		A	Remove bladder/revise tract	35.14	NA	NA	17.87	13.83	2.25	55.26	NA	51.22	51.22	090	

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed PE RVUs	Year 2007 Transi- tional Facility PE RVUs	Year 2007 Transi- tional Facility RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Facility Total	Global
52290	A	Cystoscopy and treatment	4.58	NA	NA	2.33	1.82	0.32	NA	NA	NA	7.23	6.72	000
52300	A	Cystoscopy and treatment	5.30	NA	NA	2.68	2.10	0.38	NA	NA	NA	8.36	7.78	000
52301	A	Cystoscopy and treatment	5.50	NA	NA	2.16	2.03	0.46	NA	NA	NA	8.12	7.99	000
52305	A	Cystoscopy and treatment	5.30	NA	NA	2.57	2.03	0.38	NA	NA	NA	8.25	7.71	000
52310	A	Cystoscopy and treatment	2.81	4.04	4.53	1.47	1.14	0.20	7.05	7.54	7.54	4.48	4.15	000
52315	A	Cystoscopy and treatment	5.20	6.69	8.17	2.55	2.01	0.37	12.26	13.74	13.74	8.12	7.58	000
52317	A	Remove bladder stone	6.71	17.14	25.99	3.09	2.48	0.48	24.33	33.18	33.18	10.28	9.67	000
52318	A	Remove bladder stone	9.18	NA	NA	4.17	3.56	0.65	NA	NA	NA	14.00	13.19	000
52320	A	Cystoscopy and treatment	4.69	NA	NA	2.27	1.79	0.33	NA	NA	NA	7.29	6.81	000
52325	A	Cystoscopy, stone removal	6.15	NA	NA	2.89	2.31	0.44	NA	NA	NA	9.48	8.90	000
52327	A	Cystoscopy, inject material	5.18	17.83	28.32	2.39	1.96	0.37	23.38	33.87	33.87	7.94	7.51	000
52330	A	Cystoscopy and treatment	5.03	20.45	34.23	2.41	1.92	0.36	25.84	38.62	38.62	7.80	7.31	000
52332	A	Cystoscopy and treatment	2.83	12.45	7.42	1.60	1.19	0.21	15.49	10.46	10.46	4.64	4.23	000
52334	A	Create passage to kidney	4.82	NA	NA	2.35	1.89	0.35	NA	NA	NA	7.52	7.06	000
52341	A	Cysto w/ureter stricture tx	6.11	NA	NA	3.11	2.44	0.43	NA	NA	NA	9.65	8.98	000
52342	A	Cysto w/up stricture tx	6.61	NA	NA	3.35	2.59	0.46	NA	NA	NA	10.42	9.66	000
52343	A	Cysto w/renal stricture tx	7.31	NA	NA	3.62	2.84	0.51	NA	NA	NA	11.44	10.66	000
52344	A	Cystouretero, stricture tx	7.81	NA	NA	4.00	3.09	0.55	NA	NA	NA	12.36	11.45	000
52345	A	Cystouretero w/up stricture	8.31	NA	NA	4.22	3.27	0.58	NA	NA	NA	13.11	12.16	000
52346	A	Cystouretero w/renal stric	9.34	NA	NA	4.62	3.62	0.65	NA	NA	NA	14.61	13.61	000
52351	A	Cystouretero & or pyeloscope	5.85	NA	NA	3.03	2.36	0.41	NA	NA	NA	9.29	8.62	000
52352	A	Cystouretero w/stone remove	6.87	NA	NA	3.56	2.77	0.49	NA	NA	NA	10.92	10.13	000
52353	A	Cystouretero w/lithotripsy	7.96	NA	NA	4.01	3.14	0.57	NA	NA	NA	12.54	11.67	000
52354	A	Cystouretero w/biopsy	7.33	NA	NA	3.75	2.94	0.52	NA	NA	NA	11.60	10.79	000
52355	A	Cystouretero w/excise tumor	8.81	NA	NA	4.35	3.44	0.63	NA	NA	NA	13.79	12.88	000
52400	A	Cystouretero w/congen repr	10.06	NA	NA	5.54	4.18	0.68	NA	NA	NA	16.28	14.92	090
52402	A	Cystourethro cut ejacul duct	5.27	NA	NA	2.24	1.84	0.40	NA	NA	NA	7.91	7.51	000
52450	A	Incision of prostate	7.63	NA	NA	5.59	4.15	0.54	NA	NA	NA	13.76	12.32	090
52500	A	Revision of bladder neck	9.39	NA	NA	6.31	4.52	0.60	NA	NA	NA	16.30	14.51	090
52510	A	Dilation prostatic urethra	7.49	NA	NA	5.00	3.58	0.48	NA	NA	NA	12.97	11.55	090
52601	A	Prostatectomy (TURP)	15.13	NA	NA	8.64	5.99	0.87	NA	NA	NA	24.64	21.99	090
52606	A	Control postop bleeding	8.84	NA	NA	5.63	4.07	0.57	NA	NA	NA	15.04	13.48	090
52612	A	Prostatectomy, first stage	9.07	NA	NA	6.00	4.30	0.56	NA	NA	NA	15.63	13.93	090
52614	A	Prostatectomy, second stage	7.81	NA	NA	5.49	3.88	0.48	NA	NA	NA	13.78	12.17	090
52620	A	Remove residual prostate	7.19	NA	NA	4.68	3.41	0.47	NA	NA	NA	12.34	11.07	090
52630	A	Remove prostate regrowth	7.65	NA	NA	4.90	3.62	0.51	NA	NA	NA	13.06	11.78	090
52640	A	Relieve bladder contracture	6.89	NA	NA	4.50	3.35	0.47	NA	NA	NA	11.86	10.71	090
52647	A	Laser surgery of prostate	11.15	42.04	65.97	7.05	5.16	0.73	53.92	77.85	77.85	18.93	17.04	090
52648	A	Laser surgery of prostate	12.00	42.58	66.10	7.38	5.44	0.79	55.37	78.89	78.89	20.17	18.23	090
52700	A	Drainage of prostate abscess	7.39	NA	NA	5.05	3.65	0.48	NA	NA	NA	12.92	11.52	090
53000	A	Incision of urethra	2.30	NA	NA	1.83	1.61	0.16	NA	NA	NA	4.29	4.07	010
53010	A	Incision of urethra	4.35	NA	NA	3.84	3.14	0.24	NA	NA	NA	8.43	7.73	090
53020	A	Incision of urethra	1.77	NA	NA	0.97	0.75	0.13	NA	NA	NA	2.87	2.65	000

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
53025		A	Incision of urethra	1.13	NA	NA	0.83	0.59	0.08	NA	NA	2.04	1.80	000
53040		A	Drainage of urethra abscess	6.49	NA	NA	4.48	3.69	0.45	NA	NA	11.42	10.63	090
53060		A	Drainage of urethra abscess	2.65	1.99	2.06	1.46	1.39	0.28	4.92	4.99	4.39	4.32	010
53080		A	Drainage of urinary leakage	6.82	NA	NA	4.98	5.71	0.52	NA	NA	12.32	13.05	090
53085		A	Drainage of urinary leakage	11.05	NA	NA	4.60	6.70	0.92	NA	NA	16.57	18.67	090
53200		A	Biopsy of urethra	2.59	1.72	1.42	1.32	1.07	0.20	4.51	4.21	4.11	3.86	000
53210		A	Removal of urethra	13.59	NA	NA	7.88	6.34	0.89	NA	NA	22.36	20.82	090
53215		A	Removal of urethra	16.72	NA	NA	9.34	7.30	1.10	NA	NA	27.16	25.12	090
53220		A	Treatment of urethra lesion	7.53	NA	NA	5.08	4.05	0.49	NA	NA	13.10	12.07	090
53230		A	Removal of urethra lesion	10.31	NA	NA	6.55	5.17	0.73	NA	NA	17.59	16.21	090
53235		A	Removal of urethra lesion	10.86	NA	NA	7.04	5.44	0.72	NA	NA	18.62	17.02	090
53240		A	Surgery for urethra pouch	6.98	NA	NA	4.84	3.85	0.52	NA	NA	12.34	11.35	090
53250		A	Removal of urethra gland	6.42	NA	NA	4.76	3.66	0.49	NA	NA	11.67	10.57	090
53260		A	Treatment of urethra lesion	3.00	2.48	2.30	1.87	1.53	0.25	5.73	5.55	5.12	4.78	010
53265		A	Treatment of urethra lesion	3.14	2.99	2.78	2.03	1.57	0.24	6.37	6.16	5.41	4.95	010
53270		A	Removal of urethra gland	3.11	2.30	2.23	1.73	1.59	0.30	5.71	5.64	5.14	5.00	010
53275		A	Repair of urethra defect	4.54	NA	NA	2.82	2.39	0.32	NA	NA	7.68	7.25	010
53400		A	Revise urethra, stage 1	13.98	NA	NA	8.31	6.59	0.98	NA	NA	23.27	21.55	090
53405		A	Revise urethra, stage 2	15.51	NA	NA	9.07	7.00	1.10	NA	NA	25.68	23.61	090
53410		A	Reconstruction of urethra	17.53	NA	NA	9.97	7.78	1.16	NA	NA	28.66	26.47	090
53415		A	Reconstruction of urethra	20.55	NA	NA	11.14	8.28	1.37	NA	NA	33.06	30.20	090
53420		A	Reconstruct urethra, stage 1	15.04	NA	NA	6.61	6.36	0.96	NA	NA	22.61	22.36	090
53425		A	Reconstruct urethra, stage 2	16.94	NA	NA	9.42	7.52	1.13	NA	NA	27.49	25.59	090
53430		A	Reconstruction of urethra	17.30	NA	NA	8.81	7.45	1.15	NA	NA	27.26	25.90	090
53431		A	Reconstruct urethra/bladder	21.03	NA	NA	11.21	8.84	1.41	NA	NA	33.65	31.28	090
53440		A	Male sling procedure	15.34	NA	NA	9.39	6.83	0.96	NA	NA	25.69	23.13	090
53442		A	Remove/revise male sling	13.29	NA	NA	8.56	6.21	0.82	NA	NA	22.67	20.32	090
53444		A	Insert tandem cuff	14.06	NA	NA	8.18	6.45	0.94	NA	NA	23.18	21.45	090
53445		A	Insert uro/ves nck sphincter	15.21	NA	NA	8.96	7.55	0.99	NA	NA	25.16	23.75	090
53446		A	Remove uro sphincter	10.89	NA	NA	7.17	5.70	0.72	NA	NA	18.78	17.31	090
53447		A	Remove/replace ur sphincter	14.15	NA	NA	8.58	6.96	0.95	NA	NA	23.68	22.06	090
53448		A	Remove/repic ur sphincter comp	23.26	NA	NA	12.68	9.95	1.50	NA	NA	37.44	34.71	090
53449		A	Repair uro sphincter	10.43	NA	NA	6.76	5.23	0.68	NA	NA	17.87	16.34	090
53450		A	Revision of urethra	6.67	NA	NA	4.85	3.68	0.43	NA	NA	11.95	10.78	090
53460		A	Revision of urethra	7.65	NA	NA	5.21	4.07	0.50	NA	NA	13.36	12.22	090
53500		A	Urethrys, transvag w/ scope	12.87	NA	NA	7.53	6.53	0.90	NA	NA	21.30	20.30	090
53502		A	Repair of urethra injury	8.16	NA	NA	5.09	4.26	0.62	NA	NA	13.87	13.04	090
53505		A	Repair of urethra injury	8.16	NA	NA	5.50	4.27	0.54	NA	NA	14.20	12.97	090
53510		A	Repair of urethra injury	10.83	NA	NA	6.85	5.58	0.75	NA	NA	18.42	17.15	090
53515		A	Repair of urethra injury	14.09	NA	NA	7.96	6.43	1.04	NA	NA	23.10	21.57	090
53520		A	Repair of urethra defect	9.35	NA	NA	6.23	4.91	0.61	NA	NA	16.19	14.87	090
53600		A	Dilate urethra stricture	1.21	1.16	1.15	0.58	0.47	0.09	2.46	2.45	1.88	1.77	000
53601		A	Dilate urethra stricture	0.98	1.38	1.30	0.53	0.41	0.07	2.43	2.35	1.58	1.46	000

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mat-Prac-vice RVUs	Fully Implemented Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
53605	...	A	Dilate urethra stricture	1.28	NA	NA	0.53	0.44	0.09	0.09	NA	NA	1.90	1.81	000
53620	...	A	Dilate urethra stricture	1.62	1.72	1.92	0.85	0.66	0.11	0.11	3.45	3.65	2.58	2.39	000
53621	...	A	Dilate urethra stricture	1.35	1.82	2.01	0.69	0.54	0.10	0.10	3.27	3.46	2.14	1.99	000
53660	...	A	Dilation of urethra	0.71	1.32	1.31	0.46	0.35	0.05	0.05	2.08	2.07	1.22	1.11	000
53661	...	A	Dilation of urethra	0.72	1.30	1.30	0.43	0.33	0.05	0.05	2.07	2.07	1.20	1.10	000
53665	...	A	Dilation of urethra	0.76	NA	NA	0.27	0.26	0.06	0.06	NA	NA	1.09	1.08	000
53850	...	A	Prostatic microwave thermox	9.98	49.30	82.87	6.01	4.46	0.67	0.67	59.95	93.52	16.66	15.11	090
53852	...	A	Prostatic rf thermox	10.68	46.48	78.20	6.82	4.98	0.70	0.70	57.87	89.58	18.20	16.36	090
53853	...	A	Prostatic water thermother	5.54	29.12	48.79	4.43	3.25	0.37	0.37	35.03	54.70	10.34	9.16	090
53899	...	C	Urology surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
54000	...	A	Slitting of prepuce	1.56	2.72	2.86	1.50	1.07	0.11	0.11	4.39	4.53	3.17	2.74	010
54001	...	A	Slitting of prepuce	2.21	3.07	3.15	1.69	1.26	0.15	0.15	5.43	5.51	4.05	3.62	010
54015	...	A	Drain penis lesion	5.33	NA	NA	3.24	2.72	0.38	0.38	NA	NA	8.95	8.43	010
54050	...	A	Destruction, penis lesion(s)	1.26	2.08	1.77	1.39	1.12	0.08	0.08	3.42	3.11	2.73	2.46	010
54055	...	A	Destruction, penis lesion(s)	1.23	2.00	1.68	1.26	0.92	0.08	0.08	3.31	2.99	2.57	2.23	010
54056	...	A	Cryosurgery, penis lesion(s)	1.26	2.37	1.86	1.54	1.23	0.06	0.06	3.69	3.18	2.86	2.55	010
54057	...	A	Laser surg, penis lesion(s)	1.26	2.61	2.31	1.36	0.96	0.09	0.09	3.96	3.66	2.71	2.31	010
54060	...	A	Excision of penis lesion(s)	1.95	3.11	3.10	1.66	1.21	0.13	0.13	5.19	5.18	3.74	3.29	010
54065	...	A	Destruction, penis lesion(s)	2.44	3.30	2.80	2.01	1.43	0.13	0.13	5.87	5.37	4.58	4.00	010
54100	...	A	Biopsy of penis	1.90	3.37	2.94	1.39	0.96	0.10	0.10	5.37	4.94	3.39	2.96	000
54105	...	A	Biopsy of penis	3.51	4.04	4.22	2.49	2.07	0.25	0.25	7.80	7.98	6.25	5.83	010
54110	...	A	Treatment of penis lesion	10.79	NA	NA	6.65	5.23	0.72	0.72	NA	NA	18.16	16.74	090
54111	...	A	Treat penis lesion, graft	14.29	NA	NA	8.22	6.38	0.96	0.96	NA	NA	23.47	21.63	090
54112	...	A	Treat penis lesion, graft	16.83	NA	NA	9.54	7.48	1.11	1.11	NA	NA	27.48	25.42	090
54115	...	A	Treatment of penis lesion	6.82	5.90	4.75	5.07	3.86	0.43	0.43	13.15	12.00	12.32	11.11	090
54120	...	A	Partial removal of penis	10.88	NA	NA	6.89	5.23	0.68	0.68	NA	NA	18.45	16.79	090
54125	...	A	Removal of penis	14.43	NA	NA	8.35	6.45	0.95	0.95	NA	NA	23.73	21.83	090
54130	...	A	Remove penis & nodes	21.66	NA	NA	11.56	9.02	1.52	1.52	NA	NA	34.74	32.20	090
54135	...	A	Remove penis & nodes	27.99	NA	NA	14.51	11.25	1.88	1.88	NA	NA	44.38	41.12	090
54150	...	A	Circumcision w/regioni block	1.90	2.40	1.50	0.75	1.09	0.16	0.16	4.46	3.56	2.81	3.15	000
54160	...	A	Circumcision, neonate	2.50	3.69	4.03	1.47	1.19	0.19	0.19	6.38	6.72	4.16	3.88	010
54161	...	A	Circum 28 days or older	3.29	NA	NA	2.24	1.73	0.23	0.23	NA	NA	5.76	5.25	010
54162	...	A	Lysis penil circumic lesion	3.27	4.02	4.49	2.28	1.65	0.21	0.21	7.50	7.97	5.76	5.13	010
54163	...	A	Repair of circumcison	3.27	NA	NA	2.91	2.23	0.21	0.21	NA	NA	5.61	5.71	010
54164	...	A	Frenulotomy of penis	2.77	NA	NA	2.66	2.04	0.18	0.18	NA	NA	5.61	4.99	010
54200	...	A	Treatment of penis lesion	1.08	2.03	1.85	1.32	1.06	0.08	0.08	3.19	3.01	2.48	2.22	010
54205	...	A	Treatment of penis lesion	8.84	NA	NA	6.18	5.06	0.56	0.56	NA	NA	15.58	14.46	090
54220	...	A	Treatment of penis lesion	2.42	3.34	3.72	1.38	1.06	0.17	0.17	5.93	6.31	3.97	3.65	000
54230	...	A	Prepare penis study	1.34	1.41	1.16	0.91	0.70	0.09	0.09	2.84	2.59	2.34	2.13	000
54231	...	A	Dynamic cavernosometry	2.04	1.87	1.50	1.19	0.95	0.16	0.16	4.07	3.70	3.39	3.15	000
54235	...	A	Penile injection	1.19	1.40	1.07	0.90	0.66	0.08	0.08	2.67	2.34	2.17	1.93	000
54240	...	A	Penis study	1.31	1.52	1.16	1.52	1.16	0.17	0.17	3.00	2.64	3.00	2.64	000
54240	TC	A	Penis study	0.00	1.02	0.71	1.02	0.71	0.06	0.06	1.08	0.77	1.08	0.77	000

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CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mat-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Fa- cility Total	Global
54240	26	A	Penis study	1.31	0.50	0.45	0.50	0.45	0.11	1.92	1.87	1.92	1.87	000
54250		A	Penis study	2.22	1.26	1.00	1.26	1.00	0.18	3.66	3.40	3.66	3.40	000
54250	TC	A	Penis study	0.00	0.37	0.24	0.37	0.24	0.02	0.39	0.26	0.39	0.26	000
54250	26	A	Penis study	2.22	0.89	0.78	0.89	0.78	0.16	3.27	3.14	3.27	3.14	000
54300		A	Revision of penis	11.07	NA	NA	6.88	5.89	0.76	NA	NA	18.71	17.72	090
54304		A	Revision of penis	13.15	NA	NA	7.98	6.74	0.88	NA	NA	22.01	20.77	090
54308		A	Reconstruction of urethra	12.49	NA	NA	7.66	6.38	0.84	NA	NA	20.99	19.71	090
54312		A	Reconstruction of urethra	14.36	NA	NA	8.68	7.41	1.24	NA	NA	24.28	23.01	090
54316		A	Reconstruction of urethra	17.90	NA	NA	10.20	8.51	1.21	NA	NA	29.31	27.62	090
54318		A	Reconstruction of urethra	12.28	NA	NA	6.26	5.90	1.39	NA	NA	19.93	19.57	090
54322		A	Reconstruction of urethra	13.85	NA	NA	8.02	6.84	0.92	NA	NA	22.79	21.61	090
54324		A	Reconstruction of urethra	17.40	NA	NA	9.96	8.45	1.14	NA	NA	28.50	26.99	090
54326		A	Reconstruction of urethra	16.87	NA	NA	9.76	8.27	1.11	NA	NA	27.74	26.25	090
54328		A	Reconstruction of urethra	16.74	NA	NA	9.87	7.90	0.98	NA	NA	27.59	25.62	090
54332		A	Reconstruction of urethra	18.22	NA	NA	10.33	8.37	1.21	NA	NA	29.76	27.80	090
54336		A	Reconstruction of urethra	21.44	NA	NA	12.03	10.72	2.21	NA	NA	35.68	34.37	090
54340		A	Secondary urethral surgery	9.58	NA	NA	6.50	5.40	0.63	NA	NA	16.71	15.61	090
54344		A	Secondary urethral surgery	16.91	NA	NA	9.93	8.29	1.54	NA	NA	28.38	26.74	090
54348		A	Secondary urethral surgery	18.17	NA	NA	6.33	7.84	1.23	NA	NA	25.73	27.24	090
54352		A	Reconstruct urethra/penis	25.95	NA	NA	13.90	11.85	2.25	NA	NA	42.10	40.05	090
54360		A	Penis plastic surgery	12.76	NA	NA	7.63	6.42	0.84	NA	NA	21.12	19.91	090
54380		A	Repair penis	14.03	NA	NA	5.67	6.37	0.93	NA	NA	20.63	21.33	090
54385		A	Repair penis	16.38	NA	NA	8.41	8.29	0.86	NA	NA	25.65	25.53	090
54390		A	Repair penis and bladder	22.59	NA	NA	7.41	8.90	1.54	NA	NA	31.54	33.03	090
54400		A	Insert semi-rigid prosthesis	9.09	NA	NA	5.87	4.72	0.73	NA	NA	15.60	14.45	090
54401		A	Insert self-contd prosthesis	10.26	NA	NA	8.29	6.36	0.73	NA	NA	19.28	17.35	090
54405		A	Insert multi-comp penis pros	14.39	NA	NA	8.32	6.51	0.95	NA	NA	23.66	21.85	090
54406		A	Remove multi-comp penis pros	12.76	NA	NA	7.79	6.01	0.86	NA	NA	21.41	19.63	090
54408		A	Repair multi-comp penis pros	13.73	NA	NA	8.40	6.39	0.90	NA	NA	23.03	21.02	090
54410		A	Remove/replace penis prosth	16.48	NA	NA	9.56	7.35	1.10	NA	NA	27.14	24.93	090
54411		A	Remove/replace penis pros, comp	18.14	NA	NA	10.63	7.93	1.13	NA	NA	29.90	27.20	090
54415		A	Remove self-contd penis pros	8.75	NA	NA	6.12	4.67	0.58	NA	NA	15.45	14.00	090
54416		A	Remv/repl penis contain pros	11.87	NA	NA	8.04	6.03	0.77	NA	NA	20.68	18.67	090
54417		A	Remv/repl penis pros, compl	15.94	NA	NA	9.33	6.95	1.00	NA	NA	26.27	23.89	090
54420		A	Revision of penis	12.26	NA	NA	7.69	6.09	0.81	NA	NA	20.76	19.16	090
54430		A	Revision of penis	10.93	NA	NA	7.06	5.59	0.72	NA	NA	18.71	17.24	090
54435		A	Revision of penis	6.71	NA	NA	5.01	3.96	0.43	NA	NA	12.15	11.10	090
54440		C	Repair of penis	0.00	NA	NA	0.00	0.00	0.00	NA	NA	0.00	0.00	090
54450		A	Preputial stretching	1.12	0.86	0.93	0.49	0.45	0.08	2.06	2.13	1.69	1.65	000
54500		A	Biopsy of testis	1.31	NA	NA	0.80	0.62	0.10	NA	NA	2.21	2.03	000
54505		A	Biopsy of testis	3.47	NA	NA	2.44	2.04	0.27	NA	NA	6.18	5.78	010
54512		A	Excise lesion testis	9.23	NA	NA	5.77	4.53	0.67	NA	NA	15.67	14.43	090
54520		A	Removal of testis	5.25	NA	NA	3.78	3.03	0.50	NA	NA	9.53	8.78	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT-1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Facility PE RVUs	Fully Im- plement- ed Facility PE RVUs	Year 2007 Transi- tional Facility RVUs	Malprac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Fa- cility Total	Global
54522		A	Orchiectomy, partial	10.15	NA	NA	5.82	5.10	0.89	NA	NA	16.86	16.14	090
54530		A	Removal of testis	9.31	NA	NA	6.19	4.72	0.66	NA	NA	16.16	14.69	090
54535		A	Extensive testis surgery	13.06	NA	NA	7.67	6.07	0.95	NA	NA	21.68	20.08	090
54550		A	Exploration for testis	8.31	NA	NA	5.42	4.21	0.59	NA	NA	14.32	13.11	090
54560		A	Exploration for testis	11.97	NA	NA	6.34	5.45	0.90	NA	NA	19.21	18.32	090
54600		A	Reduce testis torsion	7.54	NA	NA	5.23	3.96	0.51	NA	NA	13.28	12.01	090
54620		A	Suspension of testis	5.16	NA	NA	3.31	2.65	0.37	NA	NA	8.84	8.18	010
54640		A	Suspension of testis	7.57	NA	NA	5.53	4.18	0.62	NA	NA	13.72	12.37	090
54650		A	Orchiopexy (Fowler-Stephens)	12.24	NA	NA	7.81	6.00	1.16	NA	NA	21.21	19.40	090
54660		A	Revision of testis	5.64	NA	NA	4.47	3.36	0.44	NA	NA	10.55	9.44	090
54670		A	Repair testis injury	6.57	NA	NA	4.88	3.87	0.47	NA	NA	11.92	10.91	090
54680		A	Relocation of testis(es)	13.91	NA	NA	7.86	6.57	1.16	NA	NA	22.93	21.64	090
54690		A	Laparoscopy, orchiectomy	11.60	NA	NA	6.24	5.26	1.02	NA	NA	18.86	17.88	090
54692		A	Laparoscopy, orchiopexy	13.64	NA	NA	7.75	6.00	1.30	NA	NA	22.69	20.94	090
54699		C	Laparoscopy proc. testis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
54700		A	Drainage of scrotum	3.44	NA	NA	2.42	2.05	0.28	NA	NA	6.14	5.77	010
54800		A	Biopsy of epididymis	2.33	NA	NA	1.00	0.93	0.23	NA	NA	3.56	3.49	000
54830		A	Remove epididymis lesion	5.91	NA	NA	4.51	3.39	0.41	NA	NA	10.83	9.71	090
54840		A	Remove epididymis lesion	5.22	NA	NA	3.87	3.05	0.37	NA	NA	9.46	8.64	090
54860		A	Removal of epididymis	6.85	NA	NA	4.96	3.72	0.45	NA	NA	12.26	11.02	090
54861		A	Removal of epididymis	9.57	NA	NA	6.38	4.82	0.63	NA	NA	16.58	15.02	090
54865		A	Explore epididymis	5.67	NA	NA	4.35	3.29	0.40	NA	NA	10.42	9.36	090
54900		A	Fusion of spermatic ducts	14.05	NA	NA	5.23	5.64	0.93	NA	NA	20.21	20.62	090
54901		A	Fusion of spermatic ducts	18.92	NA	NA	6.57	7.28	1.83	NA	NA	27.32	28.03	090
55000		A	Drainage of hydrocele	1.43	1.86	2.01	0.92	0.72	0.11	3.40	3.55	2.46	2.26	000
55040		A	Removal of hydrocele	5.39	NA	NA	4.01	3.17	0.43	NA	NA	9.83	8.99	090
55041		A	Removal of hydroceles	8.41	NA	NA	5.78	4.42	0.60	NA	NA	14.79	13.43	090
55060		A	Repair of hydrocele	6.05	NA	NA	4.50	3.43	0.46	NA	NA	11.01	9.94	090
55100		A	Drainage of scrotum abscess	2.40	3.51	3.63	2.13	1.70	0.17	6.08	6.20	4.70	4.27	010
55110		A	Explore scrotum	6.23	NA	NA	4.55	3.48	0.43	NA	NA	11.21	10.14	090
55120		A	Removal of scrotum lesion	5.62	NA	NA	4.33	3.29	0.39	NA	NA	10.34	9.30	090
55150		A	Removal of scrotum	8.01	NA	NA	5.53	4.26	0.56	NA	NA	14.10	12.83	090
55175		A	Revision of scrotum	5.77	NA	NA	4.41	3.35	0.37	NA	NA	10.55	9.49	090
55180		A	Revision of scrotum	11.63	NA	NA	7.41	5.87	0.90	NA	NA	19.94	18.40	090
55200		A	Incision of sperm duct	3.92	8.24	11.29	3.40	2.63	0.33	13.07	16.12	8.23	7.46	090
55250		A	Removal of sperm duct(s)	3.32	7.70	10.53	3.02	2.41	0.25	11.27	14.10	8.59	5.98	090
55300		A	Prepare, sperm duct x-ray	3.50	NA	NA	1.61	1.39	0.25	NA	NA	5.36	5.14	000
55400		A	Repair of sperm duct	8.53	NA	NA	5.56	4.43	0.64	NA	NA	14.73	13.60	090
55450		A	Ligation of sperm duct	4.38	6.00	6.74	2.89	2.12	0.29	10.67	11.41	7.56	8.79	010
55500		A	Removal of hydrocele	6.12	NA	NA	4.27	3.38	0.55	NA	NA	10.94	10.05	090
55520		A	Removal of sperm cord lesion	6.56	NA	NA	3.83	3.39	0.75	NA	NA	11.14	10.70	090
55530		A	Revise spermatic cord veins	5.69	NA	NA	4.19	3.30	0.45	NA	NA	10.33	9.44	090
55535		A	Revise spermatic cord veins	7.09	NA	NA	4.92	3.77	0.47	NA	NA	12.48	11.33	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed PE RVUs	Year 2007 Transi- tional Facility RVUs	Year 2007 Transi- tional Facility RVUs	Year 2007 Transi- tional Facility RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Facility Total	Global
55540	A	Revise hernia & sperm veins	8.20	NA	NA	4.30	3.92	0.94	NA	NA	NA	13.44	13.06	090
55550	A	Laparo ligate spermatic vein	7.10	NA	NA	4.60	3.82	0.57	NA	NA	NA	12.27	11.29	090
55559	C	Laparo proc, spermatic cord	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
55600	A	Incise sperm duct pouch	6.91	NA	NA	4.99	3.74	0.62	NA	NA	NA	12.52	11.27	090
55605	A	Incise sperm duct pouch	8.63	NA	NA	4.95	4.45	0.64	NA	NA	NA	14.22	13.72	090
55650	A	Remove sperm duct pouch	12.52	NA	NA	7.38	5.79	0.92	NA	NA	NA	20.82	19.23	090
55680	A	Remove sperm pouch lesion	5.59	NA	NA	3.91	3.20	0.47	NA	NA	NA	9.97	9.26	090
55700	A	Biopsy of prostate	2.58	3.74	4.08	1.36	0.82	0.11	6.43	6.77	6.77	4.05	3.51	000
55705	A	Biopsy of prostate	4.58	NA	NA	2.92	2.45	0.32	NA	NA	NA	7.82	7.35	010
55720	A	Drainage of prostate abscess	7.67	NA	NA	4.87	4.08	0.95	NA	NA	NA	13.48	12.70	090
55725	A	Drainage of prostate abscess	9.90	NA	NA	6.37	4.95	1.40	NA	NA	NA	16.97	15.55	090
55801	A	Removal of prostate	19.62	NA	NA	10.80	8.40	1.34	NA	NA	NA	31.76	29.36	090
55810	A	Extensive prostate surgery	24.14	NA	NA	12.66	9.86	1.60	NA	NA	NA	38.40	35.60	090
55812	A	Extensive prostate surgery	29.69	NA	NA	15.26	12.04	2.05	NA	NA	NA	47.00	43.78	090
55815	A	Extensive prostate surgery	32.75	NA	NA	16.73	13.09	2.17	NA	NA	NA	51.65	48.01	090
55821	A	Removal of prostate	15.63	NA	NA	8.89	6.87	1.01	NA	NA	NA	25.53	23.51	090
55831	A	Removal of prostate	17.06	NA	NA	9.49	7.35	1.10	NA	NA	NA	27.65	25.51	090
55840	A	Extensive prostate surgery	24.45	NA	NA	12.99	10.19	1.61	NA	NA	NA	39.05	36.25	090
55842	A	Extensive prostate surgery	26.31	NA	NA	13.85	10.83	1.73	NA	NA	NA	41.89	38.87	090
55845	A	Extensive prostate surgery	30.52	NA	NA	15.29	12.01	2.03	NA	NA	NA	47.84	44.56	090
55860	A	Surgical exposure, prostate	15.71	NA	NA	8.84	7.00	1.02	NA	NA	NA	25.57	23.73	090
55862	A	Extensive prostate surgery	19.89	NA	NA	10.98	8.62	1.49	NA	NA	NA	32.36	30.00	090
55865	A	Extensive prostate surgery	24.39	NA	NA	13.14	10.22	1.63	NA	NA	NA	39.16	36.24	090
55866	A	Laparo radical prostatectomy	32.25	NA	NA	16.38	12.87	2.17	NA	NA	NA	50.80	47.29	090
55870	A	Electroejaculation	2.58	2.47	1.77	1.46	1.18	0.16	5.21	4.51	4.51	4.20	3.92	000
55873	A	Cryoblate prostate	20.25	NA	NA	11.57	9.59	1.38	NA	NA	NA	33.20	31.22	090
55875	A	Transperi needle place, pros	13.31	NA	NA	8.03	6.38	0.89	NA	NA	NA	22.23	20.58	090
55876	A	Place rt device/marker, pros	1.73	2.04	2.04	1.03	1.03	0.28	4.05	4.05	4.05	3.04	3.04	000
55899	C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
55970	N	Sex transformation, M to F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
55980	N	Sex transformation, F to M	1.46	1.17	1.29	1.15	1.14	0.17	2.80	2.92	2.92	2.78	2.77	010
56405	A	I & D of vulva/perineum	1.41	1.50	2.08	0.77	0.97	0.16	3.07	3.65	3.65	2.34	2.54	010
56420	A	Drainage of gland abscess	2.86	NA	NA	1.58	1.68	0.34	NA	NA	NA	4.78	4.88	010
56440	A	Surgery for vulva lesion	1.99	1.71	1.79	1.56	1.45	0.20	3.90	3.98	3.98	4.64	4.64	010
56441	A	Lysis of labial lesion(s)	0.68	NA	NA	0.51	0.51	0.08	NA	NA	NA	1.27	1.27	000
56442	A	Hymenotomy	1.55	1.63	1.74	1.22	1.24	0.18	3.36	3.47	3.47	2.95	2.97	010
56501	A	Destroy, vulva lesions, sim	3.03	2.36	2.50	1.72	1.79	0.33	5.72	5.86	5.86	5.08	5.15	010
56515	A	Destroy vulva lesion/s compl	1.10	0.90	1.03	0.35	0.43	0.13	2.26	2.26	2.26	1.58	1.66	000
56605	A	Biopsy of vulva/perineum	0.55	0.36	0.46	0.15	0.20	0.07	0.98	1.08	1.08	0.77	0.82	ZZZ
56606	A	Biopsy of vulva/perineum	8.44	NA	NA	4.41	4.70	0.90	NA	NA	NA	13.75	14.04	090
56620	A	Partial removal of vulva	9.55	NA	NA	4.78	5.18	1.02	NA	NA	NA	15.35	15.75	090
56625	A	Complete removal of vulva	14.67	NA	NA	6.31	6.70	1.49	NA	NA	NA	22.47	22.86	090
56630	A	Extensive vulva surgery	14.67	NA	NA	6.31	6.70	1.49	NA	NA	NA	22.47	22.86	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS 2	Mod	Status	Description	Physician Work RVUs 3	Fully Im- plement- ed Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
56631	A	Extensive vulva surgery	18.81	NA	NA	7.77	8.54	1.96	NA	NA	28.54	29.31	090
56632	A	Extensive vulva surgery	21.61	NA	NA	9.36	9.47	2.39	NA	NA	33.36	33.47	090
56633	A	Extensive vulva surgery	19.47	NA	NA	7.82	8.40	1.98	NA	NA	29.27	29.85	090
56634	A	Extensive vulva surgery	20.48	NA	NA	8.22	9.12	2.17	NA	NA	30.87	31.77	090
56637	A	Extensive vulva surgery	24.57	NA	NA	9.28	10.62	2.61	NA	NA	36.46	37.90	090
56640	A	Extensive vulva surgery	24.65	NA	NA	9.10	10.23	2.89	NA	NA	36.64	37.77	090
56700	A	Partial removal of hymen	2.79	NA	NA	1.76	1.81	0.30	NA	NA	4.85	4.90	010
56740	A	Remove vagina gland lesion	4.83	NA	NA	2.30	2.50	0.56	NA	NA	7.89	7.89	010
56800	A	Repair of vagina	3.90	NA	NA	1.99	2.14	0.44	NA	NA	6.33	6.48	010
56805	A	Repair clitoris	19.75	NA	NA	9.31	9.39	2.15	NA	NA	31.21	31.29	090
56810	A	Repair of perineum	4.26	NA	NA	2.05	2.23	0.49	NA	NA	6.80	6.98	010
56820	A	Exam of vulva w/scope	1.50	1.19	1.28	0.53	0.62	0.18	2.87	2.96	2.21	2.30	000
56821	A	Exam/biopsy of vulva w/scope	2.05	1.52	1.69	0.69	0.86	0.25	3.82	3.99	2.99	3.16	000
57000	A	Exploration of vagina	2.99	NA	NA	1.71	1.72	0.31	NA	NA	5.01	5.02	010
57010	A	Drainage of pelvic abscess	6.74	NA	NA	3.82	3.81	0.71	NA	NA	11.27	11.26	090
57020	A	Drainage of pelvic fluid	1.50	0.75	0.89	0.44	0.55	0.18	2.43	2.57	2.12	2.23	000
57022	A	I & d vaginal hematoma, pp	2.70	NA	NA	1.43	1.48	0.26	NA	NA	4.39	4.44	010
57023	A	I & d vag hematoma, non-ob	5.13	NA	NA	2.39	2.53	0.58	NA	NA	8.10	8.24	010
57061	A	Destroy vag lesions, simple	1.27	1.50	1.61	1.11	1.12	0.15	2.92	3.03	2.53	2.54	010
57065	A	Destroy vag lesions, complex	2.63	2.01	2.22	1.49	1.63	0.31	4.95	5.16	4.43	4.57	010
57100	A	Biopsy of vagina	1.20	0.92	1.04	0.37	0.45	0.14	2.26	2.38	1.71	1.79	000
57105	A	Biopsy of vagina	1.71	1.58	1.74	1.33	1.40	0.20	3.49	3.65	3.24	3.31	010
57106	A	Remove vagina wall, partial	7.35	NA	NA	4.25	4.20	0.73	NA	NA	12.33	12.28	090
57107	A	Remove vagina tissue, part	24.43	NA	NA	9.10	10.12	2.72	NA	NA	36.25	37.27	090
57108	A	Vaginectomy partial w/nodes	28.25	NA	NA	10.40	11.03	3.22	NA	NA	41.87	42.50	090
57110	A	Remove vagina wall, complete	15.38	NA	NA	6.22	7.01	1.74	NA	NA	23.34	24.13	090
57111	A	Remove vagina tissue, compl	28.25	NA	NA	10.26	12.02	3.18	NA	NA	41.69	43.45	090
57112	A	Vaginectomy w/nodes, compl	30.37	NA	NA	11.67	11.99	3.08	NA	NA	45.12	45.44	090
57120	A	Closure of vagina	8.18	NA	NA	4.17	4.49	0.89	NA	NA	13.24	13.56	090
57130	A	Remove vagina lesion	2.44	1.97	2.11	1.48	1.53	0.29	4.70	4.84	4.21	4.26	010
57135	A	Remove vagina lesion	2.68	2.01	2.20	1.52	1.62	0.31	5.00	5.19	4.51	4.61	010
57150	A	Treat vagina infection	0.55	0.57	0.97	0.15	0.20	0.07	1.19	1.59	0.77	0.82	000
57155	A	Insert uteri tandem/s/voids	6.79	NA	NA	3.53	4.30	0.43	NA	NA	10.75	11.52	090
57160	A	Insert pessary/other device	0.89	1.03	1.02	0.28	0.32	0.10	2.02	2.01	1.25	1.33	000
57170	A	Fitting of diaphragm/cap	0.91	0.56	1.25	0.25	0.31	0.11	1.58	2.27	1.27	1.33	000
57180	A	Treat vaginal bleeding	1.60	1.83	2.08	0.92	1.18	0.19	3.62	3.87	2.71	2.97	010
57200	A	Repair of vagina	4.34	NA	NA	2.90	2.90	0.46	NA	NA	7.73	7.70	090
57210	A	Repair vaginal/perineum	5.63	NA	NA	3.25	3.39	0.62	NA	NA	9.50	9.64	090
57220	A	Revision of urethra	4.77	NA	NA	3.00	3.08	0.51	NA	NA	8.28	8.36	090
57230	A	Repair of urethral lesion	6.22	NA	NA	3.77	3.48	0.54	NA	NA	10.53	10.25	090
57240	A	Repair bladder & vagina	11.42	NA	NA	5.46	4.22	0.62	NA	NA	17.50	16.26	090
57250	A	Repair rectum & vagina	11.42	NA	NA	5.01	3.93	0.65	NA	NA	17.08	16.00	090
57260	A	Repair of vagina	14.36	NA	NA	5.82	5.08	0.97	NA	NA	21.15	20.41	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
57285	A		Extensive repair of vagina	15.86	NA	NA	6.29	6.10	1.32	NA	NA	23.47	23.28	090
57267	A		Insert mesh/pelvic fir addon	4.88	NA	NA	1.53	1.86	0.64	NA	NA	7.05	7.38	ZZZ
57268	A		Repair of bowel bulge	7.47	NA	NA	4.21	4.21	0.79	NA	NA	12.54	12.47	090
57270	A		Repair of bowel pouch	13.57	NA	NA	5.68	6.10	1.42	NA	NA	20.67	21.09	090
57280	A		Suspension of vagina	16.82	NA	NA	7.01	7.27	1.68	NA	NA	25.31	25.57	090
57282	A		Colpopexy, extraperitoneal	7.84	NA	NA	4.40	4.48	1.02	NA	NA	13.34	13.34	090
57283	A		Colpopexy, intraperitoneal	11.58	NA	NA	5.21	5.74	1.02	NA	NA	17.81	18.34	090
57284	A		Repair paravaginal defect	13.51	NA	NA	6.75	7.04	1.41	NA	NA	21.67	21.96	090
57287	A		Reverse/remove sling repair	11.49	NA	NA	6.50	5.73	0.90	NA	NA	18.89	18.12	090
57288	A		Repair bladder defect	14.01	NA	NA	7.13	6.21	1.12	NA	NA	22.26	21.34	090
57289	A		Repair bladder & vagina	12.69	NA	NA	6.21	6.08	1.21	NA	NA	20.11	19.98	090
57291	A		Construction of vagina	8.54	NA	NA	4.37	4.78	0.93	NA	NA	13.84	14.25	090
57292	A		Construct vagina with graft	13.91	NA	NA	6.06	6.71	1.58	NA	NA	21.55	22.20	090
57295	A		Revise vag graft via vagina	7.74	NA	NA	4.01	4.33	0.91	NA	NA	12.66	12.98	090
57296	A		Revise vag graft, open abd	16.46	NA	NA	6.75	6.75	1.68	NA	NA	24.89	24.89	090
57300	A		Repair rectum-vagina fistula	8.58	NA	NA	4.47	4.33	0.87	NA	NA	13.92	13.78	090
57305	A		Repair rectum-vagina fistula	15.24	NA	NA	6.19	6.24	1.73	NA	NA	23.16	23.21	090
57307	A		Fistula repair & colostomy	17.02	NA	NA	7.02	7.00	2.02	NA	NA	26.06	26.04	090
57308	A		Fistula repair, transperine	10.48	NA	NA	4.90	5.04	1.14	NA	NA	16.52	16.66	090
57310	A		Repair urethrovaginal lesion	7.55	NA	NA	5.12	4.15	0.54	NA	NA	13.21	12.24	090
57311	A		Repair urethrovaginal lesion	8.81	NA	NA	5.22	4.39	0.65	NA	NA	14.68	13.85	090
57320	A		Repair bladder-vagina lesion	8.78	NA	NA	5.41	4.62	0.69	NA	NA	14.88	14.09	090
57330	A		Repair bladder-vagina lesion	13.11	NA	NA	7.25	6.09	1.06	NA	NA	21.42	20.26	090
57335	A		Repair vagina	19.87	NA	NA	9.05	9.03	1.92	NA	NA	30.84	30.82	090
57400	A		Dilation of vagina	2.27	NA	NA	0.98	1.08	0.26	NA	NA	3.51	3.61	000
57410	A		Pelvic examination	1.75	NA	NA	0.92	0.90	0.18	NA	NA	2.85	2.83	000
57415	A		Remove vaginal foreign body	2.44	NA	NA	1.50	1.44	0.24	NA	NA	4.18	4.12	010
57420	A		Exam of vagina w/scope	1.60	1.23	1.32	0.57	0.65	0.19	3.02	3.11	2.36	2.44	000
57421	A		Exam/biopsy of vag w/scope	2.20	1.59	1.78	0.73	0.90	0.27	4.06	4.25	3.20	3.37	000
57425	A		Laparoscopy, surg, colpopexy	16.93	NA	NA	6.96	6.71	1.76	NA	NA	25.65	25.40	090
57452	A		Exam of cervix w/scope	1.50	1.17	1.25	0.74	0.76	0.18	2.85	2.93	2.42	2.44	000
57454	A		Bx/curett of cervix w/scope	2.33	1.39	1.58	0.96	1.10	0.28	4.00	4.19	3.57	3.71	000
57455	A		Biopsy of cervix w/scope	1.99	1.49	1.66	0.66	0.82	0.24	3.72	3.89	2.89	3.05	000
57456	A		Endocerv curettage w/scope	1.85	1.45	1.60	0.63	0.77	0.22	3.52	3.67	2.70	2.84	000
57460	A		Bx of cervix w/scope, leep	2.83	4.26	5.45	1.10	1.31	0.34	7.43	8.62	4.27	4.48	000
57461	A		Conz of cervix w/scope, leep	3.43	4.55	5.71	1.07	1.37	0.41	8.39	9.55	4.91	5.21	000
57500	A		Biopsy of cervix	1.20	1.99	2.40	0.64	0.63	0.12	3.31	3.72	1.86	1.95	000
57505	A		Endocervical curettage	1.16	1.42	1.42	1.06	1.09	0.14	2.72	2.36	2.36	2.39	010
57510	A		Cauterization of cervix	1.90	1.30	1.50	0.90	1.01	0.23	3.43	3.63	3.03	3.14	010
57511	A		Cryocautery of cervix	1.92	1.59	1.76	1.26	1.34	0.23	3.74	3.91	3.49	3.49	010
57513	A		Laser surgery of cervix	1.92	1.56	1.68	1.27	1.37	0.23	3.71	3.83	3.42	3.52	010
57520	A		Conization of cervix	4.06	3.35	3.79	2.50	2.78	0.49	7.90	8.34	7.05	7.33	090
57522	A		Conization of cervix	3.62	2.75	3.05	2.25	2.40	0.41	6.78	7.08	6.28	6.43	090

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
57530	A	Removal of cervix	5.19	NA	NA	3.09	3.31	0.58	NA	NA	8.86	9.08	090
57531	A	Removal of cervix, radical	29.77	NA	NA	10.74	12.56	3.35	NA	NA	43.86	45.68	090
57540	A	Removal of residual cervix	13.19	NA	NA	5.61	6.08	1.49	NA	NA	20.29	20.76	090
57545	A	Remove cervix/repair pelvis	14.00	NA	NA	6.21	6.56	1.52	NA	NA	21.73	22.08	090
57550	A	Removal of residual cervix	6.24	NA	NA	3.62	3.77	0.67	NA	NA	10.53	10.68	090
57555	A	Remove cervix/repair vagina	9.84	NA	NA	4.76	5.00	1.09	NA	NA	15.69	15.93	090
57556	A	Remove cervix, repair bowel	9.26	NA	NA	4.66	4.80	0.92	NA	NA	14.84	14.98	090
57558	A	D&C of cervical stump	1.69	1.34	1.44	1.05	1.12	0.20	3.23	3.33	2.94	3.01	010
57700	A	Revision of cervix	4.22	NA	NA	3.27	3.14	0.41	NA	NA	7.90	7.77	090
57720	A	Revision of cervix	4.53	NA	NA	2.89	3.05	0.49	NA	NA	7.91	8.07	090
57800	A	Dilation of cervical canal	0.77	0.70	0.75	0.41	0.46	0.09	1.56	1.61	1.27	1.32	000
58100	A	Biopsy of uterus lining	1.53	1.12	1.27	0.58	0.69	0.18	2.83	2.98	2.29	2.40	000
58110	A	Bx done w/colposcopy add-on	0.77	0.39	0.51	0.21	0.29	0.09	1.25	1.37	1.07	1.15	ZZZ
58120	A	Dilation and curettage	3.54	2.68	2.40	1.65	1.82	0.39	6.61	6.33	5.58	5.75	010
58140	A	Myomectomy abdom method	15.69	NA	NA	6.21	6.88	1.82	NA	NA	23.72	24.39	090
58145	A	Myomectomy vag method	8.81	NA	NA	4.24	4.65	0.97	NA	NA	14.02	14.43	090
58146	A	Myomectomy abdom complex	20.24	NA	NA	7.30	8.58	2.33	NA	NA	29.87	31.15	090
58150	A	Total hysterectomy	17.21	NA	NA	6.55	7.25	1.85	NA	NA	25.61	26.31	090
58152	A	Partial hysterectomy	16.50	NA	NA	8.12	9.42	2.48	NA	NA	32.33	33.63	090
58180	A	Extensive hysterectomy	23.00	NA	NA	8.18	9.54	2.55	NA	NA	33.73	35.09	090
58200	A	Extensive hysterectomy	30.76	NA	NA	10.77	12.59	3.38	NA	NA	44.91	46.73	090
58210	A	Removal of pelvis contents	49.02	NA	NA	17.78	17.65	4.23	NA	NA	71.03	70.90	090
58240	A	Vaginal hysterectomy	14.02	NA	NA	5.78	6.46	1.57	NA	NA	21.37	22.05	090
58260	A	Vag hyst including v/o	15.81	NA	NA	6.25	7.10	1.80	NA	NA	23.86	24.71	090
58263	A	Vag hyst w/o & vag repair	17.10	NA	NA	6.62	7.57	1.95	NA	NA	25.67	26.62	090
58267	A	Vag hyst w/urinary repair	18.23	NA	NA	7.01	8.03	2.07	NA	NA	27.31	28.33	090
58270	A	Vag hyst w/anterocele repair	15.20	NA	NA	5.94	6.78	1.74	NA	NA	22.88	23.72	090
58275	A	Hysterectomy/revise vagina	16.90	NA	NA	6.66	7.49	1.92	NA	NA	25.48	26.31	090
58280	A	Extensive hysterectomy	23.30	NA	NA	7.03	7.95	2.07	NA	NA	27.30	28.22	090
58285	A	Vag hyst complex	20.17	NA	NA	8.05	9.47	2.71	NA	NA	34.06	35.48	090
58290	A	Vag hyst incl v/o, complex	21.96	NA	NA	7.38	8.69	2.30	NA	NA	29.85	31.16	090
58291	A	Vag hyst t/o & repair, compl	23.25	NA	NA	8.29	9.36	2.53	NA	NA	32.30	33.85	090
58293	A	Vag hyst w/uro repair, compl	24.23	NA	NA	8.48	10.11	2.79	NA	NA	34.22	35.77	090
58294	A	Vag hyst w/anterocele, compl	21.45	NA	NA	7.24	8.97	2.40	NA	NA	31.09	32.82	090
58300	N	Insert intrauterine device	1.01	0.62	1.22	0.35	0.34	0.12	1.75	2.35	1.36	1.47	XXX
58301	A	Remove intrauterine device	1.27	1.04	1.25	0.35	0.45	0.15	2.46	2.67	1.77	1.87	000
58321	A	Artificial insemination	0.92	0.96	1.10	0.25	0.34	0.10	1.98	2.12	1.27	1.36	000
58322	A	Artificial insemination	1.10	1.03	1.16	0.31	0.39	0.13	2.26	2.39	1.54	1.62	000
58323	A	Sperm washing	0.23	0.15	0.44	0.07	0.09	0.03	0.41	0.70	0.33	0.35	000
58340	A	Catheter for hystero-graphy	0.88	2.11	2.90	0.55	0.63	0.09	3.08	3.87	1.52	1.60	000
58345	A	Reopen fallopian tube	4.67	NA	NA	2.04	2.33	0.41	NA	NA	7.12	7.41	010

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Facil- ity PE RVUs	Year 2007 Transi- tional Facil- ity Total	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Facil- ity Total	Global
58346	A	Insert heyman uteri capsule	7.48	NA	NA	3.81	3.89	NA	NA	NA	11.85	11.93	080
58350	A	Reopen fallopian tube	1.03	1.32	1.45	0.87	0.91	2.47	2.47	2.60	2.02	2.06	010
58353	A	Endometrial ablate, thermal	3.57	22.66	32.41	1.71	1.97	0.43	26.66	36.41	5.71	5.97	010
58356	A	Endometrial cryoablation	6.36	42.90	56.80	1.85	2.48	0.82	50.08	63.98	9.03	9.66	010
58400	A	Suspension of uterus	7.06	NA	NA	3.82	3.90	NA	NA	NA	11.63	11.71	080
58410	A	Suspension of uterus	13.70	NA	NA	5.88	6.29	NA	NA	NA	21.03	21.44	090
58420	A	Repair of ruptured uterus	13.38	NA	NA	5.45	5.89	NA	NA	NA	20.30	20.74	090
58540	A	Revision of uterus	15.61	NA	NA	6.20	6.76	NA	NA	NA	23.60	24.16	080
58541	A	Lsh, uterus 250 g or less	14.57	NA	NA	6.14	6.14	1.68	NA	NA	22.39	22.39	090
58542	A	Lsh w/o ut 250 g or less	16.43	NA	NA	6.66	6.66	1.89	NA	NA	24.78	24.78	090
58543	A	Lsh uterus above 250 g	16.74	NA	NA	6.73	6.73	1.73	NA	NA	25.20	25.20	090
58544	A	Lsh w/o uterus above 250 g	18.24	NA	NA	7.16	7.16	1.88	NA	NA	27.29	27.29	090
58545	A	Laparoscopic myomectomy	15.45	NA	NA	5.93	6.87	1.78	NA	NA	23.16	24.10	090
58546	A	Laparo-myomectomy, complex	19.84	NA	NA	7.10	8.46	2.31	NA	NA	29.25	30.61	090
58548	A	Lap radical hyst	31.45	NA	NA	12.74	12.74	3.52	NA	NA	47.71	47.71	090
58550	A	Laparo-assist vag hysterectomy	14.97	NA	NA	6.16	7.01	1.73	NA	NA	22.86	23.71	090
58552	A	Laparo-vag hyst incl t/o	16.78	NA	NA	6.59	7.66	1.73	NA	NA	25.10	26.17	090
58553	A	Laparo-vag hyst, complex	19.96	NA	NA	7.13	8.47	2.31	NA	NA	29.40	30.74	090
58554	A	Laparo-vag hyst w/o, compl	22.98	NA	NA	8.33	9.88	2.28	NA	NA	33.59	35.14	090
58555	A	Hysterectomy, dx, sep proc	3.33	2.72	2.52	1.24	1.47	0.40	6.45	6.05	4.97	5.20	000
58558	A	Hysterectomy, biopsy	4.74	3.57	2.32	1.67	2.05	0.57	8.88	7.83	6.98	7.36	000
58559	A	Hysterectomy, lysis	6.16	NA	NA	2.05	2.56	0.74	NA	NA	8.95	9.46	000
58560	A	Hysterectomy, resect septum	6.99	NA	NA	2.29	2.88	0.84	NA	NA	10.12	10.71	000
58561	A	Hysterectomy, remove myoma	9.99	NA	NA	3.14	4.00	1.21	NA	NA	14.34	15.20	000
58562	A	Hysterectomy, remove fb	5.20	3.48	2.63	1.77	2.21	0.63	9.31	8.46	7.60	8.04	000
58563	A	Hysterectomy, ablation	6.16	36.94	51.38	2.06	2.58	0.74	43.84	58.28	8.96	9.48	000
58565	A	Hysterectomy, sterilization	7.06	34.05	45.68	3.36	3.77	1.19	42.30	53.93	11.61	12.02	090
58578	C	Laparo proc, uterus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
58579	C	Hysteroscope procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
58600	A	Division of fallopian tube	5.86	NA	NA	2.91	3.23	0.66	NA	NA	9.43	9.75	080
58605	A	Division of fallopian tube	5.25	NA	NA	2.67	3.00	0.59	NA	NA	8.51	8.84	090
58611	A	Ligate oviduct(s) add-on	1.45	NA	NA	0.40	0.53	0.18	NA	NA	2.03	2.16	ZZZ
58615	A	Occlude fallopian tube(s)	3.91	NA	NA	1.98	2.52	0.47	NA	NA	6.36	6.90	010
58660	A	Laparoscopy, lysis	11.54	NA	NA	4.52	5.07	1.40	NA	NA	17.46	18.01	090
58661	A	Laparoscopy, remove adnexa	11.30	NA	NA	4.01	4.84	1.34	NA	NA	16.65	17.48	010
58662	A	Laparoscopy, excise lesions	12.08	NA	NA	4.78	5.53	1.43	NA	NA	18.29	19.04	090
58670	A	Laparoscopy, tubal cautery	5.86	NA	NA	2.95	3.19	0.67	NA	NA	9.48	9.72	080
58671	A	Laparoscopy, tubal block	5.86	NA	NA	2.94	3.19	0.68	NA	NA	9.48	9.73	090
58672	A	Laparoscopy, fimbrioplasty	12.88	NA	NA	4.75	5.82	1.60	NA	NA	19.23	20.30	090
58673	A	Laparoscopy, salpingostomy	13.99	NA	NA	5.19	6.23	1.70	NA	NA	20.88	21.92	090
58675	C	Laparo proc, oviduct-ovary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
58700	A	Removal of fallopian tube	12.84	NA	NA	5.53	5.87	1.51	NA	NA	19.88	20.22	090
58720	A	Removal of ovary/tube(s)	12.08	NA	NA	5.10	5.60	1.39	NA	NA	18.57	19.07	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ^{1/} HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional PE RVUs	Year 2007 Transi- tional PE RVUs	Mat-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
58740		A	Revise fallopian tube(s)	14.79	NA	NA	6.07	6.87	1.72	NA	NA	NA	22.58	23.38	090
58750		A	Repair oviduct	15.56	NA	NA	6.08	7.04	1.85	NA	NA	NA	23.49	24.45	090
58752		A	Revise ovarian tube(s)	15.56	NA	NA	6.00	6.71	1.81	NA	NA	NA	23.37	24.08	090
58760		A	Remove tubal obstruction	13.85	NA	NA	5.61	6.44	1.80	NA	NA	NA	21.26	22.09	090
58770		A	Create new tubal opening	14.69	NA	NA	5.76	6.62	1.74	NA	NA	NA	22.19	23.05	090
58800		A	Drainage of ovarian cyst(s)	4.54	3.10	3.51	2.60	2.83	0.43	8.07	8.07	8.48	7.57	7.80	090
58805		A	Drainage of ovarian cyst(s)	6.34	NA	NA	3.40	3.48	0.69	NA	NA	NA	10.43	10.51	090
58820		A	Drain ovary abscess, open	4.62	NA	NA	2.88	3.19	0.52	NA	NA	NA	8.02	8.33	090
58822		A	Drain ovary abscess, percut	11.71	NA	NA	5.05	5.17	1.16	NA	NA	NA	17.92	18.04	090
58823		A	Drain pelvic abscess, percut	3.37	19.03	20.75	0.95	1.08	0.24	22.64	22.64	24.36	4.56	4.69	000
58825		A	Transposition, ovary(s)	11.70	NA	NA	4.98	5.59	1.32	NA	NA	NA	18.00	18.61	090
58900		A	Biopsy of ovary(s)	6.51	NA	NA	3.42	3.53	0.69	NA	NA	NA	10.62	10.73	090
58920		A	Partial removal of ovary(s)	11.87	NA	NA	5.23	5.49	1.43	NA	NA	NA	18.53	18.79	090
58925		A	Removal of ovarian cyst(s)	12.33	NA	NA	5.27	5.58	1.41	NA	NA	NA	19.01	19.32	090
58940		A	Removal of ovary(s)	8.12	NA	NA	4.04	4.09	0.91	NA	NA	NA	13.07	13.12	090
58943		A	Removal of ovary(s)	19.42	NA	NA	7.24	8.29	2.23	NA	NA	NA	28.89	28.94	090
58950		A	Resect ovarian malignancy	16.24	NA	NA	7.30	8.13	2.05	NA	NA	NA	27.59	28.42	090
58951		A	Resect ovarian malignancy	24.15	NA	NA	8.64	9.99	2.64	NA	NA	NA	35.43	36.78	090
58952		A	Resect ovarian malignancy	27.15	NA	NA	9.85	11.28	3.03	NA	NA	NA	40.03	41.46	090
58953		A	Tah, rad dissect for debulk	33.97	NA	NA	11.71	13.83	3.84	NA	NA	NA	49.52	51.64	090
58954		A	Tah rad debulk/lymph remove	36.97	NA	NA	12.56	14.92	4.18	NA	NA	NA	53.71	56.07	090
58956		A	Bso, omentectomy w/tah	22.65	NA	NA	8.63	9.89	4.01	NA	NA	NA	35.29	36.55	090
58957		A	Resect recurrent gyn mal	26.06	NA	NA	9.63	9.63	2.95	NA	NA	NA	38.64	38.64	090
58958		A	Resect recur gyn mal w/lym	29.06	NA	NA	10.44	10.44	3.29	NA	NA	NA	42.78	42.79	090
58960		A	Exploration of abdomen	15.68	NA	NA	6.29	7.09	1.80	NA	NA	NA	23.77	24.57	090
58970		A	Retrieval of oocyte	3.52	1.82	2.19	1.26	1.43	0.43	5.77	6.14	6.14	5.21	5.38	000
58974		C	Transfer of embryo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
58976		A	Transfer of embryo	3.82	1.93	2.49	1.20	1.67	0.47	6.22	6.78	6.78	5.49	5.96	000
58999		C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
59000		A	Amniocentesis, diagnostic	1.30	1.72	1.98	0.55	0.64	0.31	3.33	3.33	3.59	2.16	2.25	000
59001		A	Amniocentesis, therapeutic	3.00	NA	NA	1.08	1.33	0.71	NA	NA	NA	4.78	5.04	000
59012		A	Fetal cord puncture, prenatal	3.44	NA	NA	1.15	1.44	0.82	NA	NA	NA	5.41	5.70	000
59015		A	Chorion biopsy	2.20	1.41	1.52	0.80	0.98	0.52	4.13	4.24	4.24	3.52	3.70	000
59020		A	Fetal contract stress test	0.66	1.06	0.85	1.06	0.85	0.26	1.98	1.98	1.77	1.98	1.77	000
59020	TC	A	Fetal contract stress test	0.00	0.88	0.61	0.98	0.61	0.10	0.98	0.98	1.06	1.00	1.06	000
59020	26	A	Fetal contract stress test	0.66	0.18	0.24	0.18	0.24	0.16	1.00	1.00	1.06	1.00	1.06	000
59025		A	Fetal non-stress test	0.53	0.63	0.49	0.63	0.49	0.15	1.31	1.31	1.17	1.31	1.17	000
59025	TC	A	Fetal non-stress test	0.00	0.48	0.29	0.48	0.29	0.02	0.50	0.50	0.31	0.50	0.31	000
59025	26	A	Fetal non-stress test	0.53	0.15	0.20	0.15	0.20	0.13	0.81	0.81	0.86	0.81	0.86	000
59030		A	Fetal scalp blood sample	1.99	NA	NA	0.56	0.72	0.47	NA	NA	NA	3.02	3.18	000
59050		A	Fetal monitor wireport	0.89	NA	NA	0.25	0.33	0.21	NA	NA	NA	1.35	1.43	XXX
59051		A	Fetal monitor/interpret only	0.74	NA	NA	0.21	0.27	0.17	NA	NA	NA	1.12	1.18	XXX
59070		A	Transabdom amniocentesis w/us	5.24	4.33	4.95	1.76	2.17	0.28	9.85	9.85	10.47	7.28	7.69	000

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Year Im- plement- ed Non- Facility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
59072	A	Umbilical cord occlud w/us	8.99	NA	NA	2.86	3.06	NA	12.01	12.21	000
59074	A	Fetal fluid drainage w/us	5.24	3.86	4.39	1.70	2.16	9.38	7.22	7.68	000
59076	A	Fetal shunt placement, w/us	8.99	NA	NA	2.40	2.94	NA	11.55	12.09	000
59100	A	Remove uterus lesion	13.26	NA	NA	5.81	6.29	NA	22.02	22.50	080
59120	A	Treat ectopic pregnancy	12.56	NA	NA	5.42	6.04	NA	20.71	21.33	090
59121	A	Treat ectopic pregnancy	12.64	NA	NA	5.37	6.08	NA	20.80	21.51	090
59130	A	Treat ectopic pregnancy	14.98	NA	NA	6.05	5.11	NA	24.42	23.48	090
59135	A	Treat ectopic pregnancy	14.82	NA	NA	5.07	6.68	NA	23.20	24.81	090
59136	A	Treat ectopic pregnancy	14.15	NA	NA	5.72	6.38	NA	23.01	23.67	090
59140	A	Treat ectopic pregnancy	5.86	NA	NA	2.88	2.38	NA	10.03	9.53	090
59150	A	Treat ectopic pregnancy	12.19	NA	NA	5.21	5.80	NA	20.19	20.78	090
59151	A	Treat ectopic pregnancy	12.01	NA	NA	4.89	5.76	NA	19.64	20.51	090
59160	A	D & c after delivery	2.73	1.98	2.96	1.18	1.89	5.35	4.55	5.26	010
59200	A	Insert cervical dilator	0.79	0.93	1.13	0.22	0.28	1.91	1.20	1.26	000
59300	A	Epiotomy or vaginal repair	2.41	2.19	2.18	1.03	0.98	5.17	4.01	3.96	000
59320	A	Revision of cervix	2.48	NA	NA	1.00	1.18	NA	4.07	4.25	000
59325	A	Revision of cervix	4.06	NA	NA	1.23	1.73	NA	6.17	6.67	000
59350	A	Repair of uterus	4.94	NA	NA	1.40	1.75	NA	7.51	7.86	000
59400	A	Obstetrical care	26.80	NA	NA	14.26	15.06	NA	46.56	47.36	MMM
59409	A	Obstetrical care	13.48	NA	NA	3.75	4.91	NA	20.45	21.61	MMM
59410	A	Obstetrical care	15.29	NA	NA	4.95	5.96	NA	23.76	24.77	MMM
59412	A	Antepartum manipulation	1.71	NA	NA	0.64	0.77	NA	2.75	2.88	MMM
59414	A	Deliver placenta	1.61	NA	NA	0.44	0.59	NA	2.43	2.58	MMM
59425	A	Antepartum care only	6.22	4.22	4.21	1.70	1.81	11.58	9.06	9.17	MMM
59426	A	Antepartum care only	11.04	7.77	7.60	3.02	3.17	20.79	16.04	16.19	MMM
59430	A	Care after delivery	2.13	1.06	1.19	0.71	0.88	3.71	3.82	3.51	MMM
59510	A	Cesarean delivery	30.34	NA	NA	15.91	16.92	NA	52.50	53.51	MMM
59514	A	Cesarean delivery only	15.95	NA	NA	4.49	5.78	NA	24.24	25.53	MMM
59515	A	Cesarean delivery	18.26	NA	NA	6.21	7.43	NA	28.60	29.82	MMM
59525	A	Remove uterus after cesarean	8.53	NA	NA	2.39	3.07	NA	12.87	13.55	ZZZ
59610	A	Vbac delivery	28.21	NA	NA	14.51	15.52	NA	48.59	49.60	MMM
59612	A	Vbac delivery only	15.04	NA	NA	4.26	5.60	NA	22.89	24.23	MMM
59614	A	Vbac care after delivery	16.59	NA	NA	5.15	6.49	NA	25.63	26.97	MMM
59618	A	Attempted vbac delivery	31.78	NA	NA	16.28	17.74	NA	54.67	56.13	MMM
59820	A	Attempted vbac delivery only	17.50	NA	NA	4.80	6.27	NA	26.47	27.94	MMM
59622	A	Attempted vbac after care	19.70	NA	NA	6.66	8.14	NA	30.86	32.34	MMM
59812	A	Treatment of miscarriage	4.39	3.06	2.68	2.35	2.49	8.42	7.69	7.83	080
59820	A	Care of miscarriage	4.68	4.04	4.33	3.45	3.53	9.96	9.16	9.66	090
59821	A	Treatment of miscarriage	4.97	3.80	4.15	3.15	3.34	10.18	9.18	9.37	090
59830	A	Treat uterus infection	6.51	NA	NA	3.44	3.85	NA	11.39	11.80	090
59840	R	Abortion	5.01	2.01	2.09	1.79	2.04	5.73	5.81	5.76	010
59841	R	Abortion	5.57	3.15	3.41	2.59	2.88	10.22	9.40	9.69	010
59850	R	Abortion	5.90	NA	NA	2.63	3.10	NA	9.81	10.28	090

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CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
59851		R	Abortion	5.92	NA	NA	3.28	3.63	1.28	NA	NA	10.48	10.83	090
59852		R	Abortion	8.23	NA	NA	3.79	4.73	1.81	NA	NA	13.83	14.77	090
59855		R	Abortion	6.38	NA	NA	2.98	3.40	1.45	NA	NA	10.81	11.23	090
59856		R	Abortion	7.74	NA	NA	3.85	4.01	1.79	NA	NA	13.38	13.54	090
59857		R	Abortion	9.30	NA	NA	3.13	4.32	2.02	NA	NA	14.45	15.64	090
59866		R	Abortion (mpr)	3.99	NA	NA	1.24	1.73	0.87	NA	NA	6.10	6.59	000
59870		A	Evacuate mole of uterus	6.40	NA	NA	4.28	4.43	1.42	NA	NA	12.10	12.25	090
59871		A	Remove carotid suture	2.13	NA	NA	0.93	1.08	0.50	NA	NA	3.56	3.71	000
59897		C	Fetal invas px w/us	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
59898		C	Laparo proc, ob care/deliver	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
59899		C	Maternity care procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
60000		A	Drain thyroid/tongue cyst	1.78	2.03	1.95	1.65	1.70	0.15	3.96	3.88	3.58	3.63	010
60001		A	Aspirate/inject thyroid cyst	0.97	1.86	1.52	0.27	0.32	0.07	2.90	2.56	1.31	1.36	000
60100		A	Biopsy of thyroid	1.56	1.20	1.35	0.43	0.51	0.10	2.86	3.01	2.09	2.17	000
60200		A	Remove thyroid lesion	9.91	NA	NA	5.25	5.80	1.01	NA	NA	16.17	16.72	090
60210		A	Partial thyroid excision	11.15	NA	NA	5.05	5.49	1.23	NA	NA	17.43	17.87	090
60212		A	Partial thyroid excision	16.32	NA	NA	6.80	7.45	1.95	NA	NA	25.07	25.72	090
60220		A	Partial removal of thyroid	12.29	NA	NA	5.40	5.96	1.32	NA	NA	19.01	19.57	090
60225		A	Partial removal of thyroid	14.67	NA	NA	6.69	7.22	1.64	NA	NA	23.00	23.53	090
60240		A	Removal of thyroid	16.18	NA	NA	6.16	7.23	1.86	NA	NA	24.20	25.27	090
60252		A	Removal of thyroid	21.88	NA	NA	8.43	9.68	2.30	NA	NA	32.61	33.86	090
60254		A	Extensive thyroid surgery	28.29	NA	NA	10.44	13.22	2.61	NA	NA	41.34	44.12	090
60260		A	Repeat thyroid surgery	18.18	NA	NA	7.02	8.24	1.94	NA	NA	27.14	28.36	090
60270		A	Removal of thyroid	23.07	NA	NA	8.96	10.08	2.33	NA	NA	34.36	35.48	090
60271		A	Removal of thyroid	17.54	NA	NA	6.83	8.14	1.75	NA	NA	26.12	27.43	090
60280		A	Remove thyroid duct lesion	6.05	NA	NA	4.12	4.53	0.54	NA	NA	10.71	11.12	090
60281		A	Remove thyroid duct lesion	8.71	NA	NA	4.67	5.54	0.73	NA	NA	14.11	14.98	090
60500		A	Explore parathyroid glands	16.69	NA	NA	6.73	7.23	2.01	NA	NA	25.43	25.93	090
60502		A	Re-explore parathyroids	21.01	NA	NA	8.46	9.13	2.54	NA	NA	32.01	32.68	090
60505		A	Explore parathyroid glands	22.91	NA	NA	9.24	10.50	2.65	NA	NA	34.80	36.06	090
60512		A	Autotransplant parathyroid	4.44	NA	NA	1.19	1.51	0.53	NA	NA	6.16	6.48	ZZZ
60520		A	Removal of thymus gland	17.07	NA	NA	6.93	7.95	2.20	NA	NA	26.20	27.22	090
60521		A	Removal of thymus gland	19.11	NA	NA	8.27	9.22	2.82	NA	NA	30.20	31.15	090
60522		A	Removal of thymus gland	23.37	NA	NA	9.76	10.89	3.27	NA	NA	36.40	37.53	090
60540		A	Explore adrenal gland	17.91	NA	NA	8.12	7.72	1.75	NA	NA	27.78	27.38	090
60545		A	Explore adrenal gland	20.82	NA	NA	8.89	8.62	2.08	NA	NA	31.79	31.52	090
60600		A	Remove carotid body lesion	24.99	NA	NA	8.77	10.41	2.20	NA	NA	35.96	37.60	090
60605		A	Remove carotid body lesion	31.86	NA	NA	12.23	12.25	2.50	NA	NA	46.59	46.61	090
60650		C	Laparoscopic adrenalectomy	20.63	0.00	0.00	8.20	8.04	2.29	0.00	0.00	31.12	30.96	090
60659		C	Laparo proc, endocrine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
60698		C	Endocrine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
81000		A	Remove cranial cavity fluid	1.58	NA	NA	1.23	1.02	0.13	NA	NA	2.94	2.73	000
81001		A	Remove cranial cavity fluid	1.49	NA	NA	1.21	1.10	0.16	NA	NA	2.86	2.75	000

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CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im-plement- ed Non-Facility PE RVUs	Year 2007 Transi- tional Non-Facility PE RVUs	Fully Im-plement- ed Facility PE RVUs	Year 2007 Transi- tional Facility PE RVUs	Mal-Prac- tice RVUs	Fully Im-plement- ed Non-Facility Total	Year 2007 Transi- tional Non-Facility Total	Fully Im-plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
61020	...	A	Remove brain cavity fluid	1.51	NA	NA	1.59	1.40	0.34	NA	NA	3.44	3.25	000
61026	...	A	Injection into brain canal	1.69	NA	NA	1.49	1.42	0.33	NA	NA	3.51	3.44	000
61050	...	A	Remove brain canal fluid	1.51	NA	NA	1.09	1.23	0.11	NA	NA	2.71	2.85	000
61055	...	A	Injection into brain canal	2.10	NA	NA	1.21	1.37	0.17	NA	NA	3.48	3.64	000
61070	...	A	Brain canal shunt procedure	0.89	NA	NA	1.15	1.05	0.17	NA	NA	2.21	2.11	000
61105	...	A	Twist drill hole	5.40	NA	NA	4.93	4.18	1.32	NA	NA	11.65	10.90	090
61107	...	A	Twist drill hole for implantation	4.99	NA	NA	1.89	2.37	1.29	NA	NA	8.17	8.65	090
61108	...	A	Drill skull for drainage	11.51	NA	NA	8.52	7.49	2.64	NA	NA	22.67	21.64	090
61120	...	A	Burr hole for puncture	9.52	NA	NA	6.75	6.18	2.10	NA	NA	18.37	17.80	090
61140	...	A	Pierce skull for biopsy	17.10	NA	NA	10.52	10.04	4.12	NA	NA	31.74	31.26	090
61150	...	A	Pierce skull for drainage	18.80	NA	NA	10.88	10.50	4.32	NA	NA	34.00	33.62	090
61151	...	A	Pierce skull for drainage	13.41	NA	NA	8.59	8.01	3.01	NA	NA	25.01	24.43	090
61154	...	A	Pierce skull & remove clot	16.92	NA	NA	10.89	9.83	4.21	NA	NA	32.02	30.96	090
61156	...	A	Pierce skull for drainage	17.37	NA	NA	10.01	9.88	4.23	NA	NA	31.61	31.48	090
61210	...	A	Pierce skull, implant device	5.83	NA	NA	2.23	2.74	1.50	NA	NA	9.56	10.07	000
61215	...	A	Insert brain-fluid device	5.77	NA	NA	5.48	4.37	1.26	NA	NA	12.51	11.40	090
61250	...	A	Pierce skull & explore	11.41	NA	NA	7.64	7.05	2.77	NA	NA	21.82	21.23	090
61253	...	A	Pierce skull & explore	13.41	NA	NA	7.87	7.76	2.62	NA	NA	23.90	23.79	090
61304	...	A	Open skull for exploration	23.31	NA	NA	12.79	12.82	5.63	NA	NA	41.73	41.76	090
61305	...	A	Open skull for exploration	28.51	NA	NA	15.30	15.31	6.09	NA	NA	49.90	49.91	090
61312	...	A	Open skull for drainage	30.07	NA	NA	15.57	15.17	6.36	NA	NA	52.00	51.60	090
61313	...	A	Open skull for drainage	27.94	NA	NA	15.70	15.03	6.45	NA	NA	50.09	49.42	090
61314	...	A	Open skull for drainage	25.77	NA	NA	14.43	13.38	6.28	NA	NA	46.48	45.43	090
61315	...	A	Open skull for drainage	29.52	NA	NA	15.80	15.96	7.16	NA	NA	52.48	52.64	090
61316	...	A	Implt cran bone flap to abdo	1.39	NA	NA	0.53	0.58	0.35	NA	NA	2.27	2.32	ZZZ
61320	...	A	Open skull for drainage	27.32	NA	NA	14.49	14.69	6.62	NA	NA	48.43	48.63	090
61321	...	A	Open skull for drainage	30.40	NA	NA	14.51	15.72	7.14	NA	NA	52.05	53.26	090
61322	...	A	Decompressive craniotomy	34.08	NA	NA	18.05	16.26	7.63	NA	NA	59.76	57.97	090
61323	...	A	Decompressive lobectomy	34.93	NA	NA	17.28	16.38	8.03	NA	NA	60.24	59.34	090
61330	...	A	Decompress eye socket	25.17	NA	NA	12.08	13.31	2.32	NA	NA	39.57	40.80	090
61332	...	A	Explore/biopsy eye socket	28.50	NA	NA	13.68	15.11	4.83	NA	NA	47.01	48.44	090
61333	...	A	Explore orbit/remove lesion	29.17	NA	NA	13.56	15.07	3.92	NA	NA	46.65	48.16	090
61334	...	A	Explore orbit/remove object	19.50	NA	NA	9.25	10.29	1.75	NA	NA	30.50	31.54	090
61340	...	A	Subtemporal decompression	20.01	NA	NA	11.55	11.23	4.84	NA	NA	36.40	36.08	090
61343	...	A	Incise skull (press relief)	31.73	NA	NA	16.38	16.70	7.64	NA	NA	55.75	56.07	090
61345	...	A	Relieve cranial pressure	29.10	NA	NA	15.47	15.41	7.04	NA	NA	51.61	51.55	090
61440	...	A	Incise skull for surgery	28.53	NA	NA	14.27	14.22	6.90	NA	NA	49.70	49.65	090
61450	...	A	Incise skull for surgery	27.59	NA	NA	12.89	13.93	5.79	NA	NA	46.27	47.31	090
61458	...	A	Incise skull for brain wound	28.71	NA	NA	15.23	15.44	7.03	NA	NA	50.97	51.18	090
61460	...	A	Incise skull for surgery	30.11	NA	NA	15.37	16.15	6.04	NA	NA	51.52	52.30	090
61470	...	A	Incise skull for surgery	27.52	NA	NA	13.31	13.72	5.90	NA	NA	46.73	47.14	090
61480	...	A	Incise skull for surgery	27.95	NA	NA	8.15	13.49	6.73	NA	NA	42.83	48.17	090
61490	...	A	Incise skull for surgery	27.12	NA	NA	14.55	14.38	6.92	NA	NA	48.59	48.42	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Year 2007 Transi- tional Fa- cility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
61500	A	Removal of skull lesion	19.05	NA	NA	10.77	10.79	4.11	NA	NA	33.93	33.95	090
61501	A	Remove infected skull bone	16.22	NA	NA	9.66	9.32	3.22	NA	NA	29.10	28.76	090
61510	A	Removal of brain lesion	30.63	NA	NA	17.32	16.85	7.35	NA	NA	55.30	54.83	090
61512	A	Remove brain lining lesion	36.99	NA	NA	18.85	19.47	9.08	NA	NA	64.92	65.54	090
61514	A	Removal of brain abscess	27.10	NA	NA	14.74	14.51	6.54	NA	NA	48.38	48.15	090
61516	A	Removal of brain lesion	26.45	NA	NA	14.50	14.32	6.35	NA	NA	47.30	47.12	090
61517	A	Implt brain chemocx add-on	1.38	NA	NA	0.52	0.61	0.35	NA	NA	2.25	2.34	ZZZ
61518	A	Removal of brain lesion	39.69	NA	NA	20.75	21.01	9.65	NA	NA	70.09	70.35	090
61519	A	Remove brain lining lesion	43.28	NA	NA	21.16	22.27	10.63	NA	NA	75.07	76.18	090
61520	A	Removal of brain lesion	56.89	NA	NA	26.11	29.27	11.21	NA	NA	94.21	97.37	090
61521	A	Removal of brain lesion	46.84	NA	NA	22.54	23.79	11.39	NA	NA	80.77	82.02	090
61522	A	Removal of brain abscess	31.41	NA	NA	15.77	16.25	7.62	NA	NA	54.80	55.28	090
61524	A	Removal of brain lesion	29.76	NA	NA	16.01	15.75	7.16	NA	NA	52.93	52.67	090
61526	A	Removal of brain lesion	53.90	NA	NA	22.15	27.65	7.07	NA	NA	83.12	88.62	090
61530	A	Removal of brain lesion	45.43	NA	NA	18.59	23.44	6.15	NA	NA	70.17	75.02	090
61531	A	Implant brain electrodes	16.28	NA	NA	10.39	9.44	3.79	NA	NA	30.46	29.51	090
61533	A	Implant brain electrodes	21.36	NA	NA	11.94	11.63	5.12	NA	NA	38.42	38.11	090
61534	A	Removal of brain lesion	22.88	NA	NA	13.39	12.41	5.44	NA	NA	41.71	40.73	090
61535	A	Remove brain electrodes	13.05	NA	NA	9.03	7.82	3.02	NA	NA	25.10	23.89	090
61536	A	Removal of brain lesion	37.59	NA	NA	18.76	19.53	9.21	NA	NA	65.56	66.33	090
61537	A	Removal of brain tissue	36.35	NA	NA	17.80	15.51	6.94	NA	NA	61.09	58.80	090
61538	A	Removal of brain tissue	39.35	NA	NA	19.10	16.26	6.94	NA	NA	65.39	62.55	090
61539	A	Removal of brain tissue	34.15	NA	NA	15.75	17.26	8.32	NA	NA	58.22	59.73	090
61540	A	Removal of brain tissue	31.30	NA	NA	16.15	16.97	8.32	NA	NA	55.77	56.59	090
61541	A	Incision of brain tissue	30.81	NA	NA	16.34	16.24	6.60	NA	NA	53.75	53.65	090
61542	A	Removal of brain tissue	33.03	NA	NA	16.46	17.48	8.03	NA	NA	57.52	58.54	090
61543	A	Removal of brain tissue	31.18	NA	NA	16.59	16.43	7.56	NA	NA	55.33	55.17	090
61544	A	Remove & treat brain lesion	27.26	NA	NA	14.60	14.02	5.97	NA	NA	47.83	47.25	090
61545	A	Excision of brain tumor	46.23	NA	NA	22.72	23.84	10.63	NA	NA	79.58	80.70	090
61546	A	Removal of pituitary gland	33.31	NA	NA	16.89	17.34	7.67	NA	NA	57.87	58.32	090
61548	A	Removal of pituitary gland	23.27	NA	NA	11.56	12.48	3.43	NA	NA	38.26	39.18	090
61550	A	Release of skull seams	15.44	NA	NA	5.64	6.61	0.98	NA	NA	22.06	23.03	090
61552	A	Release of skull seams	20.27	NA	NA	6.64	8.49	1.06	NA	NA	27.97	29.82	090
61556	A	Incise skull/sutures	24.00	NA	NA	12.94	11.76	4.65	NA	NA	41.59	40.41	090
61557	A	Incise skull/sutures	23.16	NA	NA	13.91	13.69	5.80	NA	NA	42.87	42.65	090
61558	A	Excision of skull/sutures	26.35	NA	NA	8.16	12.68	1.36	NA	NA	35.87	40.39	090
61559	A	Excision of skull/sutures	33.82	NA	NA	19.40	19.33	8.51	NA	NA	61.73	61.66	090
61563	A	Excision of skull tumor	28.35	NA	NA	14.57	15.07	5.17	NA	NA	48.09	48.59	090
61564	A	Excision of skull tumor	34.59	NA	NA	16.53	17.84	8.78	NA	NA	59.90	61.21	090
61566	A	Removal of brain tissue	32.32	NA	NA	16.91	17.56	6.94	NA	NA	56.17	56.82	090
61567	A	Incision of brain tissue	36.84	NA	NA	17.10	19.78	6.54	NA	NA	60.48	63.16	090
61570	A	Remove foreign body, brain	26.38	NA	NA	14.37	14.03	5.88	NA	NA	46.63	46.29	090
61571	A	Incise skull for brain wound	28.29	NA	NA	15.43	15.21	6.79	NA	NA	50.51	50.29	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS2	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tion- Non- Facility RVUs	Fully Im- plement- ed PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
61575		A	Skull base/brainstem surgery	36.43	NA	NA	15.92	18.70	5.34	NA	NA	57.69	60.47	090
61576		A	Skull base/brainstem surgery	55.11	NA	NA	26.26	32.61	5.58	NA	NA	86.95	93.30	090
61580		A	Craniofacial approach, skull	34.34	NA	NA	21.02	24.44	3.37	NA	NA	58.73	62.15	090
61581		A	Craniofacial approach, skull	38.88	NA	NA	25.23	23.89	3.92	NA	NA	68.03	66.69	090
61582		A	Craniofacial approach, skull	34.93	NA	NA	30.66	28.14	7.21	NA	NA	72.80	70.28	090
61583		A	Craniofacial approach, skull	38.41	NA	NA	26.09	25.36	9.21	NA	NA	73.71	72.98	090
61584		A	Orbitocranial approach/skull	37.61	NA	NA	25.81	24.84	8.18	NA	NA	71.60	70.63	090
61585		A	Orbitocranial approach/skull	42.46	NA	NA	25.16	26.16	7.03	NA	NA	74.65	75.65	090
61586		A	Resect nasopharynx, skull	27.28	NA	NA	24.16	22.98	4.37	NA	NA	55.81	54.63	090
61590		A	Infratemporal approach/skull	46.87	NA	NA	23.59	27.36	5.31	NA	NA	75.77	79.54	090
61591		A	Infratemporal approach/skull	46.87	NA	NA	24.23	28.20	5.66	NA	NA	76.76	80.73	090
61592		A	Orbitocranial approach/skull	42.98	NA	NA	27.88	26.85	10.07	NA	NA	80.93	79.90	090
61595		A	Transiemporal approach/skull	33.57	NA	NA	19.59	21.66	3.98	NA	NA	57.14	59.21	090
61596		A	Transcochlear approach/skull	39.31	NA	NA	18.79	23.03	3.40	NA	NA	61.50	65.74	090
61597		A	Transcondylar approach/skull	40.73	NA	NA	23.14	23.03	8.84	NA	NA	72.71	72.60	090
61598		A	Transpetrosal approach/skull	36.41	NA	NA	21.31	22.75	5.70	NA	NA	63.42	64.86	090
61600		A	Resect/excise cranial lesion	29.84	NA	NA	18.60	19.48	3.79	NA	NA	52.23	53.11	090
61601		A	Resect/excise cranial lesion	31.04	NA	NA	22.56	21.01	6.63	NA	NA	60.23	58.66	090
61605		A	Dilate ic vasospasm, sinus	32.40	NA	NA	17.90	20.95	2.86	NA	NA	53.16	56.21	090
61606		A	Resect/excise cranial lesion	41.94	NA	NA	24.64	25.02	8.97	NA	NA	75.55	75.93	090
61607		A	Resect/excise cranial lesion	40.82	NA	NA	20.93	23.07	6.90	NA	NA	68.65	70.79	090
61608		A	Resect/excise cranial lesion	45.45	NA	NA	26.88	26.66	10.75	NA	NA	83.08	82.86	090
61609		A	Transsect artery, sinus	9.88	NA	NA	3.81	4.59	2.56	NA	NA	16.25	17.03	ZZZ
61610		A	Transsect artery, sinus	29.63	NA	NA	11.43	12.71	7.68	NA	NA	48.74	50.02	ZZZ
61611		A	Transsect artery, sinus	7.41	NA	NA	2.86	3.58	1.89	NA	NA	12.16	12.88	ZZZ
61612		A	Transsect artery, sinus	27.84	NA	NA	8.34	12.07	4.31	NA	NA	40.49	44.22	ZZZ
61613		A	Remove aneurysm, sinus	44.94	NA	NA	27.87	26.66	8.45	NA	NA	81.26	80.05	090
61615		A	Resect/excise lesion, skull	35.63	NA	NA	19.60	21.94	4.73	NA	NA	59.96	62.30	090
61616		A	Resect/excise lesion, skull	46.60	NA	NA	26.91	28.22	8.26	NA	NA	81.77	83.08	090
61619		A	Repair dura	18.58	NA	NA	10.25	10.39	3.72	NA	NA	32.55	32.69	090
61619		A	Repair dura	22.01	NA	NA	11.17	11.97	3.95	NA	NA	37.13	37.93	090
61623		A	Endovasc tempory vessel occl	9.95	NA	NA	3.16	3.85	1.05	NA	NA	14.16	14.85	000
61624		A	Transcath occlusion, cns	20.12	NA	NA	6.30	6.74	1.96	NA	NA	28.38	28.82	000
61626		A	Transcath occlusion, non-cns	16.60	NA	NA	4.91	5.36	1.24	NA	NA	22.75	23.20	000
61630		N	Intracranial angioplasty	22.07	NA	NA	6.44	10.98	2.02	NA	NA	30.53	35.07	090
61635		N	Intracran angioplasty w/instent	24.28	NA	NA	6.95	11.89	2.21	NA	NA	33.44	38.38	090
61640		N	Dilate ic vasospasm, init	12.32	NA	NA	2.85	1.00	0.71	NA	NA	15.88	15.88	000
61641		N	Dilate ic vasospasm add-on	4.33	NA	NA	1.00	1.00	0.25	NA	NA	5.58	5.58	ZZZ
61642		N	Dilate ic vasospasm add-on	8.66	NA	NA	2.00	2.00	0.50	NA	NA	11.16	11.16	ZZZ
61680		A	Intracranial vessel surgery	32.40	NA	NA	17.11	17.35	7.95	NA	NA	57.46	57.70	090
61682		A	Intracranial vessel surgery	63.31	NA	NA	27.79	31.11	15.90	NA	NA	107.00	110.32	090
61684		A	Intracranial vessel surgery	41.49	NA	NA	20.79	21.70	10.31	NA	NA	72.59	73.50	090
61686		A	Intracranial vessel surgery	67.32	NA	NA	30.80	33.74	16.71	NA	NA	114.83	117.77	090

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity RVUs	Year 2007 Transi- tional Facility RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Facility Total	Global
61680		A	Intracranial vessel surgery	31.18	NA	NA	16.13	16.57	6.94	NA	NA	54.25	54.69	090
61692		A	Intracranial vessel surgery	54.43	NA	NA	25.06	26.87	13.43	NA	NA	92.92	94.73	090
61697		A	Brain aneurysm repr, complex	63.22	NA	NA	29.29	28.33	12.85	NA	NA	105.36	104.40	090
61698		A	Brain aneurysm repr, complex	69.45	NA	NA	31.45	27.88	12.54	NA	NA	113.44	109.87	090
61700		A	Brain aneurysm repr, simple	50.44	NA	NA	24.39	26.95	13.02	NA	NA	87.85	90.41	090
61702		A	Inner skull vessel surgery	59.86	NA	NA	28.41	26.63	10.79	NA	NA	99.06	97.28	090
61703		A	Clamp neck artery	18.70	NA	NA	10.98	10.59	4.06	NA	NA	33.74	33.35	090
61705		A	Revise circulation to head	37.97	NA	NA	17.87	18.91	8.87	NA	NA	64.71	65.75	090
61708		A	Revise circulation to head	37.07	NA	NA	12.85	14.58	2.51	NA	NA	52.43	54.16	090
61710		A	Revise circulation to head	31.19	NA	NA	13.42	13.42	4.52	NA	NA	48.46	49.13	090
61711		A	Fusion of skull arteries	38.10	NA	NA	18.86	19.57	9.42	NA	NA	66.38	67.09	090
61720		A	Incise skull/brain surgery	17.52	NA	NA	8.24	9.54	2.79	NA	NA	28.55	29.85	090
61735		A	Incise skull/brain surgery	22.22	NA	NA	11.48	11.99	2.73	NA	NA	36.43	36.94	090
61750		A	Incise skull/brain biopsy	19.73	NA	NA	11.13	10.74	4.72	NA	NA	35.58	35.19	090
61751		A	Brain biopsy w/c/mr guide	18.64	NA	NA	11.57	11.01	4.56	NA	NA	34.77	34.21	090
61760		A	Implant brain electrodes	22.24	NA	NA	12.10	9.56	5.42	NA	NA	39.76	37.22	090
61770		A	Incise skull for treatment	23.09	NA	NA	10.06	11.70	3.55	NA	NA	36.70	38.34	090
61790		A	Treat trigeminal nerve	11.50	NA	NA	7.87	6.40	2.82	NA	NA	22.19	20.72	090
61791		A	Treat trigeminal tract	15.31	NA	NA	7.70	8.61	3.40	NA	NA	26.41	27.32	090
61793		A	Focus radiation beam	17.75	NA	NA	9.94	10.08	4.46	NA	NA	32.15	32.29	090
61795		A	Brain surgery using computer	4.03	NA	NA	1.40	1.87	0.79	NA	NA	6.22	6.69	ZZZ
61850		A	Implant neuroelectrodes	13.26	NA	NA	5.63	7.16	3.22	NA	NA	22.11	23.64	090
61860		A	Implant neuroelectrodes	22.16	NA	NA	11.36	11.89	4.95	NA	NA	38.47	39.00	090
61863		A	Implant neuroelectrode	20.56	NA	NA	12.64	11.99	5.43	NA	NA	38.63	37.98	090
61864		A	Implant neuroelectrode, addl	4.49	NA	NA	1.73	2.14	5.43	NA	NA	11.65	12.06	ZZZ
61867		A	Implant neuroelectrode	32.88	NA	NA	16.95	17.75	5.43	NA	NA	55.26	58.06	090
61868		A	Implant neuroelectrode, addl	7.91	NA	NA	3.02	3.76	5.43	NA	NA	16.36	17.10	ZZZ
61870		A	Implant neuroelectrodes	16.24	NA	NA	8.78	9.47	3.87	NA	NA	28.89	29.58	090
61875		A	Implant neuroelectrodes	16.36	NA	NA	5.33	7.76	2.95	NA	NA	24.64	27.07	090
61880		A	Revise/remove neuroelectrode	6.87	NA	NA	5.53	4.81	1.66	NA	NA	14.06	13.34	090
61885		A	Instr/rede neurostim 1 array	7.37	NA	NA	7.48	5.85	1.59	NA	NA	16.44	14.81	090
61886		A	Implant neurostim arrays	9.73	NA	NA	8.82	6.97	1.97	NA	NA	20.52	18.67	090
61888		A	Revise/remove neuroreceiver	5.20	NA	NA	3.63	3.66	1.33	NA	NA	10.16	10.19	010
62000		A	Treat skull fracture	17.53	NA	NA	7.28	5.95	1.06	NA	NA	22.17	20.84	090
62005		A	Treat skull fracture	13.83	NA	NA	9.61	9.00	3.87	NA	NA	31.01	30.40	090
62010		A	Treatment of head injury	21.30	NA	NA	12.08	11.80	5.14	NA	NA	38.52	38.24	090
62100		A	Repair brain fluid leakage	23.40	NA	NA	12.05	12.60	4.84	NA	NA	40.29	40.84	090
62115		A	Reduction of skull defect	22.71	NA	NA	14.15	12.27	5.51	NA	NA	42.37	40.49	090
62116		A	Reduction of skull defect	24.90	NA	NA	13.44	13.38	6.11	NA	NA	44.45	44.39	090
62117		A	Reduction of skull defect	28.26	NA	NA	14.92	15.26	4.53	NA	NA	47.71	48.05	090
62120		A	Repair skull cavity lesion	24.39	NA	NA	15.93	17.84	3.00	NA	NA	43.32	45.23	090
62121		A	Incise skull repair	22.93	NA	NA	14.22	15.14	4.17	NA	NA	41.32	42.24	090
62140		A	Repair of skull defect	14.45	NA	NA	8.71	8.42	3.47	NA	NA	26.63	26.34	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Facil- ity PE RVUs	Year 2007 Transi- tional Facil- ity RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Facil- ity Total	Global
62141	A	Repair of skull defect	15.97	NA	NA	9.43	9.14	3.76	NA	NA	NA	29.16	28.87	090
62142	A	Remove skull plate/flap	11.73	NA	NA	7.81	7.20	2.73	NA	NA	NA	22.27	21.66	090
62143	A	Replace skull plate/flap	14.05	NA	NA	8.89	8.25	3.37	NA	NA	NA	26.31	25.67	090
62145	A	Repair of skull & brain	19.99	NA	NA	10.35	10.76	4.50	NA	NA	NA	34.84	35.25	090
62146	A	Repair of skull with graft	17.18	NA	NA	9.21	9.53	3.62	NA	NA	NA	30.01	30.33	090
62147	A	Repair of skull with graft	20.57	NA	NA	10.75	11.16	4.32	NA	NA	NA	35.64	36.05	090
62148	A	Retr bone flap to fix skull	2.00	NA	NA	0.78	0.84	0.48	NA	NA	NA	3.26	3.32	ZZZ
62160	A	Neuroendoscopy add-on	3.00	NA	NA	1.15	1.44	0.77	NA	NA	NA	4.92	5.21	ZZZ
62161	A	Dissect brain w/scope	21.10	NA	NA	12.29	12.14	5.19	NA	NA	NA	38.58	38.43	090
62162	A	Remove colloid cyst w/scope	26.67	NA	NA	14.05	14.65	5.91	NA	NA	NA	46.63	47.23	090
62163	A	Neuroendoscopy w/ib removal	16.40	NA	NA	10.66	10.11	4.01	NA	NA	NA	31.07	30.52	090
62164	A	Remove brain tumor w/scope	29.27	NA	NA	15.15	15.00	5.38	NA	NA	NA	49.80	49.65	090
62165	A	Remove pituit tumor w/scope	23.10	NA	NA	11.67	12.95	3.01	NA	NA	NA	37.78	39.06	090
62180	A	Establish brain cavity shunt	22.45	NA	NA	12.17	12.25	4.98	NA	NA	NA	39.60	39.68	090
62190	A	Establish brain cavity shunt	12.07	NA	NA	7.76	7.25	2.80	NA	NA	NA	22.63	22.12	090
62192	A	Establish brain cavity shunt	13.25	NA	NA	8.49	7.84	3.02	NA	NA	NA	24.76	24.11	090
62194	A	Replace/irrigate catheter	5.68	NA	NA	3.75	2.76	0.92	NA	NA	NA	10.35	9.36	010
62200	A	Establish brain cavity shunt	19.19	NA	NA	10.84	10.84	4.65	NA	NA	NA	34.68	34.68	090
62201	A	Brain cavity shunt w/scope	15.89	NA	NA	10.64	9.74	3.68	NA	NA	NA	30.21	29.31	090
82220	A	Establish brain cavity shunt	14.00	NA	NA	8.49	8.11	3.35	NA	NA	NA	25.84	25.46	090
62223	A	Establish brain cavity shunt	13.90	NA	NA	9.52	8.56	3.14	NA	NA	NA	26.56	25.60	090
62225	A	Replace/irrigate catheter	6.11	NA	NA	5.54	4.45	1.39	NA	NA	NA	13.04	11.95	090
62230	A	Replace/revise brain shunt	11.35	NA	NA	7.36	6.70	2.71	NA	NA	NA	21.42	20.76	090
62250	A	Csf shunt reprogram	0.74	1.78	1.55	NA	NA	0.21	2.73	2.50	NA	NA	NA	XXX
62252	A	Csf shunt reprogram	0.00	1.50	1.20	NA	NA	0.02	1.52	1.22	NA	NA	NA	XXX
62252	26	A	Csf shunt reprogram	0.74	0.28	0.35	0.28	0.35	0.19	1.21	1.28	NA	1.21	1.28	XXX
62256	A	Remove brain cavity shunt	7.30	NA	NA	5.94	5.00	1.72	NA	NA	NA	14.96	14.02	090
62258	A	Replace brain cavity shunt	15.54	NA	NA	9.37	8.88	3.74	NA	NA	NA	28.65	28.16	090
62263	A	Epidural lysis mult sessions	6.41	9.04	11.78	2.86	3.11	0.41	15.86	18.60	NA	9.68	9.93	010
62264	A	Epidural lysis on single day	4.42	5.62	7.20	1.27	1.38	0.27	10.31	11.89	NA	5.96	6.07	010
62268	A	Drain spinal cord cyst	4.73	6.44	10.26	1.63	2.01	0.43	11.60	15.42	NA	6.79	7.17	000
62269	A	Needle biopsy, spinal cord	5.01	6.62	12.67	1.61	1.88	0.37	12.00	18.05	NA	6.99	7.26	000
62270	A	Spinal fluid tap, diagnostic	1.37	2.30	2.82	0.53	0.55	0.08	3.75	4.27	NA	1.98	2.00	000
62272	A	Drain cerebro spinal fluid	1.35	3.06	3.47	0.60	0.68	0.18	4.59	5.00	NA	2.13	2.21	000
62273	A	Inject epidural patch	2.15	1.66	2.45	0.57	0.68	0.13	3.94	4.73	NA	2.85	2.96	000
62280	A	Treat spinal cord lesion	2.63	4.21	6.25	1.06	1.02	0.30	7.14	9.18	NA	3.99	3.95	010
62281	A	Treat spinal canal lesion	2.66	3.69	5.16	0.89	0.89	0.19	6.54	8.01	NA	3.74	3.74	010
62284	A	Inject for myelogram	1.54	3.90	7.25	1.06	0.96	0.17	6.40	9.75	NA	3.56	3.46	010
62287	A	Percutaneous discectomy	8.88	3.58	4.62	0.62	0.67	0.13	5.25	6.29	NA	2.29	2.34	000
62290	A	Inject for spine disk x-ray	3.00	NA	NA	4.08	5.18	0.58	NA	NA	NA	13.54	14.64	090
62291	A	Inject for spine disk x-ray	2.91	4.09	6.43	1.09	1.31	0.23	7.54	9.66	NA	4.32	4.54	000
62292	A	Injection into disk lesion	9.14	NA	NA	3.19	4.15	0.82	NA	NA	NA	13.15	14.11	090

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ^{1/} / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
62294		A	Injection into spinal artery	12.77	NA	NA	5.56	5.58	1.24	NA	NA	19.57	19.59	090
62310		A	Inject spine c/t	1.91	2.98	4.35	0.57	0.63	0.12	5.01	6.38	2.60	2.66	000
62311		A	Inject spine l/s (cd)	1.54	2.65	4.35	0.53	0.58	0.09	4.28	5.98	2.16	2.21	000
62318		A	Inject spine w/cath, c/t	2.04	3.19	5.09	0.48	0.61	0.12	5.35	7.25	2.64	2.77	000
62319		A	Inject spine w/cath l/s (cd)	1.87	2.85	4.45	0.47	0.58	0.11	4.83	6.43	2.45	2.56	000
62350		A	Implant spinal canal cath	8.04	NA	NA	4.16	4.00	1.02	NA	NA	13.22	13.06	090
62351		A	Implant spinal canal cath	11.54	NA	NA	7.79	7.29	2.25	NA	NA	21.58	21.08	090
62355		A	Remove spinal canal catheter	6.60	NA	NA	3.61	3.27	0.71	NA	NA	10.92	10.58	090
62360		A	Insert spine infusion device	3.68	NA	NA	3.45	2.87	0.34	NA	NA	7.47	6.89	090
62361		A	Implant spine infusion pump	6.59	NA	NA	4.00	3.94	0.80	NA	NA	11.39	11.33	090
62362		A	Implant spine infusion pump	8.58	NA	NA	4.77	4.46	1.18	NA	NA	14.53	14.22	090
62365		A	Remove spine infusion device	6.57	NA	NA	3.85	3.65	0.86	NA	NA	11.28	11.08	090
62367		A	Analyze spine infusion pump	0.48	0.41	0.56	0.11	0.10	0.03	0.92	1.07	0.62	0.61	XXX
62368		A	Analyze spine infusion pump	0.75	0.59	0.67	0.18	0.17	0.06	1.40	1.48	0.99	0.98	XXX
63001		A	Removal of spinal lamina	17.51	NA	NA	10.01	9.64	3.77	NA	NA	31.29	30.92	090
63003		A	Removal of spinal lamina	17.64	NA	NA	9.91	9.87	3.73	NA	NA	31.28	31.24	090
63005		A	Removal of spinal lamina	16.28	NA	NA	9.86	9.94	3.35	NA	NA	29.49	29.57	090
63011		A	Removal of spinal lamina	15.78	NA	NA	9.30	8.53	3.38	NA	NA	28.46	27.68	090
63012		A	Removal of spinal lamina	16.72	NA	NA	9.94	10.08	3.49	NA	NA	30.15	30.29	090
63015		A	Removal of spinal lamina	20.70	NA	NA	12.16	11.94	4.76	NA	NA	37.62	37.40	090
63016		A	Removal of spinal lamina	21.90	NA	NA	12.09	11.86	4.59	NA	NA	38.58	38.35	090
63017		A	Removal of spinal lamina	17.18	NA	NA	10.54	10.43	3.64	NA	NA	31.36	31.25	090
63020		A	Neck spine disk surgery	16.05	NA	NA	10.09	9.78	3.72	NA	NA	29.86	29.55	090
63030		A	Low back disk surgery	13.03	NA	NA	8.74	8.50	3.01	NA	NA	24.78	24.54	090
63035		A	Spinal disk surgery add-on	3.15	NA	NA	1.22	1.50	0.79	NA	NA	5.16	5.44	ZZZ
63040		A	Laminotomy, single cervical	20.18	NA	NA	11.20	11.43	4.68	NA	NA	36.06	36.29	090
63042		A	Laminotomy, single lumbar	18.61	NA	NA	10.78	11.20	4.26	NA	NA	33.65	34.07	090
63043		C	Laminotomy, add/2 cervical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
63044		C	Laminotomy, add/2 lumbar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
63045		A	Removal of spinal lamina	17.82	NA	NA	10.53	10.40	3.99	NA	NA	32.34	32.21	090
63046		A	Removal of spinal lamina	17.12	NA	NA	9.98	10.13	3.56	NA	NA	30.66	30.81	090
63047		A	Removal of spinal lamina	15.22	NA	NA	9.49	9.79	3.24	NA	NA	27.95	28.25	090
63048		A	Remove spinal lamina add-on	3.47	NA	NA	1.35	1.58	0.72	NA	NA	5.54	5.77	ZZZ
63050		A	Cervical laminoplasty	21.88	NA	NA	8.91	11.11	4.67	NA	NA	35.46	37.66	090
63051		A	C-laminoplasty w/graft/plate	25.38	NA	NA	11.79	13.05	4.67	NA	NA	41.84	43.10	090
63055		A	Decompress spinal cord	23.42	NA	NA	12.55	12.99	5.29	NA	NA	41.26	41.70	090
63056		A	Decompress spinal cord	21.73	NA	NA	11.54	12.31	4.76	NA	NA	38.03	38.80	090
63057		A	Decompress spine cord add-on	5.25	NA	NA	2.00	2.47	1.22	NA	NA	8.47	8.94	ZZZ
63064		A	Decompress spinal cord	26.09	NA	NA	13.58	14.21	5.71	NA	NA	45.38	46.01	090
63066		A	Decompress spine cord add-on	3.26	NA	NA	1.26	1.56	0.69	NA	NA	5.21	5.51	ZZZ
63075		A	Neck spine disk surgery	19.47	NA	NA	11.24	11.87	4.63	NA	NA	35.34	35.97	090
63076		A	Neck spine disk surgery	4.04	NA	NA	1.56	1.93	0.96	NA	NA	6.56	6.93	ZZZ
63077		A	Spine disk surgery, thorax	22.75	NA	NA	11.28	12.41	3.99	NA	NA	38.02	39.15	090

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Facility RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Facility Total	Global
63078		A	Spine disk surgery, thorax	3.28	NA	NA	1.22	1.54	0.66	NA	NA	5.16	5.48	ZZZ
63081		A	Removal of vertebral body	25.97	NA	NA	13.78	14.19	5.56	NA	NA	45.31	45.72	090
63082		A	Remove vertebral body add-on	4.36	NA	NA	1.69	2.09	1.02	NA	NA	7.07	7.47	ZZZ
63085		A	Removal of vertebral body	29.34	NA	NA	13.89	15.08	4.49	NA	NA	47.72	48.91	090
63086		A	Remove vertebral body add-on	3.19	NA	NA	1.19	1.49	0.59	NA	NA	4.97	5.27	ZZZ
63087		A	Removal of vertebral body	37.38	NA	NA	16.99	18.84	6.22	NA	NA	60.59	62.44	090
63088		A	Remove vertebral body add-on	4.32	NA	NA	1.66	2.04	0.82	NA	NA	6.80	7.18	ZZZ
63090		A	Removal of vertebral body	30.78	NA	NA	14.24	15.58	4.22	NA	NA	49.24	50.58	090
63091		A	Remove vertebral body add-on	3.03	NA	NA	1.14	1.38	0.48	NA	NA	4.65	4.89	ZZZ
63101		A	Removal of vertebral body	33.92	NA	NA	17.38	18.80	5.71	NA	NA	57.01	58.43	090
63102		A	Remove vertebral body add-on	33.92	NA	NA	17.09	18.73	5.71	NA	NA	56.72	58.36	090
63103		A	Remove vertebral body add-on	4.82	NA	NA	1.82	2.33	0.69	NA	NA	7.33	7.84	ZZZ
63170		A	Incise spinal cord tract(s)	22.08	NA	NA	12.80	12.10	4.87	NA	NA	39.75	39.05	090
63172		A	Drainage of spinal cyst	19.66	NA	NA	11.44	10.84	4.49	NA	NA	35.59	34.99	090
63173		A	Drainage of spinal cyst	24.18	NA	NA	13.56	12.99	5.70	NA	NA	43.44	42.87	090
63180		A	Revise spinal cord ligaments	20.40	NA	NA	10.98	10.98	3.96	NA	NA	35.34	35.34	090
63182		A	Revise spinal cord ligaments	22.69	NA	NA	10.19	10.01	5.32	NA	NA	35.19	38.02	090
63185		A	Incise spinal column/nerves	16.36	NA	NA	7.18	8.62	2.80	NA	NA	29.35	27.78	090
63190		A	Incise spinal column/nerves	18.76	NA	NA	10.26	10.16	3.25	NA	NA	32.27	32.17	090
63191		A	Incise spinal column/nerves	18.79	NA	NA	10.89	10.58	6.36	NA	NA	36.04	35.73	090
63194		A	Incise spinal column & cord	21.97	NA	NA	8.89	11.01	3.27	NA	NA	34.13	36.25	090
63195		A	Incise spinal column & cord	21.54	NA	NA	12.35	11.37	4.88	NA	NA	38.77	37.79	090
63196		A	Incise spinal column & cord	25.14	NA	NA	14.08	13.56	5.78	NA	NA	45.00	44.48	090
63197		A	Incise spinal column & cord	23.95	NA	NA	13.61	12.55	5.38	NA	NA	42.94	41.88	090
63198		A	Incise spinal column & cord	29.75	NA	NA	8.93	8.56	6.45	NA	NA	45.13	44.76	090
63199		A	Incise spinal column & cord	31.32	NA	NA	9.29	13.60	1.40	NA	NA	42.01	46.32	090
63200		A	Release of spinal cord	21.31	NA	NA	11.92	11.45	4.97	NA	NA	38.20	37.73	090
63250		A	Revise spinal cord vessels	43.73	NA	NA	21.43	20.30	9.04	NA	NA	74.20	73.07	090
63251		A	Revise spinal cord vessels	44.49	NA	NA	21.71	22.36	10.44	NA	NA	76.64	77.29	090
63252		A	Revise spinal cord vessels	44.48	NA	NA	21.59	22.07	10.67	NA	NA	76.74	77.22	090
63265		A	Excise intraspinal lesion	23.69	NA	NA	13.27	12.89	5.45	NA	NA	42.41	42.03	090
63266		A	Excise intraspinal lesion	24.55	NA	NA	13.44	13.24	5.56	NA	NA	43.55	43.35	090
63267		A	Excise intraspinal lesion	19.32	NA	NA	11.35	11.14	4.38	NA	NA	35.05	34.84	090
63268		A	Excise intraspinal lesion	19.89	NA	NA	10.95	10.51	3.70	NA	NA	34.54	34.10	090
63270		A	Excise intraspinal lesion	29.67	NA	NA	15.96	15.59	6.84	NA	NA	52.47	52.10	090
63271		A	Excise intraspinal lesion	29.79	NA	NA	15.57	15.56	6.92	NA	NA	52.28	52.27	090
63272		A	Excise intraspinal lesion	27.37	NA	NA	14.52	14.64	6.20	NA	NA	48.09	48.21	090
63273		A	Excise intraspinal lesion	26.34	NA	NA	14.02	14.25	5.76	NA	NA	46.12	46.35	090
63275		A	Biopsy/excise spinal tumor	25.73	NA	NA	13.67	13.74	5.82	NA	NA	45.22	45.29	090
63276		A	Biopsy/excise spinal tumor	25.56	NA	NA	13.92	13.73	5.85	NA	NA	45.33	45.14	090
63277		A	Biopsy/excise spinal tumor	22.26	NA	NA	12.31	12.46	5.03	NA	NA	39.60	39.75	090
63278		A	Biopsy/excise spinal tumor	21.99	NA	NA	12.22	12.34	4.56	NA	NA	38.77	38.89	090
63280		A	Biopsy/excise spinal tumor	30.14	NA	NA	16.25	16.29	7.29	NA	NA	53.68	53.72	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
63281		A	Biopsy/excise spinal tumor	29.84	NA	NA	16.05	16.13	7.19	NA	NA	53.08	53.16	090
63282		A	Biopsy/excise spinal tumor	28.00	NA	NA	15.35	15.33	6.78	NA	NA	50.13	50.11	090
63283		A	Biopsy/excise spinal tumor	26.61	NA	NA	14.38	14.58	6.28	NA	NA	47.27	47.47	090
63285		A	Biopsy/excise spinal tumor	37.90	NA	NA	19.34	19.78	9.21	NA	NA	66.45	66.89	090
63286		A	Biopsy/excise spinal tumor	37.47	NA	NA	19.08	19.69	9.24	NA	NA	65.79	66.40	090
63287		A	Biopsy/excise spinal tumor	39.93	NA	NA	19.79	20.26	9.42	NA	NA	68.14	69.61	090
63290		A	Biopsy/excise spinal tumor	40.67	NA	NA	20.38	20.53	9.05	NA	NA	70.10	70.25	090
63295		A	Repair of laminectomy defect	5.25	NA	NA	1.34	1.94	1.03	NA	NA	7.62	8.22	ZZZ
63300		A	Removal of vertebral body	26.67	NA	NA	13.72	14.15	5.99	NA	NA	46.38	46.81	090
63301		A	Removal of vertebral body	31.42	NA	NA	15.20	15.46	5.41	NA	NA	52.03	52.29	090
63302		A	Removal of vertebral body	31.00	NA	NA	14.96	15.62	5.55	NA	NA	51.51	52.17	090
63303		A	Removal of vertebral body	33.42	NA	NA	14.79	16.37	4.69	NA	NA	52.90	54.48	090
63304		A	Removal of vertebral body	33.70	NA	NA	17.29	17.27	6.43	NA	NA	57.42	57.40	090
63305		A	Removal of vertebral body	36.09	NA	NA	17.76	17.97	5.73	NA	NA	59.58	59.79	090
63306		A	Removal of vertebral body	35.40	NA	NA	15.81	17.30	8.35	NA	NA	59.56	61.05	090
63307		A	Removal of vertebral body	34.81	NA	NA	17.93	17.08	4.47	NA	NA	57.21	56.36	090
63308		A	Remove vertebral body add-on	5.24	NA	NA	1.96	2.44	1.29	NA	NA	8.49	8.97	ZZZ
63600		A	Remove spinal cord lesion	15.02	NA	NA	4.54	5.18	1.52	NA	NA	21.08	21.72	090
63610		A	Stimulation of spinal cord	8.72	13.95	48.25	1.57	2.08	0.86	23.53	57.83	11.15	11.66	000
63615		A	Remove lesion of spinal cord	17.22	NA	NA	6.06	8.46	2.85	NA	NA	26.13	28.53	090
63650		A	Implant neuroelectrodes	7.57	NA	NA	2.91	3.11	0.53	NA	NA	11.01	11.21	090
63655		A	Implant neuroelectrodes	11.43	NA	NA	7.91	7.15	2.44	NA	NA	21.78	21.02	090
63660		A	Revise/remove neuroelectrode	6.87	NA	NA	3.33	3.54	0.78	NA	NA	10.98	11.19	090
63685		A	Instl/re-do spine n generator	7.87	NA	NA	3.71	4.03	1.05	NA	NA	12.63	12.95	090
63688		A	Revise/remove neuroreceiver	6.10	NA	NA	3.59	3.56	0.89	NA	NA	10.58	10.55	090
63700		A	Repair of spinal herniation	17.32	NA	NA	9.88	10.20	3.53	NA	NA	30.73	31.05	090
63702		A	Repair of spinal herniation	19.26	NA	NA	11.03	11.03	4.13	NA	NA	34.42	34.42	090
63704		A	Repair of spinal herniation	22.23	NA	NA	12.71	12.86	4.58	NA	NA	39.52	39.67	090
63706		A	Repair of spinal herniation	25.15	NA	NA	15.27	14.00	6.25	NA	NA	46.67	45.40	090
63707		A	Repair spinal fluid leakage	12.52	NA	NA	7.96	7.77	2.52	NA	NA	23.00	22.81	090
63709		A	Repair spinal fluid leakage	15.52	NA	NA	9.14	9.33	3.10	NA	NA	27.76	27.95	090
63710		A	Grat repair of spine defect	15.27	NA	NA	9.35	9.11	3.41	NA	NA	28.03	27.79	090
63740		A	Install spinal shunt	12.50	NA	NA	8.33	7.59	2.94	NA	NA	23.77	23.03	090
63741		A	Install spinal shunt	9.02	NA	NA	4.85	4.78	1.66	NA	NA	15.53	15.46	090
63744		A	Revision of spinal shunt	8.86	NA	NA	6.12	5.47	1.90	NA	NA	16.88	16.23	090
63746		A	Removal of spinal shunt	7.25	NA	NA	4.78	4.02	1.53	NA	NA	13.56	12.80	090
64400		A	N block inj, trigeminal	1.11	1.39	1.77	0.45	0.44	0.07	2.57	2.95	1.63	1.62	000
64402		A	N block inj, facial	1.25	1.45	1.57	0.53	0.58	0.09	2.79	2.91	1.87	1.92	000
64405		A	N block inj, occipital	1.32	1.16	1.39	0.51	0.47	0.08	2.56	2.79	1.91	1.87	000
64408		A	N block inj, vagus	1.41	1.46	1.55	0.72	0.82	0.10	2.97	3.06	2.23	2.33	000
64410		A	N block inj, phrenic	1.43	1.80	2.33	0.52	0.48	0.09	3.32	3.85	2.04	2.00	000
64412		A	N block inj, spinal accessor	1.18	2.03	2.50	0.55	0.46	0.08	3.29	3.76	1.81	1.72	000
64413		A	N block inj, cervical plexus	1.40	1.28	1.70	0.47	0.49	0.08	2.76	3.18	1.95	1.97	000

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT-1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Year 2007 Transi- tional Fa- cility Total	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Fa- cility Total	Global
64415	A	N block inj, brachial plexus	1.48	1.48	2.47	0.34	0.43	4.04	3.05	1.91	000
64416	A	N block cont infuse, b plex	3.85	NA	NA	0.58	0.74	NA	NA	4.74	010
64417	A	N block inj, axillary	1.44	1.49	2.65	0.35	0.46	4.20	3.04	1.90	000
64418	A	N block inj, suprascapular	1.32	1.87	2.43	0.52	0.46	3.82	3.26	1.91	000
64420	A	N block inj, intercost, sng	1.18	2.36	3.50	0.44	0.48	4.76	3.62	1.70	000
64421	A	N block inj, intercost, mit	3.48	3.48	5.43	0.52	0.52	7.22	5.27	2.31	000
64425	A	N block inj, ilio-ing/hypogi	1.75	1.32	1.57	0.55	0.54	3.45	3.20	2.42	000
64430	A	N block inj, pudendal	1.46	2.40	2.48	0.79	0.61	4.04	3.96	2.17	000
64435	A	N block inj, paracervical	1.97	1.97	2.38	0.55	0.66	3.99	3.58	2.27	000
64445	A	N block inj, sciatic, sng	1.48	1.65	2.42	0.52	0.51	4.00	2.10	2.09	000
64446	A	N blk inj, sciatic, cont inf	3.61	NA	NA	0.59	0.90	NA	NA	4.40	010
64447	A	N block inj fem, single	1.50	NA	NA	0.21	0.38	NA	NA	1.80	010
64448	A	N block inj fem, cont inf	3.36	NA	NA	0.47	0.73	NA	NA	4.01	010
64449	A	N block inj, lumbar plexus	3.24	NA	NA	0.49	0.84	NA	NA	3.88	010
64450	A	N block, other peripheral	1.27	1.29	1.25	0.50	0.49	2.65	1.90	1.89	000
64470	A	Inj paravertebral c/t	1.85	3.79	6.37	0.70	0.71	8.33	2.66	2.67	000
64472	A	Inj paravertebral c/t add-on	1.29	1.20	2.05	0.33	0.34	3.42	2.57	1.70	ZZZ
64475	A	Inj paravertebral l/s	1.41	3.64	6.07	0.59	0.62	7.58	2.10	2.13	000
64476	A	Inj paravertebral l/s add-on	0.98	1.09	1.86	0.23	0.24	2.14	1.28	1.29	000
64479	A	Inj foramen epidural c/t	2.20	3.71	6.55	0.80	0.87	8.87	6.03	3.12	000
64480	A	Inj foramen epidural add-on	1.54	1.46	2.50	0.37	0.45	4.14	3.10	2.09	ZZZ
64483	A	Inj foramen epidural l/s	1.90	3.76	6.86	0.74	0.81	8.87	5.77	2.82	000
64484	A	Inj foramen epidural add-on	1.33	1.59	2.86	0.32	0.36	3.00	3.00	1.73	ZZZ
64505	A	N block, sphenopalatine gangl	1.36	1.10	1.21	0.73	0.68	2.67	2.56	2.19	000
64508	A	N block, carotid sinus s/p	1.12	1.87	2.96	0.49	0.68	4.15	3.06	1.68	000
64510	A	N block, stellate ganglion	1.22	1.88	3.06	0.43	0.49	4.78	3.17	1.72	000
64517	A	N block inj, hypogas plxs	2.20	1.65	2.45	0.64	0.81	4.76	3.96	3.12	000
64520	A	N block, lumbar/thoracic	1.35	2.56	4.50	0.51	0.54	5.93	3.99	1.94	000
64530	A	N block inj, celliac pelus	1.58	2.56	3.98	0.58	0.63	5.66	4.26	2.26	000
64550	A	Apply neurostimulator	0.18	0.20	0.26	0.06	0.05	0.45	0.39	0.24	000
64553	A	Implant neuroelectrodes	2.29	2.33	2.75	1.37	1.73	5.26	5.01	3.88	000
64555	A	Implant neuroelectrodes	2.29	2.55	2.96	1.36	1.23	5.44	5.03	3.84	010
64560	A	Implant neuroelectrodes	2.38	2.48	2.59	1.34	1.30	5.19	5.08	3.94	010
64561	A	Implant neuroelectrodes	7.07	19.89	27.51	3.90	3.05	35.09	27.47	11.48	010
64565	A	Implant neuroelectrodes	1.78	2.47	3.08	1.29	1.27	4.99	4.38	3.18	010
64573	A	Implant neuroelectrodes	8.15	NA	NA	5.50	5.31	NA	NA	15.25	090
64575	A	Implant neuroelectrodes	4.37	NA	NA	1.96	2.49	NA	NA	6.94	090
64577	A	Implant neuroelectrodes	4.64	NA	NA	2.84	3.17	NA	NA	8.52	090
64580	A	Implant neuroelectrodes	4.14	NA	NA	2.69	3.34	NA	NA	7.19	090
64581	A	Implant neuroelectrodes	14.15	NA	NA	6.79	5.73	NA	NA	21.99	090
64585	A	Revise/remove neuroelectrode	2.08	5.74	9.90	2.23	2.16	12.18	8.02	4.51	010
64590	A	Insr/redc pn/gastr stimul	2.42	6.39	6.95	2.47	2.33	9.56	9.00	4.94	010
64595	A	Revise/rmv pn/gastr stimul	1.75	6.46	9.41	2.20	1.99	11.35	8.40	4.14	010

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS 2	Mod	Status	Description	Physician Work RVUs 3	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mai-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
64600		A	Injection treatment of nerve	3.46	5.24	8.32	1.59	1.64	0.34	9.04	12.12	5.39	12.12	010
64605		A	Injection treatment of nerve	5.62	7.49	9.04	2.36	2.23	0.79	13.90	15.45	8.77	15.45	010
64610		A	Injection treatment of nerve	7.17	9.40	9.00	3.56	3.67	1.58	18.15	17.75	12.31	17.75	010
64612		A	Destroy nerve, face muscle	1.98	1.63	2.27	1.38	1.34	0.11	3.72	4.36	3.47	4.36	010
64613		A	Destroy nerve, neck muscle	1.98	1.37	2.54	1.14	1.20	0.11	3.46	4.63	3.23	4.63	010
64614		A	Destroy nerve, extrem musc	2.20	1.62	2.82	1.32	1.31	0.10	3.92	5.12	3.62	5.12	010
64620		A	Injection treatment of nerve	2.86	3.36	4.64	1.14	1.28	0.20	6.42	7.70	4.20	7.70	010
64622		A	Destr paravertebrl nerve l/s	3.02	4.00	6.82	1.25	1.34	0.18	7.20	10.02	4.45	10.02	010
64623		A	Destr paravertebrl n add-on	0.99	1.61	2.62	0.21	0.22	0.06	2.66	3.67	1.26	3.67	ZZZ
64626		A	Destr paravertebrl nerve cft	3.82	4.60	6.99	1.82	1.93	0.20	8.62	11.01	5.84	11.01	010
64627		A	Destr paravertebrl n add-on	1.16	2.31	3.98	0.24	0.26	0.07	3.54	5.21	1.47	5.21	ZZZ
64630		A	Injection treatment of nerve	3.02	2.78	2.74	1.87	1.53	0.22	6.02	5.98	5.11	5.98	010
64640		A	Injection treatment of nerve	2.78	2.46	3.75	1.46	1.75	0.29	5.53	6.82	4.53	6.82	010
64650		A	Chemodenerv eccrine glands	0.70	0.77	0.85	0.18	0.27	0.06	1.53	1.61	0.94	1.61	000
64653		A	Chemodenerv eccrine glands	0.88	0.82	0.90	0.22	0.34	0.08	1.78	1.86	1.18	1.86	000
64660		A	Injection treatment of nerve	2.64	3.93	6.02	1.08	1.34	0.18	6.75	8.84	3.90	8.84	010
64661		A	Injection treatment of nerve	3.78	4.80	8.17	1.28	1.87	0.28	8.86	12.23	5.34	12.23	010
64702		A	Revise finger/toe nerve	6.10	NA	NA	5.33	4.23	0.61	NA	NA	12.04	NA	090
64704		A	Revise hand/foot nerve	4.61	NA	NA	3.23	3.29	0.61	NA	NA	8.45	NA	090
64708		A	Revise arm/leg nerve	6.22	NA	NA	4.32	4.73	0.96	NA	NA	11.50	NA	090
64712		A	Revision of sciatic nerve	7.98	NA	NA	4.56	4.86	0.95	NA	NA	13.49	NA	090
64713		A	Revision of arm nerve(s)	11.29	NA	NA	6.50	6.03	1.83	NA	NA	19.62	NA	090
64714		A	Revise low back nerve(s)	10.44	NA	NA	4.93	4.38	1.19	NA	NA	16.56	NA	090
64716		A	Revision of cranial nerve	6.86	NA	NA	5.23	5.79	0.63	NA	NA	12.72	NA	090
64718		A	Revise ulnar nerve at elbow	7.06	NA	NA	6.27	6.06	1.05	NA	NA	14.38	NA	090
64719		A	Revise ulnar nerve at wrist	4.89	NA	NA	4.19	4.44	0.77	NA	NA	9.85	NA	090
64721		A	Carpal tunnel surgery	4.84	4.74	5.21	4.68	5.19	0.73	10.31	10.78	10.25	10.78	090
64722		A	Relieve pressure on nerve(s)	4.74	NA	NA	2.83	2.99	0.48	NA	NA	8.05	NA	090
64726		A	Release foot/toe nerve	4.21	NA	NA	2.76	2.78	0.54	NA	NA	7.51	NA	090
64727		A	Internal nerve revision	3.10	NA	NA	1.25	1.44	0.48	NA	NA	4.83	NA	ZZZ
64732		A	Incision of brow nerve	4.81	NA	NA	4.33	3.71	0.98	NA	NA	10.12	NA	090
64734		A	Incision of cheek nerve	5.45	NA	NA	4.67	4.21	0.89	NA	NA	11.01	NA	090
64736		A	Incision of chin nerve	5.13	NA	NA	3.91	3.99	0.52	NA	NA	9.56	NA	090
64738		A	Incision of jaw nerve	6.26	NA	NA	4.28	4.53	1.08	NA	NA	11.62	NA	090
64740		A	Incision of tongue nerve	6.12	NA	NA	4.44	4.95	0.69	NA	NA	11.25	NA	090
64742		A	Incision of facial nerve	6.75	NA	NA	4.41	4.63	0.73	NA	NA	11.89	NA	090
64744		A	Incise nerve, back of head	5.64	NA	NA	4.62	3.98	1.16	NA	NA	11.42	NA	090
64746		A	Incise diaphragm nerve	6.46	NA	NA	3.87	4.34	0.82	NA	NA	11.15	NA	090
64752		A	Incision of vagus nerve	7.59	NA	NA	4.04	4.22	0.93	NA	NA	12.56	NA	090
64755		A	Incision of stomach nerves	14.97	NA	NA	5.80	5.67	1.84	NA	NA	22.61	NA	090
64760		A	Incision of vagus nerve	7.49	NA	NA	3.84	3.84	0.81	NA	NA	12.14	NA	090
64761		A	Incision of pelvis nerve	6.94	NA	NA	3.95	3.63	0.53	NA	NA	11.42	NA	090
64763		A	Incise hip/thigh nerve	7.46	NA	NA	5.13	5.18	0.94	NA	NA	13.53	NA	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity RVUs	Year 2007 Transi- tional Fa- cility RVUs	Mat+Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
64766	A	Incise hip/thigh nerve	9.34	NA	NA	5.31	5.26	1.06	NA	NA	15.71	15.66	090
64771	A	Sever cranial nerve	8.02	NA	NA	5.38	5.50	1.23	NA	NA	14.81	14.75	090
64772	A	Incision of spinal nerve	7.74	NA	NA	5.35	5.03	1.40	NA	NA	14.49	14.17	090
64774	A	Remove skin nerve lesion	5.70	NA	NA	4.00	3.87	0.74	NA	NA	10.44	10.31	090
64776	A	Remove digit nerve lesion	5.52	NA	NA	3.77	3.70	0.76	NA	NA	10.05	9.98	090
64778	A	Digit nerve surgery add-on	3.11	NA	NA	1.22	1.43	0.46	NA	NA	4.79	5.00	ZZZ
64782	A	Remove limb nerve lesion	6.76	NA	NA	4.14	3.86	0.86	NA	NA	11.76	11.48	090
64783	A	Limb nerve surgery add-on	3.71	NA	NA	1.44	1.73	0.51	NA	NA	5.66	5.95	ZZZ
64784	A	Remove nerve lesion	10.49	NA	NA	6.26	6.51	1.38	NA	NA	18.13	18.38	090
64786	A	Remove sciatic nerve lesion	16.12	NA	NA	9.10	9.65	2.61	NA	NA	27.83	28.38	090
64787	A	Implant nerve end	4.29	NA	NA	1.64	2.00	0.58	NA	NA	6.51	6.87	ZZZ
64788	A	Remove skin nerve lesion	5.14	NA	NA	3.91	3.57	0.73	NA	NA	9.78	9.44	090
64790	A	Removal of nerve lesion	11.97	NA	NA	6.89	7.12	2.11	NA	NA	20.97	21.20	090
64792	A	Removal of nerve lesion	15.71	NA	NA	8.50	8.74	2.49	NA	NA	26.70	26.94	090
64795	A	Biopsy of nerve	3.01	NA	NA	1.45	1.53	0.52	NA	NA	4.98	5.06	000
64802	A	Remove sympathetic nerves	10.24	NA	NA	4.23	4.91	1.29	NA	NA	15.76	16.44	090
64804	A	Remove sympathetic nerves	15.78	NA	NA	5.99	6.87	2.15	NA	NA	23.92	24.80	090
64809	A	Remove sympathetic nerves	14.61	NA	NA	6.63	5.98	1.50	NA	NA	22.74	22.09	090
64818	A	Remove sympathetic nerves	11.24	NA	NA	4.29	5.03	1.33	NA	NA	16.86	17.60	090
64820	A	Remove sympathetic nerves	10.64	NA	NA	7.14	7.13	1.49	NA	NA	19.27	19.26	090
64821	A	Remove sympathetic nerves	9.19	NA	NA	6.73	7.19	1.24	NA	NA	17.16	17.82	090
64822	A	Remove sympathetic nerves	9.19	NA	NA	6.53	7.06	1.30	NA	NA	17.02	17.55	090
64823	A	Remove sympathetic nerves	10.80	NA	NA	7.22	7.90	1.57	NA	NA	19.59	20.27	090
64831	A	Repair of digit nerve	10.23	NA	NA	6.77	7.00	1.41	NA	NA	18.41	18.64	090
64832	A	Repair nerve add-on	5.65	NA	NA	2.41	2.80	0.85	NA	NA	8.91	9.30	ZZZ
64834	A	Repair of hand or foot nerve	10.71	NA	NA	6.67	6.99	1.54	NA	NA	18.92	19.24	090
64835	A	Repair of hand or foot nerve	11.60	NA	NA	7.42	7.62	1.74	NA	NA	20.76	20.96	090
64836	A	Repair of hand or foot nerve	11.60	NA	NA	7.15	7.53	1.68	NA	NA	20.43	20.81	090
64837	A	Repair nerve add-on	6.25	NA	NA	2.74	3.11	0.97	NA	NA	9.96	10.33	ZZZ
64840	A	Repair of leg nerve	13.87	NA	NA	5.16	7.48	1.37	NA	NA	20.40	22.72	090
64856	A	Repair/transpose nerve	14.94	NA	NA	8.74	9.07	2.13	NA	NA	25.81	26.14	090
64857	A	Repair arm/leg nerve	15.69	NA	NA	9.08	9.49	2.22	NA	NA	26.99	27.40	090
64858	A	Repair sciatic nerve	17.69	NA	NA	10.42	10.68	3.34	NA	NA	31.45	31.71	090
64859	A	Nerve surgery	4.25	NA	NA	1.94	2.13	0.67	NA	NA	6.86	7.05	ZZZ
64861	A	Repair of arm nerves	20.74	NA	NA	10.16	11.37	4.09	NA	NA	34.99	36.20	090
64862	A	Repair of low back nerves	20.94	NA	NA	6.76	10.64	4.32	NA	NA	32.02	35.90	090
64864	A	Repair of facial nerve	13.31	NA	NA	7.20	8.37	1.26	NA	NA	21.77	22.94	090
64865	A	Repair of facial nerve	15.96	NA	NA	10.06	12.66	1.50	NA	NA	27.52	30.12	090
64866	A	Fusion of facial/other nerve	16.70	NA	NA	12.44	12.98	2.05	NA	NA	31.19	31.73	090
64868	A	Fusion of facial/other nerve	14.80	NA	NA	9.19	10.87	1.43	NA	NA	25.42	27.10	090
64870	A	Fusion of facial/other nerve	16.95	NA	NA	8.55	8.68	1.30	NA	NA	26.80	26.93	090
64872	A	Subsequent repair of nerve	1.99	NA	NA	0.83	1.02	0.29	NA	NA	3.11	3.30	ZZZ
64874	A	Repair & revise nerve add-on	2.98	NA	NA	1.24	1.46	0.42	NA	NA	4.64	4.86	ZZZ

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facility PE RVUs	Year 2007 Transi- tional Facility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facility Total	Year 2007 Transi- tional Fa- cility Total	Global
64876	A	Repair nerve/shorten bone	3.37	NA	NA	0.78	1.50	0.47	NA	NA	4.62	5.34	ZZZ
64885	A	Nerve graft, head or neck	17.50	NA	NA	9.04	10.96	1.63	NA	NA	28.17	30.09	090
64886	A	Nerve graft, head or neck	20.72	NA	NA	9.96	12.65	2.09	NA	NA	32.77	35.46	090
64890	A	Nerve graft, hand or foot	16.11	NA	NA	9.24	9.80	2.30	NA	NA	27.65	28.21	090
64891	A	Nerve graft, hand or foot	17.22	NA	NA	10.07	8.20	1.63	NA	NA	28.92	27.05	090
64892	A	Nerve graft, arm or leg	15.61	NA	NA	9.09	8.92	2.48	NA	NA	27.18	27.01	090
64893	A	Nerve graft, arm or leg	16.74	NA	NA	9.88	9.87	2.62	NA	NA	29.24	29.23	090
64895	A	Nerve graft, hand or foot	20.26	NA	NA	10.27	9.81	2.58	NA	NA	33.11	32.65	090
64896	A	Nerve graft, hand or foot	21.81	NA	NA	12.07	11.25	3.17	NA	NA	37.05	36.23	090
64897	A	Nerve graft, arm or leg	19.25	NA	NA	10.59	10.67	2.55	NA	NA	32.39	32.47	090
64898	A	Nerve graft, arm or leg	20.82	NA	NA	11.50	11.72	2.78	NA	NA	35.10	35.32	090
64901	A	Nerve graft add-on	10.20	NA	NA	3.94	4.93	1.37	NA	NA	15.51	16.50	ZZZ
64902	A	Nerve graft add-on	11.81	NA	NA	4.38	5.57	1.55	NA	NA	17.74	18.93	ZZZ
64905	A	Nerve pedicle transfer	14.98	NA	NA	7.01	8.12	2.01	NA	NA	24.00	25.11	090
64907	A	Nerve pedicle transfer	19.90	NA	NA	6.35	10.98	3.17	NA	NA	29.42	34.05	090
64910	A	Nerve repair w/allograft	11.21	NA	NA	5.21	5.21	1.74	NA	NA	18.16	18.16	090
64911	A	Neurorraphy w/vein autograft	14.21	NA	NA	5.97	5.97	1.91	NA	NA	22.09	22.09	090
64999	C	Nervous system surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
65091	A	Revise eye	7.13	NA	NA	6.95	8.00	0.32	NA	NA	14.40	15.45	090
65093	A	Revise eye with implant	6.93	NA	NA	7.04	8.29	0.34	NA	NA	14.31	15.56	090
65101	A	Removal of eye	8.10	NA	NA	8.19	9.19	0.35	NA	NA	16.64	17.64	090
65103	A	Remove eye/insert implant	8.64	NA	NA	8.42	9.40	0.37	NA	NA	17.43	18.41	090
65105	A	Remove eye/attach implant	9.70	NA	NA	9.12	10.13	0.42	NA	NA	19.24	20.25	090
65110	A	Removal of eye	15.42	NA	NA	11.71	13.18	0.81	NA	NA	27.94	29.41	090
65112	A	Remove eye/revise socket	18.18	NA	NA	13.21	15.40	1.30	NA	NA	32.69	34.88	090
65114	A	Remove eye/revise socket	19.32	NA	NA	13.86	15.72	1.02	NA	NA	34.20	36.06	090
65125	A	Revise ocular implant	3.18	6.78	8.30	3.18	3.50	0.19	10.15	11.67	6.55	6.87	090
65130	A	Insert ocular implant	8.22	NA	NA	8.03	8.88	0.35	NA	NA	16.60	17.45	090
65135	A	Insert ocular implant	8.40	NA	NA	8.01	8.99	0.36	NA	NA	16.77	17.75	090
65140	A	Attach ocular implant	9.23	NA	NA	8.65	9.57	0.40	NA	NA	18.28	19.20	090
65150	A	Revise ocular implant	6.32	NA	NA	6.51	7.61	0.31	NA	NA	13.14	14.24	090
65155	A	Reinsert ocular implant	9.87	NA	NA	8.92	10.09	0.50	NA	NA	19.29	20.46	090
65175	A	Removal of ocular implant	7.22	NA	NA	7.32	8.19	0.31	NA	NA	14.85	15.72	090
65205	A	Remove foreign body from eye	0.71	0.59	0.63	0.34	0.30	0.03	1.33	1.37	1.08	1.04	000
65210	A	Remove foreign body from eye	0.84	0.74	0.79	0.41	0.39	0.04	1.62	1.67	1.29	1.27	000
65220	A	Remove foreign body from eye	0.71	0.60	0.63	0.29	0.28	0.05	1.36	1.39	1.05	1.04	000
65222	A	Remove foreign body from eye	0.93	0.81	0.87	0.44	0.40	0.04	1.78	1.84	1.41	1.37	000
65235	A	Remove foreign body from eye	8.78	NA	NA	7.05	6.82	0.37	NA	NA	16.20	15.97	090
65260	A	Remove foreign body from eye	12.29	NA	NA	9.13	9.52	0.57	NA	NA	21.99	22.38	090
65265	A	Remove foreign body from eye	14.06	NA	NA	10.01	10.47	0.62	NA	NA	24.69	25.15	090
65270	A	Repair of eye wound	4.49	3.87	4.88	1.24	1.35	0.09	5.88	6.89	3.25	3.36	010
65272	A	Repair of eye wound	6.51	6.51	7.41	3.31	3.30	0.19	11.19	12.09	7.99	7.98	090
65273	A	Repair of eye wound	5.03	NA	NA	3.47	3.55	0.22	NA	NA	8.72	8.80	090

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
65275		A	Repair of eye wound	6.14	6.46	6.35	4.04	3.97	12.86	10.44	10.37	090
65280		A	Repair of eye wound	8.87	NA	NA	6.10	6.20	0.38	15.35	15.45	090
65285		A	Repair of eye wound	14.43	NA	NA	8.83	9.12	NA	23.90	24.19	090
65286		A	Repair of eye wound	6.45	8.98	10.60	4.59	4.61	17.32	11.31	11.33	090
65290		A	Repair of eye socket wound	6.35	NA	NA	4.61	4.71	NA	11.27	11.37	090
65400		A	Removal of eye lesion	7.27	7.71	8.18	6.09	6.11	15.75	13.66	13.68	090
65410		A	Biopsy of cornea	1.47	1.72	2.01	0.90	0.95	3.55	2.44	2.49	000
65420		A	Removal of eye lesion	4.24	7.04	8.40	4.10	4.36	12.85	8.55	8.81	090
65426		A	Removal of eye lesion	5.93	8.43	9.74	4.76	4.88	15.92	10.94	11.06	090
65430		A	Corneal smear	1.47	1.13	1.25	0.90	0.96	2.67	2.44	2.50	000
65435		A	Curette/treat cornea	0.92	0.89	0.97	0.68	0.70	1.93	1.64	1.66	000
65436		A	Curette/treat cornea	4.72	3.92	4.05	3.58	3.65	8.85	8.51	8.58	090
65450		A	Treatment of corneal lesion	3.35	3.79	4.00	3.71	3.88	7.30	7.22	7.39	090
65600		A	Revision of cornea	4.07	4.60	4.91	3.54	3.40	8.84	7.78	7.64	090
65710		A	Corneal transplant	14.09	NA	NA	10.60	11.05	NA	25.30	25.75	090
65730		A	Corneal transplant	15.99	NA	NA	11.41	11.87	NA	28.10	28.56	090
65750		A	Corneal transplant	16.60	NA	NA	11.13	11.76	NA	28.47	29.10	090
65755		A	Corneal transplant	16.49	NA	NA	11.10	11.69	NA	28.32	28.91	090
65760		N	Revision of cornea	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65765		N	Revision of cornea	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65767		N	Corneal tissue transplant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65770		A	Revise cornea with implant	19.41	NA	NA	12.24	12.96	NA	32.52	33.24	090
65771		N	Radial keratotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65772		A	Correction of astigmatism	4.96	5.02	5.40	4.08	4.12	10.19	9.25	9.29	090
65775		A	Correction of astigmatism	6.73	NA	NA	5.52	5.84	NA	12.53	12.85	090
65780		A	Ocular reconst, transplant	10.43	NA	NA	9.29	10.04	NA	20.16	20.91	090
65781		A	Ocular reconst, transplant	17.84	NA	NA	12.11	13.28	NA	30.39	31.56	090
65782		A	Ocular reconst, transplant	15.16	NA	NA	10.67	11.66	NA	26.27	27.26	090
65800		A	Drainage of eye	1.91	1.46	1.71	1.08	1.16	3.71	3.08	3.16	000
65805		A	Drainage of eye	1.91	1.77	2.07	1.08	1.16	3.77	3.08	3.16	000
65810		A	Drainage of eye	5.67	NA	NA	4.87	4.74	NA	10.78	10.65	090
65815		A	Drainage of eye	5.85	8.15	9.54	4.76	4.80	14.25	10.86	10.90	090
65820		A	Relieve inner eye pressure	8.72	NA	NA	7.94	8.77	NA	17.06	17.89	090
65850		A	Incision of eye	11.24	NA	NA	7.65	8.24	NA	19.41	20.00	090
65855		A	Laser surgery of eye	3.90	3.63	4.14	2.75	3.01	7.72	6.84	7.10	010
65860		A	Incise inner eye adhesions	3.56	3.38	3.88	2.18	2.42	7.12	5.92	6.16	090
65865		A	Incise inner eye adhesions	5.66	NA	NA	4.88	5.44	NA	10.82	11.38	090
65870		A	Incise inner eye adhesions	7.21	NA	NA	5.94	6.29	NA	13.46	13.81	090
65875		A	Incise inner eye adhesions	7.61	NA	NA	6.39	6.69	NA	14.32	14.62	090
65880		A	Incise inner eye adhesions	8.16	NA	NA	6.61	6.93	NA	15.12	15.44	090
65900		A	Remove eye lesion	12.26	NA	NA	9.25	10.00	NA	22.05	22.80	090
65920		A	Remove implant of eye	9.74	NA	NA	7.80	8.08	NA	17.95	18.23	090
65930		A	Remove blood clot from eye	8.24	NA	NA	6.04	6.63	NA	14.65	15.24	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facility Total	Year 2007 Transi- tional Fa- cility Total	Global
66020		A	Injection treatment of eye	1.61	2.49	2.96	1.33	1.41	0.08	4.18	4.65	3.02	3.10	010
66030		A	Injection treatment of eye	1.27	2.36	2.81	1.19	1.26	0.06	3.69	4.14	2.52	2.59	010
66130		A	Remove eye lesion	7.74	7.79	9.16	5.11	5.49	0.38	15.91	17.28	13.23	13.61	090
66150		A	Glaucoma surgery	10.18	NA	NA	9.13	9.33	0.46	NA	NA	19.77	19.97	090
66155		A	Glaucoma surgery	10.17	NA	NA	9.11	9.29	0.41	NA	NA	19.69	19.87	090
66160		A	Glaucoma surgery	12.04	NA	NA	9.88	10.11	0.50	NA	NA	22.42	22.65	090
66165		A	Glaucoma surgery	9.89	NA	NA	9.06	9.20	0.40	NA	NA	19.35	19.49	090
66170		A	Glaucoma surgery	14.57	NA	NA	12.02	12.17	0.60	NA	NA	27.19	27.34	090
66172		A	Incision of eye	18.26	NA	NA	15.25	15.21	0.74	NA	NA	34.25	34.21	090
66180		A	Implant eye shunt	16.02	NA	NA	10.18	10.62	0.71	NA	NA	26.91	27.35	090
66185		A	Revise eye shunt	9.35	NA	NA	7.35	7.37	0.40	NA	NA	17.10	17.12	090
66220		A	Repair eye lesion	8.98	NA	NA	7.28	7.15	0.40	NA	NA	16.66	16.53	090
66225		A	Repair/graft eye lesion	12.38	NA	NA	8.51	8.68	0.55	NA	NA	21.44	21.61	090
66250		A	Follow-up surgery of eye	6.92	9.53	11.15	5.48	5.48	0.30	16.75	18.37	12.70	12.70	090
66500		A	Incision of iris	3.75	NA	NA	4.09	4.50	0.18	NA	NA	8.02	8.43	090
66505		A	Incision of iris	4.13	NA	NA	4.46	4.86	0.20	NA	NA	8.79	9.19	090
66600		A	Remove iris and lesion	9.89	NA	NA	8.62	8.32	0.43	NA	NA	18.94	18.64	090
66605		A	Remove of iris	13.99	NA	NA	9.51	9.89	0.77	NA	NA	24.27	24.65	090
66625		A	Remove of iris	5.19	NA	NA	4.38	4.64	0.26	NA	NA	9.83	10.09	090
66630		A	Remove of iris	7.10	NA	NA	5.58	5.68	0.31	NA	NA	12.99	13.09	090
66635		A	Remove of iris	7.19	NA	NA	5.61	5.71	0.31	NA	NA	13.11	13.21	090
66680		A	Repair iris & ciliary body	6.24	NA	NA	5.27	5.27	0.27	NA	NA	11.78	11.78	090
66682		A	Repair iris & ciliary body	7.15	NA	NA	6.97	6.70	0.31	NA	NA	14.43	14.16	090
66700		A	Destruction, ciliary body	5.06	4.98	5.18	3.77	3.89	0.24	10.28	10.48	9.07	9.19	090
66710		A	Ciliary translensal therapy	5.06	4.76	5.07	3.74	3.82	0.23	10.05	10.36	9.03	9.11	090
66711		A	Ciliary endoscopic ablation	7.70	NA	NA	6.56	6.49	0.30	NA	NA	14.56	14.49	090
66720		A	Destruction, ciliary body	4.86	5.50	5.72	4.44	4.65	0.26	10.62	10.84	9.56	9.77	090
66740		A	Destruction, ciliary body	5.06	4.70	4.99	3.77	3.92	0.23	9.99	10.28	9.06	9.21	090
66761		A	Revision of iris	4.87	5.20	5.49	4.36	4.32	0.20	10.27	10.56	9.43	9.39	090
66762		A	Revision of iris	5.25	5.29	5.56	4.24	4.28	0.23	10.77	11.04	9.72	9.76	090
66770		A	Remove of inner eye lesion	5.98	5.75	6.00	4.79	4.80	0.26	11.99	12.24	11.03	11.04	090
66820		A	Incision, secondary cataract	3.93	NA	NA	4.78	5.55	0.19	NA	NA	8.90	9.67	090
66821		A	After cataract surgery	3.32	3.94	4.05	3.53	3.60	0.11	7.37	7.48	6.96	7.03	090
66825		A	Replacement intraocular lens	8.82	NA	NA	8.07	8.81	0.40	NA	NA	17.29	18.03	090
66830		A	Remove of lens lesion	9.27	NA	NA	6.65	6.88	0.36	NA	NA	16.28	16.51	090
66840		A	Remove of lens material	8.98	NA	NA	6.59	6.79	0.39	NA	NA	15.96	16.16	090
66850		A	Remove of lens material	10.32	NA	NA	7.40	7.58	0.45	NA	NA	18.17	18.35	090
66852		A	Remove of lens material	11.18	NA	NA	7.74	8.01	0.49	NA	NA	19.41	19.68	090
66920		A	Extraction of lens	9.93	NA	NA	6.95	7.21	0.44	NA	NA	17.32	17.58	090
66930		A	Extraction of lens	11.38	NA	NA	7.82	8.06	0.49	NA	NA	19.69	19.93	090
66940		A	Extraction of lens	10.14	NA	NA	7.34	7.54	0.43	NA	NA	17.91	18.11	090
66982		A	Cataract surgery, complex	14.83	NA	NA	9.40	9.75	0.63	NA	NA	24.86	25.21	090
66983		A	Cataract surg w/ol, 1 stage	10.20	NA	NA	6.37	6.18	0.14	NA	NA	16.71	16.52	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT-1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Facility PE RVUs	Mail-Frac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
66984		A	Cataract surg w/ol, 1 stage	10.36	NA	NA	6.70	7.24	0.39	NA	NA	17.45	17.99	090
66985		A	Insert lens prosthesis	9.73	NA	NA	7.41	7.44	0.36	NA	NA	17.50	17.50	090
66986		A	Exchange lens prosthesis	12.26	NA	NA	8.44	8.99	0.60	NA	NA	21.30	21.85	090
66990		A	Ophthalmic endoscope add-on	1.51	NA	NA	0.58	0.66	0.07	NA	NA	2.16	2.24	ZZZ
66999		C	Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67005		A	Partial removal of eye fluid	5.77	NA	NA	4.77	4.84	0.28	NA	NA	10.82	10.89	090
67010		A	Partial removal of eye fluid	6.94	NA	NA	5.22	5.36	0.34	NA	NA	12.50	12.64	090
67015		A	Release of eye fluid	7.00	NA	NA	5.94	6.32	0.34	NA	NA	13.28	13.66	090
67025		A	Replace eye fluid	7.91	8.15	8.95	6.17	6.21	0.34	16.40	17.20	14.42	14.46	090
67027		A	Implant eye drug system	11.43	NA	NA	7.71	7.93	0.54	NA	NA	19.68	19.90	090
67028		A	Injection eye drug	2.52	2.24	2.59	1.31	1.42	0.12	4.88	5.23	3.95	4.06	000
67030		A	Incise inner eye strands	5.91	NA	NA	5.81	5.84	0.24	NA	NA	11.96	11.99	090
67031		A	Laser surgery, eye strands	4.34	4.24	4.51	3.56	3.62	0.18	8.76	9.03	8.08	8.14	090
67036		A	Removal of inner eye fluid	13.09	NA	NA	8.46	8.96	0.58	NA	NA	22.13	22.63	090
67038		A	Strip retinal membrane	23.30	NA	NA	14.16	15.16	1.04	NA	NA	38.50	39.50	090
67039		A	Laser treatment of retina	16.39	NA	NA	11.22	11.94	0.71	NA	NA	28.32	29.04	090
67040		A	Laser treatment of retina	19.23	NA	NA	12.61	13.41	0.85	NA	NA	32.69	33.49	090
67101		A	Repair detached retina	8.60	8.80	9.04	6.45	6.51	0.37	17.77	18.01	15.42	15.48	090
67105		A	Repair detached retina	8.35	7.70	7.99	6.05	6.13	0.37	16.42	16.71	14.77	14.85	090
67107		A	Repair detached retina	16.35	NA	NA	10.86	11.19	0.73	NA	NA	27.94	28.27	090
67108		A	Repair detached retina	22.49	NA	NA	13.62	14.22	1.02	NA	NA	37.13	37.73	090
67110		A	Repair detached retina	10.02	9.28	9.99	7.29	7.37	0.44	19.74	20.45	17.75	17.83	090
67112		A	Rerepair detached retina	18.45	NA	NA	11.42	11.71	0.83	NA	NA	30.70	30.99	090
67115		A	Release encircling material	5.93	NA	NA	5.11	5.09	0.25	NA	NA	11.29	11.27	090
67120		A	Remove eye implant material	6.92	7.61	8.34	5.50	5.52	0.29	14.82	15.55	12.71	12.73	090
67121		A	Remove eye implant material	12.00	NA	NA	8.35	8.49	0.53	NA	NA	20.88	21.02	090
67141		A	Treatment of retina	6.00	5.63	5.80	4.86	4.86	0.26	11.89	12.06	11.12	11.12	090
67145		A	Treatment of retina	6.17	5.55	5.68	4.92	4.93	0.27	11.99	12.12	11.36	11.37	090
67208		A	Treatment of retinal lesion	7.50	5.89	6.06	5.44	5.49	0.33	13.72	13.89	13.27	13.32	090
67210		A	Treatment of retinal lesion	9.35	6.21	6.48	5.72	5.84	0.44	16.00	16.27	15.51	15.63	090
67218		A	Treatment of retinal lesion	20.22	NA	NA	11.24	11.92	0.92	NA	NA	32.38	33.06	090
67220		A	Treatment of choroid lesion	14.19	9.66	10.23	8.58	8.90	0.65	24.50	25.07	23.42	23.74	090
67221		R	Ocular photodynamic ther	3.45	3.04	4.01	1.47	1.72	0.20	6.69	7.66	5.12	5.37	000
67225		A	Eye photodynamic ther add-on	0.47	0.24	0.25	0.18	0.20	0.02	0.73	0.74	0.67	0.69	ZZZ
67227		A	Treatment of retinal lesion	7.38	6.24	6.50	5.39	5.49	0.33	13.95	14.21	13.10	13.20	090
67228		A	Treatment of retinal lesion	13.67	10.36	11.20	8.09	8.43	0.63	24.66	25.50	22.39	22.73	090
67250		A	Reinforce eye wall	9.46	NA	NA	7.95	8.87	0.47	NA	NA	17.88	18.80	090
67255		A	Reinforce/grat eye wall	9.97	NA	NA	8.78	9.61	0.44	NA	NA	19.19	20.02	090
67299		C	Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67311		A	Revise eye muscle	7.59	NA	NA	5.74	5.95	0.37	NA	NA	13.70	13.91	090
67312		A	Revise two eye muscles	9.48	NA	NA	6.49	6.69	0.43	NA	NA	16.40	16.60	090
67314		A	Revise eye muscle	8.59	NA	NA	6.44	6.52	0.39	NA	NA	15.42	15.50	090
67316		A	Revise two eye muscles	10.73	NA	NA	7.26	7.44	0.49	NA	NA	18.48	18.66	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implem-ent-ed Non-Facility PE RVUs	Year 2007 Transi-tional Non-Facility PE RVUs	Fully Implem-ent-ed Facility PE RVUs	Year 2007 Transi-tional Facility PE RVUs	Mal-Prac-tice RVUs	Fully Implem-ent-ed Non-Facility Total	Year 2007 Transi-tional Non-Facility Total	Fully Implem-ent-ed Facility Total	Year 2007 Transi-tional Facility Total	Global
67318		A	Revise eye muscle(s) add-on	8.92	NA	NA	6.83	6.91	0.41	NA	NA	16.16	16.24	090
67320		A	Revise eye muscle(s) add-on	5.40	NA	NA	2.07	1.98	0.22	NA	NA	7.69	7.60	ZZZ
67331		A	Eye surgery follow-up add-on	5.13	NA	NA	1.95	1.86	0.21	NA	NA	7.29	7.20	ZZZ
67332		A	Rerevise eye muscles add-on	5.56	NA	NA	2.13	2.05	0.23	NA	NA	7.92	7.84	ZZZ
67334		A	Revise eye muscle w/suture	5.05	NA	NA	1.92	1.82	0.20	NA	NA	7.17	7.07	ZZZ
67335		A	Eye suture during surgery	2.49	NA	NA	0.95	1.08	0.13	NA	NA	3.57	3.70	ZZZ
67340		A	Revise eye muscle add-on	6.00	NA	NA	2.29	2.22	0.25	NA	NA	8.54	8.47	ZZZ
67343		A	Release eye tissue	8.29	2.29	2.51	6.32	6.46	0.37	5.44	5.66	14.98	15.12	090
67345		A	Destroy nerve of eye muscle	2.98	2.29	2.51	1.80	1.96	0.17	5.44	5.66	4.95	5.11	010
67346		A	Biopsy, eye muscle	2.87	NA	NA	1.71	1.83	0.15	NA	NA	4.73	4.85	000
67399		C	Eye muscle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67400		A	Explore/biopsy eye socket	10.97	NA	NA	9.79	10.89	0.56	NA	NA	21.32	22.42	090
67405		A	Explore/drain eye socket	9.00	NA	NA	8.53	9.46	0.44	NA	NA	17.97	18.90	090
67412		A	Explore/treat eye socket	10.17	NA	NA	8.87	10.42	0.48	NA	NA	19.52	21.07	090
67413		A	Explore/treat eye socket	10.09	NA	NA	9.02	10.33	0.50	NA	NA	19.61	20.92	090
67414		A	Expir/decompress eye socket	17.78	NA	NA	12.12	12.06	0.65	NA	NA	30.55	30.49	090
67415		A	Aspiration, orbital contents	1.76	NA	NA	0.64	0.73	0.09	NA	NA	2.49	2.58	000
67420		A	Explore/treat eye socket	21.62	NA	NA	14.75	16.73	1.15	NA	NA	37.52	39.50	090
67430		A	Explore/treat eye socket	14.99	NA	NA	12.78	14.36	0.86	NA	NA	28.63	30.21	090
67440		A	Explore/drain eye socket	14.56	NA	NA	12.23	13.75	0.70	NA	NA	27.49	29.01	090
67445		A	Expir/decompress eye socket	18.96	NA	NA	12.71	13.61	0.90	NA	NA	32.57	33.47	090
67450		A	Explore/biopsy eye socket	15.11	NA	NA	12.71	14.20	0.68	NA	NA	28.50	29.99	090
67500		A	Inject/treat eye socket	1.44	0.62	0.66	0.49	0.34	0.05	2.11	2.15	1.98	1.83	000
67505		A	Inject/treat eye socket	1.27	0.54	0.65	0.41	0.34	0.05	1.86	1.97	1.73	1.66	000
67515		A	Inject/treat eye socket	1.40	0.82	0.65	0.65	0.45	0.03	2.25	2.08	2.08	1.88	000
67550		A	Insert eye socket implant	11.52	NA	NA	10.13	11.01	0.72	NA	NA	22.37	23.25	090
67560		A	Revise eye socket implant	11.93	NA	NA	10.16	11.07	0.60	NA	NA	22.69	23.60	090
67570		A	Decompress optic nerve	14.21	NA	NA	11.42	13.04	0.68	NA	NA	26.31	27.93	090
67599		C	Orbit surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67700		A	Drainage of eyelid abscess	1.37	4.41	5.62	1.22	1.26	0.07	5.85	7.06	2.66	2.70	010
67710		A	Incision of eyelid	1.04	3.78	4.97	1.12	1.19	0.05	4.87	6.06	2.21	2.28	010
67715		A	Incision of eyelid fold	1.24	3.90	5.00	1.20	1.27	0.06	5.20	6.30	2.50	2.57	010
67800		A	Remove eyelid lesion	1.39	1.44	1.58	0.94	1.02	0.07	2.90	3.04	2.40	2.48	010
67801		A	Remove eyelid lesions	1.89	1.74	1.91	1.13	1.23	0.09	3.72	3.89	3.11	3.21	010
67805		A	Remove eyelid lesions	2.24	2.26	2.46	1.48	1.61	0.11	4.61	4.81	3.83	3.96	010
67808		A	Remove eyelid lesion(s)	4.47	NA	NA	3.74	3.76	0.19	NA	NA	8.40	8.42	090
67810		A	Biopsy of eyelid	1.48	3.96	3.49	0.70	0.69	0.06	5.50	5.03	2.24	2.23	000
67820		A	Revise eyelashes	0.71	0.46	0.57	0.46	0.54	0.04	1.21	1.32	1.21	1.29	000
67825		A	Revise eyelashes	1.40	1.45	1.66	1.31	1.39	0.07	2.92	3.13	2.78	2.86	010
67830		A	Revise eyelashes	1.72	4.09	5.17	1.38	1.47	0.08	5.89	6.97	3.18	3.27	010
67835		A	Revise eyelashes	5.61	NA	NA	4.23	4.52	0.28	NA	NA	10.12	10.41	090
67840		A	Remove eyelid lesion	2.06	4.00	5.10	1.52	1.62	0.10	6.16	7.26	3.68	3.78	010
67850		A	Treat eyelid lesion	1.71	3.31	3.36	1.47	1.47	0.07	5.09	5.14	3.25	3.25	010

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Trans- lational Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Trans- lational Faci- lity PE RVUs	Year 2007 Trans- lational Non-Fa- cility Total	Fully Im- plement- ed Non- Facility Total	Year 2007 Trans- lational Faci- lity Total	Global	
67875	A	Closure of eyelid by suture	1.35	2.44	3.09	0.87	0.92	0.07	3.86	4.51	2.29	000
67880	A	Revision of eyelid	4.47	5.60	6.36	3.71	3.78	0.19	10.26	11.02	8.37	080
67882	A	Revision of eyelid	5.87	6.59	7.37	4.66	4.77	0.25	12.71	13.49	10.78	090
67900	A	Repair brow defect	6.69	7.56	8.69	4.78	5.13	0.38	14.63	15.76	11.85	090
67901	A	Repair eyelid defect	7.47	9.29	6.37	5.53	5.43	0.54	17.30	14.38	13.54	080
67902	A	Repair eyelid defect	9.68	NA	NA	6.67	5.76	0.60	NA	NA	16.95	080
67903	A	Repair eyelid defect	6.42	6.86	8.89	4.54	5.27	0.47	13.75	15.78	12.16	090
67904	A	Repair eyelid defect	7.83	8.45	9.34	5.61	5.33	0.41	16.69	17.58	13.85	090
67906	A	Repair eyelid defect	6.84	NA	NA	4.69	4.95	0.46	NA	NA	11.99	080
67908	A	Repair eyelid defect	5.19	5.74	8.41	4.30	5.08	0.28	11.21	11.88	9.77	080
67909	A	Revise eyelid defect	5.46	6.42	7.63	4.37	4.81	0.31	12.19	13.40	10.14	090
67911	A	Revise eyelid defect	7.38	NA	NA	5.28	4.91	0.31	NA	NA	12.97	080
67912	A	Correction eyelid w/implant	6.23	13.17	17.49	4.80	5.35	0.28	19.68	24.00	11.31	080
67914	A	Repair eyelid defect	3.70	4.89	5.98	2.79	2.99	0.19	8.78	9.87	6.68	080
67915	A	Repair eyelid defect	3.21	4.54	5.62	2.59	2.75	0.16	6.62	8.99	5.96	090
67916	A	Repair eyelid defect	5.37	6.56	7.68	4.31	4.65	0.28	12.21	13.33	9.96	080
67917	A	Repair eyelid defect	6.08	6.95	8.08	4.60	4.95	0.36	13.39	14.52	11.04	080
67921	A	Repair eyelid defect	3.42	4.76	5.83	2.67	2.84	0.17	8.35	9.42	6.26	090
67922	A	Repair eyelid defect	3.09	4.45	5.55	2.53	2.70	0.15	7.69	8.79	5.77	080
67923	A	Repair eyelid defect	5.94	6.66	7.76	4.52	4.88	0.30	12.90	14.00	10.76	080
67924	A	Repair eyelid defect	5.84	7.14	8.48	4.25	4.57	0.30	13.28	14.62	10.71	090
67930	A	Repair eyelid wound	3.62	4.51	5.41	1.88	2.10	0.19	8.32	9.22	5.69	010
67935	A	Repair eyelid wound	6.27	6.99	8.14	3.77	4.25	0.39	13.65	14.80	10.43	080
67938	A	Remove eyelid foreign body	1.35	3.94	5.02	1.27	1.26	0.06	5.35	6.43	2.68	010
67950	A	Revision of eyelid	5.88	6.84	8.18	4.53	5.04	0.36	13.08	14.42	10.77	090
67961	A	Revision of eyelid	5.75	7.04	8.27	4.49	4.90	0.33	13.12	14.35	10.57	090
67966	A	Revision of eyelid	8.83	8.35	8.94	6.01	5.67	0.37	17.55	18.14	15.21	080
67971	A	Reconstruction of eyelid	9.87	NA	NA	6.49	7.08	0.53	NA	NA	16.89	080
67973	A	Reconstruction of eyelid	12.96	NA	NA	8.14	9.02	0.75	NA	NA	21.85	090
67974	A	Reconstruction of eyelid	12.93	NA	NA	8.16	8.96	0.75	NA	NA	21.84	080
67975	A	Reconstruction of eyelid	9.21	NA	NA	6.25	6.78	0.50	NA	NA	15.96	080
67999	C	Revision of eyelid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
68020	A	Incise/drain eyelid lining	1.39	1.28	1.38	1.10	1.18	0.06	2.73	2.83	2.55	010
68040	A	Treatment of eyelid lesions	0.85	0.62	0.69	0.37	0.42	0.04	1.51	1.58	1.26	000
68100	A	Biopsy of eyelid lining	1.35	2.40	3.04	0.89	0.94	0.07	3.82	4.46	2.31	000
68110	A	Remove eyelid lining lesion	1.79	3.15	3.86	1.54	1.62	0.09	5.03	5.74	3.50	010
68115	A	Remove eyelid lining lesion	2.38	4.44	5.58	1.76	1.87	0.12	6.94	8.08	4.26	010
68130	A	Remove eyelid lining lesion	4.99	6.86	8.25	4.20	4.50	0.24	12.08	13.48	9.43	080
68135	A	Remove eyelid lining lesion	1.86	1.64	1.77	1.53	1.62	0.09	3.59	3.72	3.48	010
68200	A	Treat eyelid by injection	0.49	0.47	0.52	0.30	0.32	0.02	0.98	1.03	0.81	000
68320	A	Revise/graft eyelid lining	6.44	9.44	10.82	5.52	5.52	0.27	16.15	17.53	12.23	090
68325	A	Revise/graft eyelid lining	8.43	NA	NA	6.23	6.46	0.44	NA	NA	15.10	080
68326	A	Revise/graft eyelid lining	8.22	NA	NA	6.18	6.35	0.35	NA	NA	14.75	090

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CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Facility RVUs	Year 2007 Transi- tional Facility RVUs	Year 2007 Transi- tional PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
68328		A	Revise/graft eyelid lining	9.25	NA	NA	6.74	7.15	0.54	NA	NA	NA	16.53	16.94	090
68330		A	Revise eyelid lining	5.63	7.65	8.97	4.64	4.70	0.24	13.52	14.84	14.84	10.51	10.57	090
68335		A	Revise/graft eyelid lining	8.26	NA	NA	6.20	6.34	0.36	NA	NA	NA	14.82	14.96	090
68340		A	Separate eyelid adhesions	4.84	7.08	8.42	4.02	4.08	0.21	12.13	13.47	13.47	9.07	9.13	090
68360		A	Revise eyelid lining	5.04	6.62	7.69	4.11	4.16	0.22	11.88	12.95	12.95	9.37	9.42	090
68362		A	Revise eyelid lining	8.41	NA	NA	6.24	6.36	0.36	NA	NA	NA	15.01	15.13	090
68371		A	Harvest eye tissue, alograft	4.97	NA	NA	4.23	4.61	0.44	NA	NA	NA	9.64	10.02	010
68399		C	Eyelid lining surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
68400		A	Incise/drain tear gland	1.71	4.42	5.53	1.24	1.68	0.08	6.21	7.32	7.32	3.03	3.47	010
68420		A	Incise/drain tear sac	2.32	4.69	5.82	1.48	1.95	0.11	7.12	8.25	8.25	3.91	4.38	010
68440		A	Incise tear duct opening	0.96	1.28	1.88	1.22	1.26	0.05	2.29	2.89	2.89	2.23	2.27	010
68500		A	Removal of tear gland	12.49	NA	NA	9.07	9.57	0.55	NA	NA	NA	22.11	22.61	090
68505		A	Partial removal, tear gland	12.41	NA	NA	9.21	10.29	0.55	NA	NA	NA	22.17	23.25	090
68510		A	Biopsy of tear gland	4.60	5.38	6.84	2.14	2.20	0.23	10.21	11.67	11.67	6.97	6.93	000
68520		A	Removal of tear sac	8.58	NA	NA	6.74	7.25	0.37	NA	NA	NA	15.69	16.20	090
68525		A	Biopsy of tear sac	4.42	5.74	7.56	1.68	1.94	0.22	NA	NA	NA	6.32	6.58	000
68530		A	Clearance of tear duct	3.67	5.74	7.56	2.17	2.52	0.18	9.59	11.41	11.41	6.02	6.37	010
68540		A	Remove tear gland lesion	11.93	NA	NA	8.81	9.25	0.52	NA	NA	NA	21.26	21.70	090
68550		A	Remove tear gland lesion	14.86	NA	NA	10.64	11.17	0.80	NA	NA	NA	26.30	26.83	090
68700		A	Repair tear ducts	7.67	NA	NA	5.81	5.94	0.32	NA	NA	NA	13.80	13.93	090
68705		A	Revise tear duct opening	2.08	3.12	3.91	1.65	1.76	0.10	5.30	6.09	6.09	3.83	3.94	010
68720		A	Create tear sac drain	9.78	NA	NA	7.18	7.69	0.44	NA	NA	NA	17.40	17.91	090
68745		A	Create tear duct drain	9.70	NA	NA	7.54	7.78	0.52	NA	NA	NA	17.76	18.00	090
68750		A	Create tear duct drain	9.87	NA	NA	7.72	8.13	0.43	NA	NA	NA	18.02	18.43	090
68760		A	Close tear duct opening	1.75	2.66	3.32	1.51	1.60	0.09	4.50	5.16	5.16	3.35	3.44	010
68761		A	Close tear duct opening	1.38	1.88	2.17	1.29	1.31	0.06	3.32	3.61	3.61	2.73	2.75	010
68770		A	Close tear system fistula	8.09	NA	NA	5.95	3.87	0.35	NA	NA	NA	14.39	12.31	090
68801		A	Dilate tear duct opening	0.96	1.82	1.91	1.46	1.48	0.05	2.83	2.92	2.92	2.47	2.49	010
68810		A	Probe nasolacrimal duct	2.63	3.50	3.62	2.78	2.70	0.10	6.23	6.35	6.35	5.51	5.43	010
68811		A	Probe nasolacrimal duct	2.39	NA	NA	2.19	2.36	0.13	NA	NA	NA	4.71	4.88	010
68815		A	Probe nasolacrimal duct	3.24	6.56	7.82	2.52	2.74	0.17	9.97	11.23	11.23	5.93	6.15	010
68840		A	Explore/irrigate tear ducts	1.27	1.56	1.59	1.33	1.17	0.06	2.89	2.92	2.92	2.66	2.50	010
68850		A	Injection for tear sac x-ray	0.80	0.69	0.83	0.57	0.65	0.04	1.53	1.67	1.67	1.41	1.49	000
68889		C	Tear duct system surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69000		A	Drain external ear lesion	1.47	2.71	2.84	1.26	1.34	0.12	4.30	4.43	4.43	2.85	2.93	010
69005		A	Drain external ear lesion	2.13	2.76	3.96	1.48	1.74	0.17	5.06	5.19	5.19	3.78	4.04	010
69020		A	Drain outer ear canal lesion	1.50	3.85	3.96	1.78	1.99	0.12	5.47	5.58	5.58	3.40	3.61	010
69090		N	Pierce earlobes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
69100		A	Biopsy of external ear	0.81	1.86	1.75	0.41	0.40	0.03	2.70	2.59	2.59	1.25	1.24	000
69105		A	Biopsy of external ear canal	0.85	2.49	2.38	0.66	0.74	0.07	3.41	3.30	3.30	1.58	1.66	000
69110		A	Remove external ear, partial	3.47	7.62	6.96	4.32	4.43	0.30	11.39	10.73	10.73	8.09	8.20	090
69120		A	Removal of external ear	4.08	NA	NA	5.11	5.91	0.38	NA	NA	NA	9.57	10.37	090
69140		A	Remove ear canal lesion(s)	8.03	NA	NA	12.39	13.06	0.65	NA	NA	NA	21.07	21.74	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Facility PE RVUs	Year 2007 Transi- tional Facility RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Facility Total	Global
69145		A	Remove ear canal lesion(s)	2.65	6.55	5.97	3.13	3.26	0.21	9.41	8.83	5.99	6.12	090
69150		A	Extensive ear canal surgery	13.49	NA	NA	10.66	12.72	1.22	NA	NA	25.37	27.43	090
69155		A	Extensive ear/neck surgery	23.06	NA	NA	15.03	18.41	1.93	NA	NA	40.02	43.40	090
69200		A	Clear outer ear canal	0.77	2.03	2.29	0.57	0.56	0.06	2.86	3.12	1.40	1.39	000
69205		A	Clear outer ear canal	1.20	NA	NA	1.15	1.31	0.10	NA	NA	2.45	2.61	010
69210		A	Remove impacted ear wax	0.61	0.56	0.61	0.16	0.21	0.05	1.22	1.27	0.82	0.87	000
69220		A	Clean out mastoid cavity	0.83	2.38	2.37	0.62	0.70	0.07	3.28	3.27	1.52	1.60	010
69222		A	Clean out mastoid cavity	1.42	3.68	3.81	1.75	1.98	0.12	5.22	5.35	3.29	3.52	010
69300		R	Revise external ear	6.69	9.77	5.61	4.69	4.34	0.72	17.18	13.02	12.10	11.75	YYY
69310		A	Rebuild outer ear canal	10.85	NA	NA	14.30	15.79	0.85	NA	NA	28.00	27.49	090
69320		A	Rebuild outer ear canal	17.03	NA	NA	18.32	20.96	1.37	NA	NA	36.72	39.36	090
69399		C	Outer ear surgery procedure	0.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69400		A	Inflate middle ear canal	0.83	2.61	2.27	0.62	0.66	0.07	3.51	3.17	1.52	1.56	000
69401		A	Inflate middle ear canal	0.63	1.47	1.30	0.56	0.63	0.05	2.15	1.98	1.24	1.31	000
69405		A	Catheterize middle ear canal	2.65	3.41	3.48	1.81	2.19	0.21	6.27	6.34	4.67	5.05	010
69420		A	Incision of eardrum	1.35	3.06	3.13	1.43	1.55	0.11	4.52	4.59	2.89	3.01	010
69421		A	Incision of eardrum	1.75	NA	NA	1.70	2.05	0.15	NA	NA	3.60	3.95	010
69424		A	Remove ventilating tube	0.85	2.18	2.18	0.62	0.67	0.07	3.10	3.10	1.54	1.59	000
69433		A	Create eardrum opening	1.54	3.07	3.09	1.47	1.60	0.13	4.74	4.76	3.14	3.27	010
69436		A	Create eardrum opening	1.98	NA	NA	1.74	2.15	0.19	NA	NA	3.91	4.32	010
69440		A	Exploration of middle ear	7.62	NA	NA	8.39	8.68	0.61	NA	NA	16.62	16.91	090
69450		A	Eardrum revision	5.61	NA	NA	7.03	7.03	0.45	NA	NA	13.09	13.09	090
69501		A	Mastoidectomy	9.12	NA	NA	7.90	8.73	0.73	NA	NA	17.75	18.58	090
69502		A	Mastoidectomy	12.44	NA	NA	10.15	11.23	1.00	NA	NA	23.59	24.67	090
69505		A	Remove mastoid structures	13.05	NA	NA	14.94	16.63	1.05	NA	NA	29.04	30.73	090
69511		A	Extensive mastoid surgery	13.58	NA	NA	15.02	16.86	1.09	NA	NA	29.69	31.53	090
69530		A	Extensive mastoid surgery	20.24	NA	NA	18.19	20.77	1.54	NA	NA	39.97	42.55	090
69535		A	Remove part of temporal bone	37.27	NA	NA	24.53	30.10	2.93	NA	NA	64.73	70.30	090
69540		A	Remove ear lesion	1.22	3.63	3.71	1.72	1.91	0.10	4.95	5.03	3.04	3.23	010
69550		A	Remove ear lesion	11.04	NA	NA	13.17	14.44	0.89	NA	NA	25.10	26.37	090
69552		A	Remove ear lesion	19.69	NA	NA	16.74	19.69	1.59	NA	NA	38.02	40.97	090
69554		A	Remove ear lesion	35.71	NA	NA	22.78	28.44	2.92	NA	NA	61.41	67.07	090
69601		A	Mastoid surgery revision	13.31	NA	NA	10.98	12.25	1.07	NA	NA	25.36	26.63	090
69602		A	Mastoid surgery revision	13.64	NA	NA	11.71	12.85	1.10	NA	NA	26.45	27.59	090
69603		A	Mastoid surgery revision	14.08	NA	NA	15.18	17.57	1.14	NA	NA	30.40	32.79	090
69604		A	Mastoid surgery revision	14.08	NA	NA	13.22	13.22	1.14	NA	NA	27.04	28.44	090
69605		A	Mastoid surgery revision	18.55	NA	NA	17.69	20.14	1.50	NA	NA	37.74	40.19	090
69610		A	Repair of eardrum	4.44	4.52	5.29	2.35	3.04	0.36	9.32	10.09	7.15	7.84	010
69620		A	Repair of eardrum	5.94	10.10	10.87	5.36	6.06	0.48	16.52	17.29	11.78	12.48	090
69631		A	Repair eardrum structures	9.93	NA	NA	10.61	11.05	0.80	NA	NA	21.34	21.78	090
69632		A	Rebuild eardrum structures	12.82	NA	NA	12.22	13.16	1.03	NA	NA	26.07	27.01	090
69633		A	Rebuild eardrum structures	12.17	NA	NA	12.04	12.80	0.98	NA	NA	25.19	25.95	090
89635		A	Repair eardrum structures	13.39	NA	NA	14.97	18.30	1.08	NA	NA	29.44	30.77	090

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Multi-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
69636	...	A	Rebuild ear drum structures	15.29	NA	NA	16.76	18.67	18.67	1.23	NA	NA	33.28	35.19	090
69637	...	A	Rebuild ear drum structures	15.18	NA	NA	16.73	18.60	18.60	1.22	NA	NA	33.13	35.00	090
69641	...	A	Revise middle ear & mastoid	12.77	NA	NA	11.45	12.45	12.45	1.03	NA	NA	25.25	26.25	090
69642	...	A	Revise middle ear & mastoid	16.91	NA	NA	14.23	15.77	15.77	1.36	NA	NA	32.50	34.04	090
69643	...	A	Revise middle ear & mastoid	15.45	NA	NA	12.98	14.36	14.36	1.24	NA	NA	29.67	31.05	090
69644	...	A	Revise middle ear & mastoid	17.09	NA	NA	17.27	19.62	19.62	1.37	NA	NA	35.73	38.08	090
69645	...	A	Revise middle ear & mastoid	16.57	NA	NA	17.17	19.31	19.31	1.33	NA	NA	35.07	37.21	090
69646	...	A	Revise middle ear & mastoid	18.23	NA	NA	17.60	19.97	19.97	1.46	NA	NA	37.29	39.66	090
69650	...	A	Release middle ear bone	9.71	NA	NA	8.74	9.62	9.62	0.78	NA	NA	19.23	20.11	090
69660	...	A	Revise middle ear bone	11.94	NA	NA	9.64	10.80	10.80	0.96	NA	NA	22.54	23.70	090
69661	...	A	Revise middle ear bone	15.80	NA	NA	12.34	14.11	14.11	1.27	NA	NA	29.41	31.18	090
69662	...	A	Revise middle ear bone	15.49	NA	NA	11.45	13.18	13.18	1.25	NA	NA	28.19	29.92	090
69666	...	A	Repair middle ear structures	9.80	NA	NA	9.02	9.73	9.73	0.79	NA	NA	19.61	20.32	090
69667	...	A	Repair middle ear structures	9.81	NA	NA	8.93	9.72	9.72	0.79	NA	NA	19.53	20.32	090
69670	...	A	Remove mastoid air cells	11.62	NA	NA	10.27	11.35	11.35	0.93	NA	NA	22.82	23.90	090
69676	...	A	Remove middle ear nerve	9.58	NA	NA	9.74	10.50	10.50	0.81	NA	NA	20.13	20.89	090
69700	...	A	Close mastoid fistula	8.28	NA	NA	7.75	8.87	8.87	0.67	NA	NA	16.70	17.82	090
69710	...	N	Implant/replace hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
69711	...	A	Remove/repair hearing aid	10.50	NA	NA	9.54	10.48	10.48	0.83	NA	NA	20.87	21.81	090
69714	...	A	Implant temple bone w/stimul	14.31	NA	NA	10.72	12.18	12.18	1.13	NA	NA	26.16	27.62	090
69715	...	A	Temple bone implant w/stimul	18.80	NA	NA	12.14	14.31	14.31	1.48	NA	NA	32.42	34.59	090
69717	...	A	Temple bone implant revision	15.29	NA	NA	11.42	13.71	13.71	0.90	NA	NA	27.61	29.90	090
69718	...	A	Revise temple bone implant	19.05	NA	NA	20.38	16.57	16.57	3.22	NA	NA	42.65	38.84	090
69720	...	A	Release facial nerve	14.57	NA	NA	12.90	14.12	14.12	1.16	NA	NA	28.63	29.85	090
69725	...	A	Release facial nerve	27.44	NA	NA	16.59	19.25	19.25	2.45	NA	NA	46.48	49.14	090
69740	...	A	Repair facial nerve	16.18	NA	NA	11.32	12.89	12.89	1.27	NA	NA	28.77	30.34	090
69745	...	A	Repair facial nerve	16.91	NA	NA	12.06	14.24	14.24	1.14	NA	NA	30.11	32.29	090
69799	...	C	Middle ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69801	...	A	Incise inner ear	8.61	NA	NA	8.84	9.31	9.31	0.69	NA	NA	18.14	18.61	090
69802	...	A	Incise inner ear	13.39	NA	NA	10.68	11.91	11.91	1.06	NA	NA	25.13	26.36	090
69805	...	A	Explore inner ear	14.55	NA	NA	9.96	11.40	11.40	1.12	NA	NA	25.63	27.07	090
69806	...	A	Explore inner ear	12.52	NA	NA	9.50	10.66	10.66	1.00	NA	NA	23.02	24.18	090
69820	...	A	Establish inner ear window	10.40	NA	NA	9.91	10.89	10.89	0.90	NA	NA	22.19	22.19	090
69840	...	A	Revise inner ear window	10.32	NA	NA	11.73	12.81	12.81	0.79	NA	NA	22.84	23.92	090
69905	...	A	Remove inner ear	11.15	NA	NA	10.20	11.06	11.06	0.90	NA	NA	22.25	23.11	090
69910	...	A	Remove inner ear & mastoid	13.80	NA	NA	9.94	11.43	11.43	1.07	NA	NA	24.81	26.30	090
69915	...	A	Incise inner ear nerve	#22.65	NA	NA	13.59	15.74	15.74	1.70	NA	NA	37.94	40.09	090
69930	...	A	Implant cochlear device	17.60	NA	NA	11.99	14.06	14.06	1.36	NA	NA	30.95	33.02	090
69948	...	C	Inner ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69950	...	A	Incise inner ear nerve	27.44	NA	NA	15.54	18.06	18.06	2.29	NA	NA	45.27	47.79	090
69955	...	A	Release facial nerve	29.22	NA	NA	17.57	20.43	20.43	2.49	NA	NA	49.28	52.14	090
69960	...	A	Release inner ear canal	32.21	NA	NA	15.70	18.96	18.96	2.18	NA	NA	47.10	50.36	090
69970	...	A	Remove inner ear lesion	32.21	NA	NA	18.08	21.97	21.97	2.42	NA	NA	52.71	56.60	090

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CPT-1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
69979		C	Temporal bone surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69990	R	C	Microsurgery add-on	3.46	NA	NA	1.31	1.67	0.89	NA	NA	5.66	6.02	ZZZ
70010		A	Contrast x-ray of brain	1.19	2.61	3.82	NA	NA	0.27	4.07	5.66	NA	NA	XXX
70010	TC	A	Contrast x-ray of brain	0.00	2.27	0.34	NA	NA	0.22	2.49	4.04	NA	NA	XXX
70010	26	A	Contrast x-ray of brain	1.19	0.34	1.62	0.34	0.38	0.05	1.58	1.62	1.58	1.62	XXX
70015		A	Contrast x-ray of brain	1.19	2.68	1.98	NA	NA	0.16	4.03	3.33	NA	NA	XXX
70015	TC	A	Contrast x-ray of brain	0.00	2.33	1.60	NA	NA	0.08	2.41	3.33	NA	NA	XXX
70015	26	A	Contrast x-ray of brain	1.19	0.35	0.38	0.35	0.38	0.08	1.62	1.65	1.62	1.65	XXX
70030		A	X-ray eye for foreign body	0.17	0.57	0.51	NA	NA	0.02	0.71	0.77	NA	NA	XXX
70030	TC	A	X-ray eye for foreign body	0.00	0.52	0.45	NA	NA	0.03	0.54	0.47	NA	NA	XXX
70030	26	A	X-ray eye for foreign body	0.17	0.05	0.06	0.05	0.06	0.01	0.23	0.24	0.23	0.24	XXX
70100		A	X-ray exam of jaw	0.18	0.59	0.18	NA	NA	0.03	0.80	0.80	NA	NA	XXX
70100	TC	A	X-ray exam of jaw	0.00	0.55	0.53	NA	NA	0.02	0.57	0.55	NA	NA	XXX
70100	26	A	X-ray exam of jaw	0.18	0.04	0.06	0.04	0.06	0.01	0.23	0.25	0.23	0.25	XXX
70110		A	X-ray exam of jaw	0.25	0.75	0.72	NA	NA	0.05	1.05	1.02	NA	NA	XXX
70110	TC	A	X-ray exam of jaw	0.00	0.68	0.64	NA	NA	0.04	0.72	0.68	NA	NA	XXX
70110	26	A	X-ray exam of jaw	0.25	0.07	0.08	0.07	0.08	0.01	0.33	0.34	0.33	0.34	XXX
70120		A	X-ray exam of mastoids	0.18	0.66	0.68	NA	NA	0.05	0.89	0.91	NA	NA	XXX
70120	TC	A	X-ray exam of mastoids	0.00	0.61	0.62	NA	NA	0.04	0.65	0.66	NA	NA	XXX
70120	26	A	X-ray exam of mastoids	0.18	0.05	0.05	0.05	0.06	0.01	0.24	0.25	0.24	0.25	XXX
70130		A	X-ray exam of mastoids	0.34	1.10	0.95	NA	NA	0.07	1.51	1.36	NA	NA	XXX
70130	TC	A	X-ray exam of mastoids	0.00	1.00	0.84	NA	NA	0.05	1.05	0.89	NA	NA	XXX
70130	26	A	X-ray exam of mastoids	0.34	0.10	0.11	0.10	0.11	0.02	0.46	0.47	0.46	0.47	XXX
70134		A	X-ray exam of middle ear	0.34	0.88	0.85	NA	NA	0.07	1.29	1.26	NA	NA	XXX
70134	TC	A	X-ray exam of middle ear	0.00	0.78	0.74	NA	NA	0.05	0.83	0.79	NA	NA	XXX
70134	26	A	X-ray exam of middle ear	0.34	0.10	0.11	0.10	0.11	0.02	0.46	0.47	0.46	0.47	XXX
70140		A	X-ray exam of facial bones	0.19	0.51	0.64	NA	NA	0.05	0.75	0.88	NA	NA	XXX
70140	TC	A	X-ray exam of facial bones	0.00	0.47	0.58	NA	NA	0.04	0.51	0.62	NA	NA	XXX
70140	26	A	X-ray exam of facial bones	0.19	0.04	0.06	0.04	0.06	0.01	0.24	0.26	0.24	0.26	XXX
70150		A	X-ray exam of facial bones	0.26	0.80	0.85	NA	NA	0.06	1.12	1.17	NA	NA	XXX
70150	TC	A	X-ray exam of facial bones	0.00	0.73	0.77	NA	NA	0.05	0.78	0.82	NA	NA	XXX
70150	26	A	X-ray exam of facial bones	0.26	0.07	0.08	0.07	0.08	0.01	0.34	0.35	0.34	0.35	XXX
70160		A	X-ray exam of nasal bones	0.17	0.65	0.60	NA	NA	0.03	0.85	0.80	NA	NA	XXX
70160	TC	A	X-ray exam of nasal bones	0.00	0.61	0.64	NA	NA	0.02	0.63	0.56	NA	NA	XXX
70160	26	A	X-ray exam of nasal bones	0.17	0.04	0.06	0.04	0.06	0.01	0.22	0.24	0.22	0.24	XXX
70170		C	X-ray exam of tear duct	0.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	XXX
70170	TC	C	X-ray exam of tear duct	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
70170	26	A	X-ray exam of tear duct	0.30	0.08	0.10	0.08	0.10	0.01	0.39	0.41	0.39	0.41	XXX
70190		A	X-ray exam of eye sockets	0.21	0.68	0.69	NA	NA	0.05	0.94	0.95	NA	NA	XXX
70190	TC	A	X-ray exam of eye sockets	0.00	0.62	0.62	NA	NA	0.04	0.66	0.66	NA	NA	XXX
70190	26	A	X-ray exam of eye sockets	0.21	0.06	0.07	0.06	0.07	0.01	0.28	0.29	0.28	0.29	XXX
70200		A	X-ray exam of eye sockets	0.28	0.82	0.86	NA	NA	0.06	1.16	1.20	NA	NA	XXX
70200	TC	A	X-ray exam of eye sockets	0.00	0.74	0.77	NA	NA	0.05	0.79	0.82	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
70200	26	A	X-ray exam of eye sockets	0.28	0.08	0.09	0.06	0.09	0.01	0.37	0.38	0.37	0.38	XXX
70210	TC	A	X-ray exam of sinuses	0.17	0.55	0.65	0.55	0.65	0.05	0.77	0.87	NA	NA	XXX
70210	TC	A	X-ray exam of sinuses	0.00	0.51	0.59	0.51	0.59	0.04	0.55	0.63	NA	NA	XXX
70220	26	A	X-ray exam of sinuses	0.17	0.04	0.06	0.04	0.06	0.01	0.22	0.24	0.22	0.24	XXX
70220	TC	A	X-ray exam of sinuses	0.25	0.69	0.82	0.69	0.82	0.06	1.00	1.13	NA	NA	XXX
70220	TC	A	X-ray exam of sinuses	0.00	0.62	0.74	0.62	0.74	0.05	0.67	0.79	NA	NA	XXX
70220	26	A	X-ray exam of sinuses	0.25	0.07	0.08	0.07	0.08	0.01	0.33	0.34	0.33	0.34	XXX
70240	TC	A	X-ray exam, pituitary saddle	0.19	0.58	0.51	0.58	0.51	0.03	0.80	0.73	NA	NA	XXX
70240	TC	A	X-ray exam, pituitary saddle	0.00	0.53	0.45	0.53	0.45	0.02	0.55	0.47	NA	NA	XXX
70240	26	A	X-ray exam, pituitary saddle	0.19	0.05	0.06	0.05	0.06	0.01	0.25	0.26	0.25	0.26	XXX
70250	TC	A	X-ray exam of skull	0.24	0.66	0.70	0.66	0.70	0.05	0.95	0.99	NA	NA	XXX
70250	TC	A	X-ray exam of skull	0.00	0.60	0.62	0.60	0.62	0.04	0.64	0.66	NA	NA	XXX
70250	26	A	X-ray exam of skull	0.24	0.06	0.08	0.06	0.08	0.01	0.31	0.33	0.31	0.33	XXX
70260	TC	A	X-ray exam of skull	0.34	0.83	0.96	0.83	0.96	0.08	1.25	1.38	NA	NA	XXX
70260	TC	A	X-ray exam of skull	0.00	0.74	0.85	0.74	0.85	0.06	0.80	0.91	NA	NA	XXX
70260	26	A	X-ray exam of skull	0.34	0.09	0.11	0.09	0.11	0.02	0.45	0.47	0.45	0.47	XXX
70300	TC	A	X-ray exam of teeth	0.10	0.24	0.30	0.24	0.30	0.03	0.37	0.43	NA	NA	XXX
70300	TC	A	X-ray exam of teeth	0.00	0.21	0.25	0.21	0.25	0.02	0.23	0.27	NA	NA	XXX
70300	26	A	X-ray exam of teeth	0.10	0.03	0.05	0.03	0.05	0.01	0.14	0.16	0.14	0.16	XXX
70310	TC	A	X-ray exam of teeth	0.16	0.82	0.58	0.82	0.58	0.03	1.01	0.77	NA	NA	XXX
70310	TC	A	X-ray exam of teeth	0.00	0.77	0.91	0.77	0.91	0.02	0.79	0.53	NA	NA	XXX
70310	26	A	X-ray exam of teeth	0.16	0.05	0.07	0.05	0.07	0.01	0.22	0.24	0.22	0.24	XXX
70320	TC	A	Full mouth x-ray of teeth	0.22	0.96	0.89	0.96	0.89	0.06	1.24	1.17	NA	NA	XXX
70320	TC	A	Full mouth x-ray of teeth	0.00	0.90	0.81	0.90	0.81	0.05	0.95	0.86	NA	NA	XXX
70320	26	A	Full mouth x-ray of teeth	0.22	0.06	0.08	0.06	0.08	0.01	0.29	0.31	0.29	0.31	XXX
70328	TC	A	X-ray exam of jaw joint	0.18	0.59	0.56	0.59	0.56	0.03	0.80	0.77	NA	NA	XXX
70328	TC	A	X-ray exam of jaw joint	0.00	0.54	0.50	0.54	0.50	0.02	0.56	0.52	NA	NA	XXX
70328	26	A	X-ray exam of jaw joint	0.18	0.05	0.06	0.05	0.06	0.01	0.24	0.25	0.24	0.25	XXX
70330	TC	A	X-ray exam of jaw joints	0.24	0.96	0.93	0.96	0.93	0.06	1.26	1.23	NA	NA	XXX
70330	TC	A	X-ray exam of jaw joints	0.00	0.89	0.85	0.89	0.85	0.05	0.94	0.90	NA	NA	XXX
70330	26	A	X-ray exam of jaw joint	0.24	0.07	0.08	0.07	0.08	0.01	0.32	0.33	0.32	0.33	XXX
70332	TC	A	X-ray exam of jaw joint	0.54	1.42	2.08	1.42	2.08	0.14	2.10	2.76	NA	NA	XXX
70332	TC	A	X-ray exam of jaw joint	0.00	1.26	1.89	1.26	1.89	0.12	1.38	2.01	NA	NA	XXX
70332	26	A	X-ray exam of jaw joint	0.54	0.16	0.19	0.16	0.19	0.02	0.72	0.75	0.72	0.75	XXX
70336	TC	A	Magnetic image, jaw joint	1.48	11.62	11.67	11.62	11.67	0.66	13.76	13.81	NA	NA	XXX
70336	TC	A	Magnetic image, jaw joint	0.00	11.20	11.20	11.20	11.20	0.59	11.79	11.79	NA	NA	XXX
70336	26	A	Magnetic image, jaw joint	1.48	0.42	0.47	0.42	0.47	0.07	1.97	2.02	1.97	2.02	XXX
70350	TC	A	X-ray head for orthodontia	0.17	0.32	0.42	0.32	0.42	0.03	0.52	0.62	NA	NA	XXX
70350	TC	A	X-ray head for orthodontia	0.00	0.27	0.35	0.27	0.35	0.02	0.29	0.37	NA	NA	XXX
70350	26	A	X-ray head for orthodontia	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
70355	TC	A	Panoramic x-ray of jaws	0.20	0.29	0.56	0.29	0.56	0.05	0.54	0.81	NA	NA	XXX
70355	TC	A	Panoramic x-ray of jaws	0.00	0.23	0.49	0.23	0.49	0.04	0.27	0.53	NA	NA	XXX
70355	26	A	Panoramic x-ray of jaws	0.20	0.06	0.07	0.06	0.07	0.01	0.27	0.28	0.27	0.28	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT-1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs ³	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Mat-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
70360		A	X-ray exam of neck	0.17	0.53	0.50	NA	NA	0.03	0.73	0.70	NA	NA	XXX
70360	TC	A	X-ray exam of neck	0.00	0.48	0.44	NA	NA	0.02	0.50	0.46	NA	NA	XXX
70360	26	A	X-ray exam of neck	0.17	0.05	0.06	0.05	0.06	0.01	0.23	0.24	0.23	0.24	XXX
70370		A	Throat x-ray & fluoroscopy	0.32	1.59	1.46	NA	NA	0.08	1.99	1.86	NA	NA	XXX
70370	TC	A	Throat x-ray & fluoroscopy	0.00	1.50	1.36	NA	NA	0.07	1.57	1.43	NA	NA	XXX
70370	26	A	Throat x-ray & fluoroscopy	0.32	0.09	0.10	0.09	0.10	0.01	0.42	0.43	0.42	0.43	XXX
70371		A	Speech evaluation, complex	0.84	1.40	2.14	NA	NA	0.16	2.40	3.14	NA	NA	XXX
70371	TC	A	Speech evaluation, complex	0.00	1.17	1.87	NA	NA	0.12	1.29	1.99	NA	NA	XXX
70371	26	A	Speech evaluation, complex	0.84	0.23	0.27	0.23	0.27	0.04	1.11	1.15	1.11	1.15	XXX
70373		A	Contrast x-ray of larynx	0.44	1.57	1.83	NA	NA	0.13	2.14	2.40	NA	NA	XXX
70373	TC	A	Contrast x-ray of larynx	0.00	1.46	1.70	NA	NA	0.11	1.57	1.81	NA	NA	XXX
70373	26	A	Contrast x-ray of larynx	0.44	0.11	0.13	0.11	0.13	0.02	0.57	0.59	0.57	0.59	XXX
70380		A	X-ray exam of salivary gland	0.17	0.80	0.75	NA	NA	0.05	1.02	0.97	NA	NA	XXX
70380	TC	A	X-ray exam of salivary gland	0.00	0.75	0.69	NA	NA	0.04	0.79	0.73	NA	NA	XXX
70380	26	A	X-ray exam of salivary gland	0.17	0.05	0.06	0.05	0.06	0.01	0.23	0.24	0.23	0.24	XXX
70390		A	X-ray exam of salivary duct	0.38	2.20	1.98	NA	NA	0.13	2.71	2.49	NA	NA	XXX
70390	TC	A	X-ray exam of salivary duct	0.00	2.09	1.86	NA	NA	0.11	2.20	1.97	NA	NA	XXX
70390	26	A	X-ray exam of salivary duct	0.38	0.11	0.12	0.11	0.12	0.02	0.51	0.52	0.51	0.52	XXX
70450		A	Ct head/brain w/o dye	0.85	4.62	4.91	NA	NA	0.29	5.76	6.05	NA	NA	XXX
70450	TC	A	Ct head/brain w/o dye	0.00	4.38	4.64	NA	NA	0.25	4.63	4.89	NA	NA	XXX
70450	26	A	Ct head/brain w/o dye	0.85	0.24	0.27	0.24	0.27	0.04	1.13	1.16	1.13	1.16	XXX
70460		A	Ct head/brain w/dye	1.13	6.14	6.06	NA	NA	0.35	7.62	7.54	NA	NA	XXX
70460	TC	A	Ct head/brain w/dye	0.00	5.82	5.70	NA	NA	0.30	6.12	6.00	NA	NA	XXX
70460	26	A	Ct head/brain w/dye	1.13	0.32	0.36	0.32	0.36	0.05	1.50	1.54	1.50	1.54	XXX
70470		A	Ct head/brain w/o & w/dye	1.27	7.48	7.49	NA	NA	0.43	9.18	9.19	NA	NA	XXX
70470	TC	A	Ct head/brain w/o & w/dye	0.00	7.12	7.08	NA	NA	0.37	7.49	7.45	NA	NA	XXX
70470	26	A	Ct head/brain w/o & w/dye	1.27	0.36	0.41	0.36	0.41	0.06	1.69	1.74	1.69	1.74	XXX
70480		A	Ct orbit/ear/fossa w/o dye	1.28	7.99	5.86	NA	NA	0.31	9.58	7.45	NA	NA	XXX
70480	TC	A	Ct orbit/ear/fossa w/o dye	0.00	7.63	5.45	NA	NA	0.25	7.88	5.70	NA	NA	XXX
70480	26	A	Ct orbit/ear/fossa w/o dye	1.28	0.36	0.41	0.36	0.41	0.06	1.70	1.75	1.70	1.75	XXX
70481		A	Ct orbit/ear/fossa w/dye	1.38	9.43	6.95	NA	NA	0.30	11.17	8.69	NA	NA	XXX
70481	TC	A	Ct orbit/ear/fossa w/dye	0.00	9.04	6.51	NA	NA	0.30	9.34	6.81	NA	NA	XXX
70481	26	A	Ct orbit/ear/fossa w/dye	1.38	0.39	0.44	0.39	0.44	0.06	1.83	1.88	1.83	1.88	XXX
70482		A	Ct orbit/ear/fossa w/o&w/dye	1.45	10.81	8.36	NA	NA	0.43	12.69	10.24	NA	NA	XXX
70482	TC	A	Ct orbit/ear/fossa w/o&w/dye	0.00	10.40	7.90	NA	NA	0.37	10.77	10.77	NA	NA	XXX
70482	26	A	Ct orbit/ear/fossa w/o&w/dye	1.45	0.41	0.46	0.41	0.46	0.06	1.92	1.97	1.92	1.97	XXX
70486		A	Ct maxillofacial w/o dye	1.14	6.39	5.42	NA	NA	0.30	7.83	6.86	NA	NA	XXX
70486	TC	A	Ct maxillofacial w/o dye	0.00	6.07	5.06	NA	NA	0.25	6.32	5.31	NA	NA	XXX
70486	26	A	Ct maxillofacial w/o dye	1.14	0.32	0.36	0.32	0.36	0.05	1.51	1.55	1.51	1.55	XXX
70487		A	Ct maxillofacial w/dye	1.30	7.89	6.55	NA	NA	0.36	9.55	8.21	NA	NA	XXX
70487	TC	A	Ct maxillofacial w/dye	0.00	7.52	6.13	NA	NA	0.30	7.82	6.43	NA	NA	XXX
70487	26	A	Ct maxillofacial w/dye	1.30	0.37	0.42	0.37	0.42	0.06	1.73	1.78	1.73	1.78	XXX
70488		A	Ct maxillofacial w/o & w/dye	1.42	9.81	8.11	NA	NA	0.43	11.66	9.96	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT-1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Year 2007 Transi- tional PE RVUs	Fully Im- plement- ed Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
70488	TC	A	Ct maxillofacial w/o & w/dye	0.00	9.41	7.66	NA	NA	NA	9.78	8.03	NA	NA	XXX
70488	26	A	Ct maxillofacial w/o & w/dye	1.42	0.40	0.45	0.40	0.45	0.06	1.88	1.93	1.88	1.93	XXX
70490	TC	A	Ct soft tissue neck w/o dye	1.28	6.12	5.39	NA	NA	0.31	7.71	6.98	NA	NA	XXX
70490	26	A	Ct soft tissue neck w/o dye	0.00	5.75	4.98	NA	NA	0.25	6.00	5.23	NA	NA	XXX
70491	TC	A	Ct soft tissue neck w/dye	1.28	0.37	0.41	0.37	0.41	0.06	1.71	1.75	1.71	1.75	XXX
70491	26	A	Ct soft tissue neck w/dye	1.38	7.58	6.48	NA	NA	0.36	9.32	8.22	NA	NA	XXX
70491	TC	A	Ct soft tissue neck w/dye	0.00	7.19	6.04	NA	NA	0.30	7.49	6.34	NA	NA	XXX
70491	26	A	Ct soft tissue neck w/dye	1.38	0.39	0.44	0.39	0.44	0.06	1.83	1.88	1.83	1.88	XXX
70492	TC	A	Ct soft tissue neck w/o & w/dye	1.45	9.50	8.04	NA	NA	0.43	11.38	9.92	NA	NA	XXX
70492	26	A	Ct soft tissue neck w/o & w/dye	0.00	9.09	7.58	NA	NA	0.37	9.46	7.95	NA	NA	XXX
70492	TC	A	Ct soft tissue neck w/o & w/dye	1.45	0.41	0.46	0.41	0.46	0.06	1.92	1.97	1.92	1.97	XXX
70492	26	A	Ct soft tissue neck w/o & w/dye	1.75	16.19	12.43	NA	NA	0.66	18.60	14.84	NA	NA	XXX
70496	TC	A	Ct angiography, head	0.00	15.88	11.87	NA	NA	0.58	16.26	12.45	NA	NA	XXX
70496	26	A	Ct angiography, head	1.75	0.51	0.56	0.51	0.56	0.08	2.34	2.39	2.34	2.39	XXX
70498	TC	A	Ct angiography, neck	1.75	16.29	12.45	NA	NA	0.66	18.70	14.86	NA	NA	XXX
70498	26	A	Ct angiography, neck	0.00	15.77	11.89	NA	NA	0.58	16.35	12.47	NA	NA	XXX
70498	TC	A	Ct angiography, neck	1.75	0.52	0.56	0.52	0.56	0.08	2.35	2.39	2.35	2.39	XXX
70498	26	A	Ct angiography, neck	1.35	13.49	12.11	NA	NA	0.45	15.29	13.91	NA	NA	XXX
70540	TC	A	Mri orbit/face/neck w/o dye	0.00	13.11	11.68	NA	NA	0.39	13.50	12.07	NA	NA	XXX
70540	26	A	Mri orbit/face/neck w/o dye	1.35	0.38	0.43	0.38	0.43	0.06	1.79	1.84	1.79	1.84	XXX
70542	TC	A	Mri orbit/face/neck w/dye	1.62	14.46	14.09	NA	NA	0.54	16.62	16.25	NA	NA	XXX
70542	26	A	Mri orbit/face/neck w/dye	0.00	14.00	13.58	NA	NA	0.47	14.47	14.05	NA	NA	XXX
70543	TC	A	Mri orbit/face/neck w/o & w/dye	1.62	0.46	0.51	0.46	0.51	0.07	2.15	2.20	2.15	2.20	XXX
70543	26	A	Mri orbit/face/neck w/o & w/dye	2.15	17.82	23.65	NA	NA	0.94	20.91	26.74	NA	NA	XXX
70543	TC	A	Mri orbit/fac/neck w/o & w/dye	0.00	17.21	22.96	NA	NA	0.84	18.05	23.80	NA	NA	XXX
70543	26	A	Mri orbit/fac/neck w/o & w/dye	2.15	0.61	0.69	0.61	0.69	0.10	2.86	2.94	2.86	2.94	XXX
70544	TC	A	Mr angiography head w/o dye	1.20	15.03	12.46	NA	NA	0.64	16.87	14.30	NA	NA	XXX
70544	26	A	Mr angiography head w/o dye	0.00	14.69	12.07	NA	NA	0.59	15.28	12.66	NA	NA	XXX
70545	TC	A	Mr angiography head w/dye	1.20	14.98	12.44	NA	NA	0.64	16.82	14.28	NA	NA	XXX
70545	26	A	Mr angiography head w/dye	0.00	14.64	12.06	NA	NA	0.59	15.23	12.65	NA	NA	XXX
70545	TC	A	Mr angiography head w/o & w/dye	1.20	0.34	0.38	0.34	0.38	0.05	1.59	1.63	1.59	1.63	XXX
70545	26	A	Mr angiography head w/o & w/dye	1.80	22.88	22.97	NA	NA	0.67	25.35	25.44	NA	NA	XXX
70546	TC	A	Mr angiography head w/o & w/dye	1.80	22.37	22.40	NA	NA	0.59	22.96	22.99	NA	NA	XXX
70546	26	A	Mr angiography head w/o & w/dye	1.80	0.51	0.57	0.51	0.57	0.08	2.39	2.45	2.39	2.45	XXX
70547	TC	A	Mr angiography neck w/o dye	1.20	15.01	12.45	NA	NA	0.64	16.85	14.29	NA	NA	XXX
70547	26	A	Mr angiography neck w/o dye	0.00	14.67	12.07	NA	NA	0.59	15.26	12.66	NA	NA	XXX
70548	TC	A	Mr angiography neck w/dye	1.20	0.34	0.38	0.34	0.38	0.05	1.59	1.63	1.59	1.63	XXX
70548	26	A	Mr angiography neck w/dye	1.20	15.81	12.65	NA	NA	0.64	17.65	14.49	NA	NA	XXX
70548	TC	A	Mr angiography neck w/o & w/dye	1.20	15.47	12.27	NA	NA	0.59	16.06	12.86	NA	NA	XXX
70548	26	A	Mr angiography neck w/o & w/dye	1.20	0.34	0.38	0.34	0.38	0.05	1.59	1.63	1.59	1.63	XXX
70549	TC	A	Mr angiography neck w/o & w/dye	1.80	22.85	22.96	NA	NA	0.67	25.32	25.43	NA	NA	XXX
70549	26	A	Mr angiography neck w/o & w/dye	0.00	22.34	22.39	NA	NA	0.59	22.93	22.98	NA	NA	XXX

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CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
70549	26	A	Mr angiograph neck w/o&w/dye	1.80	0.51	0.57	0.51	0.57	0.08	2.39	2.45	2.39	2.45	XXX
70551		A	Mri brain w/o dye	1.48	13.72	12.20	NA	NA	0.66	15.86	14.34	NA	NA	XXX
70551	TC	A	Mri brain w/o dye	0.00	13.30	11.73	NA	NA	0.59	13.89	12.32	NA	NA	XXX
70551	26	A	Mri brain w/o dye	1.48	0.42	0.47	0.42	0.47	0.07	1.97	2.02	1.97	2.02	XXX
70552		A	Mri brain w/dye	1.78	14.76	14.22	NA	NA	0.78	17.32	16.78	NA	NA	XXX
70552	TC	A	Mri brain w/dye	0.00	14.26	13.65	NA	NA	0.70	14.96	14.35	NA	NA	XXX
70552	26	A	Mri brain w/dye	1.78	0.50	0.57	0.50	0.57	0.08	2.36	2.43	2.38	2.43	XXX
70553		A	Mri brain w/o & w/dye	2.36	17.15	23.53	NA	NA	1.41	20.92	27.30	NA	NA	XXX
70553	TC	A	Mri brain w/o & w/dye	0.00	16.48	22.78	NA	NA	1.31	17.79	24.09	NA	NA	XXX
70553	26	A	Mri brain w/o & w/dye	2.36	0.67	0.75	0.67	0.75	0.10	3.13	3.21	3.13	3.21	XXX
70554		A	Fmri brain by tech	2.11	13.49	13.49	NA	NA	0.92	16.52	18.52	NA	NA	XXX
70554	TC	A	Fmri brain by tech	0.00	12.89	12.89	NA	NA	0.82	13.71	13.71	NA	NA	XXX
70554	26	A	Fmri brain by tech	2.11	0.60	0.60	0.60	0.60	0.10	2.81	2.81	2.81	2.81	XXX
70555		C	Fmri brain by phys/psych	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
70555	TC	C	Fmri brain by phys/psych	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
70555	26	A	Fmri brain by phys/psych	2.54	0.72	0.72	0.72	0.72	0.11	3.37	3.37	3.37	3.37	XXX
70557		C	Mri brain w/o dye	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
70557	TC	C	Mri brain w/o dye	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
70557	26	A	Mri brain w/o dye	2.90	0.84	1.06	0.84	1.06	0.08	3.82	4.04	3.82	4.04	XXX
70558		C	Mri brain w/dye	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
70558	TC	C	Mri brain w/dye	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
70558	26	A	Mri brain w/dye	3.20	1.02	1.19	1.02	1.19	0.10	4.32	4.49	4.32	4.49	XXX
70559		C	Mri brain w/o & w/dye	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
70559	TC	C	Mri brain w/o & w/dye	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
70559	26	A	Mri brain w/o & w/dye	3.20	0.95	1.17	0.95	1.17	0.12	4.27	4.49	4.27	4.49	XXX
71010		A	Chest x-ray	0.18	0.40	0.50	NA	NA	0.03	0.61	0.71	NA	NA	XXX
71010	TC	A	Chest x-ray	0.00	0.35	0.44	NA	NA	0.02	0.37	0.46	NA	NA	XXX
71010	26	A	Chest x-ray	0.18	0.05	0.06	0.05	0.06	0.01	0.24	0.25	0.24	0.25	XXX
71015		A	Chest x-ray	0.21	0.54	0.58	NA	NA	0.03	0.78	0.82	NA	NA	XXX
71015	TC	A	Chest x-ray	0.00	0.48	0.51	NA	NA	0.02	0.50	0.53	NA	NA	XXX
71015	26	A	Chest x-ray	0.21	0.06	0.07	0.06	0.07	0.01	0.28	0.29	0.28	0.29	XXX
71020		A	Chest x-ray	0.22	0.54	0.66	NA	NA	0.05	0.81	0.93	NA	NA	XXX
71020	TC	A	Chest x-ray	0.00	0.48	0.59	NA	NA	0.04	0.52	0.63	NA	NA	XXX
71020	26	A	Chest x-ray	0.22	0.06	0.06	0.06	0.07	0.01	0.29	0.30	0.29	0.30	XXX
71021		A	Chest x-ray	0.27	0.67	0.79	NA	NA	0.06	1.00	1.12	NA	NA	XXX
71021	TC	A	Chest x-ray	0.00	0.60	0.70	NA	NA	0.05	0.65	0.75	NA	NA	XXX
71021	26	A	Chest x-ray	0.27	0.07	0.09	0.07	0.09	0.01	0.35	0.37	0.35	0.37	XXX
71022		A	Chest x-ray and fluoroscopy	0.31	0.84	0.84	NA	NA	0.06	1.21	1.21	NA	NA	XXX
71022	TC	A	Chest x-ray	0.00	0.76	0.74	NA	NA	0.05	0.81	0.79	NA	NA	XXX
71022	26	A	Chest x-ray	0.31	0.08	0.10	0.08	0.10	0.01	0.40	0.42	0.40	0.42	XXX
71023		A	Chest x-ray and fluoroscopy	0.38	1.53	1.06	NA	NA	0.06	1.97	1.50	NA	NA	XXX
71023	TC	A	Chest x-ray and fluoroscopy	0.00	1.39	0.93	NA	NA	0.05	1.44	0.98	NA	NA	XXX
71023	26	A	Chest x-ray and fluoroscopy	0.38	0.14	0.13	0.14	0.13	0.01	0.53	0.52	0.53	0.52	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im-plement-Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Im-plement-Non-Facility PE RVUs	Fully Im-plement-Non-Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Fully Im-plement-Non-Facility Total	Fully Im-plement-Non-Facility Total	Fully Im-plement-Non-Facility Total	Year 2007 Transitional Facility Total	Global
71030		A	Chest x-ray	0.31	0.87	0.88	0.88	0.87	NA	NA	1.24	0.06	1.24	NA	XXX	
71030	TC	A	Chest x-ray	0.00	0.78	0.78	0.78	0.78	NA	NA	0.83	0.05	0.83	NA	XXX	
71030	26	A	Chest x-ray	0.31	0.96	0.96	0.96	0.96	0.10	0.09	0.42	0.01	0.41	0.41	XXX	
71034		A	Chest x-ray and fluoroscopy	0.46	1.99	1.69	1.69	1.99	NA	NA	2.52	0.10	2.52	NA	XXX	
71034	TC	A	Chest x-ray and fluoroscopy	0.00	1.79	1.53	1.53	1.79	NA	NA	1.87	0.08	1.87	NA	XXX	
71034	26	A	Chest x-ray and fluoroscopy	0.46	0.17	0.16	0.16	0.17	0.16	0.17	0.65	0.02	0.65	0.65	XXX	
71035		A	Chest x-ray	0.18	0.72	0.62	0.62	0.72	NA	NA	0.93	0.03	0.93	NA	XXX	
71035	TC	A	Chest x-ray	0.00	0.67	0.56	0.56	0.67	NA	NA	0.69	0.02	0.69	NA	XXX	
71035	26	A	Chest x-ray	0.18	0.05	0.06	0.06	0.05	0.06	0.05	0.24	0.01	0.24	0.24	XXX	
71040		A	Contrast x-ray of bronchi	0.58	1.99	1.74	1.74	1.99	NA	NA	2.68	0.11	2.68	NA	XXX	
71040	TC	A	Contrast x-ray of bronchi	0.00	1.84	1.56	1.56	1.84	NA	NA	1.92	0.08	1.92	NA	XXX	
71040	26	A	Contrast x-ray of bronchi	0.58	0.15	0.18	0.18	0.15	0.18	0.76	0.03	0.76	0.76	XXX		
71060		A	Contrast x-ray of bronchi	0.74	2.91	2.56	2.56	2.91	NA	NA	3.81	0.16	3.81	NA	XXX	
71060	TC	A	Contrast x-ray of bronchi	0.00	2.70	2.33	2.33	2.70	NA	NA	2.83	0.13	2.83	NA	XXX	
71060	26	A	Contrast x-ray of bronchi	0.74	0.21	0.23	0.23	0.21	0.23	0.98	0.03	0.98	0.98	XXX		
71090		C	X-ray & pacemaker insertion	0.00	NA	NA	NA	NA	NA	NA	NA	0.00	NA	NA	XXX	
71090	TC	C	X-ray & pacemaker insertion	0.00	NA	NA	NA	NA	NA	NA	NA	0.00	NA	NA	XXX	
71090	26	A	X-ray & pacemaker insertion	0.54	0.29	0.23	0.23	0.29	0.23	0.85	0.02	0.85	0.85	XXX		
71100		A	X-ray exam of ribs	0.22	0.58	0.63	0.63	0.58	NA	NA	0.85	0.05	0.85	NA	XXX	
71100	TC	A	X-ray exam of ribs	0.00	0.52	0.56	0.56	0.52	NA	NA	0.56	0.04	0.56	NA	XXX	
71100	26	A	X-ray exam of ribs	0.22	0.06	0.07	0.07	0.06	0.07	0.29	0.01	0.29	0.29	XXX		
71101		A	X-ray exam of ribs/chest	0.27	0.71	0.75	0.75	0.71	NA	NA	1.03	0.05	1.03	NA	XXX	
71101	TC	A	X-ray exam of ribs/chest	0.00	0.64	0.66	0.66	0.64	NA	NA	0.68	0.04	0.68	NA	XXX	
71101	26	A	X-ray exam of ribs/chest	0.27	0.07	0.09	0.09	0.07	0.09	0.35	0.01	0.35	0.35	XXX		
71110		A	X-ray exam of ribs	0.27	0.73	0.84	0.84	0.73	NA	NA	1.06	0.06	1.06	NA	XXX	
71110	TC	A	X-ray exam of ribs	0.00	0.66	0.75	0.75	0.66	NA	NA	0.71	0.05	0.71	NA	XXX	
71110	26	A	X-ray exam of ribs	0.27	0.07	0.09	0.09	0.07	0.09	0.35	0.01	0.35	0.35	XXX		
71111		A	X-ray exam of ribs/chest	0.32	1.00	1.00	1.00	1.00	NA	NA	1.39	0.07	1.39	NA	XXX	
71111	TC	A	X-ray exam of ribs/chest	0.00	0.92	0.90	0.90	0.92	NA	NA	0.98	0.06	0.98	NA	XXX	
71111	26	A	X-ray exam of ribs/chest	0.32	0.08	0.10	0.10	0.08	0.10	0.43	0.01	0.41	0.41	XXX		
71120		A	X-ray exam of breastbone	0.20	0.59	0.69	0.69	0.59	NA	NA	0.84	0.05	0.84	NA	XXX	
71120	TC	A	X-ray exam of breastbone	0.00	0.53	0.62	0.62	0.53	NA	NA	0.57	0.04	0.57	NA	XXX	
71120	26	A	X-ray exam of breastbone	0.20	0.06	0.07	0.07	0.06	0.07	0.27	0.01	0.27	0.27	XXX		
71130		A	X-ray exam of breastbone	0.22	0.72	0.77	0.77	0.72	NA	NA	0.99	0.05	0.99	NA	XXX	
71130	TC	A	X-ray exam of breastbone	0.00	0.65	0.70	0.70	0.65	NA	NA	0.69	0.04	0.69	NA	XXX	
71130	26	A	X-ray exam of breastbone	0.22	0.07	0.07	0.07	0.07	0.07	0.30	0.01	0.30	0.30	XXX		
71250		A	Ct thorax w/o dye	1.16	6.08	6.24	6.24	6.08	NA	NA	7.60	0.36	7.60	NA	XXX	
71250	TC	A	Ct thorax w/o dye	0.00	5.75	5.87	5.87	5.75	NA	NA	6.06	0.31	6.06	NA	XXX	
71250	26	A	Ct thorax w/o dye	1.16	0.33	0.37	0.37	0.33	0.37	1.54	0.05	1.54	1.54	XXX		
71260		A	Ct thorax w/dye	1.24	7.54	7.50	7.50	7.54	NA	NA	9.20	0.42	9.20	NA	XXX	
71260	TC	A	Ct thorax w/dye	0.00	7.19	7.10	7.10	7.19	NA	NA	7.56	0.37	7.56	NA	XXX	
71260	26	A	Ct thorax w/dye	1.24	0.35	0.40	0.40	0.35	0.40	1.64	0.05	1.64	1.64	XXX		
71270		A	Ct thorax w/o & w/dye	1.38	9.52	9.36	9.36	9.52	NA	NA	11.42	0.52	11.42	NA	XXX	

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im-plement- ed Non-Facility PE RVUs	Year 2007 Translational Non-Facility RVUs	Fully Im-plement- ed Facility PE RVUs	Fully Im-plement- ed Facility PE RVUs	Year 2007 Translational Non-Facility RVUs	Fully Im-plement- ed Non-Facility Total	Mal-Prac- tice RVUs	Fully Im-plement- ed Non-Facility Total	Year 2007 Translational Non-Facility Total	Fully Im-plement- ed Facility Total	Year 2007 Translational Facility Total	Global
71270	TC	A	Ct thorax w/o & w/dye	0.00	9.13	8.92	NA	NA	9.38	9.38	0.46	9.59	9.38	NA	NA	XXX
71270	26	A	Ct thorax w/o & w/dye	1.38	0.39	0.44	0.39	0.44	1.83	1.83	0.06	1.83	1.88	1.83	1.88	XXX
71275		A	Ct angiography, chest	1.92	11.10	12.53	NA	NA	14.93	14.93	0.48	13.50	14.93	NA	NA	XXX
71275	TC	A	Ct angiography, chest	0.00	10.54	11.92	NA	NA	12.31	12.31	0.39	10.93	12.31	NA	NA	XXX
71275	26	A	Ct angiography, chest	1.92	0.56	0.56	0.56	0.61	2.62	2.62	0.09	2.57	2.62	2.57	2.62	XXX
71550		A	Mri chest w/o dye	1.46	15.58	12.65	NA	NA	14.62	14.62	0.51	17.55	14.62	NA	NA	XXX
71550	TC	A	Mri chest w/o dye	0.00	15.17	12.19	NA	NA	12.64	12.64	0.45	15.62	12.64	NA	NA	XXX
71550	26	A	Mri chest w/o dye	1.46	0.41	0.46	0.41	0.46	1.98	1.98	0.06	1.93	1.98	1.93	1.98	XXX
71551		A	Mri chest w/dye	1.73	17.01	14.76	NA	NA	17.03	17.03	0.60	19.34	17.03	NA	NA	XXX
71551	TC	A	Mri chest w/dye	0.00	16.51	14.21	NA	NA	14.73	14.73	0.52	17.03	14.73	NA	NA	XXX
71551	26	A	Mri chest w/dye	1.73	0.50	0.55	0.50	0.55	2.36	2.36	0.08	2.31	2.36	2.31	2.36	XXX
71552		A	Mri chest w/o & w/dye	2.26	21.36	24.56	NA	NA	27.60	27.60	0.78	24.40	27.60	NA	NA	XXX
71552	TC	A	Mri chest w/o & w/dye	0.00	20.71	23.84	NA	NA	24.52	24.52	0.68	21.39	24.52	NA	NA	XXX
71552	26	A	Mri chest w/o & w/dye	2.26	0.65	0.72	0.65	0.72	3.01	3.01	0.10	3.01	3.08	3.01	3.08	XXX
71555		R	Mri angio chest w or w/o dye	1.81	14.67	12.52	NA	NA	15.00	15.00	0.67	17.15	15.00	NA	NA	XXX
71555	TC	R	Mri angio chest w or w/o dye	0.00	14.11	11.93	NA	NA	12.52	12.52	0.59	14.70	12.52	NA	NA	XXX
71555	26	R	Mri angio chest w or w/o dye	1.81	0.56	0.59	0.56	0.59	2.45	2.45	0.08	2.45	2.48	2.45	2.48	XXX
72010		A	X-ray exam of spine	0.45	1.40	1.23	NA	NA	1.76	1.76	0.08	1.93	1.76	NA	NA	XXX
72010	TC	A	X-ray exam of spine	0.00	1.28	1.09	NA	NA	1.15	1.15	0.06	1.34	1.15	NA	NA	XXX
72010	26	A	X-ray exam of spine	0.45	0.12	0.12	0.12	0.14	0.61	0.61	0.02	0.59	0.61	0.59	0.61	XXX
72020		A	X-ray exam of spine	0.15	0.43	0.46	NA	NA	0.64	0.64	0.03	0.61	0.64	NA	NA	XXX
72020	TC	A	X-ray exam of spine	0.00	0.39	0.41	NA	NA	0.43	0.43	0.02	0.41	0.43	NA	NA	XXX
72020	26	A	X-ray exam of spine	0.15	0.04	0.05	0.04	0.05	0.21	0.21	0.01	0.20	0.21	0.20	0.21	XXX
72040		A	X-ray exam of neck spine	0.22	0.73	0.69	NA	NA	0.96	0.96	0.05	1.00	0.96	NA	NA	XXX
72040	TC	A	X-ray exam of neck spine	0.00	0.67	0.62	NA	NA	0.66	0.66	0.04	0.71	0.66	NA	NA	XXX
72040	26	A	X-ray exam of neck spine	0.22	0.06	0.07	0.06	0.07	0.30	0.30	0.01	0.29	0.30	0.29	0.30	XXX
72050		A	X-ray exam of neck spine	0.31	1.01	1.00	NA	NA	1.38	1.38	0.07	1.39	1.38	NA	NA	XXX
72050	TC	A	X-ray exam of neck spine	0.00	0.92	0.90	NA	NA	0.96	0.96	0.06	0.98	0.96	NA	NA	XXX
72050	26	A	X-ray exam of neck spine	0.31	0.09	0.10	0.09	0.10	0.42	0.42	0.01	0.41	0.42	0.41	0.42	XXX
72052		A	X-ray exam of neck spine	0.36	1.31	1.27	NA	NA	1.71	1.71	0.08	1.75	1.71	NA	NA	XXX
72052	TC	A	X-ray exam of neck spine	0.00	1.21	1.15	NA	NA	1.21	1.21	0.06	1.27	1.21	NA	NA	XXX
72052	26	A	X-ray exam of neck spine	0.36	0.10	0.12	0.10	0.12	0.50	0.50	0.02	0.48	0.50	0.48	0.50	XXX
72069		A	X-ray exam of trunk spine	0.22	0.73	0.61	NA	NA	0.86	0.86	0.03	0.98	0.86	NA	NA	XXX
72069	TC	A	X-ray exam of trunk spine	0.00	0.66	0.53	NA	NA	0.55	0.55	0.02	0.68	0.55	NA	NA	XXX
72069	26	A	X-ray exam of trunk spine	0.22	0.07	0.08	0.07	0.08	0.31	0.31	0.01	0.30	0.31	0.30	0.31	XXX
72070		A	X-ray exam of thoracic spine	0.22	0.60	0.69	NA	NA	0.98	0.98	0.05	0.87	0.98	NA	NA	XXX
72070	TC	A	X-ray exam of thoracic spine	0.00	0.54	0.62	NA	NA	0.66	0.66	0.04	0.58	0.66	NA	NA	XXX
72070	26	A	X-ray exam of thoracic spine	0.22	0.06	0.07	0.06	0.07	0.29	0.29	0.01	0.29	0.30	0.29	0.30	XXX
72072		A	X-ray exam of thoracic spine	0.22	0.72	0.78	NA	NA	1.06	1.06	0.06	1.00	1.06	NA	NA	XXX
72072	TC	A	X-ray exam of thoracic spine	0.00	0.66	0.71	NA	NA	0.76	0.76	0.05	0.71	0.76	NA	NA	XXX
72072	26	A	X-ray exam of thoracic spine	0.22	0.06	0.07	0.06	0.07	0.30	0.30	0.01	0.29	0.30	0.29	0.30	XXX
72074		A	X-ray exam of thoracic spine	0.22	0.89	0.96	NA	NA	1.25	1.25	0.07	1.18	1.25	NA	NA	XXX
72074	TC	A	X-ray exam of thoracic spine	0.00	0.83	0.89	NA	NA	0.95	0.95	0.06	0.89	0.95	NA	NA	XXX

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
72074	26	A	X-ray exam of thoracic spine	0.22	0.06	0.07	0.06	0.07	0.07	0.01	0.29	XXX
72080	TC	A	X-ray exam of trunk spine	0.22	0.67	0.72	NA	NA	0.99	0.05	NA	XXX
72080	26	A	X-ray exam of trunk spine	0.00	0.60	0.65	NA	NA	0.69	0.04	NA	XXX
72090	TC	A	X-ray exam of trunk spine	0.22	0.07	0.07	0.07	0.07	0.30	0.01	0.30	XXX
72090	26	A	X-ray exam of trunk spine	0.28	0.97	0.81	NA	NA	1.14	0.05	NA	XXX
72090	TC	A	X-ray exam of trunk spine	0.00	0.88	0.72	NA	NA	0.78	0.04	NA	XXX
72090	26	A	X-ray exam of trunk spine	0.22	0.09	0.09	0.09	0.09	0.38	0.01	0.38	XXX
72100	TC	A	X-ray exam of lower spine	0.22	0.78	0.75	NA	NA	1.02	0.05	NA	XXX
72100	26	A	X-ray exam of lower spine	0.00	0.71	0.68	NA	NA	0.72	0.04	NA	XXX
72110	TC	A	X-ray exam of lower spine	0.22	0.07	0.07	0.07	0.07	0.30	0.01	0.30	XXX
72110	26	A	X-ray exam of lower spine	0.31	1.08	1.03	NA	NA	1.41	0.07	NA	XXX
72110	TC	A	X-ray exam of lower spine	0.00	0.99	0.93	NA	NA	1.05	0.06	NA	XXX
72110	26	A	X-ray exam of lower spine	0.31	0.09	0.10	0.09	0.10	0.42	0.01	0.42	XXX
72114	TC	A	X-ray exam of lower spine	0.36	1.49	1.36	NA	NA	1.80	0.08	NA	XXX
72114	26	A	X-ray exam of lower spine	0.00	1.38	1.24	NA	NA	1.30	0.06	NA	XXX
72120	TC	A	X-ray exam of lower spine	0.36	0.11	0.12	0.11	0.12	0.50	0.02	0.50	XXX
72120	26	A	X-ray exam of lower spine	0.22	1.03	0.98	NA	NA	1.27	0.07	NA	XXX
72120	TC	A	X-ray exam of lower spine	0.00	0.96	0.91	0.06	0.06	1.02	0.01	1.02	XXX
72120	26	A	X-ray exam of lower spine	0.22	0.07	0.07	0.07	0.07	0.30	0.01	0.30	XXX
72125	TC	A	Ct neck spine w/o dye	1.16	6.08	6.24	NA	NA	7.76	0.36	NA	XXX
72125	26	A	Ct neck spine w/o dye	0.00	5.75	5.87	NA	NA	6.18	0.31	NA	XXX
72126	TC	A	Ct neck spine w/dye	1.22	7.54	7.49	NA	NA	9.13	0.05	1.58	XXX
72126	26	A	Ct neck spine w/dye	0.00	7.19	7.10	NA	NA	7.47	0.42	NA	XXX
72127	TC	A	Ct neck spine w/dye	1.22	0.35	0.39	0.35	0.39	1.62	0.05	1.66	XXX
72127	26	A	Ct neck spine w/o & w/dye	1.27	9.36	9.30	NA	NA	11.09	0.52	NA	XXX
72127	TC	A	Ct neck spine w/o & w/dye	0.00	9.00	8.89	NA	NA	9.35	0.46	NA	XXX
72128	TC	A	Ct chest spine w/o dye	1.16	6.08	6.24	0.36	0.41	7.60	0.06	1.69	XXX
72128	26	A	Ct chest spine w/o dye	0.00	5.75	5.87	NA	NA	6.18	0.31	NA	XXX
72128	TC	A	Ct chest spine w/dye	1.16	7.54	7.49	0.33	0.37	9.13	0.05	1.58	XXX
72128	26	A	Ct chest spine w/dye	0.00	7.19	7.10	NA	NA	7.47	0.42	NA	XXX
72129	TC	A	Ct chest spine w/dye	1.22	0.35	0.39	0.35	0.39	1.62	0.05	1.66	XXX
72129	26	A	Ct chest spine w/o & w/dye	1.27	9.31	9.29	NA	NA	11.08	0.52	NA	XXX
72130	TC	A	Ct chest spine w/o & w/dye	0.00	8.95	8.88	NA	NA	9.34	0.48	NA	XXX
72130	26	A	Ct chest spine w/o & w/dye	1.27	0.36	0.41	0.36	0.41	1.69	0.06	1.74	XXX
72131	TC	A	Ct lumbar spine w/o dye	1.16	6.07	6.24	NA	NA	7.76	0.36	NA	XXX
72131	26	A	Ct lumbar spine w/o dye	0.00	5.74	5.87	NA	NA	6.18	0.31	NA	XXX
72131	TC	A	Ct lumbar spine w/dye	1.16	0.33	0.37	0.33	0.37	1.58	0.05	1.58	XXX
72131	26	A	Ct lumbar spine w/dye	1.22	7.52	7.49	NA	NA	9.13	0.42	NA	XXX
72132	TC	A	Ct lumbar spine w/dye	0.00	7.17	7.10	NA	NA	7.54	0.37	NA	XXX
72132	26	A	Ct lumbar spine w/dye	1.22	0.35	0.39	0.35	0.39	1.62	0.05	1.66	XXX

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Facility RVUs	Year 2007 Transi- tional Facility RVUs	Mai-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
72133	TC	A	Ct lumbar spine w/o & w/dye	1.27	9.54	9.34	NA	11.33	0.52	11.33	11.13	NA	11.13	XXX
72133	TC	A	Ct lumbar spine w/o & w/dye	0.00	9.18	8.93	NA	9.39	0.46	9.39	9.39	NA	9.39	XXX
72133	26	A	Ct lumbar spine w/o & w/dye	1.27	0.36	0.41	NA	0.36	0.41	1.69	1.74	1.69	1.74	XXX
72141	TC	A	Mri neck spine w/o dye	1.60	11.86	11.76	NA	11.86	0.66	14.12	14.02	NA	14.02	XXX
72141	TC	A	Mri neck spine w/o dye	0.00	11.40	11.25	NA	11.40	0.59	11.99	11.84	NA	11.84	XXX
72141	26	A	Mri neck spine w/o dye	1.60	0.46	0.51	NA	0.46	0.51	2.13	2.18	2.13	2.18	XXX
72142	TC	A	Mri neck spine w/dye	1.92	14.80	14.26	NA	14.80	0.79	17.51	16.97	NA	16.97	XXX
72142	TC	A	Mri neck spine w/dye	0.00	14.25	13.64	NA	14.25	0.70	14.95	14.34	NA	14.34	XXX
72142	26	A	Mri neck spine w/dye	1.92	0.55	0.62	NA	0.55	0.62	2.56	2.63	2.56	2.63	XXX
72146	TC	A	Mri chest spine w/o dye	1.60	11.87	12.69	NA	11.87	0.71	14.18	15.00	NA	15.00	XXX
72146	TC	A	Mri chest spine w/o dye	0.00	11.41	12.18	NA	11.41	0.64	12.05	12.82	NA	12.82	XXX
72146	26	A	Mri chest spine w/o dye	1.60	0.46	0.51	NA	0.46	0.51	2.13	2.18	2.13	2.18	XXX
72147	TC	A	Mri chest spine w/dye	1.92	12.81	13.76	NA	12.81	0.79	15.52	16.47	NA	16.47	XXX
72147	TC	A	Mri chest spine w/dye	0.00	12.27	13.15	NA	12.27	0.70	12.97	13.85	NA	13.85	XXX
72147	26	A	Mri chest spine w/dye	1.92	0.54	0.61	NA	0.54	0.61	2.55	2.62	2.55	2.62	XXX
72148	TC	A	Mri lumbar spine w/o dye	1.48	11.84	12.66	NA	11.84	0.71	14.03	14.85	NA	14.85	XXX
72148	TC	A	Mri lumbar spine w/o dye	0.00	11.41	12.18	NA	11.41	0.64	12.05	12.82	NA	12.82	XXX
72148	26	A	Mri lumbar spine w/o dye	1.48	0.43	0.48	NA	0.43	0.48	1.98	2.03	1.98	2.03	XXX
72149	TC	A	Mri lumbar spine w/dye	1.78	14.77	14.23	NA	14.77	0.78	17.33	16.79	NA	16.79	XXX
72149	TC	A	Mri lumbar spine w/dye	0.00	14.26	13.65	NA	14.26	0.70	14.96	14.35	NA	14.35	XXX
72149	26	A	Mri lumbar spine w/dye	1.78	0.51	0.58	NA	0.51	0.58	2.37	2.44	2.37	2.44	XXX
72156	TC	A	Mri neck spine w/o & w/dye	2.57	16.87	23.52	NA	16.87	1.42	20.86	27.51	NA	27.51	XXX
72156	TC	A	Mri neck spine w/o & w/dye	0.00	16.14	22.70	NA	16.14	1.31	17.45	24.01	NA	24.01	XXX
72156	26	A	Mri neck spine w/o & w/dye	2.57	0.73	0.82	NA	0.73	0.82	3.41	3.50	3.41	3.50	XXX
72157	TC	A	Mri chest spine w/o & w/dye	2.57	15.34	23.12	NA	15.34	1.42	19.33	27.11	NA	27.11	XXX
72157	TC	A	Mri chest spine w/o & w/dye	0.00	14.61	22.31	NA	14.61	1.31	15.92	23.62	NA	23.62	XXX
72157	26	A	Mri chest spine w/o & w/dye	2.57	0.73	0.81	NA	0.73	0.81	3.41	3.49	3.41	3.49	XXX
72158	TC	A	Mri lumbar spine w/o & w/dye	2.36	16.81	23.45	NA	16.81	1.41	20.58	27.22	NA	27.22	XXX
72158	TC	A	Mri lumbar spine w/o & w/dye	0.00	16.14	22.70	NA	16.14	1.31	17.45	24.01	NA	24.01	XXX
72158	26	A	Mri lumbar spine w/o & w/dye	2.36	0.67	0.75	NA	0.67	0.75	3.13	3.21	3.13	3.21	XXX
72159	TC	N	Mr angio spine w/o&w/dye	1.80	14.49	13.31	NA	14.49	0.74	17.03	15.85	NA	15.85	XXX
72159	TC	N	Mr angio spine w/o&w/dye	0.00	14.07	12.69	NA	14.07	0.64	14.71	13.33	NA	13.33	XXX
72159	26	N	Mr angio spine w/o&w/dye	1.80	0.42	0.62	NA	0.42	0.62	2.32	2.52	2.32	2.52	XXX
72170	TC	A	X-ray exam of pelvis	0.17	0.47	0.56	NA	0.47	0.03	0.67	0.76	0.67	0.76	XXX
72170	TC	A	X-ray exam of pelvis	0.00	0.42	0.50	NA	0.42	0.02	0.44	0.52	0.44	0.52	XXX
72170	26	A	X-ray exam of pelvis	0.17	0.05	0.06	NA	0.05	0.01	0.23	0.24	0.23	0.24	XXX
72190	TC	A	X-ray exam of pelvis	0.21	0.81	0.76	NA	0.81	0.05	1.07	1.02	1.07	1.02	XXX
72190	TC	A	X-ray exam of pelvis	0.00	0.74	0.69	NA	0.74	0.04	0.78	0.73	0.78	0.73	XXX
72190	26	A	X-ray exam of pelvis	0.21	0.07	0.07	NA	0.07	0.01	0.29	0.29	0.29	0.29	XXX
72191	TC	A	Ct angiograph pelv w/o&w/dye	1.81	10.72	12.15	NA	10.72	0.47	13.00	14.43	NA	14.43	XXX
72191	TC	A	Ct angiograph pelv w/o&w/dye	0.00	10.19	11.57	NA	10.19	0.39	10.58	11.96	NA	11.96	XXX
72191	26	A	Ct angiograph pelv w/o&w/dye	1.81	0.53	0.58	NA	0.53	0.58	2.42	2.47	2.42	2.47	XXX
72192	TC	A	Ct pelvis w/o dye	1.09	5.67	6.12	NA	5.67	0.36	7.12	7.57	7.12	7.57	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im-plement- ed Non-Facility PE RVUs	Year 2007 Transitional Non-Facility RVUs	Fully Im-plement- ed Facility PE RVUs	Year 2007 Transitional Facility RVUs	Mal-Prac- tice RVUs	Fully Im-plement- ed Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Im-plement- ed Facility Total	Year 2007 Transitional Facility Total	Global
72192	TC	A	Ct pelvis w/o dye	0.00	5.36	5.77	NA	NA	0.31	5.67	6.08	NA	6.08	XXX
72192	26	A	Ct pelvis w/o dye	1.09	0.31	0.35	0.31	0.35	0.05	1.45	1.49	1.45	1.49	XXX
72193		A	Ct pelvis w/dye	1.16	7.11	7.20	NA	NA	0.41	8.68	8.77	NA	8.77	XXX
72193	TC	A	Ct pelvis w/dye	0.00	6.78	6.83	0.33	0.37	0.36	7.14	7.19	NA	7.19	XXX
72193	26	A	Ct pelvis w/dye	1.16	0.33	0.37	0.33	0.37	0.05	1.54	1.58	1.54	1.58	XXX
72194		A	Ct pelvis w/o & w/dye	1.22	9.56	9.06	NA	NA	0.48	11.26	10.76	NA	10.76	XXX
72194	TC	A	Ct pelvis w/o & w/dye	0.00	9.21	8.67	NA	NA	0.43	9.64	9.10	NA	9.10	XXX
72194	26	A	Ct pelvis w/o & w/dye	1.22	0.35	0.39	0.35	0.39	0.05	1.62	1.66	1.62	1.66	XXX
72195		A	Mri pelvis w/o dye	1.46	13.71	12.19	NA	NA	0.51	15.68	14.16	NA	14.16	XXX
72195	TC	A	Mri pelvis w/o dye	0.00	13.29	11.72	NA	NA	0.45	13.74	12.17	NA	12.17	XXX
72195	26	A	Mri pelvis w/o dye	1.46	0.42	0.47	0.42	0.47	0.06	1.94	1.99	1.94	1.99	XXX
72196		A	Mri pelvis w/dye	1.73	14.67	14.18	NA	NA	0.60	17.00	16.51	NA	16.51	XXX
72196	TC	A	Mri pelvis w/dye	0.00	14.18	13.63	NA	NA	0.52	14.70	14.15	NA	14.15	XXX
72196	26	A	Mri pelvis w/dye	1.73	0.49	0.55	0.49	0.55	0.08	2.30	2.36	2.30	2.36	XXX
72197		A	Mri pelvis w/o & w/dye	2.26	17.32	23.71	NA	NA	1.02	21.24	26.99	NA	26.99	XXX
72197	TC	A	Mri pelvis w/o & w/dye	0.00	17.32	22.99	NA	NA	0.92	18.24	23.91	NA	23.91	XXX
72197	26	A	Mri pelvis w/o & w/dye	2.26	0.64	0.72	0.64	0.72	0.10	3.00	3.08	3.00	3.08	XXX
72198		A	Mr angio pelvis w/o & w/dye	1.80	14.29	12.41	NA	NA	0.67	16.76	14.88	NA	14.88	XXX
72198	TC	A	Mr angio pelvis w/o & w/dye	0.00	13.77	11.84	NA	NA	0.59	14.36	12.43	NA	12.43	XXX
72198	26	A	Mr angio pelvis w/o & w/dye	1.80	0.52	0.57	0.52	0.57	0.08	2.40	2.45	2.40	2.45	XXX
72200		A	X-ray exam sacroiliac joints	0.17	0.57	0.58	NA	NA	0.03	0.77	0.78	NA	0.78	XXX
72200	TC	A	X-ray exam sacroiliac joints	0.00	0.52	0.52	NA	NA	0.02	0.54	0.54	NA	0.54	XXX
72200	26	A	X-ray exam sacroiliac joints	0.17	0.05	0.06	0.05	0.06	0.01	0.23	0.24	0.23	0.24	XXX
72202		A	X-ray exam sacroiliac joints	0.19	0.69	0.69	NA	NA	0.05	0.93	0.93	NA	0.93	XXX
72202	TC	A	X-ray exam sacroiliac joints	0.00	0.64	0.63	NA	NA	0.04	0.68	0.67	NA	0.67	XXX
72202	26	A	X-ray exam sacroiliac joints	0.17	0.05	0.06	0.05	0.06	0.01	0.25	0.26	0.25	0.26	XXX
72220		A	X-ray exam of tailbone	0.00	0.50	0.55	NA	NA	0.04	0.54	0.59	NA	0.59	XXX
72220	TC	A	X-ray exam of tailbone	0.00	0.04	0.06	0.04	0.06	0.01	0.22	0.24	0.22	0.24	XXX
72220	26	A	X-ray exam of tailbone	0.17	2.37	4.37	NA	NA	0.29	3.57	5.57	NA	5.57	XXX
72240		A	Contrast x-ray of neck spine	0.91	2.12	4.09	NA	NA	0.25	2.37	4.34	NA	4.34	XXX
72240	TC	A	Contrast x-ray of neck spine	0.00	2.12	2.12	NA	NA	0.25	2.37	4.34	NA	4.34	XXX
72240	26	A	Contrast x-ray of neck spine	0.91	0.25	0.28	0.25	0.28	0.04	1.20	1.23	1.20	1.23	XXX
72255		A	Contrast x-ray, thorax spine	0.91	2.13	3.98	NA	NA	0.26	3.30	5.15	NA	5.15	XXX
72255	TC	A	Contrast x-ray, thorax spine	0.00	1.89	3.72	NA	NA	0.22	2.11	3.94	NA	3.94	XXX
72255	26	A	Contrast x-ray, thorax spine	0.91	0.24	0.26	0.24	0.26	0.04	1.19	1.21	1.19	1.21	XXX
72265		A	Contrast x-ray, lower spine	0.83	2.34	3.83	NA	NA	0.26	3.43	4.92	NA	4.92	XXX
72265	TC	A	Contrast x-ray, lower spine	0.00	2.11	3.58	NA	NA	0.22	2.33	3.80	NA	3.80	XXX
72265	26	A	Contrast x-ray, lower spine	0.83	0.23	0.25	0.23	0.25	0.04	1.10	1.12	1.10	1.12	XXX
72270		A	Contrast x-ray, spine	1.33	3.69	5.81	NA	NA	0.39	5.41	7.53	NA	7.53	XXX
72270	TC	A	Contrast x-ray, spine	0.00	3.31	5.40	NA	NA	0.33	3.64	5.73	NA	5.73	XXX
72270	26	A	Contrast x-ray, spine	1.33	0.38	0.41	0.38	0.41	0.06	1.77	1.80	1.77	1.80	XXX
72275		A	Epidurography	0.76	1.67	2.15	NA	NA	0.26	2.69	3.17	NA	3.17	XXX
72275	TC	A	Epidurography	0.00	1.48	1.95	NA	NA	0.22	1.70	2.17	NA	2.17	XXX

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS 2	Mod	Status	Description	Physician Work RVUs 3	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Fully Im- plement- ed Non- Facility RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facili- ty Total	Year 2007 Transi- tional Fa- cility Total	Global
72275	26	A	Epidurography	0.76	0.19	0.20	0.19	0.20	0.20	0.20	0.19	1.00	0.99	1.00	XXX
72285	TC	A	X-ray c/t spine disk	1.16	1.36	6.90	NA	NA	NA	NA	NA	8.56	NA	8.56	XXX
72285	TC	A	X-ray c/t spine disk	0.00	1.09	6.56	NA	NA	NA	NA	NA	6.99	NA	6.99	XXX
72291	26	A	Perq vertebroplasty, fluor	1.16	0.27	1.34	0.27	0.34	0.34	0.34	0.27	1.57	1.50	1.57	XXX
72291	TC	C	Perq vertebroplasty, fluor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
72291	TC	C	Perq vertebroplasty, fluor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
72291	26	A	Perq vertebroplasty, fluor	1.31	0.41	0.46	0.41	0.46	0.46	0.46	0.41	1.87	1.82	1.87	XXX
72292	TC	C	Perq vertebroplasty, ct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
72292	TC	C	Perq vertebroplasty, ct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
72292	26	A	Perq vertebroplasty, ct	1.38	0.41	0.46	0.41	0.46	0.46	0.46	0.41	1.91	1.86	1.91	XXX
72295	TC	A	X-ray of lower spine disk	0.83	1.36	6.44	NA	NA	NA	NA	NA	7.73	NA	7.73	XXX
72295	TC	A	X-ray of lower spine disk	0.00	1.14	6.18	NA	NA	NA	NA	NA	6.58	NA	6.58	XXX
72295	26	A	X-ray of lower spine disk	0.83	0.22	0.26	0.22	0.26	0.26	0.26	0.22	1.11	1.11	1.11	XXX
73000	TC	A	X-ray exam of collar bone	0.16	0.53	0.56	NA	NA	NA	NA	NA	0.75	NA	0.75	XXX
73000	TC	A	X-ray exam of collar bone	0.00	0.48	0.51	NA	NA	NA	NA	NA	0.53	NA	0.53	XXX
73000	26	A	X-ray exam of collar bone	0.16	0.05	0.05	0.05	0.05	0.05	0.05	0.16	0.22	0.22	0.22	XXX
73010	TC	A	X-ray exam of shoulder blade	0.17	0.56	0.58	NA	NA	NA	NA	NA	0.78	NA	0.78	XXX
73010	TC	A	X-ray exam of shoulder blade	0.00	0.51	0.52	NA	NA	NA	NA	NA	0.54	NA	0.54	XXX
73010	26	A	X-ray exam of shoulder blade	0.17	0.05	0.06	0.05	0.06	0.06	0.05	0.23	0.24	0.24	0.24	XXX
73020	TC	A	X-ray exam of shoulder	0.15	0.43	0.50	NA	NA	NA	NA	NA	0.68	NA	0.68	XXX
73020	TC	A	X-ray exam of shoulder	0.00	0.38	0.45	NA	NA	NA	NA	NA	0.47	NA	0.47	XXX
73020	26	A	X-ray exam of shoulder	0.15	0.05	0.05	0.05	0.05	0.05	0.15	0.21	0.21	0.21	0.21	XXX
73030	TC	A	X-ray exam of shoulder	0.18	0.55	0.61	NA	NA	NA	NA	NA	0.84	NA	0.84	XXX
73030	TC	A	X-ray exam of shoulder	0.00	0.49	0.55	NA	NA	NA	NA	NA	0.59	NA	0.59	XXX
73030	26	A	X-ray exam of shoulder	0.18	0.06	0.06	0.06	0.06	0.06	0.18	0.25	0.25	0.25	0.25	XXX
73040	TC	A	Contrast x-ray of shoulder	0.54	2.11	2.24	NA	NA	NA	NA	2.24	2.92	NA	2.92	XXX
73040	TC	A	Contrast x-ray of shoulder	0.00	1.95	2.06	NA	NA	NA	NA	2.07	2.18	NA	2.18	XXX
73040	26	A	Contrast x-ray of shoulder	0.54	0.16	0.18	0.16	0.18	0.18	0.16	0.72	0.74	0.74	0.74	XXX
73050	TC	A	X-ray exam of shoulders	0.20	0.71	0.73	NA	NA	NA	NA	NA	0.98	NA	0.98	XXX
73050	TC	A	X-ray exam of shoulders	0.00	0.64	0.66	NA	NA	NA	NA	0.68	0.70	NA	0.70	XXX
73050	26	A	X-ray exam of shoulders	0.20	0.07	0.07	0.07	0.07	0.07	0.20	0.28	0.28	0.28	0.28	XXX
73060	TC	A	X-ray exam of humerus	0.17	0.55	0.61	NA	NA	NA	NA	NA	0.83	NA	0.83	XXX
73060	TC	A	X-ray exam of humerus	0.00	0.50	0.55	NA	NA	NA	NA	0.54	0.59	NA	0.59	XXX
73060	26	A	X-ray exam of humerus	0.17	0.05	0.06	0.05	0.06	0.06	0.17	0.23	0.24	0.24	0.24	XXX
73070	TC	A	X-ray exam of elbow	0.15	0.54	0.56	NA	NA	NA	NA	0.72	0.74	NA	0.74	XXX
73070	TC	A	X-ray exam of elbow	0.00	0.49	0.51	NA	NA	NA	NA	0.51	0.53	NA	0.53	XXX
73070	26	A	X-ray exam of elbow	0.15	0.05	0.05	0.05	0.05	0.05	0.15	0.21	0.21	0.21	0.21	XXX
73080	TC	A	X-ray exam of elbow	0.17	0.72	0.66	NA	NA	NA	NA	0.94	0.88	NA	0.88	XXX
73080	TC	A	X-ray exam of elbow	0.00	0.67	0.60	NA	NA	NA	NA	0.71	0.64	NA	0.64	XXX
73080	26	A	X-ray exam of elbow	0.17	0.05	0.06	0.05	0.06	0.06	0.17	0.23	0.24	0.24	0.24	XXX
73085	TC	A	Contrast x-ray of elbow	0.54	1.74	2.15	NA	NA	NA	NA	2.42	2.83	NA	2.83	XXX
73085	TC	A	Contrast x-ray of elbow	0.00	1.58	1.97	NA	NA	NA	NA	1.70	2.09	NA	2.09	XXX
73085	26	A	Contrast x-ray of elbow	0.54	0.16	0.18	0.16	0.18	0.18	0.54	0.72	0.74	0.74	0.74	XXX

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
73090	TC	A	X-ray exam of forearm	0.16	0.52	0.56	NA	NA	0.03	0.71	0.75	NA	NA	XXX
73090	TC	A	X-ray exam of forearm	0.00	0.48	0.51	NA	NA	0.02	0.50	0.53	NA	NA	XXX
73090	26	A	X-ray exam of forearm	0.16	0.04	0.05	0.04	0.05	0.01	0.21	0.22	0.21	0.22	XXX
73092	TC	A	X-ray exam of arm, infant	0.16	0.55	0.55	NA	NA	0.03	0.74	0.74	NA	NA	XXX
73092	TC	A	X-ray exam of arm, infant	0.00	0.51	0.50	NA	NA	0.02	0.53	0.52	NA	NA	XXX
73092	26	A	X-ray exam of arm, infant	0.16	0.04	0.04	0.04	0.05	0.01	0.21	0.22	0.21	0.22	XXX
73100	TC	A	X-ray exam of wrist	0.16	0.59	0.55	NA	NA	0.03	0.78	0.74	NA	NA	XXX
73100	TC	A	X-ray exam of wrist	0.00	0.54	0.50	NA	NA	0.02	0.56	0.52	NA	NA	XXX
73100	26	A	X-ray exam of wrist	0.16	0.05	0.05	0.05	0.05	0.01	0.22	0.22	0.22	0.22	XXX
73110	TC	A	X-ray exam of wrist	0.17	0.74	0.63	NA	NA	0.03	0.94	0.83	NA	NA	XXX
73110	TC	A	X-ray exam of wrist	0.00	0.69	0.57	NA	NA	0.02	0.71	0.59	NA	NA	XXX
73110	26	A	X-ray exam of wrist	0.17	0.05	0.06	0.05	0.06	0.01	0.23	0.24	0.23	0.24	XXX
73115	TC	A	Contrast x-ray of wrist	0.54	2.28	1.89	NA	NA	0.12	2.94	2.55	NA	NA	XXX
73115	TC	A	Contrast x-ray of wrist	0.00	2.11	1.71	NA	NA	0.10	2.21	1.81	NA	NA	XXX
73115	26	A	Contrast x-ray of wrist	0.54	0.17	0.18	0.17	0.18	0.02	0.73	0.74	0.73	0.74	XXX
73120	TC	A	X-ray exam of hand	0.16	0.54	0.54	NA	NA	0.03	0.73	0.73	NA	NA	XXX
73120	TC	A	X-ray exam of hand	0.00	0.49	0.49	NA	NA	0.02	0.51	0.51	NA	NA	XXX
73120	26	A	X-ray exam of hand	0.16	0.05	0.05	0.05	0.05	0.01	0.22	0.22	0.22	0.22	XXX
73130	TC	A	X-ray exam of hand	0.17	0.63	0.60	NA	NA	0.03	0.83	0.80	NA	NA	XXX
73130	TC	A	X-ray exam of hand	0.00	0.58	0.54	NA	NA	0.02	0.60	0.56	NA	NA	XXX
73130	26	A	X-ray exam of hand	0.17	0.05	0.06	0.05	0.06	0.01	0.23	0.24	0.23	0.24	XXX
73140	TC	A	X-ray exam of finger(s)	0.13	0.65	0.51	NA	NA	0.03	0.81	0.67	NA	NA	XXX
73140	TC	A	X-ray exam of finger(s)	0.00	0.61	0.47	NA	NA	0.02	0.63	0.49	NA	NA	XXX
73140	26	A	X-ray exam of finger(s)	0.13	0.04	0.04	0.04	0.04	0.01	0.18	0.18	0.18	0.18	XXX
73200	TC	A	Ct upper extremity w/o dye	1.09	6.03	5.50	NA	NA	0.30	7.42	6.89	NA	NA	XXX
73200	TC	A	Ct upper extremity w/o dye	0.00	5.72	5.15	NA	NA	0.25	5.97	5.40	NA	NA	XXX
73200	26	A	Ct upper extremity w/o dye	1.09	0.31	0.35	0.31	0.35	0.05	1.45	1.49	1.45	1.49	XXX
73201	TC	A	Ct upper extremity w/dye	1.16	7.45	6.58	NA	NA	0.36	8.97	8.10	NA	NA	XXX
73201	TC	A	Ct upper extremity w/dye	0.00	7.12	6.21	NA	NA	0.31	7.43	6.52	NA	NA	XXX
73201	26	A	Ct upper extremity w/dye	1.16	0.33	0.37	0.33	0.37	0.05	1.54	1.58	1.54	1.58	XXX
73202	TC	A	Ct upper extremity w/o&w/dye	1.22	10.06	8.38	NA	NA	0.44	11.72	10.04	NA	NA	XXX
73202	TC	A	Ct upper extremity w/o&w/dye	0.00	9.71	7.99	NA	NA	0.39	10.10	8.38	NA	NA	XXX
73202	26	A	Ct upper extremity w/o&w/dye	1.22	0.35	0.39	0.35	0.39	0.05	1.62	1.66	1.62	1.66	XXX
73206	TC	A	Ct angio upr extrm w/dye	1.81	10.21	11.22	NA	NA	0.39	12.49	13.50	NA	NA	XXX
73206	TC	A	Ct angio upr extrm w/dye	0.00	9.67	10.64	NA	NA	0.39	10.06	11.03	NA	NA	XXX
73206	26	A	Ct angio upr extrm w/dye	1.81	0.54	0.58	0.54	0.58	0.08	2.43	2.47	2.43	2.47	XXX
73218	TC	A	Mri upper extremity w/o dye	1.35	14.04	12.24	NA	NA	0.45	15.84	14.04	NA	NA	XXX
73218	TC	A	Mri upper extremity w/o dye	0.00	13.65	11.81	NA	NA	0.39	14.04	12.20	NA	NA	XXX
73218	26	A	Mri upper extremity w/o dye	1.35	0.39	0.43	0.39	0.43	0.06	1.80	1.84	1.80	1.84	XXX
73219	TC	A	Mri upper extremity w/dye	1.62	14.65	14.15	NA	NA	0.54	16.81	16.31	NA	NA	XXX
73219	TC	A	Mri upper extremity w/dye	0.00	14.18	13.63	NA	NA	0.47	14.65	14.10	NA	NA	XXX
73219	26	A	Mri upper extremity w/dye	1.62	0.47	0.52	0.47	0.52	0.07	2.16	2.21	2.16	2.21	XXX
73220	TC	A	Mri upper extremity w/o&w/dye	2.15	18.09	23.72	NA	NA	0.94	21.18	26.81	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
73220	TC	A	Mi uppr extremity w/o&w/dye	0.00	17.48	23.03	NA	NA	0.84	18.32	23.87	NA	NA	XXX
73220	26	A	Mi uppr extremity w/o&w/dye	2.15	0.61	0.69	0.61	0.69	0.10	2.86	2.94	2.86	2.94	XXX
73221	A	A	Mi joint upr extrem w/o dye	1.35	12.98	11.98	NA	NA	0.45	14.78	13.78	NA	NA	XXX
73221	TC	A	Mi joint upr extrem w/o dye	0.00	12.58	11.55	NA	NA	0.39	12.97	11.94	NA	NA	XXX
73221	26	A	Mi joint upr extrem w/o dye	1.35	0.40	0.43	0.40	0.43	0.06	1.81	1.84	1.81	1.84	XXX
73222	A	A	Mi joint upr extrem w/dye	1.62	13.63	13.89	NA	NA	0.54	15.79	16.05	NA	NA	XXX
73222	TC	A	Mi joint upr extrem w/dye	0.00	13.16	13.37	NA	NA	0.47	13.63	13.84	NA	NA	XXX
73222	26	A	Mi joint upr extrem w/dye	1.62	0.47	0.52	0.47	0.52	0.07	2.16	2.21	2.16	2.21	XXX
73223	A	A	Mi joint upr extr w/o&w/dye	2.15	16.13	23.40	NA	NA	0.94	19.22	26.49	NA	NA	XXX
73223	TC	A	Mi joint upr extr w/o&w/dye	0.00	16.13	22.69	NA	NA	0.84	16.97	23.53	NA	NA	XXX
73223	26	A	Mi joint upr extr w/o&w/dye	2.15	0.00	0.71	0.00	0.71	0.10	2.25	2.96	2.25	2.96	XXX
73225	TC	N	Mr angio upr extr w/o&w/dye	1.73	14.47	12.38	NA	NA	0.69	16.89	14.80	NA	NA	XXX
73225	26	N	Mr angio upr extr w/o&w/dye	1.73	0.40	0.60	0.40	0.60	0.59	14.66	12.37	NA	NA	XXX
73500	TC	A	X-ray exam of hip	0.17	0.46	0.52	NA	NA	0.03	0.66	0.72	NA	NA	XXX
73500	26	A	X-ray exam of hip	0.00	0.41	0.46	NA	NA	0.02	0.43	0.48	NA	NA	XXX
73500	26	A	X-ray exam of hip	0.17	0.05	0.06	0.05	0.06	0.01	0.23	0.24	0.23	0.24	XXX
73510	A	A	X-ray exam of hip	0.21	0.74	0.67	NA	NA	0.05	1.00	0.93	NA	NA	XXX
73510	TC	A	X-ray exam of hip	0.00	0.68	0.60	NA	NA	0.04	0.72	0.64	NA	NA	XXX
73510	26	A	X-ray exam of hip	0.21	0.06	0.07	0.06	0.07	0.01	0.29	0.29	0.28	0.29	XXX
73520	TC	A	X-ray exam of hips	0.26	0.75	0.76	NA	NA	0.05	1.06	1.07	NA	NA	XXX
73520	26	A	X-ray exam of hips	0.00	0.67	0.67	NA	NA	0.04	0.71	0.71	NA	NA	XXX
73520	26	A	X-ray exam of hips	0.26	0.08	0.09	0.08	0.09	0.01	0.35	0.36	0.35	0.36	XXX
73525	TC	A	Contrast x-ray of hip	0.54	1.72	2.15	NA	NA	0.15	2.41	2.84	NA	NA	XXX
73525	26	A	Contrast x-ray of hip	0.00	1.56	1.97	NA	NA	0.12	1.68	2.09	NA	NA	XXX
73525	26	A	Contrast x-ray of hip	0.54	0.16	0.18	0.16	0.18	0.03	0.73	0.75	0.73	0.75	XXX
73530	TC	C	X-ray exam of hip	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
73530	26	C	X-ray exam of hip	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
73530	26	A	X-ray exam of hip	0.29	0.08	0.10	0.08	0.10	0.01	0.38	0.40	0.38	0.40	XXX
73540	TC	A	X-ray exam of pelvis & hips	0.20	0.78	0.68	NA	NA	0.05	1.03	0.93	NA	NA	XXX
73540	26	A	X-ray exam of pelvis & hips	0.00	0.71	0.61	NA	NA	0.04	0.75	0.65	NA	NA	XXX
73540	26	A	X-ray exam of pelvis & hips	0.20	0.07	0.07	0.07	0.07	0.01	0.28	0.28	0.28	0.28	XXX
73542	TC	A	X-ray exam, sacroiliac joint	0.59	1.10	1.98	NA	NA	0.15	1.84	2.72	NA	NA	XXX
73542	26	A	X-ray exam, sacroiliac joint	0.00	0.96	1.82	NA	NA	0.12	1.08	1.94	NA	NA	XXX
73542	26	A	X-ray exam, sacroiliac joint	0.59	0.14	0.16	0.14	0.16	0.03	0.76	0.78	0.76	0.78	XXX
73550	TC	A	X-ray exam of thigh	0.17	0.52	0.61	NA	NA	0.05	0.74	0.83	NA	NA	XXX
73550	26	A	X-ray exam of thigh	0.00	0.47	0.55	NA	NA	0.04	0.51	0.59	NA	NA	XXX
73550	26	A	X-ray exam of thigh	0.17	0.05	0.06	0.05	0.06	0.01	0.23	0.24	0.23	0.24	XXX
73560	TC	A	X-ray exam of knee, 1 or 2	0.17	0.56	0.58	NA	NA	0.03	0.76	0.78	NA	NA	XXX
73560	26	A	X-ray exam of knee, 1 or 2	0.00	0.51	0.52	NA	NA	0.02	0.53	0.54	NA	NA	XXX
73562	TC	A	X-ray exam of knee, 3	0.18	0.71	0.65	NA	NA	0.05	0.94	0.88	NA	NA	XXX
73562	26	A	X-ray exam of knee, 3	0.00	0.65	0.59	NA	NA	0.04	0.69	0.63	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Mat/Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
73562	26	A	X-ray exam of knee, 3	0.18	0.06	0.06	0.06	0.06	0.01	0.25	0.25	0.25	0.25	XXX
73564	TC	A	X-ray exam, knee, 4 or more	0.22	0.83	0.73	NA	NA	0.05	1.10	1.00	NA	NA	XXX
73564	TC	A	X-ray exam, knee, 4 or more	0.00	0.76	0.66	NA	NA	0.04	0.80	0.70	NA	NA	XXX
73564	26	A	X-ray exam, knee, 4 or more	0.22	0.07	0.07	0.07	0.07	0.01	0.30	0.30	0.30	0.30	XXX
73565	TC	A	X-ray exam of knees	0.17	0.64	0.57	NA	NA	0.03	0.84	0.77	NA	NA	XXX
73565	TC	A	X-ray exam of knees	0.00	0.58	0.51	NA	NA	0.02	0.60	0.53	NA	NA	XXX
73565	26	A	X-ray exam of knees	0.17	0.06	0.06	0.06	0.06	0.01	0.24	0.24	0.24	0.24	XXX
73580	TC	A	Contrast x-ray of knee joint	0.54	2.32	2.67	NA	NA	0.17	3.03	3.38	NA	NA	XXX
73580	TC	A	Contrast x-ray of knee joint	0.00	2.15	2.50	NA	NA	0.14	2.29	2.64	NA	NA	XXX
73580	26	A	Contrast x-ray of knee joint	0.54	0.17	0.17	0.17	0.17	0.03	0.74	0.74	0.74	0.74	XXX
73590	TC	A	X-ray exam of lower leg	0.17	0.51	0.57	NA	NA	0.03	0.71	0.77	NA	NA	XXX
73590	TC	A	X-ray exam of lower leg	0.00	0.46	0.51	NA	NA	0.02	0.48	0.53	NA	NA	XXX
73590	26	A	X-ray exam of lower leg	0.17	0.05	0.06	0.05	0.06	0.01	0.23	0.24	0.23	0.24	XXX
73592	TC	A	X-ray exam of leg, infant	0.16	0.57	0.55	NA	NA	0.03	0.76	0.74	NA	NA	XXX
73592	TC	A	X-ray exam of leg, infant	0.00	0.53	0.50	NA	NA	0.02	0.55	0.52	NA	NA	XXX
73592	26	A	X-ray exam of leg, infant	0.16	0.04	0.04	0.04	0.05	0.01	0.21	0.22	0.21	0.22	XXX
73600	TC	A	X-ray exam of ankle	0.16	0.55	0.54	NA	NA	0.03	0.74	0.73	NA	NA	XXX
73600	TC	A	X-ray exam of ankle	0.00	0.50	0.49	NA	NA	0.02	0.52	0.51	NA	NA	XXX
73600	26	A	X-ray exam of ankle	0.16	0.05	0.05	0.05	0.05	0.01	0.22	0.22	0.22	0.22	XXX
73610	TC	A	X-ray exam of ankle	0.17	0.64	0.61	NA	NA	0.03	0.84	0.81	NA	NA	XXX
73610	TC	A	X-ray exam of ankle	0.00	0.59	0.55	NA	NA	0.02	0.61	0.57	NA	NA	XXX
73610	26	A	X-ray exam of ankle	0.17	0.05	0.06	0.05	0.06	0.01	0.23	0.24	0.23	0.24	XXX
73615	TC	A	Contrast x-ray of ankle	0.54	1.83	2.17	NA	NA	0.15	2.52	2.86	NA	NA	XXX
73615	TC	A	Contrast x-ray of ankle	0.00	1.67	1.99	NA	NA	0.12	1.79	2.11	NA	NA	XXX
73615	26	A	Contrast x-ray of ankle	0.54	0.16	0.18	0.16	0.18	0.03	0.73	0.75	0.73	0.75	XXX
73620	TC	A	X-ray exam of foot	0.16	0.52	0.54	NA	NA	0.03	0.71	0.73	NA	NA	XXX
73620	TC	A	X-ray exam of foot	0.00	0.48	0.49	NA	NA	0.02	0.50	0.51	NA	NA	XXX
73620	26	A	X-ray exam of foot	0.16	0.04	0.05	0.04	0.05	0.01	0.21	0.22	0.21	0.22	XXX
73630	TC	A	X-ray exam of foot	0.17	0.63	0.60	NA	NA	0.03	0.83	0.80	NA	NA	XXX
73630	TC	A	X-ray exam of foot	0.00	0.58	0.54	NA	NA	0.02	0.60	0.56	NA	NA	XXX
73630	26	A	X-ray exam of foot	0.17	0.05	0.06	0.05	0.06	0.01	0.23	0.24	0.23	0.24	XXX
73650	TC	A	X-ray exam of heel	0.16	0.54	0.53	NA	NA	0.03	0.73	0.72	NA	NA	XXX
73650	TC	A	X-ray exam of heel	0.00	0.49	0.48	NA	NA	0.02	0.51	0.50	NA	NA	XXX
73650	26	A	X-ray exam of heel	0.16	0.05	0.05	0.05	0.05	0.01	0.22	0.22	0.22	0.22	XXX
73660	TC	A	X-ray exam of toe(s)	0.13	0.62	0.50	NA	NA	0.03	0.78	0.66	NA	NA	XXX
73660	TC	A	X-ray exam of toe(s)	0.00	0.58	0.46	NA	NA	0.02	0.60	0.48	NA	NA	XXX
73700	TC	A	X-ray exam of toe(s)	0.13	0.04	0.04	0.04	0.04	0.01	0.18	0.18	0.18	0.18	XXX
73700	TC	A	Ct lower extremity w/o dye	1.09	6.04	5.50	NA	NA	0.30	7.43	6.89	NA	NA	XXX
73700	TC	A	Ct lower extremity w/o dye	0.00	5.73	5.15	NA	NA	0.25	5.98	5.40	NA	NA	XXX
73700	26	A	Ct lower extremity w/o dye	1.09	0.31	0.35	0.31	0.35	0.05	1.45	1.49	1.45	1.49	XXX
73701	TC	A	Ct lower extremity w/dye	1.16	7.50	6.60	NA	NA	0.36	9.02	8.12	NA	NA	XXX
73701	TC	A	Ct lower extremity w/dye	0.00	7.17	6.23	NA	NA	0.31	7.48	6.54	NA	NA	XXX
73701	26	A	Ct lower extremity w/dye	1.16	0.33	0.37	0.33	0.37	0.05	1.54	1.58	1.54	1.58	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/HCPCS	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Year 2007 Transitional Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
73702	TC	A	Ci lwr extremity w/o&w/dye	1.22	10.14	8.40	NA	NA	11.80	10.06	NA	10.06	XXX
73702	TC	A	Ci lwr extremity w/o&w/dye	0.00	9.78	8.01	NA	NA	10.17	8.40	NA	8.40	XXX
73702	26	A	Ci lwr extremity w/o&w/dye	1.22	0.36	0.39	0.36	0.39	1.63	1.66	1.63	1.66	XXX
73706	TC	A	Ci angio lwr extr w/o&w/dye	1.90	11.69	11.61	NA	NA	14.06	13.98	NA	13.98	XXX
73706	TC	A	Ci angio lwr extr w/o&w/dye	0.00	11.09	10.99	NA	NA	11.48	11.38	NA	11.38	XXX
73706	26	A	Ci angio lwr extr w/o&w/dye	1.90	0.62	0.62	0.60	0.62	2.58	2.60	2.58	2.60	XXX
73718	TC	A	Mri lower extremity w/o dye	1.35	13.64	12.14	NA	NA	15.44	13.94	NA	13.94	XXX
73718	TC	A	Mri lower extremity w/o dye	0.00	13.25	11.71	NA	NA	13.64	12.10	NA	12.10	XXX
73718	26	A	Mri lower extremity w/o dye	1.35	0.39	0.43	0.39	0.43	1.80	1.84	1.80	1.84	XXX
73719	TC	A	Mri lower extremity w/dye	1.62	14.58	14.12	NA	NA	16.74	16.28	NA	16.28	XXX
73719	TC	A	Mri lower extremity w/dye	0.00	14.12	13.61	NA	NA	14.59	14.08	NA	14.08	XXX
73719	26	A	Mri lower extremity w/dye	1.62	0.46	0.51	0.46	0.51	2.15	2.20	2.15	2.20	XXX
73720	TC	A	Mri lwr extremity w/o&w/dye	2.15	18.05	23.70	NA	NA	21.14	26.79	NA	26.79	XXX
73720	TC	A	Mri lwr extremity w/o&w/dye	0.00	17.44	23.02	NA	NA	18.28	23.86	NA	23.86	XXX
73720	26	A	Mri lwr extremity w/o&w/dye	2.15	0.61	0.68	0.61	0.68	2.86	2.93	2.86	2.93	XXX
73721	TC	A	Mri jnt of lwr extre w/o dye	1.35	13.26	12.05	NA	NA	15.06	13.85	NA	13.85	XXX
73721	TC	A	Mri jnt of lwr extre w/o dye	0.00	12.86	11.62	NA	NA	13.25	12.01	NA	12.01	XXX
73721	26	A	Mri jnt of lwr extre w/o dye	1.35	0.40	0.43	0.40	0.43	1.81	1.84	1.81	1.84	XXX
73722	TC	A	Mri joint of lwr extr w/dye	1.62	13.88	13.95	NA	NA	16.04	16.11	NA	16.11	XXX
73722	TC	A	Mri joint of lwr extr w/dye	0.00	13.40	13.43	NA	NA	13.87	13.90	NA	13.90	XXX
73722	26	A	Mri joint of lwr extr w/dye	1.62	0.48	0.52	0.48	0.52	2.17	2.21	2.17	2.21	XXX
73723	TC	A	Mri joint lwr extr w/o&w/dye	2.15	16.70	23.37	NA	NA	19.79	26.46	NA	26.46	XXX
73723	TC	A	Mri joint lwr extr w/o&w/dye	0.00	16.09	22.68	NA	NA	16.93	23.52	NA	23.52	XXX
73723	26	A	Mri joint lwr extr w/o&w/dye	2.15	0.61	0.69	0.61	0.69	2.86	2.94	2.86	2.94	XXX
73725	TC	R	Mr ang lwr ext w or w/o dye	1.82	14.34	12.44	NA	NA	16.83	14.93	NA	14.93	XXX
73725	TC	R	Mr ang lwr ext w or w/o dye	0.00	13.82	11.86	NA	NA	14.41	12.45	NA	12.45	XXX
73725	26	R	Mr ang lwr ext w or w/o dye	1.82	0.52	0.58	0.52	0.58	2.42	2.48	2.42	2.48	XXX
74000	TC	A	X-ray exam of abdomen	0.18	0.43	0.55	NA	NA	0.64	0.76	NA	0.76	XXX
74000	TC	A	X-ray exam of abdomen	0.00	0.38	0.49	NA	NA	0.40	0.51	NA	0.51	XXX
74000	26	A	X-ray exam of abdomen	0.18	0.05	0.06	0.05	0.06	0.24	0.25	0.24	0.25	XXX
74010	TC	A	X-ray exam of abdomen	0.23	0.74	0.68	NA	NA	1.02	0.96	NA	0.96	XXX
74010	TC	A	X-ray exam of abdomen	0.00	0.68	0.60	NA	NA	0.72	0.64	NA	0.64	XXX
74010	26	A	X-ray exam of abdomen	0.23	0.06	0.08	0.06	0.08	0.30	0.32	0.30	0.32	XXX
74020	TC	A	X-ray exam of abdomen	0.27	0.74	0.72	NA	NA	1.06	1.04	NA	1.04	XXX
74020	TC	A	X-ray exam of abdomen	0.00	0.67	0.63	NA	NA	0.67	0.67	NA	0.67	XXX
74020	26	A	X-ray exam of abdomen	0.27	0.07	0.09	0.07	0.09	0.35	0.37	0.35	0.37	XXX
74022	TC	A	X-ray exam series, abdomen	0.32	0.91	0.85	NA	NA	1.29	1.23	NA	1.23	XXX
74022	TC	A	X-ray exam series, abdomen	0.00	0.82	0.75	NA	NA	0.80	0.80	NA	0.80	XXX
74022	26	A	X-ray exam series, abdomen	0.32	0.09	0.10	0.09	0.10	0.42	0.43	0.42	0.43	XXX
74150	TC	A	Ci abdomen w/o dye	1.19	5.70	5.97	NA	NA	7.24	7.51	NA	7.51	XXX
74150	TC	A	Ci abdomen w/o dye	0.00	5.36	5.59	NA	NA	5.66	5.89	NA	5.89	XXX
74150	26	A	Ci abdomen w/o dye	1.19	0.34	0.38	0.34	0.38	1.58	1.62	1.58	1.62	XXX
74160	TC	A	Ci abdomen w/dye	1.27	8.32	7.53	NA	NA	10.01	9.22	NA	9.22	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT-1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Fac- ility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Fac- ility Total	Global
74160	TC	A	Ct abdomen w/dye	0.00	7.96	7.12	NA	NA	0.36	8.32	7.48	NA	NA	XXX
74160	26	A	Ct abdomen w/dye	1.27	0.36	0.41	0.36	0.41	0.06	1.69	1.74	1.69	1.74	XXX
74170		A	Ct abdomen w/o & w/dye	1.40	11.54	9.60	NA	NA	0.49	13.43	11.49	NA	NA	XXX
74170	TC	A	Ct abdomen w/o & w/dye	0.00	11.14	9.15	NA	NA	0.43	11.57	9.58	NA	NA	XXX
74170	26	A	Ct abdomen w/o & w/dye	1.40	0.45	0.45	0.40	0.45	0.06	1.86	1.91	1.86	1.91	XXX
74175		A	Ct angio abdom w/o & w/dye	1.90	11.60	12.39	NA	NA	0.47	13.97	14.76	NA	NA	XXX
74175	TC	A	Ct angio abdom w/o & w/dye	0.00	11.04	11.78	NA	NA	0.39	11.43	12.17	NA	NA	XXX
74175	26	A	Ct angio abdom w/o & w/dye	1.90	0.56	0.61	0.56	0.61	0.08	2.54	2.59	2.54	2.59	XXX
74181		A	Mri abdomen w/o dye	1.46	11.79	11.71	NA	NA	0.51	13.76	13.68	NA	NA	XXX
74181	TC	A	Mri abdomen w/o dye	0.00	11.38	11.25	NA	NA	0.45	11.83	11.70	NA	NA	XXX
74181	26	A	Mri abdomen w/o dye	1.46	0.41	0.46	0.41	0.46	0.06	1.93	1.98	1.93	1.98	XXX
74182		A	Mri abdomen w/dye	1.73	16.49	14.63	NA	NA	0.60	18.82	16.96	NA	NA	XXX
74182	TC	A	Mri abdomen w/dye	0.00	16.00	14.08	NA	NA	0.52	16.52	14.60	NA	NA	XXX
74182	26	A	Mri abdomen w/dye	1.73	0.49	0.55	0.49	0.55	0.08	2.30	2.36	2.30	2.36	XXX
74183		A	Mri abdomen w/o & w/dye	2.26	18.00	23.72	NA	NA	1.02	21.28	27.00	NA	NA	XXX
74183	TC	A	Mri abdomen w/o & w/dye	0.00	17.36	23.00	NA	NA	0.92	18.28	23.92	NA	NA	XXX
74183	26	A	Mri abdomen w/o & w/dye	2.26	0.64	0.72	0.64	0.72	0.10	3.00	3.08	3.00	3.08	XXX
74185		R	Mri angio, abdom w on/w dye	1.80	14.30	12.42	NA	NA	0.67	16.77	14.89	NA	NA	XXX
74185	TC	R	Mri angio, abdom w on/w dye	0.00	13.78	11.85	NA	NA	0.59	14.37	12.44	NA	NA	XXX
74185	26	R	Mri angio, abdom w on/w dye	1.80	0.52	0.57	0.52	0.57	0.08	2.40	2.45	2.40	2.45	XXX
74190		C	X-ray exam of peritoneum	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
74190	26	A	X-ray exam of peritoneum	0.48	0.14	0.16	0.14	0.16	0.02	0.64	0.66	0.64	0.66	XXX
74210		A	Contrst x-ray exam of throat	0.36	1.65	1.40	NA	NA	0.08	2.09	1.84	NA	NA	XXX
74210	TC	A	Contrst x-ray exam of throat	0.00	1.55	1.28	NA	NA	0.06	1.61	1.34	NA	NA	XXX
74210	26	A	Contrst x-ray exam of throat	0.36	0.10	0.12	0.10	0.12	0.02	0.48	0.50	0.48	0.50	XXX
74220		A	Contrast x-ray, esophagus	0.46	1.89	1.48	NA	NA	0.08	2.43	2.02	NA	NA	XXX
74220	TC	A	Contrast x-ray, esophagus	0.00	1.76	1.33	NA	NA	0.06	1.82	1.39	NA	NA	XXX
74220	26	A	Contrast x-ray, esophagus	0.46	0.13	0.15	0.13	0.15	0.02	0.61	0.63	0.61	0.63	XXX
74230		A	Cine/vid x-ray, throat/esoph	0.53	1.81	1.57	NA	NA	0.09	2.43	2.19	NA	NA	XXX
74230	TC	A	Cine/vid x-ray, throat/esoph	0.00	1.66	1.40	NA	NA	0.07	1.73	1.47	NA	NA	XXX
74230	26	A	Cine/vid x-ray, throat/esoph	0.53	0.15	0.17	0.15	0.17	0.02	0.70	0.72	0.70	0.72	XXX
74235		C	Remove esophagus obstruction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74235	TC	C	Remove esophagus obstruction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74235	26	A	Remove esophagus obstruction	1.19	0.38	0.39	0.38	0.39	0.05	1.62	1.63	1.62	1.63	XXX
74240		A	X-ray exam, upper gi tract	0.69	2.14	1.80	NA	NA	0.11	2.94	2.60	NA	NA	XXX
74240	TC	A	X-ray exam, upper gi tract	0.00	1.95	1.58	NA	NA	0.08	2.03	1.66	NA	NA	XXX
74240	26	A	X-ray exam, upper gi tract	0.69	0.19	0.22	0.19	0.22	0.03	0.91	0.94	0.91	0.94	XXX
74241		A	X-ray exam, upper gi tract	0.69	2.40	1.89	NA	NA	0.11	3.20	2.69	NA	NA	XXX
74241	TC	A	X-ray exam, upper gi tract	0.00	2.21	1.67	NA	NA	0.08	2.29	1.75	NA	NA	XXX
74241	26	A	X-ray exam, upper gi tract	0.69	0.21	0.22	0.19	0.22	0.03	0.91	0.94	0.91	0.94	XXX
74245		A	X-ray exam, upper gi tract	0.91	3.70	2.94	NA	NA	0.17	4.78	4.02	NA	NA	XXX
74245	TC	A	X-ray exam, upper gi tract	0.00	3.44	2.65	NA	NA	0.13	3.57	2.78	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Mel-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
74245	26	A	X-ray exam, upper gi tract	0.91	0.26	0.29	0.26	0.29	0.04	1.21	1.24	1.21	1.24	XXX
74246	TC	A	Contrst x-ray upper gi tract	0.69	2.62	2.06	NA	NA	0.13	3.44	2.88	NA	NA	XXX
74246	TC	A	Contrst x-ray upper gi tract	0.00	2.42	1.84	NA	NA	0.10	2.52	1.94	NA	NA	XXX
74246	26	A	Contrst x-ray upper gi tract	0.69	0.20	0.22	0.20	0.22	0.03	0.92	0.94	0.92	0.94	XXX
74247	TC	A	Contrst x-ray upper gi tract	0.69	3.00	2.18	NA	NA	0.14	3.83	3.01	NA	NA	XXX
74247	TC	A	Contrst x-ray upper gi tract	0.00	2.81	1.96	NA	NA	0.11	2.92	2.07	NA	NA	XXX
74247	26	A	Contrst x-ray upper gi tract	0.69	0.19	0.22	0.19	0.22	0.03	0.91	0.94	0.91	0.94	XXX
74249	TC	A	Contrst x-ray upper gi tract	0.91	4.07	3.17	NA	NA	0.18	5.16	4.26	NA	NA	XXX
74249	TC	A	Contrst x-ray upper gi tract	0.00	3.81	2.88	NA	NA	0.14	3.95	3.02	NA	NA	XXX
74249	26	A	Contrst x-ray upper gi tract	0.91	0.26	0.26	0.26	0.29	0.04	1.21	1.24	1.21	1.24	XXX
74250	TC	A	X-ray exam of small bowel	0.47	2.33	1.68	NA	NA	0.09	2.89	2.24	NA	NA	XXX
74250	TC	A	X-ray exam of small bowel	0.00	2.20	1.53	NA	NA	0.07	2.27	1.60	NA	NA	XXX
74250	26	A	X-ray exam of small bowel	0.47	0.13	0.15	0.13	0.15	0.02	0.62	0.64	0.62	0.64	XXX
74251	TC	A	X-ray exam of small bowel	0.69	9.46	3.52	NA	NA	0.10	10.25	4.31	NA	NA	XXX
74251	TC	A	X-ray exam of small bowel	0.00	9.27	3.30	NA	NA	0.07	9.34	3.37	NA	NA	XXX
74251	26	A	X-ray exam of small bowel	0.69	0.19	0.22	0.19	0.22	0.03	0.91	0.94	0.91	0.94	XXX
74260	TC	A	X-ray exam of small bowel	0.50	7.87	3.21	NA	NA	0.10	8.47	3.81	NA	NA	XXX
74260	TC	A	X-ray exam of small bowel	0.00	7.73	3.05	NA	NA	0.08	7.81	2.18	NA	NA	XXX
74260	26	A	X-ray exam of small bowel	0.50	0.14	0.16	0.14	0.16	0.02	0.66	0.68	0.66	0.68	XXX
74270	TC	A	Contrast x-ray exam of colon	0.69	3.35	2.29	NA	NA	0.14	4.18	3.12	NA	NA	XXX
74270	TC	A	Contrast x-ray exam of colon	0.00	3.16	2.07	NA	NA	0.11	3.27	2.18	NA	NA	XXX
74270	26	A	Contrast x-ray exam of colon	0.69	0.19	0.22	0.19	0.22	0.03	0.91	0.94	0.91	0.94	XXX
74280	TC	A	Contrast x-ray exam of colon	0.99	4.64	3.07	NA	NA	0.17	5.80	4.23	NA	NA	XXX
74280	TC	A	Contrast x-ray exam of colon	0.00	4.36	2.76	NA	NA	0.13	4.49	2.89	NA	NA	XXX
74280	26	A	Contrast x-ray exam of colon	0.99	0.28	0.31	0.28	0.31	0.04	1.31	1.34	1.31	1.34	XXX
74283	TC	A	Contrast x-ray exam of colon	2.02	3.22	3.23	NA	NA	0.23	5.47	5.48	NA	NA	XXX
74283	TC	A	Contrast x-ray exam of colon	0.00	2.66	2.59	NA	NA	0.14	2.80	2.73	NA	NA	XXX
74283	26	A	Contrast x-ray exam of colon	2.02	0.56	0.64	0.56	0.64	0.09	2.67	2.75	2.67	2.75	XXX
74290	TC	A	Contrast x-ray, gallbladder	0.32	1.47	0.99	NA	NA	0.06	1.85	1.37	NA	NA	XXX
74290	TC	A	Contrast x-ray, gallbladder	0.00	1.38	0.89	NA	NA	0.05	1.43	0.94	NA	NA	XXX
74290	26	A	Contrast x-ray, gallbladder	0.32	0.09	0.10	0.09	0.10	0.01	0.42	0.43	0.42	0.43	XXX
74291	TC	A	Contrast x-rays, gallbladder	0.20	1.55	0.76	NA	NA	0.03	1.78	0.99	NA	NA	XXX
74291	TC	A	Contrast x-rays, gallbladder	0.00	1.49	0.69	NA	NA	0.02	1.51	0.71	NA	NA	XXX
74291	26	A	Contrast x-rays, gallbladder	0.20	0.06	0.07	0.06	0.07	0.01	0.27	0.28	0.27	0.28	XXX
74300	TC	C	X-ray bile ducts/pancreas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74300	TC	C	X-ray bile ducts/pancreas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74300	26	A	X-ray bile ducts/pancreas	0.36	0.10	0.12	0.10	0.12	0.02	0.48	0.50	0.48	0.50	XXX
74301	TC	C	X-rays at surgery add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
74301	TC	C	X-rays at surgery add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
74301	26	A	X-rays at surgery add-on	0.21	0.06	0.07	0.06	0.07	0.01	0.28	0.29	0.28	0.29	ZZZ
74305	TC	C	X-ray bile ducts/pancreas	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
74305	TC	C	X-ray bile ducts/pancreas	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
74305	26	A	X-ray bile ducts/pancreas	0.42	0.12	0.14	0.12	0.14	0.02	0.56	0.58	0.56	0.58	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility RVUs	Multi-Practice RVUs	Fully Implemented Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
74320	TC	A	Contrast x-ray of bile ducts	0.54	2.00	3.00	NA	NA	0.19	2.73	3.73	NA	NA	XXX
74320	TC	A	Contrast x-ray of bile ducts	0.00	1.84	2.82	NA	NA	0.17	2.01	2.99	NA	NA	XXX
74320	26	A	Contrast x-ray of bile ducts	0.54	0.16	0.18	0.16	0.18	0.02	0.02	0.74	0.72	0.74	XXX
74327	A	A	X-ray bile stone removal	0.70	2.78	2.19	NA	NA	0.14	3.62	3.03	NA	NA	XXX
74327	TC	A	X-ray bile stone removal	0.00	2.58	1.97	NA	NA	0.11	2.69	2.08	NA	NA	XXX
74327	26	A	X-ray bile stone removal	0.70	0.20	0.22	0.20	0.22	0.03	0.93	0.95	0.93	0.95	XXX
74328	TC	C	X-ray bile duct endoscopy	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
74328	26	C	X-ray bile duct endoscopy	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
74329	TC	C	X-ray for pancreas endoscopy	0.70	0.22	0.23	0.22	0.23	0.03	0.95	0.96	0.95	0.96	XXX
74329	26	C	X-ray for pancreas endoscopy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74329	TC	C	X-ray for pancreas endoscopy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74329	26	C	X-ray for pancreas endoscopy	0.70	0.22	0.23	0.22	0.23	0.03	0.95	0.96	0.95	0.96	XXX
74330	TC	C	X-ray bile/panc endoscopy	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
74330	26	C	X-ray bile/panc endoscopy	0.00	0.27	0.29	0.27	0.29	0.04	1.21	1.23	1.21	1.23	XXX
74340	TC	C	X-ray guide for GI tube	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
74340	26	C	X-ray guide for GI tube	0.54	0.16	0.18	0.16	0.18	0.02	0.72	0.74	0.72	0.74	XXX
74350	TC	A	X-ray guide, stomach tube	0.76	2.07	3.07	NA	NA	0.20	3.03	4.03	NA	NA	XXX
74350	26	A	X-ray guide, stomach tube	0.76	1.85	2.83	NA	NA	0.17	2.02	3.00	NA	NA	XXX
74355	TC	C	X-ray guide, intestinal tube	0.00	0.22	0.24	0.22	0.24	0.03	1.01	1.03	1.01	1.03	XXX
74355	26	C	X-ray guide, intestinal tube	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
74360	TC	C	X-ray guide, GI dilation	0.76	0.22	0.24	0.22	0.24	0.03	1.01	1.03	1.01	1.03	XXX
74360	26	C	X-ray guide, GI dilation	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
74363	TC	C	X-ray, bile duct dilation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74363	26	C	X-ray, bile duct dilation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74400	TC	A	Contrast x-ray, urinary tract	0.88	0.26	0.28	0.26	0.28	0.04	1.18	1.20	1.18	1.20	XXX
74400	26	A	Contrast x-ray, urinary tract	0.49	2.31	2.00	NA	NA	0.13	3.07	2.62	NA	NA	XXX
74410	TC	A	Contrast x-ray, urinary tract	0.49	0.14	0.16	0.14	0.16	0.02	0.65	0.67	0.65	0.67	XXX
74410	26	A	Contrast x-ray, urinary tract	0.49	2.59	2.23	NA	NA	0.11	3.21	2.85	NA	NA	XXX
74415	TC	A	Contrast x-ray, urinary tract	0.49	0.16	0.16	0.16	0.16	0.02	0.67	0.67	0.67	0.67	XXX
74415	26	A	Contrast x-ray, urinary tract	0.49	3.09	2.49	NA	NA	0.14	3.72	3.12	NA	NA	XXX
74420	TC	C	Contrast x-ray, urinary tract	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74420	26	C	Contrast x-ray, urinary tract	0.36	0.12	0.12	0.12	0.12	0.02	0.50	0.50	0.50	0.50	XXX
74425	TC	C	Contrast x-ray, urinary tract	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
74425	26	C	Contrast x-ray, urinary tract	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/1/HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im-plemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Im-plemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mult-Practice RVUs	Fully Im-plemented Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Im-plemented Facility Total	Year 2007 Transitional Facility Total	Global
74425	TC	C	Contrast x-ray, urinary tract	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
74425	26	A	Contrast x-ray, urinary tract	0.36	0.10	0.12	0.10	0.10	0.02	0.48	0.50	0.48	0.50	XXX
74430	A	A	Contrast x-ray, bladder	0.32	1.87	1.33	NA	NA	0.08	2.27	1.73	NA	NA	XXX
74430	TC	A	Contrast x-ray, bladder	0.00	1.77	1.29	NA	NA	0.06	1.83	1.29	NA	NA	XXX
74430	26	A	Contrast x-ray, bladder	0.32	0.10	0.10	0.10	0.10	0.02	0.44	0.44	0.44	0.44	XXX
74440	A	A	X-ray, male genital tract	0.38	2.17	1.48	NA	NA	0.08	2.63	1.94	NA	NA	XXX
74440	TC	A	X-ray, male genital tract	0.00	2.02	1.35	NA	NA	0.06	2.08	1.41	NA	NA	XXX
74440	26	A	X-ray, male genital tract	0.38	0.15	0.13	0.15	0.15	0.02	0.55	0.53	0.55	0.53	XXX
74445	A	C	X-ray exam of penis	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
74445	TC	C	X-ray exam of penis	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
74445	26	A	X-ray exam of penis	1.14	0.43	0.39	0.43	0.39	0.07	1.64	1.60	1.64	1.60	XXX
74450	A	C	X-ray, urethra/bladder	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
74450	TC	C	X-ray, urethra/bladder	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
74450	26	A	X-ray, urethra/bladder	0.33	0.11	0.11	0.11	0.11	0.02	0.46	0.46	0.46	0.46	XXX
74455	A	A	X-ray, urethra/bladder	0.33	2.11	1.79	NA	NA	0.12	2.56	2.24	NA	NA	XXX
74455	TC	A	X-ray, urethra/bladder	0.00	1.99	1.68	NA	NA	0.10	2.09	1.78	NA	NA	XXX
74455	26	A	X-ray, urethra/bladder	0.33	0.12	0.11	0.12	0.11	0.02	0.47	0.46	0.47	0.46	XXX
74470	TC	C	X-ray exam of kidney lesion	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
74470	26	A	X-ray exam of kidney lesion	0.54	0.15	0.17	0.15	0.17	0.02	0.71	0.73	0.71	0.73	XXX
74475	A	A	X-ray control, cath insert	0.54	1.99	3.69	NA	NA	0.24	2.77	4.47	NA	NA	XXX
74475	TC	A	X-ray control, cath insert	0.00	1.83	3.51	NA	NA	0.22	2.05	3.73	NA	NA	XXX
74475	26	A	X-ray control, cath insert	0.54	0.16	0.18	0.16	0.18	0.02	0.72	0.74	0.72	0.74	XXX
74480	A	A	X-ray control, cath insert	0.54	2.00	3.69	NA	NA	0.24	2.78	4.47	NA	NA	XXX
74480	TC	A	X-ray control, cath insert	0.00	1.84	3.51	NA	NA	0.22	2.06	3.73	NA	NA	XXX
74480	26	A	X-ray control, cath insert	0.54	0.16	0.18	0.16	0.18	0.02	0.72	0.74	0.72	0.74	XXX
74485	A	A	X-ray guide, GU dilation	0.54	2.18	3.03	NA	NA	0.20	2.92	3.77	NA	NA	XXX
74485	TC	A	X-ray guide, GU dilation	0.00	2.00	2.86	NA	NA	0.17	2.17	3.03	NA	NA	XXX
74485	26	A	X-ray guide, GU dilation	0.54	0.18	0.17	0.18	0.17	0.03	0.75	0.74	0.75	0.74	XXX
74710	A	A	X-ray measurement of pelvis	0.34	0.61	1.03	NA	NA	0.08	1.03	1.45	NA	NA	XXX
74710	TC	A	X-ray measurement of pelvis	0.00	0.51	0.92	NA	NA	0.06	0.57	0.98	NA	NA	XXX
74710	26	A	X-ray measurement of pelvis	0.34	0.10	0.11	0.10	0.11	0.02	0.46	0.47	0.46	0.47	XXX
74740	A	A	X-ray, female genital tract	0.38	1.67	1.50	NA	NA	0.09	2.14	1.97	NA	NA	XXX
74740	TC	A	X-ray, female genital tract	0.00	1.56	1.37	NA	NA	0.07	1.63	1.44	NA	NA	XXX
74740	26	A	X-ray, female genital tract	0.38	0.11	0.13	0.11	0.13	0.02	0.51	0.53	0.51	0.53	XXX
74742	A	C	X-ray, fallopian tube	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74742	TC	C	X-ray, fallopian tube	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74742	26	A	X-ray, fallopian tube	0.61	0.15	0.19	0.15	0.19	0.03	0.79	0.83	0.79	0.83	XXX
74775	TC	C	X-ray exam of perineum	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
74775	26	A	X-ray exam of perineum	0.82	0.17	0.20	0.17	0.20	0.03	0.82	0.85	0.82	0.85	XXX
75552	A	A	Heart mri for morph w/o dye	1.60	18.32	13.38	NA	NA	0.66	20.58	15.64	NA	NA	XXX
75552	TC	A	Heart mri for morph w/o dye	0.00	17.80	12.85	NA	NA	0.59	18.39	13.44	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Facil- ity PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Non-Fa- cility Total	Year 2007 Transi- tional Facil- ity Total	Global
75552	26	A	Heart mri for morph w/o dye	1.60	0.52	0.53	0.52	0.53	0.07	2.19	2.20	2.20	XXX
75553		A	Heart mri for morph w/dye	2.00	23.65	14.80	NA	NA	0.66	26.31	17.46	NA	XXX
75553	TC	A	Heart mri for morph w/dye	0.00	22.72	14.08	NA	NA	0.59	23.31	14.67	NA	XXX
75553	26	A	Heart mri for morph w/dye	2.00	0.93	0.72	0.93	0.72	0.07	3.00	2.79	3.00	XXX
75554		A	Cardiac MRI/function	1.83	26.45	15.50	NA	NA	0.66	28.94	17.99	NA	XXX
75554	TC	A	Cardiac MRI/function	0.00	25.67	14.82	NA	NA	0.59	26.26	15.41	NA	XXX
75554	26	A	Cardiac MRI/function	1.83	0.68	0.68	0.78	0.68	0.07	2.58	2.58	2.58	XXX
75555		A	Cardiac MRI/limited study	1.74	27.01	15.64	NA	NA	0.66	29.41	18.04	NA	XXX
75555	TC	A	Cardiac MRI/limited study	0.00	26.18	14.95	NA	NA	0.59	26.77	15.54	NA	XXX
75555	26	A	Cardiac MRI/limited study	1.74	0.83	0.69	0.83	0.69	0.07	2.64	2.50	2.50	XXX
75556		N	Cardiac MRI/flow mapping	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75600		A	Contrast x-ray exam of aorta	0.49	6.39	11.20	NA	NA	0.67	7.55	12.36	NA	XXX
75600	TC	A	Contrast x-ray exam of aorta	0.00	6.14	10.99	NA	NA	0.65	6.79	11.64	NA	XXX
75600	26	A	Contrast x-ray exam of aorta	1.14	0.25	0.21	0.25	0.21	0.02	0.76	0.72	0.72	XXX
75605		A	Contrast x-ray exam of aorta	1.14	3.52	10.63	NA	NA	0.70	5.36	12.47	NA	XXX
75605	TC	A	Contrast x-ray exam of aorta	0.00	3.03	10.21	NA	NA	0.65	3.68	10.86	NA	XXX
75605	26	A	Contrast x-ray exam of aorta	1.14	0.49	0.42	0.49	0.42	0.05	1.61	1.61	1.61	XXX
75625		A	Contrast x-ray exam of aorta	1.14	3.25	10.55	NA	NA	0.71	5.10	12.40	NA	XXX
75625	TC	A	Contrast x-ray exam of aorta	0.00	2.85	10.16	NA	NA	0.65	3.50	10.81	NA	XXX
75625	26	A	Contrast x-ray exam of aorta	1.14	0.40	0.39	0.40	0.39	0.06	1.60	1.59	1.59	XXX
75630		A	Contrast x-ray exam of aorta	1.79	3.72	11.24	NA	NA	0.80	6.31	13.83	NA	XXX
75630	TC	A	X-ray aorta, leg arteries	0.00	3.01	10.60	NA	NA	0.69	3.70	11.29	NA	XXX
75630	26	A	X-ray aorta, leg arteries	1.79	0.71	0.64	0.71	0.64	0.11	2.54	2.54	2.54	XXX
75635		A	Ct angio abdominal arteries	2.40	12.15	15.56	NA	NA	0.50	15.05	18.46	NA	XXX
75635	TC	A	Ct angio abdominal arteries	0.00	11.40	14.78	NA	NA	0.39	11.79	15.17	NA	XXX
75635	26	A	Ct angio abdominal arteries	2.40	0.75	0.78	0.75	0.78	0.11	3.26	3.29	3.29	XXX
75650		A	Artery x-rays, head & neck	1.49	3.37	10.66	NA	NA	0.72	5.58	12.87	NA	XXX
75650	TC	A	Artery x-rays, head & neck	0.00	2.85	10.16	NA	NA	0.65	3.50	10.81	NA	XXX
75650	26	A	Artery x-rays, head & neck	1.49	0.52	0.50	0.52	0.50	0.07	2.08	2.06	2.06	XXX
75658		A	Artery x-rays, arm	1.31	3.73	10.74	NA	NA	0.72	5.76	12.77	NA	XXX
75658	TC	A	Artery x-rays, arm	0.00	3.26	10.27	NA	NA	0.65	3.91	10.92	NA	XXX
75658	26	A	Artery x-rays, arm	1.31	0.47	0.47	0.47	0.47	0.07	1.85	1.85	1.85	XXX
75660		A	Artery x-rays, head & neck	1.31	3.78	10.73	NA	NA	0.71	5.80	12.75	NA	XXX
75660	TC	A	Artery x-rays, head & neck	0.00	3.31	10.28	NA	NA	0.65	3.96	10.93	NA	XXX
75660	26	A	Artery x-rays, head & neck	1.31	0.45	0.45	0.47	0.45	0.06	1.84	1.82	1.82	XXX
75662		A	Artery x-rays, head & neck	1.66	4.96	11.14	NA	NA	0.71	7.33	13.51	NA	XXX
75662	TC	A	Artery x-rays, head & neck	0.00	4.26	10.52	NA	NA	0.65	4.91	11.17	NA	XXX
75662	26	A	Artery x-rays, head & neck	1.66	0.62	0.70	0.62	0.62	0.06	2.42	2.34	2.34	XXX
75665		A	Artery x-rays, head & neck	1.31	3.92	10.32	NA	NA	0.74	5.97	12.81	NA	XXX
75665	TC	A	Artery x-rays, head & neck	0.00	3.48	10.32	NA	NA	0.65	4.13	10.97	NA	XXX
75665	26	A	Artery x-rays, head & neck	1.31	0.44	0.44	0.44	0.44	0.09	1.84	1.84	1.84	XXX
75671		A	Artery x-rays, head & neck	1.66	4.84	11.08	NA	NA	0.72	7.22	13.46	NA	XXX
75671	TC	A	Artery x-rays, head & neck	0.00	4.27	10.52	NA	NA	0.65	4.92	11.17	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT-1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Facil- ity RVUs	Multi-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Facil- ity Total	Global
75671	26	A	Artery x-rays, head & neck	1.66	0.57	0.56	0.57	0.56	0.07	2.30	2.29	2.30	2.29	XXX
75676		A	Artery x-rays, neck	1.31	3.71	10.71	NA	NA	0.72	5.74	12.74	NA	NA	XXX
75676	TC	A	Artery x-rays, neck	0.00	3.26	10.92	NA	NA	0.65	3.91	10.92	NA	NA	XXX
75676	26	A	Artery x-rays, neck	1.31	0.45	0.44	0.45	0.44	0.07	1.83	1.82	1.83	1.82	XXX
75680		A	Artery x-rays, neck	1.66	4.41	10.96	NA	NA	0.72	6.79	13.34	NA	NA	XXX
75680	TC	A	Artery x-rays, neck	0.00	3.81	10.40	NA	NA	0.65	4.46	11.05	NA	NA	XXX
75680	26	A	Artery x-rays, neck	1.66	0.60	0.56	0.60	0.56	0.07	2.33	2.29	2.33	2.29	XXX
75685		A	Artery x-rays, spine	1.31	3.71	10.70	NA	NA	0.71	5.73	12.72	NA	NA	XXX
75685	TC	A	Artery x-rays, spine	0.00	3.25	10.26	NA	NA	0.65	3.90	10.91	NA	NA	XXX
75685	26	A	Artery x-rays, spine	1.31	0.46	0.44	0.46	0.44	0.06	1.83	1.81	1.83	1.81	XXX
75705		A	Artery x-rays, spine	2.18	3.81	10.95	NA	NA	0.78	6.77	13.91	NA	NA	XXX
75705	TC	A	Artery x-rays, spine	0.00	3.15	10.24	NA	NA	0.65	3.80	10.89	NA	NA	XXX
75705	26	A	Artery x-rays, spine	2.18	0.66	0.71	0.66	0.71	0.13	2.97	3.02	2.97	3.02	XXX
75710		A	Artery x-rays, arm/leg	1.14	3.87	10.72	NA	NA	0.72	5.73	12.58	NA	NA	XXX
75710	TC	A	Artery x-rays, arm/leg	0.00	3.46	10.32	NA	NA	0.65	4.11	10.97	NA	NA	XXX
75710	26	A	Artery x-rays, arm/leg	1.14	0.41	0.40	0.41	0.40	0.07	1.62	1.61	1.62	1.61	XXX
75716		A	Artery x-rays, arms/legs	1.31	4.75	10.96	NA	NA	0.72	6.78	12.99	NA	NA	XXX
75716	TC	A	Artery x-rays, arms/legs	0.00	4.28	10.52	NA	NA	0.65	4.93	11.17	NA	NA	XXX
75716	26	A	Artery x-rays, arms/legs	1.31	0.47	0.44	0.47	0.44	0.07	1.85	1.82	1.85	1.82	XXX
75722		A	Artery x-rays, kidney	1.14	3.32	10.28	NA	NA	0.70	5.62	12.54	NA	NA	XXX
75722	TC	A	Artery x-rays, kidney	0.00	4.06	11.15	NA	NA	0.65	3.97	10.93	NA	NA	XXX
75722	26	A	Artery x-rays, kidney	1.14	0.46	0.42	0.46	0.42	0.05	1.65	1.61	1.65	1.61	XXX
75724		A	Artery x-rays, kidneys	1.49	5.13	11.15	NA	NA	0.70	7.32	13.34	NA	NA	XXX
75724	TC	A	Artery x-rays, kidneys	0.00	4.37	10.54	NA	NA	0.65	5.02	11.19	NA	NA	XXX
75724	26	A	Artery x-rays, kidneys	1.49	0.76	0.61	0.76	0.61	0.05	2.30	2.15	2.30	2.15	XXX
75726		A	Artery x-rays, abdomen	1.14	3.51	10.61	NA	NA	0.70	5.35	12.45	NA	NA	XXX
75726	TC	A	Artery x-rays, abdomen	0.00	3.16	10.24	NA	NA	0.65	3.81	10.89	NA	NA	XXX
75726	26	A	Artery x-rays, abdomen	1.14	0.35	0.37	0.35	0.37	0.05	1.54	1.56	1.54	1.56	XXX
75731		A	Artery x-rays, adrenal gland	1.14	3.72	10.66	NA	NA	0.71	5.57	12.51	NA	NA	XXX
75731	TC	A	Artery x-rays, adrenal gland	0.00	3.32	10.28	NA	NA	0.65	3.97	10.93	NA	NA	XXX
75731	26	A	Artery x-rays, adrenal gland	1.14	0.40	0.38	0.40	0.38	0.06	1.60	1.58	1.60	1.58	XXX
75733		A	Artery x-rays, adrenals	1.31	5.11	11.06	NA	NA	0.71	7.13	13.08	NA	NA	XXX
75733	TC	A	Artery x-rays, adrenals	0.00	4.53	10.58	NA	NA	0.65	5.18	11.23	NA	NA	XXX
75733	26	A	Artery x-rays, adrenals	1.31	0.58	0.48	0.58	0.48	0.06	1.95	1.85	1.95	1.85	XXX
75736		A	Artery x-rays, pelvis	1.14	3.69	10.66	NA	NA	0.71	5.54	12.51	NA	NA	XXX
75736	TC	A	Artery x-rays, pelvis	0.00	3.30	10.28	NA	NA	0.65	3.95	10.93	NA	NA	XXX
75736	26	A	Artery x-rays, pelvis	1.14	0.39	0.38	0.39	0.38	0.06	1.59	1.58	1.59	1.58	XXX
75741		A	Artery x-rays, lung	1.31	2.96	10.52	NA	NA	0.71	4.98	12.54	NA	NA	XXX
75741	TC	A	Artery x-rays, lung	0.00	2.55	10.09	NA	NA	0.65	3.20	10.74	NA	NA	XXX
75741	26	A	Artery x-rays, lung	1.31	0.41	0.43	0.41	0.43	0.06	1.78	1.80	1.78	1.80	XXX
75743		A	Artery x-rays, lungs	1.66	3.30	10.68	NA	NA	0.72	5.68	13.06	NA	NA	XXX
75743	TC	A	Artery x-rays, lungs	0.00	2.79	10.15	NA	NA	0.65	3.44	10.80	NA	NA	XXX
75743	26	A	Artery x-rays, lungs	1.66	0.51	0.53	0.51	0.53	0.07	2.24	2.26	2.24	2.26	XXX

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
75746	TC	A	Artery x-rays, lung	1.14	3.30	10.56	NA	NA	0.70	5.14	12.40	NA	NA	XXX
75746	TC	A	Artery x-rays, lung	0.00	2.96	10.19	NA	NA	0.65	3.61	10.84	NA	NA	XXX
75746	26	A	Artery x-rays, lung	1.14	0.34	0.37	0.34	0.37	0.05	1.53	1.56	1.53	1.56	XXX
75756	TC	A	Artery x-rays, chest	1.14	4.38	10.88	NA	NA	0.69	6.21	12.71	NA	NA	XXX
75756	TC	A	Artery x-rays, chest	0.00	3.77	10.39	NA	NA	0.65	4.42	11.04	NA	NA	XXX
75756	26	A	Artery x-rays, chest	1.14	0.61	0.49	0.61	0.49	0.04	1.79	1.67	1.79	1.67	XXX
75774	TC	A	Artery x-ray, each vessel	0.36	2.43	10.15	2.43	10.15	0.67	3.46	11.18	3.46	11.18	ZZZ
75774	TC	A	Artery x-ray, each vessel	0.00	2.31	10.03	2.31	10.03	0.65	2.96	10.68	2.96	10.68	ZZZ
75774	26	A	Artery x-ray, each vessel	0.36	0.12	0.12	0.12	0.12	0.02	0.50	0.50	0.50	0.50	ZZZ
75790	TC	A	Visualize A-V shunt	1.84	2.94	2.20	2.94	2.20	0.17	4.95	4.21	4.95	4.21	XXX
75790	TC	A	Visualize A-V shunt	0.00	2.42	1.62	2.42	1.62	0.08	2.50	1.70	2.50	1.70	XXX
75790	26	A	Visualize A-V shunt	1.84	0.52	0.58	0.52	0.58	0.09	2.45	2.51	2.45	2.51	XXX
75801	TC	C	Lymph vessel x-ray, arm/leg	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
75801	TC	C	Lymph vessel x-ray, arm/leg	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
75801	26	A	Lymph vessel x-ray, arm/leg	0.81	0.22	0.26	0.22	0.26	0.08	1.11	1.15	1.11	1.15	XXX
75803	TC	C	Lymph vessel x-ray,arms/legs	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
75803	TC	C	Lymph vessel x-ray,arms/legs	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
75803	26	A	Lymph vessel x-ray,arms/legs	1.17	0.31	0.36	0.31	0.36	0.05	1.53	1.58	1.53	1.58	XXX
75805	TC	C	Lymph vessel x-ray, trunk	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
75805	TC	C	Lymph vessel x-ray, trunk	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
75805	26	A	Lymph vessel x-ray, trunk	0.81	0.22	0.26	0.22	0.26	0.05	1.08	1.12	1.08	1.12	XXX
75807	TC	C	Lymph vessel x-ray, trunk	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75807	TC	C	Lymph vessel x-ray, trunk	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75807	26	A	Lymph vessel x-ray, trunk	1.17	0.34	0.37	0.34	0.37	0.05	1.56	1.59	1.56	1.59	XXX
75809	TC	A	Nonvascular shunt, x-ray	0.47	2.05	1.22	2.05	1.22	0.07	2.59	1.76	2.59	1.76	XXX
75809	TC	A	Nonvascular shunt, x-ray	0.00	1.92	1.07	1.92	1.07	0.05	1.97	1.12	1.97	1.12	XXX
75809	26	A	Nonvascular shunt, x-ray	0.47	0.13	0.15	0.13	0.15	0.02	0.62	0.64	0.62	0.64	XXX
75810	TC	C	Vein x-ray, spleen/liver	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
75810	TC	C	Vein x-ray, spleen/liver	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
75810	26	A	Vein x-ray, spleen/liver	1.14	0.34	0.36	0.34	0.36	0.05	1.53	1.55	1.53	1.55	XXX
75820	TC	A	Vein x-ray, arm/leg	0.70	2.92	1.62	2.92	1.62	0.09	3.71	2.41	3.71	2.41	XXX
75820	TC	A	Vein x-ray, arm/leg	0.00	2.65	1.38	2.65	1.38	0.06	2.71	1.44	2.71	1.44	XXX
75820	26	A	Vein x-ray, arm/leg	0.70	0.27	0.24	0.27	0.24	0.03	1.00	0.97	1.00	0.97	XXX
75822	TC	A	Vein x-ray, arms/legs	1.06	3.00	2.12	3.00	2.12	0.13	4.19	3.31	4.19	3.31	XXX
75822	TC	A	Vein x-ray, arms/legs	0.00	2.68	1.78	2.68	1.78	0.08	2.76	1.86	2.76	1.86	XXX
75822	26	A	Vein x-ray, arms/legs	1.06	0.32	0.34	0.32	0.34	0.05	1.43	1.45	1.43	1.45	XXX
75825	TC	A	Vein x-ray, trunk	1.14	2.77	10.42	2.77	10.42	0.72	4.63	12.28	4.63	12.28	XXX
75825	TC	A	Vein x-ray, trunk	0.00	2.44	10.06	2.44	10.06	0.65	3.09	10.71	3.09	10.71	XXX
75825	26	A	Vein x-ray, trunk	1.14	0.33	0.36	0.33	0.36	0.07	1.54	1.57	1.54	1.57	XXX
75827	TC	A	Vein x-ray, chest	1.14	2.81	10.43	2.81	10.43	0.70	4.65	12.27	4.65	12.27	XXX
75827	TC	A	Vein x-ray, chest	0.00	2.48	10.07	2.48	10.07	0.65	3.13	10.72	3.13	10.72	XXX
75827	26	A	Vein x-ray, chest	1.14	0.33	0.36	0.33	0.36	0.05	1.52	1.55	1.52	1.55	XXX
75831	TC	A	Vein x-ray, kidney	1.14	2.88	10.45	2.88	10.45	0.71	4.73	12.30	4.73	12.30	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility RVUs	Year 2007 Transitional Facility RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
75831	TC	A	Vein x-ray, kidney	0.00	2.55	10.09	NA	10.74	0.65	3.20	10.74	NA	10.74	XXX
75831	26	A	Vein x-ray, kidney	1.14	0.33	0.36	0.33	1.56	0.06	1.53	1.56	1.53	1.56	XXX
75833	TC	A	Vein x-ray, kidneys	1.49	3.50	10.70	NA	12.93	0.74	5.73	12.93	NA	12.93	XXX
75833	26	A	Vein x-ray, kidneys	0.00	3.06	10.22	NA	10.87	0.65	3.71	10.87	NA	10.87	XXX
75833	26	A	Vein x-ray, adrenal gland	1.49	0.44	0.48	0.44	2.06	0.09	2.02	2.06	2.02	2.06	XXX
75340	A	A	Vein x-ray, adrenal gland	1.14	3.17	10.53	NA	12.39	0.72	5.03	12.39	NA	12.39	XXX
75840	TC	A	Vein x-ray, adrenal gland	0.00	2.74	10.14	NA	10.79	0.65	3.39	10.79	NA	10.79	XXX
75840	26	A	Vein x-ray, adrenal gland	1.14	0.43	0.39	0.43	1.60	0.07	1.64	1.60	1.64	1.60	XXX
75842	TC	A	Vein x-ray, adrenal glands	1.49	3.44	10.67	NA	12.88	0.72	5.65	12.88	NA	12.88	XXX
75842	26	A	Vein x-ray, adrenal glands	0.00	3.00	10.20	NA	10.85	0.65	3.65	10.85	NA	10.85	XXX
75842	26	A	Vein x-ray, adrenal glands	1.49	0.44	0.47	0.44	2.03	0.07	2.00	2.03	2.00	2.03	XXX
75860	TC	A	Vein x-ray, neck	1.14	3.37	10.59	NA	12.42	0.69	5.20	12.42	NA	12.42	XXX
75860	26	A	Vein x-ray, neck	0.00	2.88	10.17	NA	10.82	0.65	3.53	10.82	NA	10.82	XXX
75860	26	A	Vein x-ray, neck	1.14	0.49	0.42	0.49	1.60	0.04	1.67	1.60	1.67	1.60	XXX
75870	TC	A	Vein x-ray, skull	1.14	3.11	10.52	NA	12.36	0.70	4.95	12.36	NA	12.36	XXX
75870	26	A	Vein x-ray, skull	0.00	2.73	10.13	NA	10.78	0.65	3.38	10.78	NA	10.78	XXX
75872	TC	A	Vein x-ray, skull	1.14	3.85	10.70	NA	12.63	0.75	5.78	12.63	NA	12.63	XXX
75872	26	A	Vein x-ray, skull	0.00	3.42	10.31	NA	10.96	0.65	4.07	10.96	NA	10.96	XXX
75872	26	A	Vein x-ray, eye socket	1.14	0.43	0.39	0.43	1.67	0.09	1.71	1.67	1.71	1.67	XXX
75880	TC	A	Vein x-ray, eye socket	0.70	2.87	1.61	NA	2.40	0.09	3.66	2.40	NA	2.40	XXX
75880	26	A	Vein x-ray, eye socket	0.00	2.65	1.38	NA	1.44	0.06	2.71	1.44	NA	1.44	XXX
75885	TC	A	Vein x-ray, liver	0.70	0.22	0.23	0.22	0.96	0.03	0.95	0.96	0.95	0.96	XXX
75885	26	A	Vein x-ray, liver	1.44	2.95	10.54	NA	12.89	0.71	5.10	12.89	NA	12.89	XXX
75887	TC	A	Vein x-ray, liver	0.00	2.53	10.08	NA	10.73	0.65	3.18	10.73	NA	10.73	XXX
75887	26	A	Vein x-ray, liver	1.44	0.42	0.46	0.42	1.96	0.06	1.92	1.96	1.92	1.96	XXX
75889	TC	A	Vein x-ray, liver	1.14	3.17	10.60	NA	12.75	0.71	5.32	12.75	NA	12.75	XXX
75889	26	A	Vein x-ray, liver	0.00	2.53	10.08	NA	10.73	0.65	3.35	10.78	NA	10.78	XXX
75889	26	A	Vein x-ray, liver	1.14	0.34	0.36	0.34	1.55	0.05	1.53	1.55	1.53	1.55	XXX
75891	TC	A	Vein x-ray, liver	1.14	2.84	10.44	NA	12.28	0.70	4.68	12.28	NA	12.28	XXX
75891	26	A	Vein x-ray, liver	0.00	2.51	10.08	NA	10.73	0.65	3.16	10.73	NA	10.73	XXX
75893	TC	A	Venous sampling by catheter	0.54	0.33	0.36	0.33	1.52	0.05	1.52	1.52	1.52	1.52	XXX
75893	26	A	Venous sampling by catheter	0.00	2.71	10.27	NA	11.48	0.67	3.92	11.48	NA	11.48	XXX
75894	TC	A	Venous sampling by catheter	0.54	0.16	0.18	0.16	0.72	0.02	0.72	0.72	0.72	0.72	XXX
75894	26	A	X-rays, transscath therapy	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
75894	26	A	X-rays, transscath therapy	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
75896	TC	C	X-rays, transscath therapy	1.31	0.39	0.42	0.39	1.81	0.08	1.78	1.81	1.78	1.81	XXX
75896	26	C	X-rays, transscath therapy	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
75896	TC	C	X-rays, transscath therapy	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity Total	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
75896	26	A	X-rays, transscath therapy	1.31	0.49	0.46	0.49	0.46	1.85	0.05	1.82	1.85	1.82	XXX
75898		C	Follow-up angiography	0.00	NA	NA	NA	NA	NA	0.00	NA	NA	NA	XXX
75898	TC	C	Follow-up angiography	0.00	NA	NA	NA	NA	NA	0.00	NA	NA	NA	XXX
75898	26	A	Follow-up angiography	1.65	0.56	0.55	0.56	0.55	2.28	0.07	2.27	2.28	2.27	XXX
75900	26	A	Intravascular cath exchange	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75900	TC	C	Intravascular cath exchange	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75900	26	A	Intravascular cath exchange	0.49	0.15	0.16	0.15	0.16	0.67	0.03	0.68	0.67	0.68	XXX
75901	26	A	Remove cva device obstruct	0.49	3.94	2.09	3.94	2.09	5.28	0.85	3.43	5.28	3.43	XXX
75901	TC	A	Remove cva device obstruct	0.00	3.80	1.93	3.80	1.93	4.63	0.83	2.76	4.63	2.76	XXX
75901	26	A	Remove cva device obstruct	0.49	0.14	0.16	0.14	0.16	0.65	0.02	0.67	0.65	0.67	XXX
75902	26	A	Remove cva lumen obstruct	0.39	1.54	1.47	1.54	1.47	2.78	0.85	2.71	2.78	2.71	XXX
75902	TC	A	Remove cva lumen obstruct	0.00	1.43	1.34	1.43	1.34	0.83	2.26	2.17	0.83	2.17	XXX
75902	26	A	Remove cva lumen obstruct	0.39	0.11	0.13	0.11	0.13	0.52	0.02	0.54	0.52	0.54	XXX
75940	TC	C	X-ray placement, vein filter	0.00	NA	NA	NA	NA	NA	0.00	NA	NA	NA	XXX
75940	26	A	X-ray placement, vein filter	0.54	0.16	0.18	0.16	0.18	0.74	0.04	0.76	0.74	0.76	XXX
75945	TC	C	Intravascular us	0.00	NA	NA	NA	NA	NA	0.00	NA	NA	NA	XXX
75945	26	A	Intravascular us	0.00	0.00	0.00	0.00	0.00	0.59	0.00	0.58	0.59	0.58	XXX
75946	TC	C	Intravascular us add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
75946	26	A	Intravascular us add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
75952	TC	C	Endovasc repair abdom aorta	0.00	0.00	0.00	0.00	0.00	0.58	0.00	0.59	0.58	0.59	XXX
75952	26	A	Endovasc repair abdom aorta	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75952	TC	C	Endovasc repair abdom aorta	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75952	26	A	Endovasc repair abdom aorta	4.49	1.27	1.44	1.27	1.44	6.19	0.43	6.36	6.19	6.36	XXX
75953	TC	C	Abdom aneurysm endovas rpr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75953	26	A	Abdom aneurysm endovas rpr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75953	TC	C	Abdom aneurysm endovas rpr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75953	26	A	Abdom aneurysm endovas rpr	1.36	0.39	0.44	0.39	0.44	1.88	0.13	1.93	1.88	1.93	XXX
75954	TC	C	Iliac aneurysm endovas rpr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75954	26	A	Iliac aneurysm endovas rpr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75954	TC	C	Iliac aneurysm endovas rpr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75954	26	A	Iliac aneurysm endovas rpr	2.25	0.64	0.75	0.64	0.75	3.04	0.15	3.15	3.04	3.15	XXX
75956	TC	C	Xray, endovasc thor ao repr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75956	26	A	Xray, endovasc thor ao repr	7.00	1.78	2.47	1.78	2.47	9.47	0.69	10.16	9.47	10.16	XXX
75957	TC	C	Xray, endovasc thor ao repr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75957	26	A	Xray, endovasc thor ao repr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75957	TC	C	Xray, endovasc thor ao repr	6.00	1.56	2.12	1.56	2.12	8.15	0.59	8.71	8.15	8.71	XXX
75958	TC	C	Xray, place prox ext thor ao	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75958	26	A	Xray, place prox ext thor ao	4.00	0.98	1.41	0.98	1.41	5.37	0.39	5.80	5.37	5.80	XXX
75959	TC	C	Xray, place dist ext thor ao	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75959	26	A	Xray, place dist ext thor ao	3.50	0.86	1.24	0.86	1.24	4.70	0.34	5.08	4.70	5.08	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im-plement- ed Non-Facility PE RVUs	Year 2007 Transi- tional Non-Facility PE RVUs	Fully Im-plement- ed Facility PE RVUs	Year 2007 Transi- tional Facility PE RVUs	Mai-Prac- tice RVUs	Fully Im-plement- ed Non-Facility Total	Year 2007 Transi- tional Non-Facility Total	Fully Im-plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
75960	TC	C	Transcath iv stent rs&i	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
75960	TC	C	Transcath iv stent rs&i	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
75960	26	A	Transcath iv stent rs&i	0.82	0.31	0.29	0.31	0.29	0.05	1.18	1.16	1.18	1.16	XXX
75961	TC	A	Retrieval, broken catheter	4.24	4.30	9.99	NA	NA	0.73	9.27	14.96	NA	NA	XXX
75961	TC	A	Retrieval, broken catheter	4.24	3.03	8.63	NA	NA	0.55	3.58	9.18	NA	NA	XXX
75961	26	A	Retrieval, broken catheter	4.24	1.27	1.36	1.27	1.36	0.18	5.69	5.78	5.69	5.78	XXX
75962	TC	A	Repair arterial blockage	0.54	3.43	12.80	NA	NA	0.86	4.83	14.20	NA	NA	XXX
75962	TC	A	Repair arterial blockage	0.00	3.24	12.62	NA	NA	0.83	4.07	13.45	NA	NA	XXX
75962	26	A	Repair arterial blockage	0.54	0.19	0.18	0.19	0.18	0.03	0.76	0.75	0.76	0.75	XXX
75964	TC	A	Repair artery blockage, each	0.36	2.31	6.96	2.31	6.96	0.46	3.13	7.78	3.13	7.78	XXX
75964	TC	A	Repair artery blockage, each	0.00	2.19	6.84	2.19	6.84	0.43	2.62	7.27	2.62	7.27	ZZZ
75964	26	A	Repair artery blockage, each	0.36	0.12	0.12	0.12	0.12	0.03	0.51	0.51	0.51	0.51	ZZZ
75966	TC	A	Repair arterial blockage	1.31	4.12	13.18	NA	NA	0.89	6.32	15.38	NA	NA	XXX
75966	TC	A	Repair arterial blockage	0.00	3.55	12.69	NA	NA	0.83	4.38	13.52	NA	NA	XXX
75966	26	A	Repair arterial blockage	1.31	0.57	0.49	0.57	0.49	0.06	1.94	1.86	1.94	1.86	XXX
75968	TC	A	Repair artery blockage, each	0.36	2.38	6.99	2.38	6.99	0.45	3.19	7.80	3.19	7.80	XXX
75968	TC	A	Repair artery blockage, each	0.00	2.23	6.85	2.23	6.85	0.43	2.66	7.28	2.66	7.28	ZZZ
75968	26	A	Repair artery blockage, each	0.36	0.15	0.14	0.15	0.14	0.02	0.53	0.52	0.53	0.52	ZZZ
75970	TC	C	Vascular biopsy	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
75970	TC	C	Vascular biopsy	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
75970	26	A	Vascular biopsy	0.83	0.26	0.28	0.26	0.28	0.04	1.13	1.15	1.13	1.15	XXX
75978	TC	A	Repair venous blockage	0.54	3.11	12.72	NA	NA	0.85	4.50	14.11	NA	NA	XXX
75978	TC	A	Repair venous blockage	0.00	2.95	12.54	NA	NA	0.83	3.78	13.37	NA	NA	XXX
75978	26	A	Repair venous blockage	0.54	0.16	0.18	0.16	0.18	0.02	0.72	0.74	0.72	0.74	XXX
75980	TC	C	Contrast xray exam bile duct	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
75980	TC	C	Contrast xray exam bile duct	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
75980	26	A	Contrast xray exam bile duct	1.44	0.42	0.46	0.42	0.46	0.06	1.92	1.96	1.92	1.96	XXX
75982	TC	C	Contrast xray exam bile duct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75982	TC	C	Contrast xray exam bile duct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75982	26	A	Contrast xray exam bile duct	1.44	0.42	0.46	0.42	0.46	0.06	1.92	1.96	1.92	1.96	XXX
75984	TC	A	Xray control catheter change	0.72	2.16	2.18	2.16	2.18	0.14	3.02	3.04	3.02	3.04	XXX
75984	TC	A	Xray control catheter change	0.00	1.95	1.95	NA	NA	0.11	2.06	2.06	NA	NA	XXX
75984	26	A	Xray control catheter change	0.72	0.21	0.23	0.21	0.23	0.03	0.96	0.98	0.96	0.98	XXX
75989	TC	A	Abscess drainage under x-ray	1.19	2.07	3.18	NA	NA	0.22	3.48	4.59	NA	NA	XXX
75989	TC	A	Abscess drainage under x-ray	0.00	1.73	2.80	NA	NA	0.17	1.90	2.97	NA	NA	XXX
75989	26	A	Abscess drainage under x-ray	1.19	0.34	0.38	0.34	0.38	0.05	1.58	1.62	1.58	1.62	XXX
75992	TC	C	Atherectomy, x-ray exam	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
75992	TC	C	Atherectomy, x-ray exam	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
75992	26	A	Atherectomy, x-ray exam	0.54	0.23	0.20	0.23	0.20	0.03	0.80	0.77	0.80	0.77	XXX
75993	TC	C	Atherectomy, x-ray exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
75993	TC	C	Atherectomy, x-ray exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
75993	26	A	Atherectomy, x-ray exam	0.36	0.15	0.14	0.15	0.14	0.02	0.53	0.52	0.53	0.52	ZZZ
75994	TC	C	Atherectomy, x-ray exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS2	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
75994	TC	C	Atherectomy, x-ray exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75994	26	A	Atherectomy, x-ray exam	1.31	0.62	0.50	0.62	0.50	0.07	2.00	1.88	2.00	1.88	XXX
75995	TC	C	Atherectomy, x-ray exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75995	26	A	Atherectomy, x-ray exam	1.31	0.50	0.48	0.50	0.48	0.05	1.86	1.84	1.86	1.84	XXX
75996	TC	C	Atherectomy, x-ray exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
75996	26	A	Atherectomy, x-ray exam	0.36	0.14	0.13	0.14	0.13	0.02	0.52	0.51	0.52	0.51	ZZZ
76000	TC	A	Fluoroscope examination	0.17	2.64	1.68	NA	NA	NA	2.89	1.93	NA	NA	XXX
76000	26	A	Fluoroscope examination	0.00	2.59	1.63	0.05	0.05	0.01	2.66	1.70	NA	NA	XXX
76001	TC	C	Fluoroscope exam, extensive	0.00	NA	NA	0.00	NA	NA	NA	NA	NA	NA	XXX
76001	26	A	Fluoroscope exam, extensive	0.67	0.21	0.22	0.21	0.22	0.05	0.93	0.94	0.93	0.94	XXX
76010	TC	A	X-ray, nose to rectum	0.00	0.46	0.51	NA	NA	NA	0.48	0.53	NA	NA	XXX
76010	26	A	X-ray, nose to rectum	0.18	0.05	0.06	0.05	0.06	0.01	0.24	0.25	0.24	0.25	XXX
76080	TC	A	X-ray exam of fistula	0.54	1.01	1.18	NA	NA	NA	1.63	1.80	NA	NA	XXX
76080	26	A	X-ray exam of fistula	0.00	0.85	1.00	NA	NA	NA	0.91	1.06	NA	NA	XXX
76098	TC	A	X-ray exam, breast specimen	0.16	0.16	0.18	0.16	0.18	0.02	0.72	0.74	0.72	0.74	XXX
76098	26	A	X-ray exam, breast specimen	0.16	0.29	0.43	NA	NA	NA	0.48	0.62	NA	NA	XXX
76100	TC	A	X-ray exam of body section	0.00	0.25	0.38	NA	NA	NA	0.27	0.40	NA	NA	XXX
76100	26	A	X-ray exam of body section	0.58	0.19	0.19	0.19	0.19	0.03	0.80	0.81	0.80	0.80	XXX
76101	TC	A	Complex body section x-ray	0.58	5.17	2.50	NA	NA	NA	5.86	3.19	NA	NA	XXX
76101	26	A	Complex body section x-ray	0.00	4.99	2.31	NA	NA	NA	5.07	2.39	NA	NA	XXX
76102	TC	A	Complex body section x-rays	0.58	7.61	3.35	NA	NA	NA	8.33	4.07	NA	NA	XXX
76102	26	A	Complex body section x-rays	0.00	7.43	3.16	NA	NA	NA	7.54	3.27	NA	NA	XXX
76120	TC	A	Cine/video x-rays	0.58	1.83	1.34	NA	NA	NA	2.29	1.80	NA	NA	XXX
76120	26	A	Cine/video x-rays	0.00	1.70	1.21	NA	NA	NA	1.76	1.27	NA	NA	XXX
76125	TC	C	Cine/video x-rays add-on	0.00	0.13	0.13	0.13	0.13	0.02	0.53	0.53	0.53	0.53	ZZZ
76125	26	A	Cine/video x-rays add-on	0.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	ZZZ
76125	TC	C	Cine/video x-rays add-on	0.27	0.10	0.09	0.10	0.09	0.01	0.38	0.37	0.38	0.37	ZZZ
76140	TC	I	X-ray consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76150	TC	C	X-ray exam, dry process	0.00	0.67	0.48	NA	NA	NA	0.69	0.50	NA	NA	XXX
76350	TC	C	Special x-ray contrast study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76376	TC	A	3d render w/o postprocess	0.00	1.32	2.95	NA	NA	NA	1.62	3.25	NA	NA	XXX
76376	TC	A	3d render w/o postprocess	0.00	1.26	2.88	NA	NA	NA	1.34	2.96	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
76376	26	A	3d render w/o postprocess	0.20	0.06	0.07	0.06	0.07	0.02	0.28	0.29	0.28	0.29	XXX
76377		A	3d rendering w/postprocess	0.79	1.28	3.09	NA	NA	0.39	2.46	4.27	NA	NA	XXX
76377	TC	A	3d rendering w/postprocess	0.00	1.05	2.83	NA	NA	0.31	1.36	3.14	NA	NA	XXX
76377	26	A	3d rendering w/postprocess	0.79	0.23	0.26	0.23	0.26	0.08	1.10	1.13	1.10	1.13	XXX
76380		A	CAT scan follow-up study	0.98	4.45	3.98	NA	NA	0.22	5.65	5.18	NA	NA	XXX
76380	TC	A	CAT scan follow-up study	0.00	4.17	3.67	NA	NA	0.18	4.35	3.85	NA	NA	XXX
76380	26	A	CAT scan follow-up study	0.98	0.28	0.31	0.28	0.31	0.04	1.30	1.33	1.30	1.33	XXX
76390		N	Mr spectroscopy	1.40	9.31	10.94	NA	NA	0.66	11.37	13.00	NA	NA	XXX
76390	TC	N	Mr spectroscopy	0.00	8.99	10.51	0.32	0.43	0.59	9.58	11.10	NA	NA	XXX
76390	26	N	Mr spectroscopy	1.40	0.32	0.43	0.32	0.43	0.07	1.79	1.90	1.79	1.90	XXX
76496		C	Fluoroscopic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76496	TC	C	Fluoroscopic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76496	26	C	Fluoroscopic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76497		C	Ct procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76497	TC	C	Ct procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76497	26	C	Ct procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76498		C	Mri procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76498	TC	C	Mri procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76498	26	C	Mri procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499		C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499	TC	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499	26	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76506		A	Echo exam of head	0.63	2.70	1.92	NA	NA	0.14	3.47	2.69	NA	NA	XXX
76506	TC	A	Echo exam of head	0.00	2.51	1.69	NA	NA	0.08	2.59	1.77	NA	NA	XXX
76506	26	A	Echo exam of head	0.63	0.19	0.23	0.19	0.23	0.06	0.88	0.92	0.88	0.92	XXX
76510		A	Ophthalm us, b & quant a	1.55	2.31	2.73	NA	NA	0.10	3.96	4.38	NA	NA	XXX
76510	TC	A	Ophthalm us, b & quant a	0.00	1.72	2.07	NA	NA	0.07	1.79	2.14	NA	NA	XXX
76510	26	A	Ophthalm us, b & quant a	1.55	0.59	0.66	0.59	0.66	0.03	2.17	2.24	2.17	2.24	XXX
76511		A	Ophthalm us, quant a only	0.94	1.40	2.17	NA	NA	0.10	2.44	3.21	NA	NA	XXX
76511	TC	A	Ophthalm us, quant a only	0.00	1.04	1.78	NA	NA	0.07	1.11	1.85	NA	NA	XXX
76511	26	A	Ophthalm us, quant a only	0.94	0.36	0.39	0.36	0.39	0.03	1.33	1.36	1.33	1.36	XXX
76512		A	Ophthalm us, b w/non-quant a	0.94	1.19	1.97	NA	NA	0.12	2.25	3.03	NA	NA	XXX
76512	TC	A	Ophthalm us, b w/non-quant a	0.00	0.84	1.57	NA	NA	0.10	0.94	1.67	NA	NA	XXX
76512	26	A	Ophthalm us, b w/non-quant a	0.94	0.35	0.40	0.35	0.40	0.02	1.31	1.36	1.31	1.36	XXX
76513		A	Echo exam of eye, water bath	0.66	1.57	1.75	NA	NA	0.12	2.35	2.53	NA	NA	XXX
76513	TC	A	Echo exam of eye, water bath	0.00	1.32	1.47	NA	NA	0.10	1.42	1.57	NA	NA	XXX
76513	26	A	Echo exam of eye, water bath	0.66	0.25	0.28	0.25	0.28	0.02	0.93	0.96	0.93	0.96	XXX
76514		A	Echo exam of eye, thickness	0.17	0.17	0.15	NA	NA	0.02	0.36	0.34	NA	NA	XXX
76514	TC	A	Echo exam of eye, thickness	0.00	0.11	0.07	NA	NA	0.01	0.12	0.08	NA	NA	XXX
76514	26	A	Echo exam of eye, thickness	0.17	0.06	0.08	0.06	0.08	0.01	0.24	0.26	0.24	0.26	XXX
76516		A	Echo exam of eye	0.54	1.19	1.39	NA	NA	0.08	1.81	2.01	NA	NA	XXX
76516	TC	A	Echo exam of eye	0.00	0.99	1.16	NA	NA	0.07	1.06	1.23	NA	NA	XXX
76516	26	A	Echo exam of eye	0.54	0.20	0.23	0.20	0.23	0.01	0.75	0.78	0.75	0.78	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
76519		A	Echo exam of eye	0.54	1.32	1.49	NA	NA	0.08	1.94	2.11	NA	NA	XXX
76519	TC	A	Echo exam of eye	0.00	1.11	1.26	NA	NA	0.07	1.18	1.33	NA	NA	XXX
76519	26	A	Echo exam of eye	0.54	0.21	0.23	0.21	0.23	0.01	0.76	0.78	0.76	0.78	XXX
76529		A	Echo exam of eye	0.57	1.17	1.32	NA	NA	0.10	1.84	1.99	NA	NA	XXX
76529	TC	A	Echo exam of eye	0.00	0.96	1.09	NA	NA	0.08	1.04	1.17	NA	NA	XXX
76529	26	A	Echo exam of eye	0.57	0.21	0.23	0.21	0.23	0.02	0.80	0.82	0.80	0.82	XXX
76536		A	Us exam of head and neck	0.56	2.53	1.83	NA	NA	0.10	3.19	2.49	NA	NA	XXX
76536	TC	A	Us exam of head and neck	0.00	2.38	1.66	NA	NA	0.08	2.46	1.74	NA	NA	XXX
76536	26	A	Us exam of head and neck	0.56	0.15	0.17	0.15	0.17	0.02	0.73	0.75	0.73	0.75	XXX
76604		A	Us exam, chest	0.55	1.70	1.54	NA	NA	0.09	2.34	2.18	NA	NA	XXX
76604	TC	A	Us exam, chest	0.00	1.55	1.37	NA	NA	0.07	1.62	1.44	NA	NA	XXX
76604	26	A	Us exam, chest	0.55	0.15	0.17	0.15	0.17	0.02	0.72	0.74	0.72	0.74	XXX
76645		A	Us exam, breast(s)	0.54	1.97	1.41	NA	NA	0.08	2.59	2.03	NA	NA	XXX
76645	TC	A	Us exam, breast(s)	0.00	1.82	1.24	NA	NA	0.06	1.88	1.30	NA	NA	XXX
76645	26	A	Us exam, breast(s)	0.54	0.15	0.17	0.15	0.17	0.02	0.71	0.73	0.71	0.73	XXX
76700		A	Us exam, abdom, complete	0.81	2.84	2.39	NA	NA	0.15	3.80	3.35	NA	NA	XXX
76700	TC	A	Us exam, abdom, complete	0.00	2.61	2.13	NA	NA	0.11	2.72	2.24	NA	NA	XXX
76700	26	A	Us exam, abdom, complete	0.81	0.23	0.26	0.23	0.26	0.04	1.08	1.11	1.08	1.11	XXX
76705		A	Echo exam of abdomen	0.59	2.21	1.77	NA	NA	0.11	2.91	2.47	NA	NA	XXX
76705	TC	A	Echo exam of abdomen	0.00	2.04	1.58	NA	NA	0.08	2.12	1.66	NA	NA	XXX
76705	26	A	Echo exam of abdomen	0.59	0.17	0.19	0.17	0.19	0.03	0.79	0.81	0.79	0.81	XXX
76770		A	Us exam abdo back wall, comp	0.74	2.77	2.36	NA	NA	0.14	3.65	3.24	NA	NA	XXX
76770	TC	A	Us exam abdo back wall, comp	0.00	2.55	2.12	NA	NA	0.11	2.66	2.23	NA	NA	XXX
76770	26	A	Us exam abdo back wall, comp	0.74	0.22	0.24	0.22	0.24	0.03	0.99	1.01	0.99	1.01	XXX
76775		A	Us exam abdo back wall, lim	0.58	0.00	1.61	NA	NA	0.11	0.69	2.30	NA	NA	XXX
76775	TC	A	Us exam abdo back wall, lim	0.00	0.00	1.42	NA	NA	0.08	0.08	1.50	NA	NA	XXX
76775	26	A	Us exam abdo back wall, lim	0.58	0.00	0.19	0.00	0.19	0.03	0.61	0.80	0.61	0.80	XXX
76776		A	Us exam k transpl w/doppler	0.76	3.19	2.45	NA	NA	0.14	4.09	3.35	NA	NA	XXX
76776	TC	A	Us exam k transpl w/doppler	0.00	2.98	2.22	NA	NA	0.11	3.09	2.33	NA	NA	XXX
76776	26	A	Us exam k transpl w/doppler	0.76	0.21	0.23	0.21	0.23	0.03	1.00	1.02	1.00	1.02	XXX
76800		A	Us exam, spinal canal	1.13	2.26	1.89	NA	NA	0.13	3.52	3.15	NA	NA	XXX
76800	TC	A	Us exam, spinal canal	0.00	1.97	1.56	NA	NA	0.08	2.05	1.64	NA	NA	XXX
76800	26	A	Us exam, spinal canal	1.13	0.29	0.33	0.29	0.33	0.05	1.47	1.51	1.47	1.51	XXX
76801		A	Ob us < 14 wks, single fetus	0.99	2.36	2.43	NA	NA	0.16	3.51	3.58	NA	NA	XXX
76801	TC	A	Ob us < 14 wks, single fetus	0.00	2.08	2.10	NA	NA	0.12	2.20	2.22	NA	NA	XXX
76801	26	A	Ob us < 14 wks, single fetus	0.99	0.28	0.33	0.28	0.33	0.04	1.31	1.36	1.31	1.36	XXX
76802		A	Ob us < 14 wks, add/FEI fetus	0.83	0.93	1.24	0.93	1.24	0.16	1.92	2.23	1.92	2.23	ZZZ
76802	TC	A	Ob us < 14 wks, add/FEI fetus	0.00	0.89	0.96	0.89	0.96	0.12	0.81	1.08	0.81	1.08	ZZZ
76802	26	A	Ob us < 14 wks, add/FEI fetus	0.83	0.24	0.28	0.24	0.28	0.04	1.11	1.15	1.11	1.15	ZZZ
76805		A	Ob us >= 14 wks, singl fetus	0.99	2.91	2.56	NA	NA	0.16	4.06	3.71	NA	NA	XXX
76805	TC	A	Ob us >= 14 wks, singl fetus	0.00	2.63	2.23	NA	NA	0.12	2.75	2.35	NA	NA	XXX
76805	26	A	Ob us >= 14 wks, singl fetus	0.99	0.28	0.33	0.28	0.33	0.06	1.31	1.36	1.31	1.36	XXX
76810		A	Ob us >= 14 wks, add fetus	0.98	1.59	1.44	1.59	1.44	0.24	2.83	2.68	2.83	2.68	ZZZ

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Year 2007 Transi- tional Fa- cility Total	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
76810	TC	A	Ob us >= 14 wks, addl fetus	0.00	1.32	1.12	1.32	1.12	1.12	1.54	1.34	1.54	1.34	ZZZ
76810	26	A	Ob us >= 14 wks, addl fetus	0.98	0.27	0.32	0.27	0.32	0.32	1.29	1.34	1.29	1.34	ZZZ
76811		A	Ob us, detailed, singl fetus	1.90	2.98	3.93	NA	NA	NA	5.40	6.35	NA	NA	XXX
76811	TC	A	Ob us, detailed, singl fetus	0.00	2.45	3.26	NA	NA	NA	2.88	3.69	NA	NA	XXX
76811	26	A	Ob us, detailed, singl fetus	1.90	0.53	0.67	0.53	0.67	0.67	2.52	2.66	2.52	2.66	XXX
76812		A	Ob us, detailed, addl fetus	1.78	3.87	2.25	3.87	2.25	2.25	6.14	4.52	6.14	4.52	ZZZ
76812	TC	A	Ob us, detailed, addl fetus	0.00	3.37	1.63	3.37	1.63	1.63	3.78	2.04	3.78	2.04	ZZZ
76812	26	A	Ob us, detailed, addl fetus	1.78	0.50	0.62	0.50	0.62	0.62	2.36	2.48	2.36	2.48	ZZZ
76813		A	Ob us nuchal meas, 1 gest	1.18	2.06	2.06	NA	NA	NA	3.43	3.43	NA	NA	XXX
76813	TC	A	Ob us nuchal meas, 1 gest	0.00	1.73	1.73	NA	NA	NA	1.87	1.87	NA	NA	XXX
76813	26	A	Ob us nuchal meas, 1 gest	1.18	0.33	0.33	0.33	0.33	0.33	1.56	1.56	1.56	1.56	XXX
76814		A	Ob us nuchal meas, add-on	0.99	1.11	1.11	NA	NA	NA	2.29	2.29	NA	NA	XXX
76814	TC	A	Ob us nuchal meas, add-on	0.00	0.84	0.84	NA	NA	NA	0.98	0.98	NA	NA	XXX
76814	26	A	Ob us nuchal meas, add-on	0.99	0.27	0.27	0.27	0.27	0.27	1.31	1.31	1.31	1.31	XXX
76815		A	Ob us, limited, fetus(s)	0.65	1.73	1.67	NA	NA	NA	2.49	2.43	NA	NA	XXX
76815	TC	A	Ob us, limited, fetus(s)	0.00	1.55	1.45	NA	NA	NA	1.63	1.53	NA	NA	XXX
76815	26	A	Ob us, limited, fetus(s)	0.65	0.18	0.22	0.18	0.22	0.22	0.86	0.90	0.86	0.90	XXX
76816		A	Ob us, follow-up, per fetus	0.85	2.33	1.66	NA	NA	NA	3.28	2.61	NA	NA	XXX
76816	TC	A	Ob us, follow-up, per fetus	0.00	2.09	1.36	NA	NA	NA	2.15	1.42	NA	NA	XXX
76816	26	A	Ob us, follow-up, per fetus	0.85	0.24	0.30	0.24	0.30	0.30	1.13	1.19	1.13	1.19	XXX
76817		A	Transvaginal us, obstetric	0.75	1.94	1.82	NA	NA	NA	2.78	2.66	NA	NA	XXX
76817	TC	A	Transvaginal us, obstetric	0.00	1.73	1.57	NA	NA	NA	1.79	1.63	NA	NA	XXX
76817	26	A	Transvaginal us, obstetric	0.75	0.21	0.25	0.21	0.25	0.25	0.99	1.03	0.99	1.03	XXX
76818		A	Fetal biophys profile w/nst	1.05	2.15	2.04	NA	NA	NA	3.35	3.24	NA	NA	XXX
76818	TC	A	Fetal biophys profile w/nst	0.00	1.86	1.67	NA	NA	NA	1.96	1.77	NA	NA	XXX
76818	26	A	Fetal biophys profile w/nst	1.05	0.29	0.37	0.29	0.37	0.37	1.39	1.47	1.39	1.47	XXX
76819		A	Fetal biophys profile w/o nst	0.77	1.57	1.81	NA	NA	NA	2.47	2.71	NA	NA	XXX
76819	TC	A	Fetal biophys profile w/o nst	0.00	1.36	1.55	NA	NA	NA	1.46	1.65	NA	NA	XXX
76819	26	A	Fetal biophys profile w/o nst	0.77	0.21	0.26	0.21	0.26	0.26	1.01	1.06	1.01	1.06	XXX
76820		A	Umbilical artery echo	0.50	0.55	1.49	NA	NA	NA	1.20	2.14	NA	NA	XXX
76820	TC	A	Umbilical artery echo	0.00	0.41	1.31	NA	NA	NA	0.53	1.43	NA	NA	XXX
76820	26	A	Umbilical artery echo	0.50	0.14	0.18	0.14	0.18	0.18	0.67	0.71	0.67	0.71	XXX
76821		A	Middle cerebral artery echo	0.70	1.83	1.87	NA	NA	NA	2.68	2.72	NA	NA	XXX
76821	TC	A	Middle cerebral artery echo	0.00	1.63	1.62	NA	NA	NA	1.75	1.74	NA	NA	XXX
76821	26	A	Middle cerebral artery echo	0.70	0.20	0.25	0.20	0.25	0.25	0.93	0.98	0.93	0.98	XXX
76825		A	Echo exam of fetal heart	1.67	4.29	3.00	NA	NA	NA	6.14	4.85	NA	NA	XXX
76825	TC	A	Echo exam of fetal heart	0.00	3.80	2.43	NA	NA	NA	3.91	2.54	NA	NA	XXX
76825	26	A	Echo exam of fetal heart	1.67	0.49	0.57	0.49	0.57	0.57	2.23	2.31	2.23	2.31	XXX
76826		A	Echo exam of fetal heart	0.83	2.71	1.43	NA	NA	NA	3.62	2.34	NA	NA	XXX
76826	TC	A	Echo exam of fetal heart	0.00	2.47	1.15	NA	NA	NA	2.52	1.20	NA	NA	XXX
76826	26	A	Echo exam of fetal heart	0.83	0.24	0.28	0.24	0.28	0.28	1.10	1.14	1.10	1.14	XXX
76827		A	Echo exam of fetal heart	0.58	1.04	1.71	NA	NA	NA	1.76	2.43	NA	NA	XXX
76827	TC	A	Echo exam of fetal heart	0.00	0.87	1.51	NA	NA	NA	0.99	1.63	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
76827	26	A	Echo exam of fetal heart	0.58	0.17	0.20	0.17	0.20	0.02	0.77	0.80	0.77	0.80	XXX
76828		A	Echo exam of fetal heart	0.56	0.63	1.16	NA	NA	0.11	1.30	1.83	NA	NA	XXX
76828	TC	A	Echo exam of fetal heart	0.00	0.47	0.95	NA	NA	0.08	0.55	1.03	NA	NA	XXX
76828	26	A	Echo exam of fetal heart	0.56	0.16	0.21	0.16	0.21	0.03	0.75	0.80	0.75	0.80	XXX
76830		A	Transvaginal us, non-ob	0.69	2.62	1.97	NA	NA	0.13	3.44	2.79	NA	NA	XXX
76830	TC	A	Transvaginal us, non-ob	0.00	2.43	1.75	NA	NA	0.10	2.53	1.85	NA	NA	XXX
76830	26	A	Transvaginal us, non-ob	0.69	0.19	0.22	0.19	0.22	0.03	0.91	0.94	0.91	0.94	XXX
76831		A	Echo exam, uterus	0.72	2.67	2.00	NA	NA	0.13	3.52	2.85	NA	NA	XXX
76831	TC	A	Echo exam, uterus	0.00	2.47	1.76	NA	NA	0.10	2.57	1.86	NA	NA	XXX
76831	26	A	Echo exam, uterus	0.72	0.20	0.24	0.20	0.24	0.03	0.95	0.99	0.95	0.99	XXX
76856		A	Us exam, pelvic, complete	0.69	2.67	1.99	NA	NA	0.13	3.49	2.81	NA	NA	XXX
76856	TC	A	Us exam, pelvic, complete	0.00	2.46	1.76	NA	NA	0.10	2.56	1.86	NA	NA	XXX
76856	26	A	Us exam, pelvic, complete	0.69	0.21	0.23	0.21	0.23	0.03	0.93	0.95	0.93	0.95	XXX
76857		A	Us exam, pelvic, limited	0.38	2.46	1.99	NA	NA	0.08	2.92	2.45	NA	NA	XXX
76857	TC	A	Us exam, pelvic, limited	0.00	2.32	1.86	NA	NA	0.06	2.38	1.92	NA	NA	XXX
76857	26	A	Us exam, pelvic, limited	0.38	0.14	0.13	0.14	0.13	0.02	0.54	0.53	0.54	0.53	XXX
76870		A	Us exam, scrotum	0.64	2.67	1.97	NA	NA	0.13	3.44	2.74	NA	NA	XXX
76870	TC	A	Us exam, scrotum	0.00	2.48	1.76	NA	NA	0.10	2.58	1.86	NA	NA	XXX
76870	26	A	Us exam, scrotum	0.64	0.19	0.21	0.19	0.21	0.03	0.86	0.88	0.86	0.88	XXX
76872		A	Us, transrectal	0.69	3.37	2.52	NA	NA	0.14	4.20	3.35	NA	NA	XXX
76872	TC	A	Us, transrectal	0.00	3.10	2.29	NA	NA	0.10	3.20	2.39	NA	NA	XXX
76872	26	A	Us, transrectal	0.69	0.27	0.23	0.27	0.23	0.04	1.00	0.96	1.00	0.96	XXX
76873		A	Echograp trans r, pros study	1.55	3.43	2.81	NA	NA	0.25	5.23	4.61	NA	NA	XXX
76873	TC	A	Echograp trans r, pros study	0.00	2.87	2.29	NA	NA	0.16	3.03	2.45	NA	NA	XXX
76873	26	A	Echograp trans r, pros study	1.55	0.56	0.52	0.56	0.52	0.09	2.20	2.16	2.20	2.16	XXX
76880		A	Us exam, extremity	0.59	3.05	1.97	NA	NA	0.11	3.75	2.67	NA	NA	XXX
76880	TC	A	Us exam, extremity	0.00	2.89	1.79	NA	NA	0.08	2.97	1.87	NA	NA	XXX
76880	26	A	Us exam, extremity	0.59	0.16	0.18	0.16	0.18	0.03	0.78	0.80	0.78	0.80	XXX
76885		A	Us exam infant hips, dynamic	0.74	3.03	2.08	NA	NA	0.13	3.90	2.95	NA	NA	XXX
76885	TC	A	Us exam infant hips, dynamic	0.00	2.83	1.85	NA	NA	0.10	2.93	1.95	NA	NA	XXX
76885	26	A	Us exam infant hips, dynamic	0.74	0.20	0.23	0.20	0.23	0.03	0.97	1.00	0.97	1.00	XXX
76886		A	Us exam infant hips, static	0.62	2.20	1.76	NA	NA	0.11	2.93	2.49	NA	NA	XXX
76886	TC	A	Us exam infant hips, static	0.00	2.03	1.57	NA	NA	0.08	2.11	1.65	NA	NA	XXX
76886	26	A	Us exam infant hips, static	0.62	0.17	0.19	0.17	0.19	0.03	0.82	0.84	0.82	0.84	XXX
76930		A	Echo guide, cardiocentesis	0.67	2.08	1.85	NA	NA	0.12	2.87	2.64	NA	NA	XXX
76930	TC	A	Echo guide, cardiocentesis	0.00	1.74	1.58	NA	NA	0.10	1.84	1.68	NA	NA	XXX
76930	26	A	Echo guide, cardiocentesis	0.67	0.34	0.27	0.34	0.27	0.02	1.03	0.96	1.03	0.96	XXX
76932		C	Echo guide for heart biopsy	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
76932	TC	C	Echo guide for heart biopsy	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
76932	26	A	Echo guide for heart biopsy	0.67	0.35	0.28	0.35	0.28	0.04	1.04	0.97	1.04	0.97	XXX
76936		A	Echo guide for artery repair	1.99	5.81	6.67	NA	NA	0.47	8.27	9.13	NA	NA	XXX
76936	TC	A	Echo guide for artery repair	0.00	5.17	6.01	NA	NA	0.34	5.51	6.35	NA	NA	XXX
76936	26	A	Echo guide for artery repair	1.99	0.64	0.66	0.64	0.66	0.13	2.76	2.78	2.76	2.78	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS 2	Mod	Status	Description	Physician Work RVUs 3	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed PE RVUs	Year 2007 Transi- tional Facil- ity PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Facil- ity Total	Global
76937	TC	A	Us guide, vascular access	0.30	0.58	0.51	0.58	0.51	0.94	1.01	0.94	1.01	0.94	ZZZ
76937	TC	A	Us guide, vascular access	0.00	0.49	0.41	0.49	0.41	0.51	0.59	0.51	0.59	0.51	ZZZ
76937	26	A	Us guide, vascular access	0.30	0.09	0.10	0.09	0.10	0.43	0.42	0.43	0.42	0.43	ZZZ
76940	TC	C	Us guide, tissue ablation	0.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	XXX
76940	TC	C	Us guide, tissue ablation	0.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	XXX
76940	26	A	Us guide, tissue ablation	2.00	0.58	0.63	0.58	0.63	2.94	2.89	2.94	2.89	2.94	XXX
76941	TC	C	Echo guide for transuson	0.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	XXX
76941	TC	C	Echo guide for transuson	0.00	0.43	0.46	0.43	0.46	1.84	1.84	1.87	1.84	1.87	XXX
76941	26	A	Echo guide for transuson	1.34	0.67	0.67	0.67	0.67	4.23	4.23	4.23	4.23	4.23	XXX
76942	TC	A	Echo guide for biopsy	0.00	4.42	3.21	4.42	3.21	3.31	4.52	3.31	4.52	3.31	XXX
76942	26	A	Echo guide for biopsy	0.67	0.22	0.22	0.22	0.22	0.92	0.92	0.92	0.92	0.92	XXX
76945	TC	C	Echo guide, villus sampling	0.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	XXX
76945	TC	C	Echo guide, villus sampling	0.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	XXX
76945	26	A	Echo guide, villus sampling	0.67	0.20	0.22	0.20	0.22	0.92	0.90	0.92	0.90	0.92	XXX
76946	TC	A	Echo guide for amniocentesis	0.38	0.44	1.35	0.44	1.35	0.94	0.94	1.85	0.94	1.85	XXX
76946	TC	A	Echo guide for amniocentesis	0.00	0.33	1.22	0.33	1.22	0.43	0.43	1.32	0.43	1.32	XXX
76946	26	A	Echo guide for amniocentesis	0.38	0.11	0.13	0.11	0.13	0.51	0.51	0.53	0.51	0.53	XXX
76948	TC	A	Echo guide, ova aspiration	0.00	0.38	1.34	0.38	1.34	0.93	0.93	1.84	0.93	1.84	XXX
76948	TC	A	Echo guide, ova aspiration	0.00	0.33	1.22	0.33	1.22	0.43	0.43	1.32	0.43	1.32	XXX
76948	26	A	Echo guide, ova aspiration	0.38	0.10	0.12	0.10	0.12	0.50	0.50	0.52	0.50	0.52	XXX
76950	TC	A	Echo guidance radiotherapy	0.58	1.22	1.43	1.22	1.43	2.11	1.90	2.11	1.90	2.11	XXX
76950	TC	A	Echo guidance radiotherapy	0.00	1.02	1.24	1.02	1.24	1.31	1.09	1.31	1.09	1.31	XXX
76950	26	A	Echo guidance radiotherapy	0.58	0.20	0.19	0.20	0.19	0.81	0.81	0.80	0.81	0.80	XXX
76965	TC	A	Echo guidance radiotherapy	1.34	1.22	4.80	1.22	4.80	6.51	2.93	6.51	2.93	6.51	XXX
76965	TC	A	Echo guidance radiotherapy	0.00	0.70	4.35	0.70	4.35	4.64	0.99	4.64	0.99	4.64	XXX
76965	26	A	Echo guidance radiotherapy	1.34	0.52	0.45	0.52	0.45	1.94	1.94	1.87	1.94	1.87	XXX
76970	TC	A	Ultrasound exam follow-up	0.40	2.07	1.41	2.07	1.41	1.89	2.55	1.89	2.55	1.89	XXX
76970	TC	A	Ultrasound exam follow-up	0.00	1.96	1.28	1.96	1.28	1.34	2.02	1.34	2.02	1.34	XXX
76970	26	A	Ultrasound exam follow-up	0.40	0.11	0.13	0.11	0.13	0.55	0.53	0.55	0.53	0.55	XXX
76975	TC	C	GI endoscopic ultrasound	0.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	XXX
76975	TC	C	GI endoscopic ultrasound	0.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	XXX
76975	26	A	GI endoscopic ultrasound	0.81	0.29	0.28	0.29	0.28	1.13	1.14	1.13	1.14	1.13	XXX
76977	TC	A	Us bone density measure	0.05	0.10	0.66	0.10	0.66	0.77	0.21	0.77	0.21	0.77	XXX
76977	TC	A	Us bone density measure	0.00	0.09	0.64	0.09	0.64	0.69	0.14	0.69	0.14	0.69	XXX
76977	26	A	Us bone density measure	0.05	0.01	0.02	0.01	0.02	0.08	0.07	0.08	0.07	0.08	XXX
76998	TC	C	Us guide, intraop	0.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	XXX
76998	TC	C	Us guide, intraop	0.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	XXX
76998	26	A	Us guide, intraop	1.20	0.34	0.39	0.34	0.39	1.72	1.67	1.72	1.67	1.72	XXX
76999	TC	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76999	TC	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76999	26	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77001	TC	A	Fluoroguide for vein device	0.38	2.58	1.73	2.58	1.73	3.07	3.07	2.22	3.07	2.22	ZZZ

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT-1/HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
77001	TC	A	Fluoroguide for vein device	0.00	2.47	1.60	NA	NA	0.10	2.57	1.70	NA	NA	ZZZ
77001	26	A	Fluoroguide for vein device	0.38	0.11	0.13	0.11	0.13	0.01	0.50	0.52	0.50	0.52	ZZZ
77002	TC	A	Needle localization by xray	0.54	1.15	1.40	NA	NA	0.09	1.78	2.03	NA	NA	XXX
77002	26	A	Needle localization by xray	0.00	1.01	1.24	NA	NA	0.07	1.08	1.31	NA	NA	XXX
77003	TC	A	Needle localization by xray	0.54	0.14	0.16	0.14	0.16	0.02	0.70	0.72	0.70	0.72	XXX
77003	26	A	Fluoroguide for spine inject	0.60	0.74	1.28	NA	NA	0.10	1.44	1.98	NA	NA	XXX
77003	TC	A	Fluoroguide for spine inject	0.00	0.60	1.13	NA	NA	0.07	0.67	1.20	NA	NA	XXX
77003	26	A	Fluoroguide for spine inject	0.80	0.14	0.15	0.14	0.15	0.03	0.77	0.78	0.77	0.78	XXX
77011	TC	A	Ct scan for localization	1.21	19.50	11.38	NA	NA	0.47	21.18	13.06	NA	NA	XXX
77011	26	A	Ct scan for localization	0.00	19.16	10.99	NA	NA	0.42	19.58	11.41	NA	NA	XXX
77012	TC	A	Ct scan for needle biopsy	1.21	0.34	0.39	0.34	0.39	0.05	1.60	1.65	1.60	1.65	XXX
77012	26	A	Ct scan for needle biopsy	1.16	2.14	7.02	NA	NA	0.47	3.77	8.65	NA	NA	XXX
77012	TC	A	Ct scan for needle biopsy	0.00	1.81	6.65	NA	NA	0.42	2.23	7.07	NA	NA	XXX
77012	26	A	Ct scan for needle biopsy	1.16	0.33	0.37	0.33	0.37	0.05	1.54	1.58	1.54	1.58	XXX
77013	TC	C	Ct guide for tissue ablation	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
77013	26	A	Ct guide for tissue ablation	3.99	1.19	1.27	1.19	1.27	0.18	5.36	5.44	5.36	5.44	XXX
77014	TC	A	Ct scan for therapy guide	0.85	4.43	3.53	NA	NA	0.20	5.48	4.58	NA	NA	XXX
77014	26	A	Ct scan for therapy guide	0.00	4.16	3.25	NA	NA	0.16	4.32	3.41	NA	NA	XXX
77021	TC	A	Mr guidance for needle place	1.50	9.20	11.08	NA	NA	0.64	11.34	13.22	NA	NA	XXX
77021	26	A	Mr guidance for needle place	0.00	8.76	10.59	NA	NA	0.55	9.31	11.14	NA	NA	XXX
77022	TC	C	Mr guidance for tissue ablation	1.50	0.44	0.49	0.44	0.49	0.09	2.03	2.08	2.03	2.08	XXX
77022	26	A	Mr guidance for tissue ablation	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	XXX
77031	TC	A	Stereotact guide for brst bx	4.24	1.22	1.34	1.22	1.34	0.24	5.70	5.82	5.70	5.82	XXX
77031	26	A	Stereotact guide for brst bx	1.59	1.71	6.19	NA	NA	0.46	3.76	8.24	NA	NA	XXX
77032	TC	A	Stereotact guide for brst bx	0.00	1.27	5.69	NA	NA	0.37	1.64	6.06	NA	NA	XXX
77032	26	A	Stereotact guide for brst bx	1.59	0.44	0.50	0.44	0.50	0.09	2.12	2.18	2.12	2.18	XXX
77032	TC	A	Guidance for needle, breast	0.56	0.56	1.26	NA	NA	0.09	1.21	1.91	NA	NA	XXX
77032	26	A	Guidance for needle, breast	0.00	0.40	1.08	NA	NA	0.07	0.47	1.15	NA	NA	XXX
77051	TC	A	Computer dx mammogram add-on	0.06	0.19	0.38	0.19	0.38	0.02	0.74	0.76	0.74	0.76	ZZZ
77051	26	A	Computer dx mammogram add-on	0.00	0.17	0.36	0.17	0.36	0.01	0.18	0.37	0.18	0.37	ZZZ
77052	TC	A	Comp screen mammogram add-on	0.06	0.02	0.02	0.02	0.02	0.01	0.09	0.09	0.09	0.09	ZZZ
77052	26	A	Comp screen mammogram add-on	0.06	0.19	0.38	0.19	0.38	0.02	0.27	0.46	0.27	0.46	ZZZ
77053	TC	A	X-ray of mammary duct	0.36	0.59	2.21	NA	NA	0.16	1.11	2.73	NA	NA	XXX
77053	26	A	X-ray of mammary duct	0.00	0.49	2.09	NA	NA	0.14	0.63	2.23	NA	NA	XXX
77054	TC	A	X-ray of mammary ducts	0.45	1.56	3.25	NA	NA	0.21	2.22	3.91	NA	NA	XXX
77054	26	A	X-ray of mammary ducts	0.00	1.43	3.10	NA	NA	0.19	1.62	3.29	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
77054	26	A	X-ray of mammary ducts	0.45	0.13	0.15	0.13	0.02	0.60	0.62	0.60	0.62	XXX
77055		A	Mammogram, one breast	0.70	1.51	1.34	NA	0.09	2.30	2.13	NA	NA	XXX
77055	TC	A	Mammogram, one breast	0.00	1.31	1.12	0.20	0.06	1.37	1.18	0.93	0.95	XXX
77055	26	A	Mammogram, one breast	0.70	0.20	0.70	0.20	0.03	0.93	0.95	0.93	0.95	XXX
77056		A	Mammogram, both breasts	0.87	1.93	1.68	NA	0.11	2.91	2.66	NA	NA	XXX
77056	TC	A	Mammogram, both breasts	0.00	1.69	1.41	NA	0.07	1.76	1.48	NA	NA	XXX
77056	26	A	Mammogram, both breasts	0.87	0.24	0.24	0.24	0.04	1.15	1.18	1.15	1.18	XXX
77057		A	Mammogram, screening	0.70	1.33	1.43	NA	0.10	2.13	2.23	NA	NA	XXX
77057	TC	A	Mammogram, screening	0.00	1.13	1.21	NA	0.07	1.20	1.28	NA	NA	XXX
77057	26	A	Mammogram, screening	0.70	0.22	0.22	0.20	0.03	0.93	0.95	0.93	0.95	XXX
77058		A	Mri, one breast	1.63	20.61	18.76	NA	0.99	23.23	21.38	NA	NA	XXX
77058	TC	A	Mri, one breast	0.00	20.15	18.25	NA	0.92	21.07	19.17	NA	NA	XXX
77058	26	A	Mri, one breast	1.63	0.46	0.51	0.46	0.07	2.16	2.21	2.16	2.21	XXX
77059		A	Mri, both breasts	1.63	20.51	23.46	NA	1.31	23.45	26.40	NA	NA	XXX
77059	TC	A	Mri, both breasts	0.00	20.05	22.95	NA	1.24	21.29	24.19	NA	NA	XXX
77059	26	A	Mri, both breasts	1.63	0.46	0.51	0.46	0.07	2.16	2.21	2.16	2.21	XXX
77071		A	X-ray stress view	0.41	0.76	0.33	0.76	0.06	1.23	0.80	1.23	0.80	XXX
77072		A	X-rays for bone age	0.19	0.39	0.39	NA	0.03	0.61	0.61	NA	NA	XXX
77072	TC	A	X-rays for bone age	0.00	0.34	0.34	NA	0.02	0.36	0.36	NA	NA	XXX
77072	26	A	X-rays for bone age	0.19	0.05	0.05	0.05	0.01	0.25	0.25	0.25	0.25	XXX
77073		A	X-rays, bone length studies	0.27	0.64	0.81	NA	0.06	0.97	1.14	NA	NA	XXX
77073	TC	A	X-rays, bone length studies	0.00	0.55	0.72	NA	0.05	0.60	0.77	NA	NA	XXX
77073	26	A	X-rays, bone length studies	0.27	0.09	0.09	0.09	0.01	0.37	0.37	0.37	0.37	XXX
77074		A	X-rays, bone survey, limited	0.45	1.34	1.20	NA	0.08	1.87	1.73	NA	NA	XXX
77074	TC	A	X-rays, bone survey, limited	0.00	1.21	1.05	0.13	0.06	1.27	1.11	NA	NA	XXX
77074	26	A	X-rays, bone survey, limited	0.45	0.13	0.15	0.13	0.02	0.60	0.62	0.60	0.62	XXX
77075		A	X-rays, bone survey complete	0.54	2.14	1.76	NA	0.10	2.78	2.40	NA	NA	XXX
77075	TC	A	X-rays, bone survey complete	0.00	1.98	1.58	0.16	0.08	2.06	1.66	NA	NA	XXX
77075	26	A	X-rays, bone survey complete	0.54	0.16	0.18	0.16	0.02	0.72	0.74	0.72	0.74	XXX
77076		A	X-rays, bone survey, infant	0.70	1.91	1.20	NA	0.08	2.69	1.98	NA	NA	XXX
77076	TC	A	X-rays, bone survey, infant	0.00	1.73	0.98	NA	0.05	1.78	1.03	NA	NA	XXX
77076	26	A	X-rays, bone survey, infant	0.70	0.18	0.22	0.18	0.03	0.91	0.95	0.91	0.95	XXX
77077		A	Joint survey, single view	0.31	0.64	1.07	NA	0.08	1.03	1.46	NA	NA	XXX
77077	TC	A	Joint survey, single view	0.00	0.53	0.97	NA	0.06	0.59	1.03	NA	NA	XXX
77077	26	A	Joint survey, single view	0.31	0.11	0.10	0.11	0.02	0.44	0.44	0.44	0.43	XXX
77078		A	Ct bone density, axial	0.25	4.52	3.41	NA	0.17	4.94	3.83	NA	NA	XXX
77078	TC	A	Ct bone density, axial	0.00	4.45	3.33	NA	0.16	4.61	3.49	NA	NA	XXX
77078	26	A	Ct bone density, axial	0.25	0.07	0.08	0.07	0.01	0.33	0.34	0.33	0.34	XXX
77079		A	Ct bone density, peripheral	0.22	0.72	2.45	NA	0.06	1.00	0.71	NA	NA	XXX
77079	TC	A	Ct bone density, peripheral	0.00	0.66	2.38	NA	0.05	0.71	2.43	NA	NA	XXX
77079	26	A	Ct bone density, peripheral	0.22	0.06	0.07	0.06	0.01	0.29	0.30	0.29	0.30	XXX
77080		A	Dxa bone density, axial	0.20	0.79	2.59	NA	0.18	1.17	2.97	NA	NA	XXX
77080	TC	A	Dxa bone density, axial	0.00	0.73	2.50	NA	0.17	0.90	2.67	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT-1/ HCPCS ²	Mod	Status	Description ¹	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Mai-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
77080	26	A	Dxa bone density, axial	0.20	0.06	0.09	0.06	0.09	0.01	0.27	0.30	0.27	0.30	XXX
77081		A	Dxa bone density/peripheral	0.22	0.69	0.80	NA	NA	0.06	0.97	1.08	NA	1.08	XXX
77081	TC	A	Dxa bone density/peripheral	0.00	0.63	0.72	NA	NA	0.05	0.68	0.77	NA	0.77	XXX
77081	26	A	Dxa bone density/peripheral	0.22	0.06	0.08	0.06	0.08	0.01	0.29	0.31	0.29	0.31	XXX
77082		A	Dxa bone density, vert fx	0.17	0.41	0.71	NA	NA	0.06	0.64	0.94	NA	0.94	XXX
77082	TC	A	Dxa bone density, vert fx	0.00	0.36	0.65	0.05	0.41	0.05	0.41	0.70	NA	0.70	XXX
77082	26	A	Dxa bone density, vert fx	0.17	0.05	0.06	0.05	0.06	0.01	0.23	0.24	0.23	0.24	XXX
77083		A	Radiographic absorptiometry	0.20	0.37	0.71	NA	NA	0.06	0.63	0.97	NA	0.97	XXX
77083	TC	A	Radiographic absorptiometry	0.00	0.32	0.64	0.05	0.37	0.05	0.37	0.69	NA	0.69	XXX
77083	26	A	Radiographic absorptiometry	0.20	0.05	0.07	0.05	0.07	0.01	0.26	0.28	0.26	0.28	XXX
77084		A	Magnetic image, bone marrow	1.60	13.81	12.24	NA	NA	0.66	16.07	14.50	NA	14.50	XXX
77084	TC	A	Magnetic image, bone marrow	0.00	13.33	11.73	0.80	13.92	0.59	13.92	12.32	NA	12.32	XXX
77084	26	A	Magnetic image, bone marrow	1.60	0.48	0.51	0.48	0.51	0.07	2.15	2.18	2.15	2.18	XXX
77261		A	Radiation therapy planning	1.39	0.49	0.51	0.49	0.51	0.07	1.95	1.97	1.95	1.97	XXX
77262		A	Radiation therapy planning	2.11	0.71	0.74	0.71	0.74	0.11	2.93	2.96	2.93	2.96	XXX
77263		A	Radiation therapy planning	3.14	1.06	1.10	1.06	1.10	0.16	4.36	4.40	4.36	4.40	XXX
77280		A	Set radiation therapy field	0.70	4.45	3.89	NA	NA	0.22	5.37	4.81	NA	4.81	XXX
77280	TC	A	Set radiation therapy field	0.00	4.21	3.66	NA	NA	0.18	4.39	3.84	NA	3.84	XXX
77280	26	A	Set radiation therapy field	0.70	0.24	0.24	0.24	0.24	0.04	0.98	0.97	0.98	0.97	XXX
77285		A	Set radiation therapy field	1.05	8.06	6.45	NA	NA	0.35	9.46	7.85	NA	7.85	XXX
77285	TC	A	Set radiation therapy field	0.00	7.71	6.11	NA	NA	0.30	8.01	6.41	NA	6.41	XXX
77285	26	A	Set radiation therapy field	1.05	0.35	0.34	0.35	0.34	0.05	1.45	1.44	1.45	1.44	XXX
77290		A	Set radiation therapy field	1.56	13.47	8.63	NA	NA	0.43	15.46	10.62	NA	10.62	XXX
77290	TC	A	Set radiation therapy field	0.00	12.94	8.12	NA	NA	0.35	13.29	8.47	NA	8.47	XXX
77290	26	A	Set radiation therapy field	1.56	0.53	0.51	0.53	0.51	0.08	2.17	2.15	2.17	2.15	XXX
77295		A	Set radiation therapy field	4.56	7.51	23.92	NA	NA	1.71	13.78	30.19	NA	30.19	XXX
77295	TC	A	Set radiation therapy field	0.00	5.96	22.44	NA	NA	1.48	7.44	23.92	NA	23.92	XXX
77295	26	A	Set radiation therapy field	4.56	1.55	1.48	1.55	1.48	0.23	6.34	6.27	6.34	6.27	XXX
77299		C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77299	TC	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77299	26	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77300		A	Radiation therapy dose plan	0.62	1.19	1.45	NA	NA	0.10	1.91	2.17	NA	2.17	XXX
77300	TC	A	Radiation therapy dose plan	0.00	0.98	1.25	0.21	0.98	0.07	1.05	1.32	NA	1.32	XXX
77300	26	A	Radiation therapy dose plan	0.62	0.21	0.20	0.21	0.20	0.03	0.86	0.85	0.86	0.85	XXX
77301		A	Radiotherapy dose plan, imrt	7.99	57.55	37.25	NA	NA	1.88	67.42	47.12	NA	47.12	XXX
77301	TC	A	Radiotherapy dose plan, imrt	0.00	54.86	34.66	NA	NA	1.48	56.34	36.14	NA	36.14	XXX
77301	26	A	Radiotherapy dose plan, imrt	7.99	2.69	2.69	2.69	2.69	2.59	11.08	10.98	11.08	10.98	XXX
77305		A	Telelix isodose plan simple	0.00	0.91	1.79	NA	NA	0.15	1.76	2.64	NA	2.64	XXX
77305	TC	A	Telelix isodose plan simple	0.00	0.67	1.56	NA	NA	0.11	0.78	1.67	NA	1.67	XXX
77305	26	A	Telelix isodose plan simple	0.70	0.24	0.24	0.24	0.24	0.04	0.98	0.97	0.98	0.97	XXX
77310		A	Telelix isodose plan intermed	1.05	1.26	2.32	NA	NA	0.18	2.49	3.55	NA	3.55	XXX
77310	TC	A	Telelix isodose plan intermed	0.00	0.91	1.98	NA	NA	0.13	1.04	2.11	NA	2.11	XXX
77310	26	A	Telelix isodose plan intermed	1.05	0.35	0.34	0.35	0.34	0.05	1.45	1.44	1.45	1.44	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
77315	TC	A	Telex isodose plan complex	1.56	2.11	2.90	NA	NA	0.22	3.89	4.68	NA	NA	XXX
77315	TC	A	Telex isodose plan complex	0.00	1.58	2.39	NA	NA	0.14	1.72	2.53	NA	NA	XXX
77315	26	A	Telex isodose plan complex	1.56	0.53	0.51	0.53	0.51	0.08	2.17	2.15	2.17	2.15	XXX
77321	TC	A	Special telex port plan	0.95	1.52	3.64	NA	NA	0.26	2.73	4.85	NA	NA	XXX
77321	26	A	Special telex port plan	0.00	1.20	3.33	NA	NA	0.21	1.41	3.54	NA	NA	XXX
77326	TC	A	Special telex port plan	0.95	0.32	0.31	0.32	0.31	0.05	1.32	1.31	1.32	1.31	XXX
77326	26	A	Brachyxy isodose calc simp	0.00	3.01	2.75	NA	NA	0.18	4.12	3.86	NA	NA	XXX
77326	TC	A	Brachyxy isodose calc simp	0.00	2.69	2.44	NA	NA	0.13	2.82	2.57	NA	NA	XXX
77326	26	A	Brachyxy isodose calc simp	0.93	0.32	0.31	0.32	0.31	0.05	1.30	1.29	1.30	1.29	XXX
77327	TC	A	Brachyxy isodose calc interm	1.39	4.12	3.97	NA	NA	0.25	5.76	5.61	NA	NA	XXX
77327	26	A	Brachyxy isodose calc interm	0.00	3.65	3.52	NA	NA	0.18	3.83	3.70	NA	NA	XXX
77327	TC	A	Brachyxy isodose calc interm	1.39	0.47	0.45	0.47	0.45	0.07	1.93	1.91	1.93	1.91	XXX
77328	TC	A	Brachyxy isodose plan compl	2.09	5.28	5.54	NA	NA	0.36	7.73	7.99	NA	NA	XXX
77328	26	A	Brachyxy isodose plan compl	0.00	4.57	4.86	NA	NA	0.25	4.82	5.11	NA	NA	XXX
77328	TC	A	Brachyxy isodose plan compl	2.09	0.71	0.68	0.71	0.68	0.11	2.88	2.91	2.88	2.91	XXX
77331	TC	A	Special radiation dosimetry	0.87	0.81	0.79	NA	NA	0.06	1.74	1.72	NA	NA	XXX
77331	26	A	Special radiation dosimetry	0.00	0.52	0.51	NA	NA	0.02	0.54	0.53	NA	NA	XXX
77331	TC	A	Special radiation dosimetry	0.87	0.29	0.28	0.29	0.28	0.04	1.20	1.19	1.20	1.19	XXX
77332	TC	A	Radiation treatment aid(s)	0.54	1.57	1.53	NA	NA	0.10	2.21	2.17	NA	NA	XXX
77332	26	A	Radiation treatment aid(s)	0.00	1.38	1.35	NA	NA	0.07	1.45	1.42	NA	NA	XXX
77332	TC	A	Radiation treatment aid(s)	0.54	0.19	0.18	0.19	0.18	0.03	0.76	0.75	0.76	0.75	XXX
77333	TC	A	Radiation treatment aid(s)	0.84	0.52	1.75	NA	NA	0.15	1.51	2.74	NA	NA	XXX
77333	26	A	Radiation treatment aid(s)	0.00	0.24	1.48	NA	NA	0.11	0.35	1.59	NA	NA	XXX
77333	TC	A	Radiation treatment aid(s)	0.84	0.28	0.27	0.28	0.27	0.04	1.16	1.15	1.16	1.15	XXX
77334	TC	A	Radiation treatment aid(s)	1.24	2.74	3.43	NA	NA	0.23	4.21	4.90	NA	NA	XXX
77334	26	A	Radiation treatment aid(s)	0.00	2.32	3.02	NA	NA	0.17	2.49	3.19	NA	NA	XXX
77334	TC	A	Radiation treatment aid(s)	1.24	0.42	0.41	0.42	0.41	0.06	1.72	1.71	1.72	1.71	XXX
77336	TC	A	Radiation physics consult	0.00	1.14	2.52	NA	NA	0.16	1.30	2.68	NA	NA	XXX
77336	26	A	Radiation physics consult	0.00	3.05	3.38	NA	NA	0.18	3.23	3.56	NA	NA	XXX
77370	TC	A	Srs, multisource	0.00	30.25	30.25	NA	NA	0.13	30.38	30.38	NA	NA	XXX
77371	TC	A	Srs, linear based	0.00	22.93	22.93	NA	NA	0.13	23.06	23.06	NA	NA	XXX
77372	TC	A	Sbrt delivery	0.00	42.87	42.87	NA	NA	0.13	43.00	43.00	NA	NA	XXX
77373	TC	A	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399	TC	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399	26	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77401	TC	A	Radiation treatment delivery	0.00	0.50	1.45	NA	NA	0.11	0.61	1.56	NA	NA	XXX
77401	26	A	Radiation treatment delivery	0.00	4.18	2.37	NA	NA	0.11	4.29	2.48	NA	NA	XXX
77402	TC	A	Radiation treatment delivery	0.00	3.76	2.27	NA	NA	0.11	3.87	2.38	NA	NA	XXX
77402	26	A	Radiation treatment delivery	0.00	4.22	2.38	NA	NA	0.11	4.33	2.49	NA	NA	XXX
77406	TC	A	Radiation treatment delivery	0.00	4.21	2.38	NA	NA	0.11	4.32	2.49	NA	NA	XXX
77406	26	A	Radiation treatment delivery	0.00	5.43	2.93	NA	NA	0.12	5.55	3.05	NA	NA	XXX
77407	TC	A	Radiation treatment delivery	0.00	5.21	2.87	NA	NA	0.12	5.33	2.99	NA	NA	XXX
77407	26	A	Radiation treatment delivery	0.00	5.82	3.02	NA	NA	0.12	5.94	3.14	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mat-Prac- tice RVUs	Fully Im- plement- ed Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
77411		A	Radiation treatment delivery	0.00	5.76	3.01	NA	NA	0.12	5.88	3.13	NA	NA	XXX
77412		A	Radiation treatment delivery	0.00	6.84	3.46	NA	NA	0.13	6.97	3.59	NA	NA	XXX
77413		A	Radiation treatment delivery	0.00	6.86	3.46	NA	NA	0.13	6.99	3.59	NA	NA	XXX
77414		A	Radiation treatment delivery	0.00	7.72	3.68	NA	NA	0.13	7.85	3.81	NA	NA	XXX
77416		A	Radiation treatment delivery	0.00	7.71	3.68	NA	NA	0.13	7.84	3.81	NA	NA	XXX
77417		A	Radiology port film(s)	0.00	0.36	0.53	NA	NA	0.04	0.57	0.40	NA	NA	XXX
77418		A	Radiation tx delivery, imrt	0.00	13.15	16.80	NA	NA	0.13	13.28	16.93	NA	NA	XXX
77421		A	Stereoscopic x-ray guidance	0.39	2.00	3.11	NA	NA	0.12	2.51	3.62	NA	NA	XXX
77421	TC	A	Stereoscopic x-ray guidance	0.00	1.87	2.98	NA	NA	0.10	1.97	3.08	NA	NA	XXX
77421	26	A	Stereoscopic x-ray guidance	0.39	0.13	0.13	0.13	0.13	0.02	0.54	0.54	0.54	0.54	XXX
77422		A	Neutron beam tx, simple	0.00	13.19	4.58	NA	NA	0.13	13.32	4.71	NA	NA	XXX
77423		A	Neutron beam tx, complex	0.00	8.59	3.84	NA	NA	0.13	8.72	3.97	NA	NA	XXX
77427		A	Radiation tx management, x5	3.70	1.43	1.15	1.43	1.15	0.17	5.30	5.02	5.30	5.02	XXX
77431		A	Radiation therapy management	1.81	0.90	0.71	0.80	0.71	0.09	2.70	2.61	2.70	2.61	XXX
77432		A	Stereotactic radiation trmt	7.92	2.71	2.85	2.71	2.85	0.41	11.04	11.18	11.04	11.18	XXX
77435		A	Sbrt management	13.00	4.63	4.63	NA	NA	0.67	18.30	18.30	NA	NA	XXX
77470		A	Special radiation treatment	2.09	1.95	9.35	NA	NA	0.70	4.74	12.14	NA	NA	XXX
77470	TC	A	Special radiation treatment	0.00	1.24	8.67	NA	NA	0.59	1.83	9.26	NA	NA	XXX
77470	26	A	Special radiation treatment	2.09	0.71	0.68	0.71	0.68	0.11	2.91	2.88	2.91	2.88	XXX
77499		C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77499	TC	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77499	26	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77520		C	Proton trmt, simple w/o comp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77522		C	Proton trmt, simple w/comp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77523		C	Proton trmt, intermediate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77525		C	Proton treatment, complex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77600		R	Hyperthermia treatment	1.56	9.71	5.09	NA	NA	0.24	11.51	6.89	NA	NA	XXX
77600	TC	R	Hyperthermia treatment	0.00	9.28	4.61	NA	NA	0.16	9.44	4.77	NA	NA	XXX
77600	26	R	Hyperthermia treatment	1.56	0.43	0.48	0.43	0.48	0.08	2.07	2.12	2.07	2.12	XXX
77605		R	Hyperthermia treatment	2.09	17.34	7.87	NA	NA	0.38	19.81	10.34	NA	NA	XXX
77605	TC	R	Hyperthermia treatment	0.00	16.71	7.22	NA	NA	0.22	16.93	7.44	NA	NA	XXX
77605	26	R	Hyperthermia treatment	2.09	0.63	0.65	0.63	0.65	0.16	2.88	2.90	2.88	2.90	XXX
77610		R	Hyperthermia treatment	1.56	17.04	6.93	NA	NA	0.24	18.84	8.73	NA	NA	XXX
77610	TC	R	Hyperthermia treatment	0.00	16.52	6.42	NA	NA	0.16	16.68	6.58	NA	NA	XXX
77610	26	R	Hyperthermia treatment	1.56	0.52	0.51	0.52	0.51	0.08	2.16	2.15	2.16	2.15	XXX
77615		R	Hyperthermia treatment	2.09	25.91	10.02	NA	NA	0.33	28.33	12.44	NA	NA	XXX
77615	TC	R	Hyperthermia treatment	0.00	25.21	9.35	NA	NA	0.22	25.43	9.57	NA	NA	XXX
77615	26	R	Hyperthermia treatment	2.09	0.70	0.67	0.70	0.67	0.11	2.90	2.87	2.90	2.87	XXX
77620		R	Hyperthermia treatment	1.56	9.46	5.05	NA	NA	0.36	11.38	6.97	NA	NA	XXX
77620	TC	R	Hyperthermia treatment	0.00	9.07	4.56	NA	NA	0.16	9.23	4.72	NA	NA	XXX
77620	26	R	Hyperthermia treatment	1.56	0.39	0.39	0.39	0.39	0.20	2.15	2.25	2.15	2.25	XXX
77750		A	Infuse radioactive materials	4.94	4.61	3.33	4.61	3.33	0.32	9.87	8.59	9.87	8.59	090
77750	TC	A	Infuse radioactive materials	0.00	2.94	1.73	2.94	1.73	0.07	3.01	1.80	3.01	1.80	090

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT-1/ HCPCS2	Mod	Status	Description	Physician Work RVUs3	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year Im- plement- ed Non-Fa- cility PE RVUs	Year Im- plement- ed Facili- ty Total	Year 2007 Transi- tional Pa- cility Total	Global
77750	26	A	Intuse radioactive materials	4.94	1.67	1.60	1.67	1.60	1.67	6.86	6.79	090
77761	TC	A	Apply intracav radiat simple	3.82	6.32	4.27	6.32	4.27	6.32	10.47	10.47	090
77761	TC	A	Apply intracav radiat simple	0.00	5.06	3.14	5.06	3.14	5.06	5.20	5.20	090
77761	26	A	Apply intracav radiat simple	3.82	1.26	1.13	1.26	1.13	1.26	5.27	5.14	090
77762	TC	A	Apply intracav radiat interm	5.73	7.70	6.01	7.70	6.01	7.70	13.91	12.22	090
77762	TC	A	Apply intracav radiat interm	0.00	5.76	4.15	5.76	4.15	5.76	5.95	4.34	090
77762	26	A	Apply intracav radiat interm	5.73	1.94	1.86	1.94	1.86	1.94	7.96	7.88	090
77763	TC	A	Apply intracav radiat compl	8.60	10.39	8.03	10.39	8.03	10.39	19.65	17.29	090
77763	TC	A	Apply intracav radiat compl	0.00	7.51	5.25	7.51	5.25	7.74	5.48	7.74	090
77763	26	A	Apply intracav radiat compl	8.60	2.88	2.78	2.88	2.78	2.88	11.91	11.81	090
77776	TC	A	Apply interstit radiat compl	4.67	7.51	4.23	7.51	4.23	7.51	12.75	9.47	090
77776	TC	A	Apply interstit radiat simpl	0.00	5.80	3.09	5.80	3.09	5.93	3.22	5.93	090
77776	26	A	Apply interstit radiat simpl	4.67	1.71	1.14	1.71	1.14	1.71	6.82	6.25	090
77777	TC	A	Apply interstit radiat inter	7.49	7.90	6.92	7.90	6.92	7.90	16.00	15.02	090
77777	TC	A	Apply interstit radiat inter	0.00	5.40	4.52	5.40	4.52	5.62	4.74	5.62	090
77777	26	A	Apply interstit radiat inter	7.49	2.50	2.40	2.50	2.40	2.50	10.38	10.28	090
77778	TC	A	Apply interstit radiat compl	11.23	11.43	9.38	11.43	9.38	11.43	23.50	21.45	090
77778	TC	A	Apply interstit radiat compl	0.00	7.62	5.75	7.62	5.75	7.62	7.89	6.02	090
77778	26	A	Apply interstit radiat compl	11.23	3.81	3.63	3.81	3.63	3.81	15.61	15.43	090
77781	TC	A	High intensity brachytherapy	1.21	4.43	16.73	NA	1.14	6.78	19.08	NA	XXX
77781	TC	A	High intensity brachytherapy	0.00	4.02	16.23	NA	NA	5.08	17.29	NA	XXX
77781	26	A	High intensity brachytherapy	1.21	0.41	0.50	0.41	0.50	1.70	1.70	1.79	XXX
77782	TC	A	High intensity brachytherapy	2.04	12.47	18.94	NA	1.19	15.70	22.17	NA	XXX
77782	TC	A	High intensity brachytherapy	0.00	11.78	18.17	NA	NA	12.84	19.23	NA	XXX
77782	26	A	High intensity brachytherapy	2.04	0.69	0.77	0.69	0.77	2.94	2.86	2.94	XXX
77783	TC	A	High intensity brachytherapy	3.27	24.34	22.20	NA	NA	28.86	26.72	NA	XXX
77783	TC	A	High intensity brachytherapy	0.00	23.23	21.03	NA	NA	24.29	22.09	NA	XXX
77783	26	A	High intensity brachytherapy	3.27	1.11	1.17	1.11	1.17	4.57	4.63	4.63	XXX
77784	TC	A	High intensity brachytherapy	5.15	45.87	28.04	NA	NA	52.37	34.54	NA	XXX
77784	TC	A	High intensity brachytherapy	0.00	44.12	26.26	NA	NA	45.18	27.32	NA	XXX
77784	26	A	High intensity brachytherapy	5.15	1.75	1.78	1.75	1.78	7.19	7.22	7.19	XXX
77789	TC	A	Apply surface radiation	1.14	2.07	1.14	2.07	1.14	2.07	3.29	2.36	000
77789	TC	A	Apply surface radiation	0.00	1.67	0.76	1.67	0.76	1.69	1.69	1.69	000
77789	26	A	Apply surface radiation	1.14	0.40	0.38	0.40	0.38	0.40	1.60	1.58	000
77790	TC	A	Radiation handling	1.05	1.47	1.00	NA	NA	2.59	NA	NA	XXX
77790	TC	A	Radiation handling	0.00	1.12	0.66	NA	NA	1.14	NA	NA	XXX
77790	26	A	Radiation handling	1.05	0.35	0.34	0.35	0.34	1.45	1.45	1.44	XXX
77799	TC	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77799	TC	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77799	26	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78000	TC	A	Thyroid, single uptake	0.19	1.72	1.21	NA	NA	1.98	1.47	NA	XXX
78000	TC	A	Thyroid, single uptake	0.00	1.67	1.15	NA	NA	1.73	1.21	NA	XXX
78000	26	A	Thyroid, single uptake	0.19	0.05	0.06	0.05	0.06	0.05	0.25	0.25	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
78001		A	Thyroid, multiple uptakes	0.26	2.12	1.59	NA	NA	1.93	2.46	1.93	XXX
78001	TC	A	Thyroid, multiple uptakes	0.00	2.05	1.50	NA	NA	1.57	2.12	1.57	XXX
78001	26	A	Thyroid, multiple uptakes	0.26	0.07	0.09	0.07	0.36	0.34	0.36	0.36	XXX
78003		A	Thyroid suppress/stimul	0.33	1.76	1.26	NA	NA	1.66	2.16	1.66	XXX
78003	TC	A	Thyroid suppress/stimul	0.00	1.67	1.15	NA	NA	1.21	1.73	1.21	XXX
78003	26	A	Thyroid suppress/stimul	0.33	0.09	0.11	0.09	0.45	0.43	0.43	0.45	XXX
78006		A	Thyroid imaging with uptake	0.49	5.86	3.38	NA	NA	4.02	6.50	4.02	XXX
78006	TC	A	Thyroid imaging with uptake	0.00	5.72	3.22	NA	NA	3.35	5.85	3.35	XXX
78006	26	A	Thyroid imaging with uptake	0.49	0.14	0.16	0.14	0.67	0.65	0.65	0.67	XXX
78007		A	Thyroid image, mult uptakes	0.50	2.81	2.76	NA	NA	3.42	3.47	3.42	XXX
78007	TC	A	Thyroid image, mult uptakes	0.00	2.67	2.60	NA	NA	2.74	2.81	2.74	XXX
78007	26	A	Thyroid image, mult uptakes	0.50	0.14	0.16	0.14	0.66	0.66	0.66	0.68	XXX
78010		A	Thyroid imaging	0.39	3.94	2.45	NA	NA	2.67	4.46	2.67	XXX
78010	TC	A	Thyroid imaging	0.00	3.83	2.32	NA	NA	2.43	3.94	2.43	XXX
78010	26	A	Thyroid imaging	0.39	0.11	0.13	0.11	0.54	0.52	0.54	0.54	XXX
78011		A	Thyroid imaging with flow	0.45	4.27	2.99	NA	NA	3.59	4.87	3.59	XXX
78011	TC	A	Thyroid imaging with flow	0.00	4.14	2.84	NA	NA	2.97	4.27	2.97	XXX
78011	26	A	Thyroid imaging with flow	0.45	0.13	0.15	0.13	0.62	0.60	0.60	0.62	XXX
78015		A	Thyroid met imaging	0.67	5.10	3.38	NA	NA	4.22	5.94	4.22	XXX
78015	TC	A	Thyroid met imaging	0.00	4.91	3.16	NA	NA	3.30	5.05	3.30	XXX
78015	26	A	Thyroid met imaging	0.67	0.19	0.22	0.19	0.92	0.89	0.89	0.92	XXX
78016		A	Thyroid met imaging/studies	0.82	8.12	4.85	NA	NA	5.88	9.15	5.88	XXX
78016	TC	A	Thyroid met imaging/studies	0.00	7.89	4.58	NA	NA	4.76	8.07	4.76	XXX
78016	26	A	Thyroid met imaging/studies	0.82	0.23	0.27	0.23	1.12	1.08	1.08	1.12	XXX
78018		A	Thyroid met imaging, body	0.86	7.47	6.16	NA	NA	7.35	8.66	7.35	XXX
78018	TC	A	Thyroid met imaging, body	0.00	7.23	5.87	NA	NA	6.16	7.52	6.16	XXX
78018	26	A	Thyroid met imaging, body	0.86	0.24	0.29	0.24	1.19	1.14	1.14	1.19	XXX
78020		A	Thyroid met uptake	0.60	1.68	1.56	1.66	1.56	2.44	2.44	2.32	ZZZ
78020	TC	A	Thyroid met uptake	0.00	1.51	1.36	1.51	1.50	1.65	1.65	1.50	ZZZ
78020	26	A	Thyroid met uptake	0.60	0.17	0.20	0.17	0.82	0.79	0.79	0.82	ZZZ
78070		A	Parathyroid nuclear imaging	0.82	3.19	4.21	NA	NA	5.18	4.16	5.18	XXX
78070	TC	A	Parathyroid nuclear imaging	0.00	2.96	3.94	NA	NA	4.05	3.07	4.05	XXX
78070	26	A	Parathyroid nuclear imaging	0.82	0.23	0.27	0.23	1.13	1.09	1.09	1.13	XXX
78075		A	Adrenal nuclear imaging	0.74	11.04	7.02	NA	NA	8.08	11.12	8.08	XXX
78075	TC	A	Adrenal nuclear imaging	0.00	10.83	6.77	NA	NA	7.06	11.12	7.06	XXX
78075	26	C	Adrenal nuclear imaging	0.74	0.21	0.25	0.21	1.02	0.98	0.98	1.02	XXX
78099		C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78099	TC	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78099	26	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78102		A	Bone marrow imaging, ltd	0.55	3.91	2.65	NA	NA	3.34	4.60	3.34	XXX
78102	TC	A	Bone marrow imaging, ltd	0.00	3.76	2.47	NA	NA	2.59	3.88	2.59	XXX
78102	26	A	Bone marrow imaging, ltd	0.55	0.15	0.18	0.15	0.75	0.72	0.72	0.75	XXX
78103		A	Bone marrow imaging, mult	0.75	5.09	3.85	NA	NA	4.80	6.04	4.80	XXX

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APPENDIX B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im-plemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Im-plemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mal-Prac-tice RVUs	Fully Im-plemented Facility Total	Year 2007 Transitional Non-Facility Total	Fully Im-plemented Facility Total	Year 2007 Transitional Facility Total	Global
78103	TC	A	Bone marrow imaging, mult	0.00	4.88	3.60	NA	3.77	0.17	5.05	3.77	NA	3.77	XXX
78103	26	A	Bone marrow imaging, mult	0.75	0.21	0.25	0.21	1.03	0.03	0.99	1.03	0.99	1.03	XXX
78104	TC	A	Bone marrow imaging, body	0.80	5.96	4.75	NA	5.80	0.25	7.01	5.80	NA	5.80	XXX
78104	TC	A	Bone marrow imaging, body	0.00	5.71	4.48	NA	4.70	0.22	5.93	4.70	NA	4.70	XXX
78104	26	A	Bone marrow imaging, body	0.80	0.25	0.27	0.25	1.10	0.03	1.08	1.10	1.08	1.10	XXX
78110	TC	A	Plasma volume, single	0.19	2.03	1.28	NA	2.29	0.07	2.04	2.29	NA	2.29	XXX
78110	TC	A	Plasma volume, single	0.00	1.98	1.21	NA	1.27	0.06	2.04	1.27	NA	1.27	XXX
78110	26	A	Plasma volume, single	0.19	0.05	0.07	0.05	0.27	0.01	0.25	0.27	0.25	0.27	XXX
78111	TC	A	Plasma volume, multiple	0.22	2.02	2.50	NA	2.87	0.15	2.39	2.87	NA	2.87	XXX
78111	TC	A	Plasma volume, multiple	0.00	1.96	2.42	NA	2.56	0.14	2.10	2.56	NA	2.56	XXX
78111	26	A	Plasma volume, multiple	0.22	0.06	0.08	0.06	0.31	0.01	0.29	0.31	0.29	0.31	XXX
78120	TC	A	Red cell mass, single	0.23	1.89	1.85	NA	2.20	0.12	2.31	2.20	NA	2.20	XXX
78120	TC	A	Red cell mass, single	0.00	1.89	1.77	NA	1.88	0.11	2.00	1.88	NA	1.88	XXX
78120	26	A	Red cell mass, single	0.23	0.07	0.08	0.07	0.32	0.01	0.31	0.32	0.31	0.32	XXX
78121	TC	A	Red cell mass, multiple	0.32	2.06	2.79	NA	3.26	0.15	2.53	3.26	NA	3.26	XXX
78121	TC	A	Red cell mass, multiple	0.00	1.97	2.68	NA	2.82	0.14	2.11	2.82	NA	2.82	XXX
78121	26	A	Red cell mass, multiple	0.32	0.09	0.11	0.09	0.44	0.01	0.42	0.44	0.42	0.44	XXX
78122	TC	A	Blood volume	0.45	2.09	4.09	NA	4.80	0.26	2.80	4.80	NA	4.80	XXX
78122	TC	A	Blood volume	0.00	1.97	3.94	NA	4.18	0.24	2.21	4.18	NA	4.18	XXX
78122	26	A	Blood volume	0.45	0.12	0.15	0.12	0.62	0.02	0.59	0.62	0.59	0.62	XXX
78130	TC	A	Red cell survival study	0.61	3.32	3.12	NA	3.90	0.17	4.10	3.90	NA	3.90	XXX
78130	TC	A	Red cell survival study	0.00	3.14	2.92	NA	3.06	0.14	3.28	3.06	NA	3.06	XXX
78130	26	A	Red cell survival study	0.61	0.18	0.20	0.18	0.84	0.03	0.82	0.84	0.82	0.84	XXX
78135	TC	A	Red cell survival kinetics	0.64	8.09	5.84	NA	6.76	0.28	9.01	6.76	NA	6.76	XXX
78135	TC	A	Red cell survival kinetics	0.00	7.91	5.63	NA	5.88	0.25	8.16	5.88	NA	5.88	XXX
78135	26	A	Red cell survival kinetics	0.64	0.18	0.21	0.18	0.88	0.03	0.85	0.88	0.85	0.88	XXX
78140	TC	A	Red cell sequestration	0.61	2.68	3.77	NA	4.62	0.24	3.53	4.62	NA	4.62	XXX
78140	TC	A	Red cell sequestration	0.00	2.51	3.58	NA	3.79	0.21	2.72	3.79	NA	3.79	XXX
78140	26	A	Red cell sequestration	0.61	0.17	0.19	0.17	0.83	0.03	0.81	0.83	0.81	0.83	XXX
78185	TC	A	Spleen imaging	0.40	4.90	3.10	NA	3.65	0.15	5.45	3.65	NA	3.65	XXX
78185	TC	A	Spleen imaging	0.00	4.79	2.97	NA	3.10	0.13	4.92	3.10	NA	3.10	XXX
78185	26	A	Spleen imaging	0.40	0.11	0.13	0.11	0.55	0.02	0.53	0.55	0.53	0.55	XXX
78190	TC	A	Platelet survival, kinetics	1.09	8.77	6.77	NA	8.24	0.38	10.24	8.24	NA	8.24	XXX
78190	TC	A	Platelet survival, kinetics	0.00	8.44	6.39	NA	6.69	0.30	8.74	6.69	NA	6.69	XXX
78190	26	A	Platelet survival, kinetics	1.09	0.33	0.38	0.33	1.55	0.08	1.50	1.55	1.50	1.55	XXX
78191	TC	A	Platelet survival	0.61	3.21	6.46	NA	7.47	0.40	4.22	7.47	NA	7.47	XXX
78191	TC	A	Platelet survival	0.00	3.04	6.27	NA	6.64	0.37	3.41	6.64	NA	6.64	XXX
78191	26	A	Platelet survival	0.61	0.17	0.19	0.17	0.83	0.03	0.81	0.83	0.81	0.83	XXX
78195	TC	A	Lymph system imaging	1.20	8.15	5.40	NA	6.88	0.28	9.63	6.88	NA	6.88	XXX
78195	TC	A	Lymph system imaging	0.00	7.82	5.01	NA	5.23	0.22	8.04	5.23	NA	5.23	XXX
78195	26	A	Lymph system imaging	1.20	0.33	0.39	0.33	1.65	0.06	1.59	1.65	1.59	1.65	XXX
78199	TC	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78199	TC	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Mai-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
78199	26	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78201		A	Liver imaging	0.44	4.48	3.00	0.00	0.15	5.07	0.15	3.59	NA	NA	XXX
78201	TC	A	Liver imaging	0.00	4.36	2.86	0.00	0.13	4.49	0.13	2.99	NA	NA	XXX
78201	26	A	Liver imaging	0.44	0.12	0.14	0.12	0.02	0.58	0.02	0.60	0.58	0.60	XXX
78202		A	Liver imaging with flow	0.51	5.06	3.55	0.00	0.16	5.73	0.16	4.22	NA	NA	XXX
78202	TC	A	Liver imaging with flow	0.00	4.92	3.39	0.00	0.14	5.06	0.14	3.53	NA	NA	XXX
78202	26	A	Liver imaging with flow	0.51	0.14	0.16	0.14	0.02	0.67	0.02	0.69	0.67	0.69	XXX
78205		A	Liver imaging (3D)	0.71	4.93	5.85	0.00	0.34	5.98	0.34	6.90	NA	NA	XXX
78205	TC	A	Liver imaging (3D)	0.00	4.73	5.62	0.00	0.31	5.04	0.31	5.93	NA	NA	XXX
78205	26	A	Liver imaging (3D)	0.71	0.20	0.23	0.20	0.03	0.94	0.03	0.97	0.94	0.97	XXX
78206		A	Liver image (3d) with flow	0.96	13.75	8.12	0.00	0.15	14.86	0.15	9.23	NA	NA	XXX
78206	TC	A	Liver image (3d) with flow	0.00	13.48	7.80	0.00	0.11	13.59	0.11	7.91	NA	NA	XXX
78206	26	A	Liver image (3d) with flow	0.96	0.27	0.32	0.27	0.04	1.27	0.04	1.32	1.27	1.32	XXX
78215		A	Liver and spleen imaging	0.49	4.52	3.46	0.00	0.16	5.17	0.16	4.11	NA	NA	XXX
78215	TC	A	Liver and spleen imaging	0.00	4.38	3.30	0.00	0.14	4.52	0.14	3.44	NA	NA	XXX
78215	26	A	Liver and spleen imaging	0.49	0.14	0.16	0.14	0.02	0.65	0.02	0.67	0.65	0.67	XXX
78216		A	Liver & spleen image/flow	0.57	2.63	3.41	0.00	0.20	3.40	0.20	4.18	NA	NA	XXX
78216	TC	A	Liver & spleen image/flow	0.00	2.47	3.23	0.00	0.18	2.65	0.18	3.41	NA	NA	XXX
78216	26	A	Liver & spleen image/flow	0.57	0.16	0.18	0.16	0.02	0.75	0.02	0.77	0.75	0.77	XXX
78220		A	Liver function study	0.49	2.84	3.63	0.00	0.21	3.54	0.21	4.33	NA	NA	XXX
78220	TC	A	Liver function study	0.00	2.70	3.47	0.00	0.19	2.89	0.19	3.66	NA	NA	XXX
78220	26	A	Liver function study	0.49	0.14	0.16	0.14	0.02	0.65	0.02	0.67	0.65	0.67	XXX
78223		A	Hepatobiliary imaging	0.84	7.99	4.95	0.00	0.23	9.06	0.23	6.02	NA	NA	XXX
78223	TC	A	Hepatobiliary imaging	0.00	7.75	4.68	0.00	0.19	7.94	0.19	4.87	NA	NA	XXX
78223	26	A	Hepatobiliary imaging	0.84	0.24	0.27	0.24	0.04	1.12	0.04	1.15	1.12	1.15	XXX
78230		A	Salivary gland imaging	0.45	3.91	2.72	0.00	0.15	4.51	0.15	3.32	NA	NA	XXX
78230	TC	A	Salivary gland imaging	0.00	3.79	2.58	0.00	0.13	3.92	0.13	2.71	NA	NA	XXX
78230	26	A	Salivary gland imaging	0.45	0.12	0.14	0.12	0.02	0.59	0.02	0.61	0.59	0.61	XXX
78231		A	Serial salivary imaging	0.52	2.63	3.17	0.00	0.19	3.34	0.19	3.88	NA	NA	XXX
78231	TC	A	Serial salivary imaging	0.00	2.48	3.00	0.00	0.17	2.65	0.17	3.17	NA	NA	XXX
78231	26	A	Serial salivary imaging	0.52	0.15	0.17	0.15	0.02	0.69	0.02	0.71	0.69	0.71	XXX
78232		A	Salivary gland function exam	0.47	2.60	3.42	0.00	0.20	3.27	0.20	4.09	NA	NA	XXX
78232	TC	A	Salivary gland function exam	0.00	2.47	3.27	0.00	0.18	2.65	0.18	3.45	NA	NA	XXX
78232	26	A	Salivary gland function exam	0.47	0.13	0.15	0.13	0.02	0.64	0.02	0.64	0.62	0.64	XXX
78258		A	Esophageal motility study	0.74	5.57	3.74	0.00	0.17	6.48	0.17	4.65	NA	NA	XXX
78258	TC	A	Esophageal motility study	0.00	5.32	3.49	0.00	0.14	5.46	0.14	3.63	NA	NA	XXX
78258	26	A	Esophageal motility study	0.74	0.25	0.25	0.25	0.03	1.02	0.03	1.02	1.02	1.02	XXX
78261		A	Gastric mucosa imaging	0.69	5.69	4.68	0.00	0.25	6.63	0.25	5.62	NA	NA	XXX
78261	TC	A	Gastric mucosa imaging	0.00	5.50	4.45	0.00	0.22	5.72	0.22	4.67	NA	NA	XXX
78261	26	A	Gastric mucosa imaging	0.69	0.19	0.23	0.19	0.03	0.91	0.03	0.95	0.91	0.95	XXX
78262		A	Gastroesophageal reflux exam	0.68	5.65	4.77	0.00	0.25	6.58	0.25	5.70	NA	NA	XXX
78262	TC	A	Gastroesophageal reflux exam	0.00	5.46	4.55	0.00	0.22	5.68	0.22	4.77	NA	NA	XXX
78262	26	A	Gastroesophageal reflux exam	0.68	0.19	0.22	0.19	0.03	0.90	0.03	0.93	0.90	0.93	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT-1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mak-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
78264	TC	A	Gastric emptying study	0.78	6.73	4.98	NA	0.25	7.76	6.01	NA	NA	6.01	XXX
78264	TC	A	Gastric emptying study	0.00	6.51	4.73	NA	0.22	6.73	4.95	NA	NA	4.95	XXX
78264	26	A	Gastric emptying study	0.78	0.22	0.25	0.22	0.03	1.03	1.06	1.03	1.03	1.06	XXX
78267	X	X	Breath test attain/anal c-14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78268	X	X	Breath test analysis, c-14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78270	TC	A	Vit B-12 absorption exam	0.20	1.81	1.67	NA	0.11	2.12	1.98	NA	NA	1.98	XXX
78270	TC	A	Vit B-12 absorption exam	0.00	1.76	1.60	NA	0.10	1.86	1.70	NA	NA	1.70	XXX
78270	26	A	Vit B-12 absorption exam	0.20	0.05	0.07	0.05	0.01	0.26	0.28	0.26	0.26	0.28	XXX
78271	TC	A	Vit b-12 absorp exam, int fac	0.20	1.83	1.75	NA	0.11	2.14	2.06	NA	NA	2.06	XXX
78271	TC	A	Vit b-12 absorp exam, int fac	0.00	1.78	1.68	NA	0.10	1.88	1.78	NA	NA	1.78	XXX
78271	26	A	Vit b-12 absorp exam, int fac	0.20	0.05	0.07	0.05	0.01	0.26	0.28	0.26	0.26	0.28	XXX
78272	TC	A	Vit B-12 absorp, combined	0.27	1.95	2.30	NA	0.14	2.36	2.71	NA	NA	2.71	XXX
78272	TC	A	Vit B-12 absorp, combined	0.00	1.88	2.21	NA	0.13	2.01	2.34	NA	NA	2.34	XXX
78272	26	A	Vit B-12 absorp, combined	0.27	0.07	0.09	0.07	0.01	0.35	0.37	0.35	0.35	0.37	XXX
78278	TC	A	Acute GI blood loss imaging	0.99	8.06	5.92	NA	0.29	9.34	7.20	NA	NA	7.20	XXX
78278	TC	A	Acute GI blood loss imaging	0.00	7.78	5.60	NA	0.25	8.03	5.85	NA	NA	5.85	XXX
78278	26	A	Acute GI blood loss imaging	0.99	0.28	0.32	0.28	0.04	1.31	1.35	1.31	1.31	1.35	XXX
78282	C	C	GI protein loss exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78282	C	C	GI protein loss exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78282	26	A	GI protein loss exam	0.38	0.10	0.12	0.10	0.02	0.50	0.52	0.50	0.50	0.52	XXX
78290	TC	A	Meckel's divert exam	0.68	7.97	4.45	NA	0.19	8.84	5.32	NA	NA	5.32	XXX
78290	TC	A	Meckel's divert exam	0.00	7.78	4.23	NA	0.16	7.94	4.39	NA	NA	4.39	XXX
78290	26	A	Meckel's divert exam	0.68	0.19	0.22	0.19	0.03	0.90	0.93	0.90	0.90	0.93	XXX
78291	TC	A	Leveen/shunt patency exam	0.88	5.82	3.98	NA	0.20	6.90	5.06	NA	NA	5.06	XXX
78291	TC	A	Leveen/shunt patency exam	0.00	5.57	3.69	NA	0.16	5.73	3.85	NA	NA	3.85	XXX
78291	26	A	Leveen/shunt patency exam	0.88	0.25	0.29	0.25	0.04	1.17	1.21	1.17	1.17	1.21	XXX
78299	C	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78299	TC	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78299	26	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78300	TC	A	Bone imaging, limited area	0.62	3.94	3.00	NA	0.17	4.73	3.79	NA	NA	3.79	XXX
78300	TC	A	Bone imaging, limited area	0.00	3.76	2.80	NA	0.14	3.90	2.94	NA	NA	2.94	XXX
78300	26	A	Bone imaging, limited area	0.62	0.18	0.20	0.18	0.03	0.83	0.85	0.83	0.83	0.85	XXX
78305	TC	A	Bone imaging, multiple areas	0.83	5.13	4.24	NA	0.23	6.19	5.30	NA	NA	5.30	XXX
78305	TC	A	Bone imaging, multiple areas	0.00	4.90	3.97	NA	0.19	5.09	4.16	NA	NA	4.16	XXX
78305	26	A	Bone imaging, multiple areas	0.83	0.23	0.27	0.23	0.04	1.10	1.14	1.10	1.10	1.14	XXX
78306	TC	A	Bone imaging, whole body	0.86	5.68	4.84	NA	0.26	6.80	5.96	NA	NA	5.96	XXX
78306	TC	A	Bone imaging, whole body	0.00	5.44	4.56	NA	0.22	5.66	4.78	NA	NA	4.78	XXX
78306	26	A	Bone imaging, whole body	0.86	0.24	0.28	0.24	0.04	1.14	1.18	1.14	1.14	1.18	XXX
78315	TC	A	Bone imaging, 3 phase	1.02	8.07	5.86	NA	0.29	9.38	7.17	NA	NA	7.17	XXX
78315	TC	A	Bone imaging, 3 phase	0.00	7.78	5.53	NA	0.25	8.03	5.78	NA	NA	5.78	XXX
78315	26	A	Bone imaging, 3 phase	1.02	0.29	0.33	0.29	0.04	1.35	1.39	1.35	1.35	1.39	XXX
78320	TC	A	Bone imaging (3D)	1.04	5.00	5.95	NA	0.31	6.39	7.34	NA	NA	7.34	XXX
78320	TC	A	Bone imaging (3D)	0.00	4.71	5.61	NA	0.31	5.02	5.92	NA	NA	5.92	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ^{1/} HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Facility Total	Global
78320	26	A	Bone imaging (3D)	1.04	0.29	0.34	0.29	0.34	1.37	1.42	1.37	XXX
78350		N	Bone mineral, single photon	0.22	0.00	0.82	NA	NA	0.28	1.10	NA	XXX
78350	TC	N	Bone mineral, single photon	0.00	0.00	0.75	NA	NA	0.05	0.80	NA	XXX
78350	26	N	Bone mineral, single photon	0.22	0.00	0.07	0.00	0.07	0.23	0.30	0.30	XXX
78351		N	Bone mineral, dual photon	0.30	NA	NA	0.07	0.11	NA	NA	0.42	XXX
78399		C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78399	TC	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78399	26	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78414		C	Non-imaging heart function	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78414	TC	C	Non-imaging heart function	0.00	0.14	0.16	0.14	0.16	0.61	0.63	0.63	XXX
78414	26	A	Non-imaging heart function	0.78	5.26	3.22	NA	NA	6.20	4.16	NA	XXX
78428		A	Cardiac shunt imaging	0.00	4.88	2.91	NA	NA	5.01	3.04	NA	XXX
78428	TC	A	Cardiac shunt imaging	0.00	0.38	0.31	0.38	0.31	1.19	1.12	1.12	XXX
78428	26	A	Cardiac shunt imaging	0.78	0.38	0.31	0.38	0.31	1.19	1.12	1.12	XXX
78445		A	Vascular flow imaging	0.49	4.34	2.61	NA	NA	4.96	3.23	NA	XXX
78445	TC	A	Vascular flow imaging	0.00	4.18	2.44	NA	NA	4.29	2.55	NA	XXX
78445	26	A	Vascular flow imaging	0.00	4.18	2.44	NA	NA	4.29	2.55	NA	XXX
78445		A	Vascular flow imaging	0.49	0.16	0.17	0.16	0.17	0.67	0.68	0.68	XXX
78445	26	A	Vascular flow imaging	1.00	9.86	5.71	NA	NA	11.19	7.04	NA	XXX
78456		A	Acute venous thrombus image	0.00	9.36	5.33	NA	NA	9.65	5.62	NA	XXX
78456	TC	A	Acute venous thrombus image	0.00	0.50	0.38	0.50	0.38	1.54	1.42	1.42	XXX
78456	26	A	Acute venous thrombus image	1.00	0.50	0.38	0.50	0.38	1.54	1.42	1.42	XXX
78457		A	Acute venous thrombus image	0.77	4.53	3.32	NA	NA	5.47	4.26	NA	XXX
78457	TC	A	Venous thrombosis imaging	0.00	4.31	3.07	0.22	0.25	4.45	3.21	NA	XXX
78457	26	A	Venous thrombosis imaging	0.77	0.22	0.25	0.22	0.25	1.02	1.05	1.05	XXX
78458		A	Ven thrombosis imaging, bilat	0.90	4.30	4.33	NA	NA	5.45	5.48	NA	XXX
78458	TC	A	Ven thrombosis imaging, bilat	0.00	4.05	4.03	NA	NA	4.26	4.24	NA	XXX
78458	26	A	Ven thrombosis imaging, bilat	0.90	0.25	0.30	0.25	0.30	1.19	1.24	1.24	XXX
78459		C	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78459	TC	C	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78459	26	C	Heart muscle imaging (PET)	1.50	0.54	0.56	0.54	0.56	2.09	2.11	2.09	XXX
78460		A	Heart muscle blood, single	0.86	4.44	3.10	NA	NA	5.47	4.13	NA	XXX
78460	TC	A	Heart muscle blood, single	0.00	4.17	2.81	NA	NA	4.30	2.94	NA	XXX
78460	26	A	Heart muscle blood, single	0.86	0.27	0.29	0.27	0.29	1.17	1.19	1.19	XXX
78461		A	Heart muscle blood, multiple	1.23	3.79	4.81	NA	NA	5.32	6.34	NA	XXX
78461	TC	A	Heart muscle blood, multiple	0.00	3.40	4.39	NA	NA	3.65	4.64	NA	XXX
78461	26	A	Heart muscle blood, multiple	1.23	0.39	0.42	0.39	0.42	1.67	1.70	1.70	XXX
78464		A	Heart image (3d), single	1.09	5.75	7.03	NA	NA	7.25	8.53	NA	XXX
78464	TC	A	Heart image (3d), single	0.00	5.27	6.62	NA	NA	5.64	6.99	NA	XXX
78464	26	A	Heart image (3d), single	1.09	0.48	0.41	0.48	0.41	1.61	1.54	1.54	XXX
78465		A	Heart image (3d), multiple	1.46	11.36	12.08	NA	NA	13.49	14.21	NA	XXX
78465	TC	A	Heart image (3d), multiple	0.00	10.66	11.51	NA	NA	11.28	12.13	NA	XXX
78465	26	A	Heart image (3d), multiple	1.46	0.70	0.57	0.70	0.57	2.21	2.08	2.08	XXX
78466		A	Heart infarct image	0.89	4.34	3.23	NA	NA	5.20	4.09	NA	XXX
78466	TC	A	Heart infarct image	0.00	4.10	2.99	NA	NA	4.24	3.13	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS, AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT-1/ HCPCS2	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Fa- cility Total	Year 2007 Transi- tional Fa- cility Total	Global
78466	26	A	Heart infarct image	0.69	0.24	0.24	0.24	0.24	0.96	0.96	0.96	0.96	XXX
78468		A	Heart infarct image (ef)	0.80	5.98	4.45	NA	NA	0.22	7.00	5.47	NA	XXX
78468	TC	A	Heart infarct image (ef)	0.00	5.56	4.14	NA	NA	0.19	5.75	4.33	NA	XXX
78468	26	A	Heart infarct image (ef)	0.80	0.42	0.31	0.42	0.31	1.25	0.03	1.14	1.14	XXX
78469		A	Heart infarct image (3D)	0.92	6.21	5.70	NA	NA	0.31	7.44	6.93	NA	XXX
78469	TC	A	Heart infarct image (3D)	0.00	5.77	5.36	NA	NA	0.28	6.05	5.64	NA	XXX
78469	26	A	Heart infarct image (3D)	0.92	0.44	0.34	0.44	0.34	1.39	1.39	1.29	1.29	XXX
78472		A	Gated heart, planar, single	0.98	5.95	5.87	NA	NA	0.34	7.27	7.19	NA	XXX
78472	TC	A	Gated heart, planar, single	0.00	5.56	5.52	NA	NA	0.30	5.86	5.82	NA	XXX
78472	26	A	Gated heart, planar, single	0.98	0.39	0.35	0.39	0.35	1.41	1.41	1.37	1.37	XXX
78473		A	Gated heart, multiple	1.47	7.54	8.46	NA	NA	0.48	9.48	10.41	NA	XXX
78473	TC	A	Gated heart, multiple	0.00	6.94	7.93	NA	NA	0.42	7.36	8.35	NA	XXX
78473	26	A	Gated heart, multiple	1.47	0.60	0.53	0.60	0.53	2.13	2.06	2.06	2.06	XXX
78478		A	Heart wall motion add-on	0.50	0.80	1.54	NA	NA	0.12	1.42	2.16	NA	XXX
78478	TC	A	Heart wall motion add-on	0.00	0.56	1.31	NA	NA	0.10	0.66	1.41	NA	XXX
78478	26	A	Heart wall motion add-on	0.50	0.24	0.23	0.24	0.23	0.75	0.76	0.75	0.75	XXX
78480		A	Heart function add-on	0.30	0.70	1.51	NA	NA	0.12	1.12	1.93	NA	XXX
78480	TC	A	Heart function add-on	0.00	0.59	1.31	NA	NA	0.10	0.65	1.41	NA	XXX
78480	26	A	Heart function add-on	0.30	0.15	0.20	0.15	0.20	0.52	0.47	0.52	0.52	XXX
78481		A	Heart first pass, single	0.98	5.07	5.46	NA	NA	0.31	6.36	6.75	NA	XXX
78481	TC	A	Heart first pass, single	0.00	4.57	5.06	NA	NA	0.28	4.85	5.34	NA	XXX
78481	26	A	Heart first pass, single	0.98	0.50	0.40	0.50	0.40	1.51	1.51	1.41	1.41	XXX
78483		A	Heart first pass, multiple	1.47	6.86	8.02	NA	NA	0.46	8.79	9.95	NA	XXX
78483	TC	A	Heart first pass, multiple	0.00	6.07	7.42	NA	NA	0.41	6.48	7.83	NA	XXX
78483	26	A	Heart first pass, multiple	1.47	0.79	0.60	0.79	0.60	2.31	2.31	2.12	2.12	XXX
78491		C	Heart image (pet), single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78491	TC	C	Heart image (pet), single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78491	26	A	Heart image (pet), single	1.50	0.60	0.59	0.60	0.59	2.16	2.16	2.15	2.15	XXX
78492		C	Heart image (pet), multiple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78492	TC	C	Heart image (pet), multiple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78492	26	A	Heart image (pet), multiple	1.87	0.91	0.78	0.91	0.78	2.85	2.85	2.72	2.72	XXX
78494		A	Heart image, spect	1.19	6.19	7.17	NA	NA	0.35	7.73	8.71	NA	XXX
78494	TC	A	Heart image, spect	0.00	5.65	6.72	NA	NA	0.30	5.95	7.02	NA	XXX
78494	26	A	Heart image, spect	1.19	0.54	0.45	0.54	0.45	1.78	1.69	1.69	1.69	XXX
78496		A	Heart first pass add-on	0.50	0.92	5.67	0.92	5.67	0.32	1.74	6.49	1.74	ZZZ
78496	TC	A	Heart first pass add-on	0.00	0.67	5.47	0.67	5.47	0.30	0.97	5.77	0.97	ZZZ
78496	26	A	Heart first pass add-on	0.50	0.25	0.20	0.25	0.20	0.72	0.72	0.72	0.72	ZZZ
78499		C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78499	TC	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78499	26	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78580		A	Lung perfusion imaging	0.74	4.63	3.97	NA	NA	0.21	5.78	4.92	NA	XXX
78580	TC	A	Lung perfusion imaging	0.00	4.61	3.73	NA	NA	0.18	4.79	3.91	NA	XXX
78580	26	A	Lung perfusion imaging	0.74	0.22	0.24	0.22	0.24	1.01	0.99	1.01	1.01	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ , HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
78607	TC	A	Brain imaging (3D)	0.00	14.04	8.42	NA	NA	0.35	14.39	8.77	NA	NA	XXX
78607	26	A	Brain imaging (3D)	1.23	0.35	0.41	0.35	0.41	0.05	1.63	1.69	1.63	1.69	XXX
78608	TC	C	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78608	26	C	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78609	TC	C	Brain imaging (PET)	1.50	0.43	0.49	0.43	0.49	0.06	1.99	2.05	1.99	2.05	XXX
78609	26	C	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78609	TC	A	Brain imaging (PET)	1.50	0.43	0.49	0.43	0.49	0.06	1.99	2.05	1.99	2.05	XXX
78610	TC	A	Brain flow imaging only	0.30	4.19	2.32	NA	NA	0.11	4.60	2.73	NA	NA	XXX
78610	26	A	Brain flow imaging only	0.00	4.10	2.21	NA	NA	0.10	4.20	2.31	NA	NA	XXX
78615	TC	A	Brain flow imaging only	0.30	0.09	0.11	0.09	0.11	0.01	0.40	0.42	0.40	0.42	XXX
78615	26	A	Brain flow imaging only	0.42	5.06	4.26	NA	NA	0.23	5.71	4.91	NA	NA	XXX
78615	TC	A	Cerebral vascular flow image	0.00	4.94	4.12	NA	NA	0.21	5.15	4.33	NA	NA	XXX
78615	26	A	Cerebral vascular flow image	0.42	0.12	0.14	0.12	0.14	0.02	0.56	0.58	0.56	0.58	XXX
78630	TC	A	Cerebral vascular flow image	0.68	8.11	5.98	NA	NA	0.30	9.09	6.96	NA	NA	XXX
78630	26	A	Cerebral vascular flow image	0.00	7.92	6.03	NA	NA	0.27	8.19	6.03	NA	NA	XXX
78630	TC	A	Cerebrospinal fluid scan	0.68	0.19	0.22	0.19	0.22	0.03	0.90	0.93	0.90	0.93	XXX
78630	26	A	Cerebrospinal fluid scan	0.61	8.05	4.10	NA	NA	0.16	8.82	4.87	NA	NA	XXX
78635	TC	A	CSF ventriculography	0.00	7.88	3.88	NA	NA	0.14	8.02	4.02	NA	NA	XXX
78635	26	A	CSF ventriculography	0.61	0.17	0.22	0.17	0.22	0.02	0.80	0.85	0.80	0.85	XXX
78645	TC	A	CSF shunt evaluation	0.57	7.97	4.71	NA	NA	0.20	8.74	5.48	NA	NA	XXX
78645	26	A	CSF shunt evaluation	0.00	7.81	4.53	NA	NA	0.18	7.99	4.71	NA	NA	XXX
78645	TC	A	CSF shunt evaluation	0.57	0.16	0.18	0.16	0.18	0.02	0.75	0.77	0.75	0.77	XXX
78645	26	A	CSF shunt evaluation	0.90	13.60	8.06	NA	NA	0.35	14.85	9.31	NA	NA	XXX
78647	TC	A	Cerebrospinal fluid scan	0.00	13.36	7.77	NA	NA	0.31	13.67	8.08	NA	NA	XXX
78647	26	A	Cerebrospinal fluid scan	0.90	0.24	0.29	0.24	0.29	0.04	1.18	1.23	1.18	1.23	XXX
78650	TC	A	CSF leakage imaging	0.61	8.17	5.68	NA	NA	0.27	9.05	6.56	NA	NA	XXX
78650	26	A	CSF leakage imaging	0.00	7.99	5.48	NA	NA	0.24	8.23	5.72	NA	NA	XXX
78660	TC	A	Nuclear exam of tear flow	0.61	0.18	0.20	0.18	0.20	0.03	0.82	0.84	0.82	0.84	XXX
78660	26	A	Nuclear exam of tear flow	0.53	4.03	2.74	NA	NA	0.14	4.70	3.41	NA	NA	XXX
78660	TC	A	Nuclear exam of tear flow	0.00	3.87	2.56	NA	NA	0.12	3.99	2.68	NA	NA	XXX
78660	26	A	Nuclear exam of tear flow	0.53	0.16	0.18	0.16	0.18	0.02	0.71	0.73	0.71	0.73	XXX
78699	TC	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78699	26	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78700	TC	A	Kidney imaging, morphol	0.45	4.26	3.47	NA	NA	0.18	4.89	4.10	NA	NA	XXX
78700	26	A	Kidney imaging, morphol	0.00	4.12	3.32	NA	NA	0.16	4.28	3.48	NA	NA	XXX
78700	TC	A	Kidney imaging, morphol	0.45	0.14	0.15	0.14	0.15	0.02	0.61	0.62	0.61	0.62	XXX
78700	26	A	Kidney imaging with flow	0.49	5.04	4.06	NA	NA	0.20	5.73	4.75	NA	NA	XXX
78701	TC	A	Kidney imaging with flow	0.00	4.90	3.90	NA	NA	0.18	5.08	4.08	NA	NA	XXX
78701	26	A	Kidney imaging with flow	0.49	0.14	0.16	0.14	0.16	0.02	0.65	0.67	0.65	0.67	XXX
78707	TC	A	K flow/func image w/o drug	0.96	5.15	4.88	NA	NA	0.27	6.38	6.11	NA	NA	XXX
78707	26	A	K flow/func image w/o drug	0.00	4.88	4.57	NA	NA	0.23	5.11	4.80	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mal-Practitioner RVUs	Fully Implemented Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
78707	26	A	K flow/function image w/o drug	0.96	0.27	0.31	0.27	0.31	0.04	1.27	1.31	1.27	1.31	XXX	
78708	TC	A	K flow/function image w/drug	1.21	3.17	4.45	NA	NA	0.28	4.66	5.94	NA	NA	XXX	
78708	TC	A	K flow/function image w/drug	0.00	2.83	4.06	NA	NA	0.23	3.06	4.29	NA	NA	XXX	
78708	26	A	K flow/function image w/drug	1.21	0.34	0.39	0.34	0.39	0.05	1.60	1.65	1.60	1.65	XXX	
78709	TC	A	K flow/function image, multiple	1.41	8.35	5.79	NA	NA	0.29	10.05	7.49	NA	NA	XXX	
78709	TC	A	K flow/function image, multiple	0.00	7.95	5.34	NA	NA	0.23	8.18	5.57	NA	NA	XXX	
78709	26	A	K flow/function image, multiple	1.41	0.40	0.45	0.40	0.45	0.06	1.87	1.92	1.87	1.92	XXX	
78710	TC	A	Kidney imaging (3D)	0.66	5.02	5.85	NA	NA	0.34	6.02	6.85	NA	NA	XXX	
78710	TC	A	Kidney imaging (3D)	0.00	4.83	5.64	NA	NA	0.31	5.14	5.95	NA	NA	XXX	
78710	26	A	Kidney imaging (3D)	0.66	0.19	0.21	0.19	0.21	0.03	0.88	0.90	0.88	0.90	XXX	
78725	TC	A	Kidney function study	0.38	2.26	2.00	NA	NA	0.13	2.77	2.51	NA	NA	XXX	
78725	TC	A	Kidney function study	0.00	2.15	1.87	NA	NA	0.11	2.26	1.98	NA	NA	XXX	
78725	26	A	Kidney function study	0.38	0.11	0.13	0.11	0.13	0.02	0.51	0.53	0.51	0.53	XXX	
78730	TC	A	Urinary bladder retention	0.15	1.97	1.68	NA	NA	0.10	2.22	1.93	NA	NA	ZZZ	
78730	TC	A	Urinary bladder retention	0.00	1.91	1.57	NA	NA	0.08	1.99	1.65	NA	NA	ZZZ	
78730	26	A	Urinary bladder retention	0.15	0.06	0.11	0.06	0.11	0.02	0.23	0.28	0.23	0.28	ZZZ	
78740	TC	A	Ureteral reflux study	0.57	5.17	3.02	NA	NA	0.15	5.89	3.74	NA	NA	XXX	
78740	TC	A	Ureteral reflux study	0.00	5.01	2.84	NA	NA	0.12	5.13	2.96	NA	NA	XXX	
78740	26	A	Ureteral reflux study	0.57	0.16	0.18	0.16	0.18	0.03	0.76	0.78	0.76	0.78	XXX	
78761	TC	A	Testicular imaging w/flow	0.71	4.58	3.73	NA	NA	0.20	5.49	4.64	NA	NA	XXX	
78761	TC	A	Testicular imaging w/flow	0.00	4.38	3.50	NA	NA	0.17	4.55	3.67	NA	NA	XXX	
78761	26	A	Testicular imaging w/flow	0.71	0.20	0.23	0.20	0.23	0.03	0.94	0.97	0.94	0.97	XXX	
78799	TC	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
78799	TC	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
78799	26	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
78800	TC	A	Tumor imaging, limited area	0.66	4.06	3.73	NA	NA	0.22	4.94	4.61	NA	NA	XXX	
78800	TC	A	Tumor imaging, limited area	0.00	3.88	3.52	NA	NA	0.18	4.06	3.70	NA	NA	XXX	
78800	26	A	Tumor imaging, limited area	0.66	0.18	0.21	0.18	0.21	0.04	0.88	0.91	0.88	0.91	XXX	
78801	TC	A	Tumor imaging, mult areas	0.79	5.75	4.81	NA	NA	0.27	6.81	5.87	NA	NA	XXX	
78801	TC	A	Tumor imaging, mult areas	0.00	5.53	4.55	NA	NA	0.22	5.75	4.77	NA	NA	XXX	
78801	26	A	Tumor imaging, mult areas	0.79	0.22	0.26	0.22	0.26	0.05	1.06	1.10	1.06	1.10	XXX	
78802	TC	A	Tumor imaging, whole body	0.86	7.68	6.29	NA	NA	0.34	8.88	7.49	NA	NA	XXX	
78802	TC	A	Tumor imaging, whole body	0.00	7.44	6.01	NA	NA	0.30	7.74	6.31	NA	NA	XXX	
78802	26	A	Tumor imaging, whole body	0.86	0.24	0.28	0.24	0.28	0.04	1.14	1.18	1.14	1.18	XXX	
78803	TC	A	Tumor imaging (3D)	1.09	14.15	8.73	NA	NA	0.40	15.64	10.22	NA	NA	XXX	
78803	TC	A	Tumor imaging (3D)	0.00	13.84	8.37	NA	NA	0.35	14.19	8.72	NA	NA	XXX	
78803	26	A	Tumor imaging (3D)	1.09	0.31	0.36	0.31	0.36	0.05	1.45	1.50	1.45	1.50	XXX	
78804	TC	A	Tumor imaging, whole body	1.07	14.02	12.08	NA	NA	0.34	15.43	13.49	NA	NA	XXX	
78804	TC	A	Tumor imaging, whole body	0.00	13.72	11.73	NA	NA	0.30	14.02	12.03	NA	NA	XXX	
78804	26	A	Tumor imaging, whole body	1.07	0.30	0.35	0.30	0.35	0.04	1.41	1.46	1.41	1.46	XXX	
78805	TC	A	Abscess imaging, ltd area	0.73	3.94	3.73	NA	NA	0.21	4.88	4.67	NA	NA	XXX	
78805	TC	A	Abscess imaging, ltd area	0.00	3.74	3.49	NA	NA	0.18	3.92	3.67	NA	NA	XXX	
78805	26	A	Abscess imaging, ltd area	0.73	0.20	0.24	0.20	0.24	0.03	0.96	1.00	0.96	1.00	XXX	

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- PE RVUs	Year 2007 Transi- tional Non-PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mat-Prac- tice RVUs	Fully Im- plement- ed Non- PE Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
78806		A	Abscess imaging, whole body	0.86	7.85	7.01	NA	8.26	9.10	0.39	9.10	8.26	NA	NA	XXX
78806	TC	A	Abscess imaging, whole body	0.00	7.61	6.73	NA	7.08	7.96	0.35	7.96	7.08	NA	NA	XXX
78806	26	A	Abscess imaging, whole body	0.86	0.24	0.28	0.24	1.18	1.14	0.04	1.14	1.18	1.14	1.18	XXX
78807		A	Nuclear localization/abscess	1.09	13.41	8.56	NA	10.04	14.89	0.39	14.89	10.04	NA	NA	XXX
78807	TC	A	Nuclear localization/abscess	0.00	13.11	8.19	NA	8.54	13.46	0.35	13.46	8.54	NA	NA	XXX
78807	26	A	Nuclear localization/abscess	1.09	0.30	0.37	0.30	1.50	1.43	0.04	1.43	1.50	1.43	1.50	XXX
78811		C	Tumor imaging (pet), limited	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78811	TC	C	Tumor imaging (pet), limited	1.54	0.44	0.51	0.44	2.16	2.09	0.11	2.09	2.16	2.09	2.16	XXX
78811	26	A	Tumor imaging (pet), limited	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78812		C	Tumor image (pet)/skul-thigh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78812	TC	C	Tumor image (pet)/skul-thigh	1.93	0.56	0.64	0.56	2.68	2.60	0.11	2.60	2.68	2.60	2.68	XXX
78812	26	A	Tumor image (pet)/skul-thigh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78813		C	Tumor image (pet) full body	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78813	TC	C	Tumor image (pet) full body	2.00	0.58	0.66	0.58	2.77	2.69	0.11	2.69	2.77	2.69	2.77	XXX
78813	26	A	Tumor image (pet) full body	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78814		C	Tumor image pet/ct, limited	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78814	TC	C	Tumor image pet/ct, limited	2.20	0.62	0.73	0.62	3.04	2.93	0.11	2.93	3.04	2.93	3.04	XXX
78814	26	A	Tumor image pet/ct, limited	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78815		C	Tumorimage pet/ct skul-thigh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78815	TC	C	Tumorimage pet/ct skul-thigh	2.44	0.70	0.81	0.70	3.36	3.25	0.11	3.25	3.36	3.25	3.36	XXX
78815	26	A	Tumorimage pet/ct skul-thigh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78816		C	Tumor image pet/ct full body	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78816	TC	C	Tumor image pet/ct full body	2.50	0.72	0.83	0.72	3.44	3.33	0.11	3.33	3.44	3.33	3.44	XXX
78816	26	A	Tumor image pet/ct full body	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78890		B	Nuclear medicine data proc	0.05	0.38	1.10	NA	1.22	0.50	0.07	0.50	1.22	NA	NA	XXX
78890	TC	B	Nuclear medicine data proc	0.00	0.37	1.08	NA	1.14	0.43	0.06	0.43	1.14	NA	NA	XXX
78890	26	B	Nuclear medicine data proc	0.05	0.01	0.02	0.01	0.08	0.07	0.01	0.07	0.08	0.07	0.08	XXX
78891		B	Nuclear med data proc	0.10	0.86	2.22	NA	2.46	1.10	0.14	1.10	2.46	NA	NA	XXX
78891	TC	B	Nuclear med data proc	0.00	0.84	2.18	NA	2.31	0.97	0.13	0.97	2.31	NA	NA	XXX
78891	26	B	Nuclear med data proc	0.10	0.02	0.04	0.02	0.15	0.13	0.01	0.13	0.15	0.13	0.15	XXX
78999		C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	TC	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	26	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79005		A	Nuclear rx, oral admin	1.80	1.70	2.85	NA	4.87	3.72	0.22	3.72	4.87	NA	NA	XXX
79005	TC	A	Nuclear rx, oral admin	0.00	1.20	2.27	NA	2.41	1.34	0.14	1.34	2.41	NA	NA	XXX
79005	26	A	Nuclear rx, oral admin	1.80	0.50	0.58	0.50	2.46	2.38	0.08	2.38	2.46	2.38	2.46	XXX
79101		A	Nuclear rx, iv admin	1.96	2.04	2.98	NA	5.16	4.22	0.22	4.22	5.16	NA	NA	XXX
79101	TC	A	Nuclear rx, iv admin	0.00	1.37	2.31	NA	2.45	1.51	0.14	1.51	2.45	NA	NA	XXX
79101	26	A	Nuclear rx, iv admin	1.96	0.67	0.67	0.67	2.71	2.71	0.08	2.71	2.71	2.71	2.71	XXX
79200		A	Nuclear rx, intracav admin	1.99	2.13	3.01	NA	5.23	4.35	0.23	4.35	5.23	NA	NA	XXX
79200	TC	A	Nuclear rx, intracav admin	0.00	1.55	2.35	NA	2.49	1.69	0.14	1.69	2.49	NA	NA	XXX
79200	26	A	Nuclear rx, intracav admin	1.99	0.58	0.66	0.58	2.66	2.66	0.09	2.66	2.74	2.66	2.74	XXX
79300		C	Nucl rx, intersit colloid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS 2	Mod	Status	Description	Physician Work RVUs 3	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mat-Pac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
79300	TC	C	Nucl r x, interstit colloid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79300	26	A	Nucl r x, interstit colloid	1.60	0.55	0.56	0.55	0.56	0.13	2.28	2.29	2.28	2.29	XXX
79403	TC	A	Hematopoietic nuclear tx	2.25	2.77	NA	NA	2.77	NA	5.26	7.06	NA	NA	XXX
79403	26	A	Hematopoietic nuclear tx	0.00	2.09	3.73	NA	3.73	0.14	2.23	3.87	NA	NA	XXX
79403	26	A	Hematopoietic nuclear tx	2.25	0.68	0.84	0.68	0.84	0.10	3.03	3.19	3.03	3.19	XXX
79440	TC	A	Nuclear rx, intra-articular	1.99	1.65	2.92	NA	2.92	NA	3.86	5.13	NA	NA	XXX
79440	26	A	Nuclear rx, intra-articular	0.00	1.09	2.24	NA	2.24	0.14	2.38	2.38	NA	NA	XXX
79445	TC	C	Nuclear rx, intra-articular	1.99	0.56	0.68	0.56	0.68	0.08	2.63	2.75	2.63	2.75	XXX
79445	26	A	Nuclear rx, intra-articular	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79445	TC	C	Nuclear rx, intra-articular	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79445	26	A	Nuclear rx, intra-articular	2.40	0.70	0.79	0.70	0.79	0.12	3.22	3.31	3.22	3.31	XXX
79999	TC	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999	26	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80500	TC	A	Lab pathology consultation	0.37	0.19	0.21	0.19	0.21	0.01	0.57	0.59	0.49	0.53	XXX
80502	TC	A	Lab pathology consultation	1.33	0.30	0.48	0.24	0.47	0.04	1.67	1.85	1.61	1.84	XXX
83020	26	A	Hemoglobin electrophoresis	0.37	0.11	0.12	0.11	0.12	0.01	0.50	0.50	0.49	0.50	XXX
83912	26	A	Genetic examination	0.37	0.11	0.12	0.11	0.12	0.01	0.49	0.50	0.49	0.50	XXX
84165	26	A	Protein e-phoresis, serum	0.37	0.11	0.13	0.11	0.13	0.01	0.49	0.51	0.49	0.51	XXX
84166	26	A	Protein e-phoresis/urine/csf	0.37	0.11	0.13	0.11	0.13	0.01	0.49	0.51	0.49	0.51	XXX
84181	26	A	Western blot test	0.37	0.12	0.14	0.12	0.14	0.01	0.50	0.52	0.50	0.52	XXX
84182	26	A	Protein, western blot test	0.37	0.12	0.15	0.12	0.15	0.02	0.51	0.54	0.51	0.54	XXX
85060	TC	A	Blood smear interpretation	0.45	0.14	0.17	0.14	0.17	0.02	0.61	0.64	0.61	0.64	XXX
85097	TC	A	Bone marrow interpretation	0.94	1.29	1.76	0.28	1.76	0.04	2.27	2.74	1.26	1.36	XXX
85390	26	A	Fibrinolytics screen	0.37	0.12	0.13	0.12	0.13	0.01	0.50	0.51	0.50	0.51	XXX
85396	TC	A	Clotting assay, whole blood	0.37	NA	NA	0.05	NA	0.04	NA	NA	0.46	0.54	XXX
85576	26	A	Blood platelet aggregation	0.37	0.12	0.15	0.12	0.15	0.01	0.50	0.53	0.50	0.53	XXX
86077	TC	A	Physician blood bank service	0.94	0.38	0.39	0.30	0.37	0.03	1.35	1.36	1.27	1.34	XXX
86078	TC	A	Physician blood bank service	0.94	0.38	0.44	0.30	0.38	0.03	1.35	1.41	1.27	1.35	XXX
86079	TC	A	Physician blood bank service	0.94	0.38	0.44	0.30	0.38	0.03	1.35	1.40	1.27	1.35	XXX
86255	26	A	Fluorescent antibody, screen	0.37	0.12	0.14	0.12	0.14	0.01	0.50	0.52	0.50	0.52	XXX
86256	26	A	Fluorescent antibody, titer	0.37	0.12	0.14	0.12	0.14	0.01	0.50	0.52	0.50	0.52	XXX
86320	26	A	Serum immunoelectrophoresis	0.37	0.12	0.14	0.12	0.14	0.01	0.50	0.52	0.50	0.52	XXX
86325	26	A	Other immunoelectrophoresis	0.37	0.11	0.13	0.11	0.13	0.01	0.49	0.51	0.49	0.51	XXX
86327	26	A	Immunoelectrophoresis assay	0.42	0.13	0.17	0.13	0.17	0.02	0.57	0.61	0.57	0.61	XXX
86334	26	A	Immunofix e-phoresis, serum	0.37	0.12	0.14	0.12	0.14	0.01	0.50	0.52	0.50	0.52	XXX
86335	26	A	Immunofix e-phoresis, urine/csf	0.37	0.12	0.14	0.12	0.14	0.01	0.50	0.52	0.50	0.52	XXX
86485	TC	C	Skin test, candida	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86490	TC	A	Coccidioidomycosis skin test	0.00	0.12	0.25	NA	NA	0.02	0.14	0.27	NA	NA	XXX
86510	TC	A	Histoplasmosis skin test	0.00	0.14	0.28	NA	NA	0.02	0.16	0.30	NA	NA	XXX
86580	TC	A	TB intradermal test	0.00	0.16	0.23	NA	NA	0.02	0.18	0.25	NA	NA	XXX
87164	26	A	Dark field examination	0.37	0.12	0.12	0.12	0.12	0.01	0.50	0.50	0.50	0.50	XXX
87207	26	A	Smea, special stain	0.37	0.11	0.15	0.11	0.15	0.01	0.49	0.53	0.49	0.53	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Mat-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
88104	TC	A	Cytopath fi nongyn, smears	0.56	1.14	0.93	NA	NA	0.04	1.74	1.53	NA	NA	XXX
88104	26	A	Cytopath fi nongyn, smears	0.00	0.99	0.71	NA	NA	0.02	1.01	0.73	NA	NA	XXX
88106	TC	A	Cytopath fi nongyn, filler	0.56	1.48	1.39	0.15	0.22	0.02	0.02	0.80	0.73	0.80	XXX
88106	26	A	Cytopath fi nongyn, filler	0.00	1.33	1.17	NA	NA	0.04	2.08	1.99	NA	NA	XXX
88107	TC	A	Cytopath fi nongyn, sm/itr	0.76	1.98	1.66	0.15	0.22	0.02	1.35	1.19	NA	NA	XXX
88107	26	A	Cytopath fi nongyn, sm/itr	0.00	1.75	1.35	NA	NA	0.05	2.79	2.47	NA	NA	XXX
88108	TC	A	Cytopath, concentrate tech	0.76	0.23	0.31	0.23	0.31	0.03	1.02	1.10	1.02	1.10	XXX
88108	26	A	Cytopath, concentrate tech	0.00	1.45	1.27	NA	NA	0.04	2.05	1.87	NA	NA	XXX
88112	TC	A	Cytopath, concentrate tech	0.56	1.30	1.05	0.15	0.22	0.02	1.32	1.07	NA	NA	XXX
88112	26	A	Cytopath, concentrate tech	0.18	1.49	1.85	0.15	0.22	0.02	0.73	0.80	0.73	0.80	XXX
88112	TC	A	Cytopath, cell enhance tech	0.00	1.19	1.39	NA	NA	0.04	2.71	3.07	NA	NA	XXX
88112	26	A	Cytopath, cell enhance tech	1.18	0.30	0.46	0.30	0.46	0.02	1.21	1.41	NA	NA	XXX
88125	TC	A	Forensic cytopathology	0.26	0.25	0.27	NA	NA	0.02	1.50	1.66	1.50	1.66	XXX
88125	26	A	Forensic cytopathology	0.00	0.19	0.10	NA	NA	0.01	0.20	0.18	NA	NA	XXX
88141	TC	A	Forensic cytopathology	0.42	0.37	0.21	0.06	0.10	0.01	0.33	0.37	0.33	0.37	XXX
88141	26	A	Cytopath, cv, interpret	0.50	0.89	0.86	0.37	0.21	0.02	0.81	0.65	0.81	0.65	XXX
88160	TC	A	Cytopath smear, other source	0.00	0.76	0.66	NA	NA	0.04	1.43	1.39	NA	NA	XXX
88160	26	A	Cytopath smear, other source	0.50	0.13	0.19	0.13	0.19	0.02	0.65	0.71	0.65	0.71	XXX
88161	TC	A	Cytopath smear, other source	0.50	1.11	0.99	NA	NA	0.04	1.65	1.53	NA	NA	XXX
88161	26	A	Cytopath smear, other source	0.00	0.96	0.79	NA	NA	0.02	0.98	0.81	NA	NA	XXX
88162	TC	A	Cytopath smear, other source	0.50	1.15	1.05	0.15	0.20	0.02	0.67	0.72	0.67	0.72	XXX
88162	26	A	Cytopath smear, other source	0.76	0.17	0.29	0.17	0.29	0.03	0.96	1.08	0.96	1.08	XXX
88172	TC	A	Cytopathology eval of fna	0.60	0.85	0.76	NA	NA	0.04	1.49	1.40	NA	NA	XXX
88172	26	A	Cytopathology eval of fna	0.00	0.57	0.52	NA	NA	0.02	0.69	0.54	NA	NA	XXX
88173	TC	A	Cytopathology eval of fna	0.60	0.18	0.24	0.18	0.24	0.02	1.00	0.78	0.80	0.86	XXX
88173	26	A	Cytopath eval, fna, report	1.39	2.29	2.18	NA	NA	0.07	3.75	3.64	NA	NA	XXX
88173	26	A	Cytopath eval, fna, report	0.00	1.89	1.64	NA	NA	0.02	1.91	1.66	NA	NA	XXX
88182	TC	A	Cell marker study	0.00	1.91	1.97	0.40	0.54	0.07	2.75	2.81	1.84	1.98	XXX
88182	26	A	Cell marker study	0.00	1.79	1.69	NA	NA	0.04	1.83	1.73	NA	NA	XXX
88184	TC	A	Flowcytometry/ ic, 1 marker	0.77	0.12	0.28	0.12	0.28	0.03	0.92	1.08	0.92	1.08	XXX
88184	26	A	Flowcytometry/ ic, 1 marker	0.00	2.44	1.60	NA	NA	0.02	2.46	1.62	NA	NA	XXX
88185	TC	A	Flowcytometry/ ic, add-on	0.00	1.48	0.85	NA	NA	0.02	1.50	0.87	NA	NA	ZZZ
88185	26	A	Flowcytometry/ read, 2-8	1.36	0.39	0.44	0.39	0.44	0.01	1.76	1.81	1.76	1.81	XXX
88188	TC	A	Flowcytometry/ read, 9-15	1.69	0.54	0.54	0.44	0.54	0.01	2.14	2.24	2.14	2.24	XXX
88188	26	A	Flowcytometry/ read, 9-15	2.23	0.48	0.68	0.48	0.68	0.01	2.72	2.92	2.72	2.92	XXX
88189	TC	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88189	26	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
88199	TC	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88199	26	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88291		A	Cyto/molecular report	0.52	0.27	0.20	0.27	0.20	0.81	0.74	0.81	0.74	XXX
88299		C	Cytogenetic study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88300		A	Surgical path, gross	0.08	0.58	0.49	0.49	0.58	0.00	0.68	0.59	0.68	XXX
88300	TC	A	Surgical path, gross	0.00	0.56	0.46	0.46	0.56	0.01	0.57	0.47	0.57	XXX
88300	26	A	Surgical path, gross	0.08	0.02	0.02	0.02	0.02	0.01	0.11	0.11	0.12	XXX
88302		A	Tissue exam by pathologist	0.13	1.28	1.10	1.10	1.28	0.03	1.44	1.26	1.44	XXX
88302	TC	A	Tissue exam by pathologist	0.00	1.04	1.04	1.04	1.04	0.02	1.26	1.06	1.26	XXX
88302	26	A	Tissue exam by pathologist	0.13	0.04	0.06	0.04	0.06	0.01	0.18	0.20	0.20	XXX
88304		A	Tissue exam by pathologist	0.22	1.53	1.37	1.37	1.53	0.03	1.78	1.62	1.78	XXX
88304	TC	A	Tissue exam by pathologist	0.00	1.47	1.29	1.29	1.47	0.02	1.49	1.31	1.49	XXX
88304	26	A	Tissue exam by pathologist	0.22	0.06	0.08	0.06	0.08	0.01	0.29	0.31	0.31	XXX
88305		A	Tissue exam by pathologist	0.75	2.16	1.97	1.97	2.16	0.04	2.98	2.79	2.98	XXX
88305	TC	A	Tissue exam by pathologist	0.00	1.95	1.67	1.67	1.95	0.07	1.99	1.71	1.99	XXX
88305	26	A	Tissue exam by pathologist	0.75	0.21	0.30	0.21	0.30	0.03	0.99	1.08	1.08	XXX
88307		A	Tissue exam by pathologist	1.59	4.46	3.48	3.48	4.46	0.12	6.17	5.19	6.17	XXX
88307	TC	A	Tissue exam by pathologist	0.00	3.98	2.85	2.85	3.98	0.06	4.04	2.91	4.04	XXX
88307	26	A	Tissue exam by pathologist	1.59	0.48	0.63	0.48	0.63	0.06	2.13	2.28	2.28	XXX
88309		A	Tissue exam by pathologist	2.80	6.25	4.86	4.86	6.25	0.14	9.19	7.80	9.19	XXX
88309	TC	A	Tissue exam by pathologist	0.00	5.41	3.92	3.92	5.41	0.06	5.47	3.98	5.47	XXX
88309	26	A	Tissue exam by pathologist	2.80	0.84	0.94	0.84	0.94	0.08	3.72	3.82	3.82	XXX
88311		A	Decalcify tissue	0.24	0.25	0.23	0.23	0.25	0.02	0.51	0.49	0.51	XXX
88311	TC	A	Decalcify tissue	0.00	0.18	0.14	0.14	0.18	0.01	0.19	0.15	0.19	XXX
88311	26	A	Decalcify tissue	0.24	0.07	0.09	0.07	0.09	0.01	0.32	0.34	0.34	XXX
88312		A	Special stains	0.54	2.46	1.76	1.76	2.46	0.03	3.03	2.33	3.03	XXX
88312	TC	A	Special stains	0.00	2.31	1.55	1.55	2.31	0.01	2.32	1.56	2.32	XXX
88312	26	A	Special stains	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.77	XXX
88313		A	Special stains	0.24	1.91	1.42	1.42	1.91	0.02	2.17	1.68	2.17	XXX
88313	TC	A	Special stains	0.00	1.85	1.33	1.33	1.85	0.01	1.86	1.34	1.86	XXX
88313	26	A	Special stains	0.24	0.06	0.09	0.06	0.09	0.01	0.31	0.34	0.34	XXX
88314		A	Histochemical stain	0.45	1.97	2.04	2.04	1.97	0.04	2.46	2.53	2.53	XXX
88314	TC	A	Histochemical stain	0.00	1.83	1.86	1.86	1.86	0.02	1.85	1.88	1.88	XXX
88314	26	A	Histochemical stain	0.45	0.14	0.18	0.14	0.18	0.02	0.61	0.65	0.65	XXX
88318		A	Chemical histochemistry	0.42	2.96	1.98	1.98	2.96	0.03	3.41	2.43	3.41	XXX
88318	TC	A	Chemical histochemistry	0.00	2.83	1.81	1.81	2.83	0.01	2.84	1.82	2.84	XXX
88318	26	A	Chemical histochemistry	0.42	0.13	0.17	0.13	0.17	0.02	0.57	0.61	0.61	XXX
88319		A	Enzyme histochemistry	0.53	3.22	3.36	3.36	3.22	0.04	3.79	3.93	3.93	XXX
88319	TC	A	Enzyme histochemistry	0.00	3.07	3.16	3.16	3.07	0.02	3.09	3.18	3.18	XXX
88319	26	A	Enzyme histochemistry	0.53	0.15	0.20	0.15	0.20	0.02	0.70	0.75	0.75	XXX
88321		A	Microslide consultation	1.63	0.74	0.78	0.74	0.78	0.05	2.42	2.46	2.46	XXX
88323		A	Microslide consultation	1.83	2.19	1.88	1.88	2.19	0.07	4.09	3.78	4.09	XXX
88323	TC	A	Microslide consultation	0.00	1.73	1.34	1.34	1.73	0.02	1.75	1.36	1.75	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVU ³	Fully Im- plem- ent- ed Non- Facility PE RVU ³	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plem- ent- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plem- ent- ed Non- Facility Total	Year 2007 Transi- tional Non- Facility Total	Fully Im- plem- ent- ed Faci- lity Total	Year 2007 Transi- tional Pa- cility Total	Global
88323	26	A	Microslide consultation	1.83	0.46	0.54	0.46	0.54	0.05	2.34	2.42	2.34	2.42	XXX
88325		A	Comprehensive review of data	2.50	2.24	2.76	0.63	0.87	0.07	4.81	5.33	3.20	3.44	XXX
88329		A	Path consult introp	0.67	0.68	0.66	0.20	0.27	0.02	1.37	1.35	0.89	0.96	XXX
88331		A	Path consult intraop, 1 bloc	1.19	1.24	1.14	NA	NA	0.08	2.51	2.41	NA	NA	XXX
88331	TC	A	Path consult intraop, 1 bloc	0.00	0.86	0.66	NA	NA	0.04	0.90	0.70	NA	NA	XXX
88331	26	A	Path consult intraop, 1 bloc	1.19	0.38	0.48	0.38	0.48	0.04	1.61	1.71	1.61	1.71	XXX
88332		A	Path consult intraop, add/Δ	0.59	0.47	0.46	NA	NA	0.04	1.10	1.09	NA	NA	XXX
88332	TC	A	Path consult intraop, add/Δ	0.00	0.29	0.23	NA	NA	0.02	0.31	0.25	NA	NA	XXX
88332	26	A	Path consult intraop, add/Δ	0.59	0.18	0.23	0.18	0.23	0.02	0.79	0.84	0.79	0.84	XXX
88333		A	Intraop cyto path consult, 1	1.20	1.35	1.15	NA	NA	0.08	2.63	2.43	NA	NA	XXX
88333	TC	A	Intraop cyto path consult, 1	0.00	0.97	0.66	NA	NA	0.04	1.01	0.70	NA	NA	XXX
88333	26	A	Intraop cyto path consult, 1	1.20	0.38	0.48	0.38	0.48	0.04	1.62	1.73	1.62	1.73	XXX
88334		A	Intraop cyto path consult, 2	0.73	0.78	0.65	NA	NA	0.04	1.55	1.42	NA	NA	XXX
88334	TC	A	Intraop cyto path consult, 2	0.00	0.56	0.40	NA	NA	0.02	0.58	0.42	NA	NA	XXX
88334	26	A	Intraop cyto path consult, 2	0.73	0.22	0.25	0.22	0.25	0.02	0.97	1.00	0.97	1.00	XXX
88342		A	Immunohistochemistry	0.85	2.01	1.60	NA	NA	0.05	2.91	2.50	NA	NA	XXX
88342	TC	A	Immunohistochemistry	0.00	1.78	1.27	NA	NA	0.02	1.80	1.29	NA	NA	XXX
88342	26	A	Immunohistochemistry	0.85	0.23	0.33	0.23	0.33	0.03	1.11	1.21	1.11	1.21	XXX
88346		A	Immunofluorescent study	0.86	1.94	1.67	NA	NA	0.05	2.85	2.58	NA	NA	XXX
88346	TC	A	Immunofluorescent study	0.00	1.71	1.34	NA	NA	0.02	1.73	1.36	NA	NA	XXX
88346	26	A	Immunofluorescent study	0.86	0.23	0.33	0.23	0.33	0.03	1.12	1.22	1.12	1.22	XXX
88347		A	Immunofluorescent study	0.86	1.33	1.28	NA	NA	0.05	2.24	2.19	NA	NA	XXX
88347	TC	A	Immunofluorescent study	0.00	1.14	0.97	NA	NA	0.02	1.16	0.99	NA	NA	XXX
88347	26	A	Immunofluorescent study	0.86	0.19	0.31	0.19	0.31	0.03	1.08	1.20	1.08	1.20	XXX
88348		A	Electron microscopy	1.51	17.88	11.48	NA	NA	0.13	19.52	13.12	NA	NA	XXX
88348	TC	A	Electron microscopy	0.00	17.47	10.90	NA	NA	0.07	17.54	10.97	NA	NA	XXX
88348	26	A	Electron microscopy	1.51	0.41	0.58	0.41	0.58	0.06	1.98	2.15	1.98	2.15	XXX
88349		A	Scanning electron microscopy	0.76	8.84	4.88	NA	NA	0.09	9.69	5.73	NA	NA	XXX
88349	TC	A	Scanning electron microscopy	0.00	8.62	4.58	NA	NA	0.06	8.68	4.64	NA	NA	XXX
88349	26	A	Scanning electron microscopy	0.76	0.22	0.30	0.22	0.30	0.03	1.01	1.09	1.01	1.09	XXX
88355		A	Analysis, skeletal muscle	1.85	3.31	7.41	NA	NA	0.13	5.29	9.39	NA	NA	XXX
88355	TC	A	Analysis, skeletal muscle	0.00	2.92	6.72	NA	NA	0.06	6.78	6.78	NA	NA	XXX
88355	26	A	Analysis, skeletal muscle	1.85	0.39	0.69	0.39	0.69	0.07	2.31	2.61	2.31	2.61	XXX
88356		A	Analysis, nerve	3.02	6.63	4.79	NA	NA	0.19	9.84	8.00	NA	NA	XXX
88356	TC	A	Analysis, nerve	0.00	5.84	3.65	NA	NA	0.07	5.91	3.72	NA	NA	XXX
88356	26	A	Analysis, nerve	3.02	0.79	1.14	0.79	1.14	0.12	3.93	4.28	3.93	4.28	XXX
88358		A	Analysis, tumor	0.95	1.10	0.91	NA	NA	0.17	2.22	2.03	NA	NA	XXX
88358	TC	A	Analysis, tumor	0.00	0.94	0.57	NA	NA	0.07	1.01	0.64	NA	NA	XXX
88358	26	A	Analysis, tumor	0.95	0.16	0.34	0.16	0.34	0.10	1.21	1.39	1.21	1.39	XXX
88360		A	Tumor immunohistochem/manual	1.10	2.28	1.87	NA	NA	0.08	3.46	3.05	NA	NA	XXX
88360	TC	A	Tumor immunohistochem/manual	0.00	2.00	1.45	NA	NA	0.02	2.02	1.47	NA	NA	XXX
88360	26	A	Tumor immunohistochem/manual	1.10	0.28	0.42	0.28	0.42	0.06	1.44	1.58	1.44	1.58	XXX
88361		A	Tumor immunohistochem/comput	1.18	2.72	2.94	NA	NA	0.17	4.07	4.29	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS2	Mod	Status	Description	Physician Work RVUs3	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Facility PE RVUs	Year 2007 Transi- tional Facility PE RVUs	Multi-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Facility Total	Global
88361	TC	A	Tumor immunohistochem/comput	0.00	2.46	2.51	NA	NA	NA	0.07	2.53	2.58	NA	NA	XXX
88361	26	A	Tumor immunohistochem/comput	1.18	0.26	0.43	0.26	0.43	0.43	0.10	1.54	1.71	1.54	1.71	XXX
88362		A	Nerve teasing preparations	2.17	5.24	4.83	NA	NA	NA	0.15	7.56	7.15	NA	NA	XXX
88362	TC	A	Nerve teasing preparations	0.00	4.63	3.99	NA	NA	NA	0.06	4.69	4.05	NA	NA	XXX
88362	26	A	Nerve teasing preparations	2.17	0.61	0.84	0.61	0.84	0.84	0.09	2.87	3.10	2.87	3.10	XXX
88365		A	In situ hybridization (fish)	1.20	2.90	2.32	NA	NA	NA	0.05	4.15	3.57	NA	NA	XXX
88365	TC	A	In situ hybridization (fish)	0.00	2.66	1.88	NA	NA	NA	0.02	2.68	1.90	NA	NA	XXX
88365	26	A	In situ hybridization (fish)	1.20	0.24	0.44	0.24	0.44	0.44	0.03	1.47	1.67	1.47	1.67	XXX
88367		A	In situ hybridization, auto	1.30	5.16	4.31	NA	NA	NA	0.12	6.58	5.73	NA	NA	XXX
88367	TC	A	In situ hybridization, auto	0.00	4.94	3.85	NA	NA	NA	0.06	5.00	3.91	NA	NA	XXX
88367	26	A	In situ hybridization, auto	1.30	0.22	0.46	0.22	0.46	0.46	0.06	1.58	1.82	1.58	1.82	XXX
88368		A	In situ hybridization, manual	1.40	4.69	2.96	NA	NA	NA	0.12	6.21	4.48	NA	NA	XXX
88368	TC	A	In situ hybridization, manual	0.00	4.48	2.46	NA	NA	NA	0.06	4.54	2.52	NA	NA	XXX
88368	26	A	In situ hybridization, manual	1.40	0.21	0.21	0.21	0.50	0.50	0.06	1.67	1.96	1.67	1.96	XXX
88371		A	Protein, western blot tissue	0.37	0.10	0.12	0.10	0.12	0.12	0.01	0.48	0.50	0.48	0.50	XXX
88372		A	Protein analysis w/probe	0.37	0.11	0.15	0.11	0.15	0.15	0.01	0.49	0.53	0.49	0.53	XXX
88380		A	Microdissection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88380	TC	C	Microdissection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88380	26	C	Microdissection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88384		C	Eval molecular probes, 11-50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88384	TC	C	Eval molecular probes, 11-50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88384	26	C	Eval molecular probes, 11-50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88385		A	Eval molecu probes, 51-250	1.50	14.35	8.90	NA	NA	NA	0.12	15.97	10.52	NA	NA	XXX
88385	TC	A	Eval molecu probes, 51-250	0.00	14.13	8.36	NA	NA	NA	0.06	14.19	8.42	NA	NA	XXX
88385	26	A	Eval molecu probes, 51-250	1.50	0.22	0.54	0.22	0.54	0.54	0.06	1.78	2.10	1.78	2.10	XXX
88386		A	Eval molecu probes, 251-500	1.88	14.25	8.84	NA	NA	NA	0.16	16.29	10.88	NA	NA	XXX
88386	TC	A	Eval molecu probes, 251-500	0.00	13.97	8.15	NA	NA	NA	0.08	14.05	8.23	NA	NA	XXX
88386	26	A	Eval molecu probes, 251-500	1.88	0.28	0.69	0.28	0.69	0.69	0.08	2.24	2.65	2.24	2.65	XXX
88399		C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	TC	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	26	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89049		A	Chct for mal hyperthermia	1.40	3.69	3.59	0.22	0.26	0.26	0.06	5.15	5.05	1.68	1.72	XXX
89060		A	Exam,synovial fluid crystals	0.37	0.12	0.15	0.12	0.15	0.15	0.01	0.50	0.53	0.50	0.53	XXX
89100		A	Sample intestinal contents	0.60	8.84	3.58	0.60	0.31	0.31	0.03	9.47	4.21	1.23	0.94	XXX
89105		A	Sample stomach contents	0.50	7.57	3.56	0.45	0.24	0.24	0.02	8.09	4.08	0.97	0.76	XXX
89130		A	Sample stomach contents	0.45	6.86	3.02	0.39	0.20	0.20	0.02	7.33	3.49	0.86	0.67	XXX
89132		A	Sample stomach contents	0.19	6.46	2.78	0.29	0.12	0.12	0.01	6.66	2.98	0.49	0.32	XXX
89135		A	Sample stomach contents	0.79	8.84	3.63	0.68	0.36	0.36	0.04	9.67	4.46	1.51	1.19	XXX
89136		A	Sample stomach contents	0.21	6.99	3.05	0.32	0.15	0.15	0.01	7.21	3.27	0.54	0.37	XXX
89140		A	Sample stomach contents	0.94	6.75	3.25	0.49	0.33	0.33	0.04	7.73	4.23	1.47	1.31	XXX
89141		A	Sample stomach contents	0.85	5.34	3.43	0.38	0.34	0.34	0.03	6.22	4.31	1.26	1.22	XXX
89220		A	Sputum specimen collection	0.00	0.36	0.41	0.36	0.41	0.41	0.02	0.38	0.43	NA	NA	XXX
89230		A	Collect sweat for test	0.00	0.08	0.10	NA	NA	NA	0.02	0.10	0.12	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS 2	Mod	Status	Description	Physician Work RVUs 3	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year Im- plement- ed Non- Facility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Fa- cility Total	Global
89240	C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90281	I	Human ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90283	I	Human ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90287	I	Botulinum antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90288	I	Botulism ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90291	I	Cmv ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90296	E	Diphtheria antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90371	E	Hep b ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90375	E	Rabies ig, im/sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90376	E	Rabies ig, heat treated	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90378	X	Rsv ig, im, 50mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90379	I	Rsv ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90384	I	Rh ig, full-dose, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90385	E	Rh ig, minidose, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90386	I	Rh ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90389	I	Tetanus ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90393	E	Vaccina ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90396	E	Varicella-zoster ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90399	E	Immune globulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90465	A	Immune admin 1 inj, < 8 yrs	0.17	0.45	0.35	NA	NA	0.63	0.53	NA	XXX
90466	A	Immune admin addl inj, < 8 yrs	0.15	0.12	0.13	0.04	0.11	0.28	0.29	0.27	ZZZ
90467	R	Immune admin o/n, < 8 yrs	0.17	0.17	0.17	0.07	0.09	0.35	0.25	0.27	XXX
90468	R	Immune admin o/n, addl < 8 y	0.15	0.10	0.11	0.03	0.05	0.26	0.19	0.21	ZZZ
90471	A	Immunization admin	0.17	0.45	0.35	NA	NA	0.63	0.53	NA	XXX
90472	A	Immunization admin, each add	0.15	0.12	0.13	0.04	0.11	0.28	0.29	0.27	ZZZ
90473	R	Immune admin oral/nasal	0.17	0.16	0.18	0.04	0.06	0.34	0.36	0.22	XXX
90474	R	Immune admin oral/nasal addl	0.15	0.07	0.09	0.03	0.05	0.23	0.25	0.21	ZZZ
90476	E	Adenovirus vaccine, type 4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90477	E	Adenovirus vaccine, type 7	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90581	E	Anthrax vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90585	E	Bcg vaccine, percut	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90586	E	Bcg vaccine, intravesical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90632	E	Hep a vaccine, adult im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90633	E	Hep a vacc, ped/adol, 2 dose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90634	E	Hep a vacc, ped/adol, 3 dose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90636	E	Hep a/hep b vacc, adult im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90645	E	Hib vaccine, hboc, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90646	E	Hib vaccine, prp-d, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90647	E	Hib vaccine, prp-omp, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90648	E	Hib vaccine, prp-t, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90649	E	H papilloma vacc 3 dose im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90655	X	Flu vaccine no preserv 6-35m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90656	X	Flu vaccine no preserv 3 & >	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Facility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Facility Total	Global
90657	X	Flu vaccine, 3 yrs, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90658	X	Flu vaccine, 3 yrs & >, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90660	X	Flu vaccine, nasal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90665	E	Lyme disease vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90669	N	Pneumococcal vacc, ped <5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90675	E	Rabies vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90676	E	Rabies vaccine, id	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90680	E	Rotovirus vacc 3 dose, oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90690	E	Typhoid vaccine, oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90691	E	Typhoid vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90692	E	Typhoid vaccine, h-p, sc/id	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90693	E	Typhoid vaccine, akd, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90698	E	Diap-hib-tp vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90700	E	Diap vaccine, < 7 yrs, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90701	E	Dip vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90702	E	Dt vaccine < 7, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90703	E	Tetanus vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90704	E	Mumps vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90705	E	Measles vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90706	E	Rubella vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90707	E	Mmr vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90708	E	Measles-rubella vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90710	E	Mmr vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90712	E	Oral poliovirus vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90713	E	Poliovirus, ipv, sc/im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90714	E	Td vaccine no prsv >= 7 im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90715	E	Tdap vaccine >7 im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90716	E	Chicken pox vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90717	E	Yellow fever vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90718	E	Td vaccine > 7, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90719	E	Diphtheria vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90720	E	Diphthb vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90721	E	Diap/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90723	I	Diap-hep b-ipv vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90725	E	Cholera vaccine, injectable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90727	E	Plague vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90732	X	Pneumococcal vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90733	E	Meningococcal vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90734	E	Meningococcal vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90735	E	Encephalitis vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90736	E	Zoster vacc, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90740	X	Hepb vacc, ill pat, 3 dose im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90743	X	Hep b vacc, adol, 2 dose, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Non- Facility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
90744		X	Hepb vacc ped/adol 3 dose im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90746		X	Hep b vaccine, adult, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90747		X	Hepb vacc, ill pat 4 dose im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90748		I	Hep b/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90749		E	Vaccine toxoid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90760		A	Hydration iv infusion, init	0.17	1.30	1.40	NA	NA	1.64	1.54	NA	NA	XXX
90761		A	Hydrate iv infusion, add-on	0.09	0.31	0.38	NA	NA	0.51	0.44	NA	NA	ZZZ
90765		A	Ther/proph/diag iv inf, init	0.21	1.61	1.72	NA	NA	2.00	1.89	NA	NA	XXX
90766		A	Ther/proph/dg iv inf, add-on	0.18	0.37	0.44	NA	NA	0.66	0.59	NA	NA	ZZZ
90767		A	Tx/proph/dg addl seq iv inf	0.19	0.68	0.84	NA	NA	1.07	0.91	NA	NA	ZZZ
90768		A	Ther/diag concurrent inf	0.17	0.33	0.41	NA	NA	0.62	0.54	NA	NA	ZZZ
90772		A	Ther/proph/diag inj, sc/im	0.17	0.45	0.35	NA	NA	0.53	0.63	NA	NA	XXX
90773		A	Ther/proph/diag inj, ia	0.17	0.30	0.31	NA	NA	0.50	0.49	NA	NA	XXX
90774		A	Ther/proph/diag inj, iv push	0.18	1.33	1.31	NA	NA	1.53	1.55	NA	NA	XXX
90775		A	Ther/proph/diag inj add-on	0.10	0.51	0.56	NA	NA	0.70	0.65	NA	NA	ZZZ
90779		C	Ther/proph/diag in/inf proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90801		A	Psy dx interview	2.80	1.49	1.25	0.60	0.85	4.11	4.35	3.46	3.71	XXX
90802		A	Intac psy dx interview	3.01	1.51	1.28	0.66	0.90	4.36	4.59	3.74	3.98	XXX
90804		A	Psytx, office, 20-30 min	1.21	0.55	0.51	0.22	0.34	1.75	1.79	1.46	1.58	XXX
90805		A	Psytx, off, 20-30 min w/e&m	1.37	0.80	0.53	0.24	0.38	2.00	2.00	1.64	1.78	XXX
90806		A	Psytx, off, 45-50 min	1.86	0.52	0.66	0.33	0.53	2.42	2.42	2.23	2.43	XXX
90807		A	Psytx, off, 45-50 min w/e&m	2.09	0.71	0.70	0.36	0.56	2.78	2.77	2.43	2.63	XXX
90808		A	Psytx, office, 75-80 min	2.79	0.68	0.94	0.49	0.80	3.79	3.53	3.34	3.65	XXX
90809		A	Psytx, off, 75-80, w/e&m	2.95	0.87	0.97	0.53	0.82	3.89	3.55	3.55	3.84	XXX
90810		A	Intac psytx, off, 20-30 min	1.32	0.52	0.51	0.24	0.38	1.88	1.80	1.60	1.74	XXX
90811		A	Intac psytx, 20-30, w/e&m	1.48	0.72	0.61	0.26	0.41	2.24	2.24	1.78	1.93	XXX
90812		A	Intac psytx, off, 45-50 min	1.97	0.64	0.75	0.35	0.57	2.65	2.65	2.36	2.58	XXX
90813		A	Intac psytx, 45-50 min w/e&m	2.13	0.84	0.79	0.38	0.60	3.02	3.02	2.56	2.78	XXX
90814		A	Intac psytx, off, 75-80 min	2.90	0.79	1.02	0.52	0.87	3.98	3.75	3.48	3.83	XXX
90815		A	Intac psytx, 75-80 w/e&m	3.06	1.00	1.04	0.54	0.85	4.13	4.13	3.67	3.98	XXX
90816		A	Psytx, hosp, 20-30 min	1.25	NA	NA	0.32	0.43	NA	NA	1.60	1.71	XXX
90817		A	Psytx, hosp, 20-30 min w/e&m	1.41	NA	NA	0.36	0.44	NA	NA	1.80	1.88	XXX
90818		A	Psytx, hosp, 45-50 min	1.89	NA	NA	0.43	0.63	NA	NA	2.36	2.56	XXX
90819		A	Psytx, hosp, 45-50 min w/e&m	2.05	NA	NA	0.47	0.61	NA	NA	2.57	2.71	XXX
90821		A	Psytx, hosp, 75-80 min	2.83	NA	NA	0.60	0.91	NA	NA	3.49	3.80	XXX
90822		A	Psytx, hosp, 75-80 min w/e&m	2.99	NA	NA	0.64	0.87	NA	NA	3.71	3.84	XXX
90823		A	Intac psytx, hosp, 20-30 min	1.36	NA	NA	0.34	0.45	NA	NA	1.73	1.84	XXX
90824		A	Intac psytx, hsp 20-30 w/e&m	1.52	NA	NA	0.38	0.46	NA	NA	1.94	2.02	XXX
90826		A	Intac psytx, hosp, 45-50 min	2.01	NA	NA	0.46	0.66	NA	NA	2.52	2.72	XXX
90827		A	Intac psytx, hsp 45-50 w/e&m	2.16	NA	NA	0.49	0.63	NA	NA	2.70	2.84	XXX
90828		A	Intac psytx, hosp, 75-80 min	2.94	NA	NA	0.61	0.95	NA	NA	3.61	3.95	XXX
90829		A	Intac psytx, hsp 75-80 w/e&m	3.10	NA	NA	0.66	0.90	NA	NA	3.83	4.07	XXX
90845		A	Psychoanalysis	1.79	0.39	0.53	0.32	0.49	2.22	2.22	2.15	2.32	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mal-Prac. Fee RVUs	Fully Implemented Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
90846		R	Family psyx w/o patient	1.93	0.51	0.62	0.43	0.60	0.04	2.38	2.49	2.30	2.47	XXX
90847		R	Family psyx w/patient	2.21	0.74	0.80	0.49	0.69	0.05	3.00	3.06	2.75	2.95	XXX
90849		R	Multiple family group psyx	0.59	0.30	0.28	0.20	0.23	0.02	0.91	0.89	0.81	0.84	XXX
90853		A	Group psychotherapy	0.59	0.27	0.26	0.20	0.22	0.01	0.87	0.86	0.80	0.82	XXX
90857		A	Individual group psyx	0.63	0.36	0.31	0.21	0.24	0.01	1.00	0.95	0.85	0.88	XXX
90862		A	Medication management	0.95	0.62	0.46	0.31	0.31	0.02	1.59	1.43	1.24	1.28	XXX
90865		A	Narcosynthesis	2.84	1.19	1.32	0.65	0.85	0.12	4.15	4.28	3.61	3.81	XXX
90870		A	Electroconvulsive therapy	1.88	1.91	1.93	0.39	0.54	0.04	3.83	3.85	2.31	2.46	000
90875		N	Psychophysiological therapy	1.20	0.52	0.81	0.28	0.42	0.04	1.76	2.05	1.52	1.66	XXX
90876		N	Psychophysiological therapy	1.90	0.67	1.04	0.44	0.66	0.05	2.62	2.99	2.39	2.61	XXX
90880		A	Hypnotherapy	2.19	0.57	0.92	0.39	0.62	0.05	2.81	3.16	2.63	2.86	XXX
90882		N	Environmental manipulation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90885		B	Psy evaluation of records	0.97	0.22	0.33	0.22	0.33	0.02	1.21	1.32	1.21	1.32	XXX
90887		B	Consultation with family	1.48	0.61	0.77	0.34	0.51	0.04	2.13	2.29	1.86	2.03	XXX
90889		B	Preparation of report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90899		C	Psychiatric service/therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90901		A	Biological feedback train, any meth	0.41	0.47	0.61	0.11	0.13	0.02	0.90	1.04	0.54	0.56	000
90911		A	Biological feedback per/uro/rectal	0.89	1.37	1.51	0.30	0.31	0.06	2.32	2.46	1.25	1.26	000
90918		I	ESRD related services, month	11.16	4.68	5.75	3.74	5.52	0.36	16.20	17.27	15.26	17.04	XXX
90919		I	ESRD related services, month	8.53	3.02	3.76	2.55	3.64	0.29	11.84	12.58	11.37	12.46	XXX
90920		I	ESRD related services, month	7.26	2.73	3.50	2.27	3.38	0.23	10.22	10.99	9.76	10.87	XXX
90921		I	ESRD related services, month	4.46	1.70	2.26	1.61	2.23	0.14	6.30	6.86	6.21	6.83	XXX
90922		I	ESRD related services, day	0.37	0.16	0.20	0.12	0.19	0.01	0.54	0.58	0.50	0.57	XXX
90923		I	ESRD related services, day	0.28	0.10	0.12	0.08	0.12	0.01	0.39	0.41	0.37	0.41	XXX
90924		I	ESRD related services, day	0.24	0.09	0.11	0.08	0.11	0.01	0.34	0.36	0.33	0.36	XXX
90925		I	ESRD related services, day	0.15	0.05	0.07	0.05	0.07	0.01	0.21	0.23	0.21	0.23	XXX
90935		A	Hemodialysis, one evaluation	1.22	NA	NA	0.55	0.64	0.04	NA	NA	1.81	1.90	000
90937		A	Hemodialysis, repeated eval	2.11	NA	NA	0.79	0.93	0.07	NA	NA	2.97	3.11	000
90940		X	Hemodialysis access study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90945		A	Dialysis, one evaluation	1.28	NA	NA	0.56	0.66	0.04	NA	NA	1.88	1.98	000
90947		A	Dialysis, repeated eval	2.16	NA	NA	0.80	0.94	0.07	NA	NA	3.03	3.17	000
90989		X	Dialysis training, complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90993		X	Dialysis training, incompl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90997		A	Hemoperfusion	1.84	NA	NA	0.51	0.62	0.06	NA	NA	2.41	2.52	000
90999		C	Dialysis procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91000		A	Esophageal intubation	0.73	2.19	0.80	2.19	0.80	0.04	2.96	1.57	2.96	1.57	000
91000	TC	A	Esophageal intubation	0.00	1.95	0.55	1.95	0.55	0.00	1.96	0.56	1.96	0.56	000
91000	26	A	Esophageal intubation	0.73	0.24	0.25	0.24	0.25	0.03	1.00	1.01	1.00	1.01	000
91010		A	Esophagus motility study	1.25	3.65	4.22	3.65	4.22	0.12	5.02	5.59	5.02	5.59	000
91010	TC	A	Esophagus motility study	0.00	3.09	3.75	3.09	3.75	0.06	3.15	3.81	3.15	3.81	000
91010	26	A	Esophagus motility study	1.25	0.56	0.47	0.56	0.47	0.06	1.78	1.78	1.87	1.78	000
91011		A	Esophagus motility study	1.50	5.30	5.25	5.30	5.25	0.13	6.93	6.88	6.93	6.88	000
91011	TC	A	Esophagus motility study	0.00	4.58	4.67	4.58	4.67	0.06	4.64	4.73	4.64	4.73	000

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT1/ HCPCS2	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Fully Im- plement- ed Facility PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
91011	26	A	Esophagus motility study	1.50	0.72	0.58	0.72	0.58	0.07	2.29	2.15	2.29	2.15	000
91012	TC	A	Esophagus motility study	1.46	5.48	5.69	5.48	5.69	0.13	7.07	7.28	7.07	7.28	000
91012	TC	A	Esophagus motility study	0.00	4.78	5.13	4.78	5.13	0.07	4.85	5.20	4.85	5.20	000
91012	26	A	Esophagus motility study	1.46	0.70	0.56	0.70	0.56	0.06	2.22	2.08	2.22	2.08	000
91020	TC	A	Gastric motility studies	1.44	4.78	4.58	4.78	4.58	0.13	6.35	6.15	6.35	6.15	000
91020	TC	A	Gastric motility studies	0.00	4.16	4.06	4.16	4.06	0.06	4.22	4.12	4.22	4.12	000
91020	26	A	Gastric motility studies	1.44	0.62	0.52	0.62	0.52	0.07	2.13	2.03	2.13	2.03	000
91022	TC	A	Duodenal motility study	1.44	3.09	4.08	3.09	4.08	0.13	4.66	5.65	4.66	5.65	000
91022	TC	A	Duodenal motility study	0.00	2.47	3.54	2.47	3.54	0.06	2.53	3.60	2.53	3.60	000
91022	26	A	Duodenal motility study	1.44	0.62	0.54	0.62	0.54	0.07	2.13	2.05	2.13	2.05	000
91030	TC	A	Acid perfusion of esophagus	0.91	2.90	2.55	2.90	2.55	0.06	3.87	3.52	3.87	3.52	000
91030	TC	A	Acid perfusion of esophagus	0.00	2.47	2.20	2.47	2.20	0.02	2.49	2.22	2.49	2.22	000
91030	26	A	Acid perfusion of esophagus	0.91	0.43	0.35	0.43	0.35	0.04	1.38	1.30	1.38	1.30	000
91034	TC	A	Gastroesophageal reflux test	0.97	4.10	4.96	4.10	4.96	0.12	5.19	6.05	5.19	6.05	000
91034	TC	A	Gastroesophageal reflux test	0.00	3.68	4.60	3.68	4.60	0.06	3.74	4.66	3.74	4.66	000
91034	26	A	Gastroesophageal reflux test	0.97	0.42	0.36	0.42	0.36	0.06	1.45	1.39	1.45	1.39	000
91035	TC	A	G-esoph refx tst w/electrod	1.59	11.29	10.92	11.29	10.92	0.12	13.00	12.63	13.00	12.63	000
91035	TC	A	G-esoph refx tst w/electrod	0.00	10.57	10.32	10.57	10.32	0.06	10.63	10.38	10.63	10.38	000
91035	26	A	G-esoph refx tst w/electrod	1.59	0.72	0.60	0.72	0.60	0.06	2.37	2.25	2.37	2.25	000
91037	TC	A	Esoph impd function test	0.97	3.38	3.04	3.38	3.04	0.12	4.47	4.13	4.47	4.13	000
91037	TC	A	Esoph impd function test	0.00	2.95	2.68	2.95	2.68	0.06	3.01	2.74	3.01	2.74	000
91037	26	A	Esoph impd function test	0.97	0.43	0.36	0.43	0.36	0.06	1.46	1.39	1.46	1.39	000
91038	TC	A	Esoph impd funct test > 1h	1.10	2.78	2.36	2.78	2.36	0.12	4.00	3.58	4.00	3.58	000
91038	TC	A	Esoph impd funct test > 1h	0.00	2.27	1.94	2.27	1.94	0.06	2.33	2.00	2.33	2.00	000
91038	26	A	Esoph impd funct test > 1h	1.10	0.51	0.42	0.51	0.42	0.06	1.67	1.58	1.67	1.58	000
91040	TC	A	Esoph balloon distension tst	0.97	9.27	10.67	9.27	10.67	0.12	10.36	11.76	10.36	11.76	000
91040	TC	A	Esoph balloon distension tst	0.00	8.89	10.32	8.89	10.32	0.06	8.95	10.38	8.95	10.38	000
91040	26	A	Esoph balloon distension tst	0.97	0.38	0.35	0.38	0.35	0.06	1.41	1.38	1.41	1.38	000
91052	TC	A	Gastric analysis test	0.79	2.60	2.28	2.60	2.28	0.02	2.62	2.30	2.62	2.30	000
91052	26	A	Gastric analysis test	0.79	0.38	0.31	0.38	0.31	0.03	1.20	1.13	1.20	1.13	000
91055	TC	A	Gastric intubation for smear	0.94	2.41	2.81	2.41	2.81	0.07	3.42	3.82	3.42	3.82	000
91055	TC	A	Gastric intubation for smear	0.00	2.13	2.54	2.13	2.54	0.02	2.15	2.56	2.15	2.56	000
91055	26	A	Gastric intubation for smear	0.94	0.28	0.27	0.28	0.27	0.05	1.27	1.26	1.27	1.26	000
91065	TC	A	Breath hydrogen test	0.20	1.29	1.42	1.29	1.42	0.03	1.52	1.65	1.52	1.65	000
91065	TC	A	Breath hydrogen test	0.00	1.23	1.35	1.23	1.35	0.02	1.25	1.37	1.25	1.37	000
91065	26	A	Breath hydrogen test	0.20	0.06	0.07	0.06	0.07	0.01	0.27	0.28	0.27	0.28	000
91100	TC	A	Pass intestine bleeding tube	1.08	2.14	2.63	2.14	2.63	0.07	3.29	3.78	3.29	3.78	000
91100	TC	A	Gastric intubation treatment	0.37	1.74	2.01	1.74	2.01	0.09	2.14	2.41	2.14	2.41	000
91110	TC	A	GI tract capsule endoscopy	3.64	20.51	21.77	20.51	21.77	0.16	24.31	25.57	24.31	25.57	000
91110	TC	A	GI tract capsule endoscopy	0.00	18.81	20.38	18.81	20.38	0.07	18.88	20.45	18.88	20.45	000
91110	26	A	GI tract capsule endoscopy	3.64	1.70	1.39	1.70	1.39	0.09	5.43	5.12	5.43	5.12	000
91111	TC	A	Esophageal capsule endoscopy	1.00	18.65	18.65	18.65	18.65	0.05	19.70	19.70	19.70	19.70	000

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ^{1/} HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
91111	TC	A	Esophageal capsule endoscopy	0.00	18.19	18.19	NA	NA	0.02	18.21	18.21	NA	NA	XXX
91111		A	Esophageal capsule endoscopy	1.00	0.46	0.46	0.46	0.46	0.03	1.49	1.49	0.12	1.49	XXX
91120	26	A	Rectal sensation test	0.97	9.04	10.49	9.04	10.49	0.11	10.12	11.57	10.12	11.57	XXX
91120	TC	A	Rectal sensation test	0.00	8.73	10.16	8.73	10.16	0.04	8.77	10.20	8.77	10.20	XXX
91120	26	A	Rectal sensation test	1.77	0.31	0.33	0.31	0.33	0.07	1.35	1.37	1.35	1.37	XXX
91122	A	A	Anal pressure record	0.00	3.74	4.76	3.74	4.76	0.21	5.72	6.74	5.72	6.74	000
91122	TC	A	Anal pressure record	0.00	3.21	4.18	3.21	4.18	0.08	3.29	4.26	3.29	4.26	000
91122	26	A	Anal pressure record	1.77	0.53	0.58	0.53	0.58	0.13	2.43	2.48	2.43	2.48	000
91123		B	Irigate fecal impaction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91132		C	Electrogastrography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91132	TC	C	Electrogastrography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91132	26	A	Electrogastrography	0.52	0.26	0.20	0.26	0.20	0.02	0.80	0.74	0.80	0.74	XXX
91133		C	Electrogastrography w/test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91133	TC	C	Electrogastrography w/test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91133	26	A	Electrogastrography w/test	0.66	0.30	0.25	0.30	0.25	0.03	0.99	0.94	0.99	0.94	XXX
91299		C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91299	TC	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91299	26	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92002		A	Gastroenterology procedure	0.88	0.97	0.97	0.97	0.97	0.02	1.87	1.87	1.18	1.23	XXX
92004		A	Eye exam, new patient	1.67	1.59	1.67	1.59	1.67	0.04	3.30	3.38	2.26	2.36	XXX
92012		A	Eye exam established pat	0.67	0.93	1.01	0.93	1.01	0.02	1.62	1.70	0.93	0.97	XXX
92014		A	Eye exam & treatment	1.10	1.31	1.39	1.31	1.39	0.03	2.44	2.52	1.52	1.58	XXX
92015		N	Refraction	0.38	0.10	1.14	0.09	0.14	0.01	0.49	1.53	0.48	0.53	XXX
92018		A	New eye exam & treatment	2.50	NA	NA	0.93	1.04	0.07	NA	NA	3.50	3.61	XXX
92019		A	Eye exam & treatment	1.31	NA	NA	0.45	0.53	0.03	NA	NA	1.79	1.87	XXX
92020		A	Special eye evaluation	0.37	0.26	0.32	0.13	0.15	0.01	0.64	0.70	0.51	0.53	XXX
92025		A	Corneal topography	0.35	0.44	0.44	0.44	0.44	0.02	0.81	0.81	0.81	0.81	XXX
92025	TC	A	Corneal topography	0.00	0.32	0.32	0.32	0.32	0.01	0.33	0.33	0.33	0.33	XXX
92025	26	A	Corneal topography	0.35	0.12	0.12	0.12	0.12	0.01	0.48	0.48	0.48	0.48	XXX
92060		A	Special eye evaluation	0.69	0.79	0.75	NA	NA	0.03	1.51	1.47	NA	NA	XXX
92060	TC	A	Special eye evaluation	0.00	0.55	0.47	NA	NA	0.01	0.56	0.48	NA	NA	XXX
92060	26	A	Special eye evaluation	0.69	0.24	0.28	0.24	0.28	0.02	0.95	0.99	0.95	0.99	XXX
92065		A	Orthoptic/pleoptic training	0.37	0.88	0.62	NA	NA	0.02	1.27	1.01	NA	NA	XXX
92065	TC	A	Orthoptic/pleoptic training	0.00	0.79	0.48	NA	NA	0.01	0.80	0.49	NA	NA	XXX
92065	26	A	Orthoptic/pleoptic training	0.37	0.09	0.14	0.09	0.14	0.01	0.47	0.52	0.47	0.52	XXX
92070		A	Fitting of contact lens	0.70	0.94	1.04	0.24	0.30	0.02	1.66	1.76	0.96	1.02	XXX
92081		A	Visual field examination(s)	0.36	0.96	0.95	0.95	0.95	0.02	1.34	1.33	NA	NA	XXX
92081	TC	A	Visual field examination(s)	0.00	0.85	0.81	NA	NA	0.01	0.86	0.82	NA	NA	XXX
92081	26	A	Visual field examination(s)	0.36	0.14	0.14	0.11	0.14	0.01	0.48	0.51	0.48	0.51	XXX
92082		A	Visual field examination(s)	0.44	1.36	1.26	1.26	1.26	0.02	1.82	1.72	NA	NA	XXX
92082	TC	A	Visual field examination(s)	0.00	1.21	1.08	NA	NA	0.01	1.22	1.09	NA	NA	XXX
92082	26	A	Visual field examination(s)	0.44	0.15	0.18	0.15	0.18	0.01	0.60	0.63	0.60	0.63	XXX
92083		A	Visual field examination(s)	0.50	1.56	1.46	NA	NA	0.02	2.08	1.98	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS2	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity RVUs	Year 2007 Transi- tional PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
92083	TC	A	Visual field examination(s)	0.00	1.38	1.25	NA	1.39	NA	0.01	1.39	1.26	NA	NA	XXX
92083	26	A	Visual field examination(s)	0.50	0.18	0.21	0.18	0.69	0.21	0.01	0.70	0.72	0.69	0.72	XXX
92100	TC	A	Serial tonometry exam(s)	0.92	1.28	1.33	0.30	2.22	0.35	0.02	2.22	2.27	1.24	1.29	XXX
92120	TC	A	Tonography & eye evaluation	0.81	1.00	1.05	0.27	1.83	0.31	0.02	1.83	1.88	1.05	1.14	XXX
92130	TC	A	Water provocation tonography	0.81	1.21	1.26	0.29	2.09	0.35	0.02	2.09	2.09	1.12	1.18	XXX
92135	TC	A	Ophthalmic dx imaging	0.35	0.80	0.79	NA	1.17	NA	0.02	1.17	1.16	NA	NA	XXX
92135	TC	A	Ophthalmic dx imaging	0.00	0.68	0.65	NA	0.69	NA	0.01	0.69	0.66	NA	NA	XXX
92135	26	A	Ophthalmic dx imaging	0.35	0.12	0.14	0.12	0.48	0.14	0.01	0.48	0.50	0.48	0.50	XXX
92136	TC	A	Ophthalmic biometry	0.54	1.46	1.60	NA	2.08	NA	0.08	2.08	2.22	NA	NA	XXX
92136	TC	A	Ophthalmic biometry	0.00	1.25	1.37	NA	1.32	NA	0.07	1.32	1.44	NA	NA	XXX
92136	26	A	Ophthalmic biometry	0.54	0.23	0.23	0.21	0.76	0.23	0.01	0.76	0.78	0.76	0.78	XXX
92140	TC	A	Glaucoma provocative tests	0.50	0.92	0.97	0.16	1.43	0.20	0.01	1.43	1.48	0.67	0.71	XXX
92225	TC	A	Special eye exam, initial	0.38	0.25	0.23	0.13	0.64	0.15	0.01	0.64	0.62	0.52	0.54	XXX
92226	TC	A	Special eye exam, subsequent	0.33	0.24	0.22	0.12	0.58	0.14	0.01	0.58	0.56	0.46	0.48	XXX
92230	TC	A	Eye exam with photos	0.60	0.73	1.33	0.21	1.35	0.20	0.02	1.35	1.95	0.83	0.82	XXX
92235	TC	A	Eye exam with photos	0.81	2.32	2.54	NA	3.21	0.28	0.08	3.21	3.43	NA	NA	XXX
92235	TC	A	Eye exam with photos	0.00	2.01	2.18	NA	2.07	NA	0.06	2.07	2.24	NA	NA	XXX
92235	26	A	Eye exam with photos	0.81	0.31	0.36	0.31	1.14	0.36	0.02	1.14	1.19	1.14	1.19	XXX
92240	TC	A	log angiography	1.10	4.48	5.70	NA	5.67	NA	0.09	5.67	6.89	NA	NA	XXX
92240	26	A	log angiography	0.00	4.06	5.22	NA	4.12	NA	0.06	4.12	5.28	NA	NA	XXX
92240	26	A	log angiography	1.10	0.42	0.48	0.42	1.55	0.48	0.03	1.55	1.61	1.55	1.61	XXX
92250	TC	A	Eye exam with photos	0.44	1.33	1.48	NA	1.79	NA	0.02	1.79	1.94	NA	NA	XXX
92250	26	A	Eye exam with photos	0.00	1.18	1.30	NA	1.31	NA	0.01	1.31	1.31	NA	NA	XXX
92250	26	A	Eye exam with photos	0.44	0.15	0.18	0.15	0.60	0.18	0.01	0.60	0.63	0.60	0.63	XXX
92260	TC	A	Ophthalmoscopy/dynamometry	0.20	0.23	0.25	0.07	0.44	0.09	0.01	0.44	0.46	0.28	0.30	XXX
92265	TC	A	Eye muscle evaluation	0.81	1.01	1.37	NA	1.88	NA	0.06	1.88	2.24	NA	NA	XXX
92265	26	A	Eye muscle evaluation	0.00	0.76	1.10	NA	0.78	NA	0.02	0.78	1.12	NA	NA	XXX
92265	26	A	Eye muscle evaluation	0.81	0.25	0.27	0.25	1.10	0.27	0.04	1.10	1.12	1.10	1.12	XXX
92270	TC	A	Electro-oculography	0.00	1.38	1.50	NA	2.24	NA	0.05	2.24	2.36	NA	NA	XXX
92270	26	A	Electro-oculography	0.00	1.14	1.19	NA	1.16	NA	0.02	1.16	1.21	NA	NA	XXX
92270	26	A	Electro-oculography	0.81	0.24	0.31	0.24	1.08	0.31	0.03	1.08	1.15	1.08	1.15	XXX
92275	TC	A	Electroretinography	1.01	2.47	2.08	NA	3.53	NA	0.05	3.53	3.14	NA	NA	XXX
92275	26	A	Electroretinography	1.01	0.37	0.42	0.37	1.41	0.42	0.03	1.41	1.46	1.41	1.46	XXX
92283	TC	A	Color vision examination	0.17	1.01	0.89	NA	1.20	NA	0.02	1.20	1.08	NA	NA	XXX
92283	26	A	Color vision examination	0.00	0.96	0.82	NA	0.97	0.83	0.01	0.97	0.83	NA	NA	XXX
92283	26	A	Color vision examination	0.17	0.05	0.07	0.05	0.23	0.07	0.01	0.23	0.23	0.23	0.25	XXX
92284	TC	A	Dark adaptation eye exam	0.24	1.24	1.72	NA	1.50	NA	0.02	1.50	1.98	NA	NA	XXX
92284	26	A	Dark adaptation eye exam	0.00	1.15	1.64	NA	1.16	1.65	0.01	1.16	1.65	NA	NA	XXX
92284	26	A	Dark adaptation eye exam	0.24	0.09	0.08	0.09	0.34	0.08	0.01	0.34	0.33	0.34	0.33	XXX
92285	TC	A	Eye photography	0.00	0.75	0.86	NA	1.04	NA	0.02	1.04	1.17	NA	NA	XXX
92285	26	A	Eye photography	0.20	0.07	0.09	0.07	0.28	0.09	0.01	0.28	0.30	0.28	0.30	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional PE RVUs	Year 2007 Transi- tional Facility RVUs	Year 2007 Transi- tional Facility PE RVUs	Year 2007 Transi- tional Facility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Facility Total	Global
92286		A	Internal eye photography	0.66	2.15	2.83	NA	NA	NA	NA	0.04	2.85	3.53	NA	XXX	
92286	TC	A	Internal eye photography	0.00	1.91	2.55	NA	NA	NA	NA	0.02	1.93	2.57	NA	XXX	
92286	26	A	Internal eye photography	0.66	0.24	0.28	0.24	0.28	0.28	0.28	0.02	0.92	0.96	0.92	0.96	XXX
92287		A	Internal eye photography	0.81	1.97	2.28	0.31	0.31	0.31	0.31	0.02	2.80	3.11	1.14	1.14	XXX
92310		A	Contact lens fitting	1.08	1.10	1.10	0.27	0.41	0.41	0.41	0.03	2.26	2.31	1.48	1.62	XXX
92311		N	Contact lens fitting	1.07	1.30	1.14	0.33	0.35	0.35	0.35	0.03	2.41	2.25	1.44	1.46	XXX
92312		A	Contact lens fitting	1.26	1.50	1.19	0.36	0.47	0.47	0.47	0.03	2.79	2.48	1.65	1.76	XXX
92313		A	Contact lens fitting	0.92	1.48	1.17	0.34	0.30	0.30	0.30	0.02	2.42	2.11	1.28	1.24	XXX
92314		N	Prescription of contact lens	0.69	1.13	0.99	0.16	0.24	0.24	0.24	0.01	1.83	1.69	0.86	0.94	XXX
92315		A	Prescription of contact lens	0.45	1.33	0.97	0.14	0.16	0.16	0.16	0.01	1.79	1.43	0.60	0.62	XXX
92316		A	Prescription of contact lens	0.68	1.67	1.10	0.24	0.28	0.28	0.28	0.02	2.37	1.80	0.94	0.98	XXX
92317		A	Prescription of contact lens	0.45	1.44	1.07	0.14	0.15	0.15	0.15	0.01	1.90	1.53	0.60	0.61	XXX
92325		A	Modification of contact lens	0.00	0.85	0.51	NA	NA	NA	NA	0.01	0.86	0.52	NA	XXX	
92326		A	Replacement of contact lens	0.00	0.75	1.41	NA	NA	NA	NA	0.06	0.81	1.47	NA	NA	XXX
92340		N	Fitting of spectacles	0.37	0.44	0.64	0.08	0.13	0.13	0.13	0.01	0.82	1.02	0.46	0.51	XXX
92341		N	Fitting of spectacles	0.47	0.46	0.67	0.11	0.16	0.16	0.16	0.01	0.94	1.15	0.64	0.64	XXX
92342		N	Fitting of spectacles	0.53	0.48	0.69	0.12	0.19	0.19	0.19	0.01	1.02	1.23	0.66	0.73	XXX
92352		B	Special spectacles fitting	0.37	0.56	0.65	0.08	0.13	0.13	0.13	0.01	0.94	1.03	0.46	0.51	XXX
92353		B	Special spectacles fitting	0.50	0.59	0.70	0.12	0.12	0.12	0.12	0.02	1.11	1.22	0.64	0.69	XXX
92354		B	Special spectacles fitting	0.00	0.28	0.28	NA	NA	NA	NA	0.10	0.38	6.82	NA	XXX	
92355		B	Special spectacles fitting	0.00	0.44	3.36	NA	NA	NA	NA	0.01	0.45	3.37	NA	XXX	
92358		B	Eye prosthesis service	0.00	0.23	0.79	NA	NA	NA	NA	0.05	0.28	0.84	0.41	0.46	XXX
92370		N	Repair & adjust spectacles	0.32	0.39	0.51	0.07	0.12	0.12	0.12	0.02	0.73	0.85	0.41	0.46	XXX
92371		B	Repair & adjust spectacles	0.00	0.24	0.53	NA	NA	NA	NA	0.02	0.26	0.55	NA	NA	XXX
92499		C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92499	TC	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92499	26	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92502		A	Ear and throat examination	1.51	NA	NA	0.79	1.03	1.03	1.03	0.05	NA	NA	2.35	2.59	000
92504		A	Ear microscopy examination	0.18	0.55	0.51	0.05	0.08	0.08	0.08	0.01	0.74	0.70	0.24	0.27	XXX
92506		A	Speech/hearing evaluation	0.86	3.28	2.76	0.25	0.36	0.36	0.36	0.03	4.17	3.65	1.14	1.25	XXX
92507		A	Speech/hearing therapy	0.52	1.18	1.13	0.15	0.21	0.21	0.21	0.02	1.72	1.67	0.69	0.75	XXX
92508		A	Speech/hearing therapy	0.26	0.51	0.51	0.08	0.11	0.11	0.11	0.01	0.78	0.78	0.35	0.38	XXX
92511		A	Nasopharyngoscopy	0.84	2.92	3.21	0.62	0.74	0.74	0.74	0.03	3.79	4.08	1.49	1.61	000
92512		A	Nasal function studies	0.55	0.94	1.09	0.16	0.18	0.18	0.18	0.02	1.51	1.66	0.73	0.75	XXX
92516		A	Facial nerve function test	0.43	1.15	1.19	0.13	0.20	0.20	0.20	0.01	1.59	1.63	0.57	0.64	XXX
92520		A	Laryngeal function studies	0.75	0.87	0.60	0.21	0.35	0.35	0.35	0.03	1.65	1.38	0.99	1.13	XXX
92526		A	Oral function therapy	0.55	1.67	1.65	0.16	0.19	0.19	0.19	0.02	2.24	2.22	0.73	0.76	XXX
92531		B	Spontaneous nystagmus study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92532		B	Positional nystagmus test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92533		B	Caloric vestibular test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92534		B	Optokinetic nystagmus test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92541		A	Spontaneous nystagmus test	0.40	1.10	1.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92541	TC	A	Spontaneous nystagmus test	0.00	0.99	0.88	NA	NA	NA	NA	-0.02	1.01	1.49	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mal-Frac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
92541	26	A	Spontaneous nystagmus test	0.40	0.11	0.17	0.11	0.17	0.02	0.53	0.59	0.53	0.59	XXX
92542	TC	A	Positional nystagmus test	0.33	1.24	1.16	NA	NA	0.03	1.60	1.52	NA	NA	XXX
92542	26	A	Positional nystagmus test	0.00	1.15	1.02	NA	NA	0.02	1.17	1.04	NA	NA	XXX
92543	TC	A	Caloric vestibular test	0.10	0.64	0.59	0.09	0.14	0.01	0.43	0.48	0.43	0.48	XXX
92543	26	A	Caloric vestibular test	0.00	0.61	0.54	NA	NA	0.01	0.76	0.71	NA	NA	XXX
92543	TC	A	Caloric vestibular test	0.10	0.03	0.05	0.03	0.05	0.01	0.62	0.55	NA	NA	XXX
92544	TC	A	Optokinetic nystagmus test	0.26	1.00	0.93	0.03	0.03	0.01	1.14	1.22	0.14	0.16	XXX
92544	26	A	Optokinetic nystagmus test	0.00	0.93	0.82	NA	NA	0.02	0.95	0.84	NA	NA	XXX
92544	TC	A	Optokinetic nystagmus test	0.26	0.07	0.11	0.07	0.11	0.01	0.34	0.38	0.34	0.38	XXX
92545	TC	A	Oscillating tracking test	0.23	0.98	0.85	NA	NA	0.03	1.24	1.11	NA	NA	XXX
92545	26	A	Oscillating tracking test	0.00	0.92	0.75	NA	NA	0.02	0.94	0.77	NA	NA	XXX
92545	TC	A	Oscillating tracking test	0.23	0.06	0.10	0.06	0.10	0.01	0.30	0.34	0.30	0.34	XXX
92546	TC	A	Sinusoidal rotational test	0.29	1.80	1.84	NA	NA	0.03	2.12	2.26	NA	NA	XXX
92546	26	A	Sinusoidal rotational test	0.00	1.72	1.82	0.08	0.12	0.01	1.84	1.84	0.38	0.42	XXX
92547	TC	A	Supplemental electrical test	0.00	0.11	0.09	0.11	0.09	0.06	0.17	0.15	0.17	0.15	ZZZ
92548	TC	A	Posturography	0.50	1.64	2.10	NA	NA	0.13	2.29	2.75	NA	NA	XXX
92548	26	A	Posturography	0.50	0.25	0.25	0.14	0.23	0.02	0.66	0.75	0.66	0.75	XXX
92551	TC	N	Pure tone hearing test, air	0.00	0.25	0.25	NA	NA	0.01	0.26	0.26	NA	NA	XXX
92552	TC	A	Pure tone audiometry, air	0.00	0.56	0.47	NA	NA	0.04	0.60	0.51	NA	NA	XXX
92553	TC	A	Audiometry, air & bone	0.00	0.71	0.67	NA	NA	0.06	0.77	0.73	NA	NA	XXX
92555	TC	A	Speech threshold audiometry	0.00	0.38	0.38	NA	NA	0.04	0.42	0.42	NA	NA	XXX
92556	TC	A	Speech audiometry, complete	0.00	0.51	0.56	NA	NA	0.06	0.57	0.62	NA	NA	XXX
92557	TC	A	Comprehensive hearing test	0.00	1.26	1.21	NA	NA	0.12	1.38	1.33	NA	NA	XXX
92559	TC	N	Group audiometric testing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92560	TC	N	Bekesy audiometry, screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92561	TC	A	Bekesy audiometry, diagnosis	0.00	0.68	0.71	NA	NA	0.06	0.74	0.77	NA	NA	XXX
92562	TC	A	Loudness balance test	0.00	0.67	0.48	NA	NA	0.04	0.71	0.52	NA	NA	XXX
92563	TC	A	Tone decay hearing test	0.00	0.48	0.41	NA	NA	0.04	0.52	0.45	NA	NA	XXX
92564	TC	A	Sisi hearing test	0.00	0.43	0.46	NA	NA	0.05	0.48	0.51	NA	NA	XXX
92565	TC	A	Stenger test, pure tone	0.00	0.23	0.36	NA	NA	0.04	0.27	0.40	NA	NA	XXX
92566	TC	A	Tympanometry	0.00	0.49	0.51	NA	NA	0.06	0.55	0.57	NA	NA	XXX
92568	TC	A	Acoustic reflex threshold test	0.00	0.15	0.32	NA	NA	0.04	0.36	0.36	NA	NA	XXX
92569	TC	A	Acoustic reflex decay test	0.00	0.15	0.35	NA	NA	0.04	0.19	0.39	NA	NA	XXX
92571	TC	A	Filtered speech hearing test	0.00	0.40	0.39	NA	NA	0.04	0.44	0.43	NA	NA	XXX
92572	TC	A	Staggered spondaic word test	0.00	0.60	0.22	NA	NA	0.01	0.61	0.23	NA	NA	XXX
92575	TC	A	Sensorineural acuity test	0.00	1.09	0.50	NA	NA	0.02	1.11	0.52	NA	NA	XXX
92576	TC	A	Synthetic sentence test	0.00	0.54	0.47	NA	NA	0.05	0.59	0.51	NA	NA	XXX
92577	TC	A	Stenger test, speech	0.00	0.24	0.60	NA	NA	0.07	0.31	0.67	NA	NA	XXX
92579	TC	A	Visual audiometry (vra)	0.00	0.84	0.76	NA	NA	0.06	0.90	0.82	NA	NA	XXX
92582	TC	A	Conditioning play audiometry	0.00	1.07	0.82	NA	NA	0.06	1.13	0.88	NA	NA	XXX

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully im- plement- ed Faci- lity PE RVUs	Fully im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully im- plement- ed Faci- lity Total	Year 2007 Transi- tional Facility Total	Global
92583		A	Select picture audiometry	0.00	0.69	0.84	0.69	0.77	0.92	NA	NA	XXX
92584		A	Electrocochleography	0.00	1.16	2.14	1.16	1.37	2.35	NA	NA	XXX
92585		A	Auditor evoke potent, compre	0.50	1.91	2.02	1.91	2.58	2.69	NA	NA	XXX
92585	TC	A	Auditor evoke potent, compre	0.00	1.77	1.83	1.77	1.91	1.97	NA	NA	XXX
92585	26	A	Auditor evoke potent, compre	0.50	0.14	0.19	0.14	0.67	0.72	0.67	0.72	XXX
92586		A	Auditor evoke potent, limit	0.00	1.40	1.74	1.40	1.54	1.88	NA	NA	XXX
92587		A	Evoked auditory test	0.13	0.62	1.19	0.62	0.87	1.44	NA	NA	XXX
92587	TC	A	Evoked auditory test	0.00	0.58	1.13	0.58	0.69	1.24	NA	NA	XXX
92587	26	A	Evoked auditory test	0.13	0.04	0.06	0.04	0.18	0.20	0.18	0.20	XXX
92588		A	Evoked auditory test	0.36	1.02	1.48	1.02	1.52	1.98	NA	NA	XXX
92588	TC	A	Evoked auditory test	0.00	0.92	1.33	0.92	1.05	1.46	NA	NA	XXX
92588	26	A	Evoked auditory test	0.36	0.10	0.15	0.10	0.47	0.52	0.47	0.52	XXX
92590		N	Hearing aid exam, one ear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92591		N	Hearing aid exam, both ears	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92592		N	Hearing aid check, one ear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92593		N	Hearing aid check, both ears	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92594		N	Electro hearing aid test, one	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92595		N	Electro hearing aid test, both	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92596		A	Ear protector evaluation	0.00	0.93	0.68	0.93	0.99	0.74	NA	NA	XXX
92597		A	Oral speech device eval	0.86	1.69	1.69	1.69	2.58	2.58	1.14	1.29	XXX
92601		A	Cochlear implt f/up exam < 7	0.00	4.87	3.84	4.87	4.94	3.91	NA	NA	XXX
92602		A	Reprogram cochlear implt < 7	0.00	3.34	2.62	3.34	3.41	2.69	NA	NA	XXX
92603		A	Cochlear implt f/up exam >	0.00	3.17	2.40	3.17	3.24	2.47	NA	NA	XXX
92604		A	Reprogram cochlear implt 7 >	0.00	2.09	1.54	2.09	2.16	1.61	NA	NA	XXX
92605		B	Eval for nonspeech device rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92606		B	Non-speech device service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92607		A	Ex for speech device rx, 1hr	0.00	4.27	3.38	4.27	4.32	3.43	NA	NA	XXX
92608		A	Ex for speech device rx addl	0.00	0.86	0.63	0.86	0.91	0.68	NA	NA	XXX
92609		A	Use of speech device service	0.00	2.29	1.77	2.29	2.33	1.81	NA	NA	XXX
92610		A	Evaluate swallowing function	0.00	1.61	2.98	1.61	1.69	3.06	NA	NA	XXX
92611		A	Motion fluoroscopy/swallow	0.00	1.85	3.04	1.85	1.93	3.12	NA	NA	XXX
92612		A	Endoscopy swallow tst (fees)	1.27	2.74	2.74	2.74	4.05	1.68	1.90	1.90	XXX
92613		A	Endoscopy swallow tst (fees)	0.71	0.23	0.36	0.23	0.99	1.12	0.99	1.11	XXX
92614		A	Laryngoscopic sensory test	1.27	2.24	2.44	2.24	3.55	3.75	1.68	1.90	XXX
92615		A	Eval laryngoscopy sense tst	0.63	0.19	0.31	0.19	0.87	0.99	0.87	0.89	XXX
92616		A	Fees w/laryngeal sense test	1.88	2.92	3.27	2.92	4.86	5.21	2.48	2.82	XXX
92617		A	Interprt fees/laryngeal test	0.79	0.23	0.39	0.23	1.07	1.23	1.07	1.23	XXX
92620		A	Auditory function, 60 min	0.00	1.87	1.32	1.87	1.93	1.38	NA	NA	XXX
92621		A	Auditory function, + 15 min	0.00	0.40	0.29	0.40	0.46	0.35	NA	NA	ZZZ
92625		A	Tinnitus assessment	0.00	1.82	1.30	1.82	1.88	1.36	1.88	1.36	XXX
92626		A	Eval aud rehab status	0.00	1.85	2.11	1.85	1.91	2.17	NA	NA	XXX
92627		A	Eval aud status rehab add-on	0.00	0.42	0.52	0.42	0.44	0.54	0.44	0.54	ZZZ
92630		I	Aud rehab pre-ling hear loss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT-1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Facility PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Fully Im- plement- ed Facility RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mix-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Fa- cility Total	Global
92633		I	Aud rehab postling hear loss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92640		A	Aud brainstem impit program	0.00	1.40	1.40	1.40	1.41	0.01	1.41	1.41	1.41	1.41	XXX
92700		C	Ent procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92950		A	Heart/lung resuscitation cpr	3.79	3.24	3.96	3.24	3.96	0.28	7.31	8.03	4.88	5.00	000
92963		A	Temporary external pacing	0.23	0.23	NA	0.07	0.07	0.02	NA	NA	0.32	0.32	000
92966		A	Cardioversion electric, ext	2.25	4.40	5.83	4.40	5.83	0.07	6.72	8.15	3.80	3.57	000
92961		A	Cardioversion electric, int	4.59	NA	NA	2.52	2.19	0.29	NA	NA	7.40	7.07	000
92970		A	Cardioassist, internal	3.51	NA	NA	1.63	1.20	0.18	NA	NA	5.30	4.87	000
92971		A	Cardioassist, external	1.77	NA	NA	1.08	0.91	0.06	NA	NA	2.92	2.74	000
92973		A	Percut coronary thrombectomy	3.28	NA	NA	1.82	1.42	0.23	NA	NA	5.33	4.93	000
92974		A	Cath place, cardio brachytx	3.00	NA	NA	1.70	1.31	0.21	NA	NA	4.91	4.52	ZZZ
92975		A	Dissolve clot, heart vessel	7.24	NA	NA	3.94	3.09	0.50	NA	NA	11.68	10.83	000
92977		A	Dissolve clot, heart vessel	0.00	1.70	6.46	NA	NA	0.46	2.16	6.92	NA	NA	XXX
92978		A	Intravasc us, heart add-on	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	ZZZ
92978	TC	C	Intravasc us, heart add-on	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	ZZZ
92978	26	C	Intravasc us, heart add-on	1.80	1.00	0.78	1.00	0.78	0.06	2.86	2.86	2.86	2.86	ZZZ
92979		A	Intravasc us, heart add-on	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	ZZZ
92979	TC	C	Intravasc us, heart add-on	0.00	0.80	0.62	0.80	0.62	0.06	2.30	2.12	2.30	2.12	ZZZ
92979	26	C	Intravasc us, heart add-on	1.44	0.80	0.62	0.80	0.62	0.06	2.30	2.12	2.30	2.12	ZZZ
92980		A	Insert intracoronary stent	14.82	NA	NA	8.43	6.85	1.03	NA	NA	24.28	22.50	000
92981		A	Insert intracoronary stent	4.16	NA	NA	2.31	1.80	0.29	NA	NA	6.78	6.25	ZZZ
92982		A	Coronary artery dilation	10.96	NA	NA	6.30	4.97	0.76	NA	NA	18.02	16.89	000
92984		A	Coronary artery dilation	2.97	NA	NA	1.64	1.28	0.21	NA	NA	4.82	4.46	ZZZ
92986		A	Revision of aortic valve	22.70	NA	NA	15.88	12.84	1.51	NA	NA	40.09	37.05	090
92987		A	Revision of mitral valve	23.48	NA	NA	16.33	13.24	1.59	NA	NA	41.40	38.31	090
92990		A	Revision of pulmonary valve	18.12	NA	NA	11.32	10.17	1.20	NA	NA	30.64	29.49	090
92992		C	Revision of heart chamber	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
92993		C	Coronary atherectomy	12.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
92995		A	Coronary atherectomy add-on	3.26	NA	NA	1.81	1.41	0.10	NA	NA	19.83	18.36	000
92996		A	Pul art balloon repr, percut	11.98	NA	NA	5.27	4.93	0.40	NA	NA	17.65	17.31	000
92998		A	Pul art balloon repr, percut	5.99	NA	NA	2.79	2.35	0.28	NA	NA	9.08	8.62	ZZZ
93000		A	Electrocardiogram, complete	0.17	0.34	0.47	0.34	0.47	0.03	0.54	0.67	0.67	0.67	XXX
93005		A	Electrocardiogram, tracing	0.00	0.27	0.41	0.27	0.41	0.02	0.29	0.43	0.43	0.43	XXX
93010		A	Electrocardiogram report	0.17	0.07	0.06	0.07	0.06	0.01	0.25	0.24	0.25	0.24	XXX
93012		A	Transmission of ecg	0.00	4.15	5.55	4.15	5.55	0.18	4.33	5.73	4.33	5.73	XXX
93014		A	Report on transmitted ecg	0.52	0.21	0.20	0.21	0.20	0.02	0.75	0.74	0.75	0.74	XXX
93015		A	Cardiovascular stress test	0.75	1.91	1.95	1.91	1.95	0.14	2.80	2.84	2.80	2.84	XXX
93016		A	Cardiovascular stress test	0.45	0.23	0.19	0.23	0.19	0.02	0.66	0.66	0.66	0.66	XXX
93017		A	Cardiovascular stress test	0.00	1.53	1.64	1.53	1.64	0.11	1.64	1.75	1.64	1.75	XXX
93018		A	Cardiovascular stress test	0.30	0.15	0.12	0.15	0.12	0.01	0.46	0.43	0.46	0.43	XXX
93024		A	Cardiac drug stress test	1.17	2.41	1.79	2.41	1.79	0.12	3.70	3.08	3.70	3.08	XXX
93024	TC	A	Cardiac drug stress test	0.00	1.82	1.30	1.82	1.30	0.08	1.90	1.38	1.90	1.38	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS 2	Mod	Status	Description	Physician Work RVUs 3	Fully Im- plement- ed Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facility PE RVUs	Year 2007 Transi- tional Facility RVUs	Mat-Pac- tice RVUs	Fully Im- plement- ed Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
93024	26	A	Cardiac drug stress test	1.17	0.59	0.49	0.04	1.80	0.04	1.70	1.80	1.70	1.70	XXX
93025		A	Microvolt t-wave assess	0.75	3.90	NA	0.14	7.56	0.14	4.79	NA	NA	NA	XXX
93025	TC	A	Microvolt t-wave assess	0.00	3.63	NA	0.11	6.47	0.11	3.63	NA	NA	NA	XXX
93025	26	A	Microvolt t-wave assess	0.75	0.38	0.31	0.03	1.09	0.03	1.16	1.16	1.09	1.09	XXX
93040		A	Rhythm ECG with report	0.16	0.19	NA	0.02	0.38	0.02	0.37	NA	NA	NA	XXX
93041		A	Rhythm ECG, tracing	0.00	0.14	0.15	0.01	0.16	0.01	0.15	0.16	0.16	0.16	XXX
93042		A	Rhythm ECG, report	0.16	0.05	0.05	0.02	0.22	0.02	0.22	0.22	0.22	0.22	XXX
93224		A	ECG monitor/report, 24 hrs	0.52	2.32	NA	0.24	4.05	0.24	3.08	NA	NA	NA	XXX
93225		A	ECG monitor/report, 24 hrs	0.00	1.06	1.20	0.08	1.14	0.08	1.14	1.28	NA	NA	XXX
93226		A	ECG monitor/report, 24 hrs	0.00	0.98	1.88	0.14	2.02	0.14	1.12	NA	NA	NA	XXX
93227		A	ECG monitor/report, 24 hrs	0.52	0.28	0.21	0.02	0.82	0.02	0.75	0.82	0.75	0.75	XXX
93230		A	ECG monitor/report, 24 hrs	0.52	2.28	3.49	0.26	4.27	0.26	3.06	4.27	NA	NA	XXX
93231		A	Ecg monitor/report, 24 hrs	0.00	0.92	1.37	0.11	1.03	0.11	1.03	1.48	NA	NA	XXX
93232		A	ECG monitor/report, 24 hrs	0.00	1.13	1.92	0.13	2.05	0.13	1.26	2.05	NA	NA	XXX
93233		A	ECG monitor/report, 24 hrs	0.52	0.23	0.20	0.02	0.74	0.02	0.74	0.74	0.74	0.74	XXX
93235		A	ECG monitor/report, 24 hrs	0.45	0.22	2.15	0.16	0.83	0.16	0.83	2.76	NA	NA	XXX
93236		A	ECG monitor/report, 24 hrs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93237		A	ECG monitor/report, 24 hrs	0.45	0.22	0.18	0.02	0.69	0.02	0.69	0.65	0.69	0.65	XXX
93268		A	ECG recording	0.52	5.75	7.02	0.28	6.55	0.28	7.82	NA	NA	NA	XXX
93270		A	ECG recording and analysis	0.00	0.29	1.00	0.08	0.37	0.08	1.08	1.08	NA	NA	XXX
93271		A	Ecg/monitoring and analysis	0.00	5.24	5.82	0.18	5.42	0.18	6.00	6.00	NA	NA	XXX
93272		A	Ecg/monitoring and analysis	0.52	0.22	0.20	0.02	0.76	0.02	0.76	0.74	0.76	0.74	XXX
93278		A	Ecg/monitoring and analysis	0.25	0.61	1.09	0.12	0.98	0.12	1.46	1.46	NA	NA	XXX
93278	TC	A	ECG/signal-averaged	0.00	0.51	0.99	0.11	0.62	0.11	1.10	1.10	NA	NA	XXX
93278	26	A	ECG/signal-averaged	0.25	0.10	0.10	0.01	0.36	0.01	0.36	0.36	0.36	0.36	XXX
93303		A	Echo transthoracic	1.30	4.60	4.41	0.27	6.17	0.27	6.17	5.98	NA	NA	XXX
93303	TC	A	Echo transthoracic	0.00	4.02	3.90	0.23	4.25	0.23	4.25	4.13	NA	NA	XXX
93303	26	A	Echo transthoracic	1.30	0.58	0.51	0.04	1.92	0.04	1.85	1.85	1.92	1.85	XXX
93304		A	Echo transthoracic	0.75	3.16	2.46	0.15	4.06	0.15	3.36	NA	NA	NA	XXX
93304	TC	A	Echo transthoracic	0.00	2.84	2.17	0.13	2.97	0.13	2.97	2.30	NA	NA	XXX
93304	26	A	Echo transthoracic	0.75	0.32	0.29	0.02	1.09	0.02	1.06	1.06	1.09	1.06	XXX
93307		A	Echo exam of heart	0.92	3.75	4.10	0.26	4.93	0.26	4.93	5.28	NA	NA	XXX
93307	TC	A	Echo exam of heart	0.00	3.28	3.72	0.23	3.51	0.23	3.95	NA	NA	NA	XXX
93307	26	A	Echo exam of heart	0.92	0.92	0.38	0.03	1.42	0.03	1.33	1.42	1.42	1.33	XXX
93308		A	Echo exam of heart	0.53	2.63	2.26	0.15	3.31	0.15	2.94	2.94	NA	NA	XXX
93308	TC	A	Echo exam of heart	0.00	2.35	2.04	0.13	2.48	0.13	2.48	2.17	NA	NA	XXX
93308	26	A	Echo exam of heart	0.53	0.28	0.22	0.02	0.83	0.02	0.77	0.83	0.77	0.77	XXX
93312		A	Echo transesophageal	2.20	7.51	5.31	0.29	7.88	0.29	7.88	7.88	NA	NA	XXX
93312	TC	A	Echo transesophageal	0.00	6.48	4.46	0.29	6.77	0.29	6.77	4.75	NA	NA	XXX
93312	26	A	Echo transesophageal	2.20	1.03	0.85	0.08	3.31	0.08	3.13	3.13	3.31	3.13	XXX
93313		A	Echo transesophageal	0.95	NA	NA	0.14	NA	0.14	NA	NA	1.15	1.15	XXX
93314		A	Echo transesophageal	1.25	7.21	4.99	0.33	8.79	0.33	8.79	6.57	NA	NA	XXX
93314	TC	A	Echo transesophageal	0.00	6.63	4.49	0.29	6.92	0.29	6.92	4.78	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity RVUs	Mat-Rac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Facility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
93314	26	A	Echo transesophageal	1.25	0.58	0.50	0.58	0.50	0.04	1.87	1.79	1.87	1.79	XXX
93315		C	Echo transesophageal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93315	TC	C	Echo transesophageal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93315	26	A	Echo transesophageal	2.78	1.35	1.10	1.35	1.10	0.09	4.22	3.97	4.22	3.97	XXX
93316		A	Echo transesophageal	0.95	NA	NA	0.26	0.25	0.05	NA	NA	1.26	1.25	XXX
93317		C	Echo transesophageal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93317	TC	C	Echo transesophageal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93317	26	A	Echo transesophageal	1.83	0.76	0.69	0.76	0.69	0.08	2.67	2.60	2.67	2.60	XXX
93318		C	Echo transesophageal intraop	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93318	TC	C	Echo transesophageal intraop	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93318	26	A	Echo transesophageal intraop	2.20	0.91	0.59	0.91	0.59	0.14	3.25	2.93	3.25	2.93	XXX
93320		A	Doppler echo exam, heart	0.38	1.88	1.82	1.68	1.82	0.13	2.19	2.33	2.19	2.33	ZZZ
93320	TC	A	Doppler echo exam, heart	0.00	1.49	1.66	1.49	1.66	0.12	1.61	1.78	1.61	1.78	ZZZ
93320	26	A	Doppler echo exam, heart	0.38	0.19	0.16	0.19	0.16	0.01	0.58	0.55	0.58	0.55	ZZZ
93321		A	Doppler echo exam, heart	0.15	0.62	1.04	0.62	1.04	0.09	0.86	1.28	0.86	1.28	ZZZ
93321	TC	A	Doppler echo exam, heart	0.00	0.54	0.97	0.54	0.97	0.08	0.62	1.05	0.62	1.05	ZZZ
93321	26	A	Doppler echo exam, heart	0.15	0.08	0.07	0.08	0.07	0.01	0.24	0.24	0.24	0.23	ZZZ
93325		A	Doppler color flow add-on	0.07	0.66	2.36	0.66	2.36	0.22	0.95	2.65	0.95	2.65	ZZZ
93325	TC	A	Doppler color flow add-on	0.00	0.63	2.33	0.63	2.33	0.21	0.84	2.54	0.84	2.54	ZZZ
93325	26	A	Doppler color flow add-on	0.07	0.03	3.03	0.03	3.03	0.01	0.11	0.11	0.11	0.11	ZZZ
93350		A	Echo transthoracic	1.48	5.12	3.03	5.12	3.03	0.18	6.78	4.69	6.78	4.69	XXX
93350	TC	A	Echo transthoracic	0.00	4.33	2.40	4.33	2.40	0.13	4.46	2.53	4.46	2.53	XXX
93350	26	A	Echo transthoracic	1.48	0.79	0.63	0.79	0.63	0.05	2.32	2.16	2.32	2.16	XXX
93501		C	Right heart catheterization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93501	TC	C	Right heart catheterization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93501	26	A	Right heart catheterization	3.02	1.64	1.27	1.64	1.27	0.21	4.87	4.50	4.87	4.50	000
93503		C	Inser/place heart catheter	0.00	NA	NA	0.00	0.00	0.00	NA	NA	0.00	0.00	000
93505		C	Biopsy of heart lining	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93505	TC	C	Biopsy of heart lining	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93505	26	A	Biopsy of heart lining	4.37	2.37	1.85	2.37	1.85	0.30	7.04	6.52	7.04	6.52	000
93508		C	Cath placement, angiography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93508	TC	C	Cath placement, angiography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93508	26	A	Cath placement, angiography	4.09	2.27	2.13	2.27	2.13	0.28	6.64	6.50	6.64	6.50	000
93510		C	Left heart catheterization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93510	TC	C	Left heart catheterization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93510	26	A	Left heart catheterization	4.32	2.38	2.22	2.38	2.22	0.30	7.00	6.84	7.00	6.84	000
93511		C	Left heart catheterization	0.00	NA	NA	0.00	0.00	0.00	NA	NA	0.00	0.00	000
93511	TC	C	Left heart catheterization	0.00	NA	NA	0.00	0.00	0.00	NA	NA	0.00	0.00	000
93511	26	A	Left heart catheterization	5.02	2.67	2.50	2.67	2.50	0.35	8.04	7.87	8.04	7.87	000
93514		C	Left heart catheterization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93514	TC	C	Left heart catheterization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93514	26	A	Left heart catheterization	7.04	3.20	3.14	3.20	3.14	0.49	10.73	10.67	10.73	10.67	000
93524		C	Left heart catheterization	0.00	NA	NA	0.00	0.00	0.00	NA	NA	0.00	0.00	000

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
93524	TC	C	Left heart catheterization	0.00	NA	NA	0.00	0.00	0.00	NA	NA	0.00	0.00	000
93524	26	A	Left heart catheterization	6.94	3.79	3.33	3.79	3.33	0.46	11.21	10.75	11.21	10.75	000
93526	TC	C	Rt & Lt heart catheters	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93526	26	A	Rt & Lt heart catheters	5.98	3.29	2.93	3.29	2.93	0.42	9.69	9.33	9.69	9.33	000
93527	TC	C	Rt & Lt heart catheters	0.00	NA	NA	0.00	0.00	0.00	NA	NA	0.00	0.00	000
93527	26	A	Rt & Lt heart catheters	7.27	4.03	3.49	4.03	3.49	0.51	11.81	11.27	11.81	11.27	000
93528	TC	C	Rt & Lt heart catheters	0.00	NA	NA	0.00	0.00	0.00	NA	NA	0.00	0.00	000
93528	26	A	Rt & Lt heart catheters	8.99	4.68	4.19	4.68	4.19	0.62	14.29	13.80	14.29	13.80	000
93529	TC	C	Rt, lt heart catheterization	0.00	NA	NA	0.00	0.00	0.00	NA	NA	0.00	0.00	000
93529	26	A	Rt, lt heart catheterization	4.79	2.64	2.36	2.64	2.36	0.33	7.76	7.48	7.76	7.48	000
93530	TC	C	Rt heart cath, congenital	0.00	NA	NA	0.00	0.00	0.00	NA	NA	0.00	0.00	000
93530	26	A	Rt heart cath, congenital	4.22	1.87	1.92	1.87	1.92	0.29	6.38	6.43	6.38	6.43	000
93531	TC	C	R & l heart cath, congenital	0.00	NA	NA	0.00	0.00	0.00	NA	NA	0.00	0.00	000
93531	26	A	R & l heart cath, congenital	8.34	3.77	3.63	3.77	3.63	0.58	12.69	12.55	12.69	12.55	000
93532	TC	C	R & l heart cath, congenital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93532	26	A	R & l heart cath, congenital	9.99	4.09	4.21	4.09	4.21	0.69	14.77	14.89	14.77	14.89	000
93533	TC	C	R & l heart cath, congenital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93533	26	A	R & l heart cath, congenital	6.69	3.09	2.87	3.09	2.87	0.47	10.25	10.03	10.25	10.03	000
93539	TC	C	Injection, cardiac cath	0.00	NA	NA	0.00	0.00	0.00	NA	NA	0.00	0.00	000
93540	TC	C	Injection, cardiac cath	0.00	NA	NA	0.00	0.00	0.00	NA	NA	0.00	0.00	000
93541	TC	C	Injection for lung angiogram	0.00	NA	NA	0.00	0.00	0.00	NA	NA	0.00	0.00	000
93542	TC	C	Injection for heart x-rays	0.00	NA	NA	0.00	0.00	0.00	NA	NA	0.00	0.00	000
93543	TC	C	Injection for heart x-rays	0.00	NA	NA	0.00	0.00	0.00	NA	NA	0.00	0.00	000
93544	TC	C	Inject for aortography	0.00	NA	NA	0.00	0.00	0.00	NA	NA	0.00	0.00	000
93545	TC	C	Inject for coronary x-rays	0.00	NA	NA	0.00	0.00	0.00	NA	NA	0.00	0.00	000
93555	TC	C	Imaging, cardiac cath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93555	26	A	Imaging, cardiac cath	0.81	0.45	0.35	0.45	0.35	0.03	1.29	1.19	1.29	1.19	XXX
93556	TC	C	Imaging, cardiac cath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93556	26	A	Imaging, cardiac cath	0.83	0.46	0.36	0.46	0.36	0.03	1.32	1.22	1.32	1.22	XXX
93561	TC	C	Cardiac output measurement	0.00	NA	NA	0.00	0.00	0.00	NA	NA	0.00	0.00	000
93561	26	A	Cardiac output measurement	0.50	0.14	0.16	0.14	0.16	0.02	0.66	0.68	0.66	0.68	000
93562	TC	C	Cardiac output measurement	0.00	NA	NA	0.00	0.00	0.00	NA	NA	0.00	0.00	000
93562	26	A	Cardiac output measurement	0.00	0.14	0.16	0.14	0.16	0.02	0.66	0.68	0.66	0.68	000

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility RVUs	Fully Implemented Facility RVUs	Year 2007 Transitional Facility RVUs	Malpractice RVUs	Fully Implemented Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
93562	TC	C	Cardiac output measurement	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	000
93562	26	A	Cardiac output measurement	0.16	0.03	0.05	0.03	0.05	0.01	0.20	0.22	0.20	0.22	000
93571	TC	C	Heart flow reserve measure	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	ZZZ
93571	26	A	Heart flow reserve measure	1.80	0.99	0.76	0.99	0.76	0.06	2.85	2.62	2.85	2.62	ZZZ
93572	TC	C	Heart flow reserve measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93572	26	A	Heart flow reserve measure	1.44	0.75	0.56	0.75	0.56	0.04	2.23	2.04	2.23	2.04	ZZZ
93580	TC	A	Transcath closure of asd	17.97	NA	NA	9.73	7.97	1.25	NA	NA	28.95	27.19	000
93581	TC	A	Transcath closure of vsd	24.39	NA	10.39	13.39	10.39	1.72	NA	NA	39.50	36.50	000
93600	TC	C	Bundle of His recording	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	000
93600	26	A	Bundle of His recording	2.12	1.11	0.90	1.11	0.90	0.16	3.39	3.18	3.39	3.18	000
93602	TC	C	Intra-atrial recording	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	000
93602	26	A	Intra-atrial recording	2.12	1.09	0.89	1.09	0.89	0.17	3.38	3.18	3.38	3.18	000
93603	TC	C	Right ventricular recording	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	000
93603	26	A	Right ventricular recording	2.12	1.08	0.88	1.08	0.88	0.18	3.38	3.18	3.38	3.18	000
93609	TC	C	Map tachycardia, add-on	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	ZZZ
93609	26	A	Map tachycardia, add-on	4.99	2.73	2.15	2.73	2.15	0.35	8.07	7.49	8.07	7.49	ZZZ
93610	TC	C	Intra-atrial pacing	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	000
93610	26	A	Intra-atrial pacing	3.02	1.53	1.25	1.53	1.25	0.24	4.79	4.51	4.79	4.51	000
93612	TC	C	Intraventricular pacing	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	000
93612	26	A	Intraventricular pacing	3.02	1.48	1.24	1.48	1.24	0.25	4.75	4.51	4.75	4.51	000
93613	TC	A	Electrophys map 3d, add-on	6.99	3.83	3.03	3.83	3.03	0.49	NA	NA	11.31	10.51	ZZZ
93615	TC	C	Esophageal recording	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	000
93615	26	A	Esophageal recording	0.99	0.49	0.33	0.49	0.33	0.03	1.51	1.35	1.51	1.35	000
93616	TC	C	Esophageal recording	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93616	26	A	Esophageal recording	1.49	0.43	0.43	0.43	0.43	0.09	2.01	2.01	2.01	2.01	000
93618	TC	C	Heart rhythm pacing	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	000
93618	26	A	Heart rhythm pacing	4.25	2.36	1.84	2.36	1.84	0.30	6.91	6.39	6.91	6.39	000
93619	TC	C	Electrophysiology evaluation	0.00	NA	NA	NA	NA	0.00	NA	NA	NA	NA	000
93619	26	A	Electrophysiology evaluation	7.31	3.93	3.37	3.93	3.37	0.51	11.75	11.19	11.75	11.19	000
93620	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93620	26	A	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity RVUs	Year 2007 Transi- tional Faci- lity RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Non- Facility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Faci- lity Total	Global
93620	26	A	Electrophysiology evaluation	11.57	6.34	5.22	6.34	5.22	17.59	18.71	18.71	17.59	000
93621		C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93621	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93621	26	A	Electrophysiology evaluation	2.10	1.15	0.90	1.15	0.90	3.15	3.40	3.40	3.15	ZZZ
93622		C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93622	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93622	26	A	Electrophysiology evaluation	3.10	1.68	1.33	1.68	1.33	4.65	5.00	5.00	4.65	ZZZ
93623		C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93623	TC	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93623	26	A	Stimulation, pacing heart	2.85	1.56	1.22	1.56	1.22	4.61	4.27	4.27	4.61	ZZZ
93624		A	Electrophysiologic study	4.80	NA	NA	2.67	4.29	NA	NA	7.93	9.55	000
93624	TC	A	Electrophysiologic study	0.00	NA	NA	0.00	1.98	NA	NA	0.13	2.11	000
93624	26	A	Electrophysiologic study	4.80	2.67	2.31	2.67	2.31	7.44	7.80	7.80	7.44	000
93631		C	Heart pacing, mapping	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93631	TC	C	Heart pacing, mapping	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93631	26	A	Heart pacing, mapping	7.59	2.76	2.77	2.76	2.77	11.32	11.32	11.32	11.33	000
93640		C	Evaluation heart device	0.00	NA	NA	NA	NA	NA	NA	NA	NA	000
93640	TC	C	Evaluation heart device	0.00	NA	NA	NA	NA	NA	NA	NA	NA	000
93640	26	A	Evaluation heart device	3.51	1.92	1.50	1.92	1.50	5.67	5.25	5.25	5.25	000
93641		C	Electrophysiology evaluation	0.00	NA	NA	NA	NA	NA	NA	NA	NA	000
93641	TC	C	Electrophysiology evaluation	0.00	NA	NA	NA	NA	NA	NA	NA	NA	000
93641	26	A	Electrophysiology evaluation	5.92	3.23	2.54	3.23	2.54	8.87	9.56	9.56	8.87	000
93642		A	Electrophysiology evaluation	4.88	7.45	8.90	7.45	8.90	12.90	12.90	12.90	14.35	000
93642	TC	A	Electrophysiology evaluation	0.00	4.77	6.57	4.77	6.57	6.99	5.19	5.19	6.99	000
93642	26	A	Electrophysiology evaluation	4.88	2.68	2.33	2.68	2.33	7.71	7.71	7.36	7.36	000
93650		A	Ablate heart dysrhythm focus	10.49	NA	NA	6.06	4.84	NA	NA	17.28	16.06	000
93650	TC	A	Ablate heart dysrhythm focus	16.23	NA	NA	8.88	6.96	NA	NA	26.24	24.32	000
93650	26	A	Ablate heart dysrhythm focus	17.65	NA	NA	9.68	7.58	NA	NA	28.56	26.46	000
93660		A	Tilt table evaluation	1.89	3.05	2.58	3.05	2.58	5.02	5.02	5.02	4.55	000
93660	TC	A	Tilt table evaluation	0.00	2.04	1.77	2.04	1.77	2.06	2.06	2.06	1.79	000
93660	26	A	Tilt table evaluation	1.89	1.01	0.81	1.01	0.81	2.96	2.96	2.96	2.76	000
93662		C	Intracardiac eeg (ice)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93662	TC	C	Intracardiac eeg (ice)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93662	26	A	Intracardiac eeg (ice)	2.80	1.53	1.22	1.53	1.22	4.42	4.42	4.42	4.11	ZZZ
93668		N	Peripheral vascular rehab	0.00	0.40	0.91	0.40	0.91	NA	NA	NA	NA	XXX
93701		A	Bioimpedance, thoracic	0.17	0.64	0.84	0.64	0.84	0.89	0.85	0.85	0.85	XXX
93701	TC	A	Bioimpedance, thoracic	0.00	0.06	0.07	0.06	0.07	0.24	0.24	0.24	0.25	XXX
93701	26	A	Bioimpedance, thoracic	0.17	1.19	0.87	1.19	0.87	1.11	1.11	1.11	1.11	XXX
93720		A	Total body plethysmography	0.00	1.14	0.82	1.14	0.82	NA	NA	NA	NA	XXX
93721		A	Plethysmography tracing	0.00	1.14	0.82	1.14	0.82	NA	NA	NA	NA	XXX
93722		A	Plethysmography report	0.17	0.05	0.05	0.05	0.05	0.23	0.23	0.23	0.23	XXX
93724		A	Analyze pacemaker system	4.88	3.53	5.29	3.53	5.29	8.80	8.80	8.80	10.56	000
93724	TC	A	Analyze pacemaker system	0.00	0.91	3.20	0.91	3.20	1.15	1.15	1.15	3.44	000

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional PE RVUs	Multi-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
93724	26	A	Analyze pacemaker system	4.88	2.62	2.09	2.62	2.09	0.15	7.65	7.12	7.65	7.12	000
93727		A	Analyze lr system	0.52	0.65	0.31	0.65	0.31	0.02	1.19	0.85	1.19	0.85	XXX
93731		A	Analyze pacemaker system	0.45	0.79	0.70	NA	NA	0.05	1.29	1.20	NA	NA	XXX
93731	TC	A	Analyze pacemaker system	0.00	0.55	0.51	NA	NA	0.04	0.59	0.55	NA	NA	XXX
93731	26	A	Analyze pacemaker system	0.45	0.24	0.19	0.24	0.19	0.01	0.70	0.65	0.70	0.65	XXX
93732		A	Analyze pacemaker system	0.92	1.17	0.94	NA	NA	0.07	2.16	1.93	NA	NA	XXX
93732	TC	A	Analyze pacemaker system	0.00	0.67	0.55	NA	NA	0.04	0.71	0.59	NA	NA	XXX
93732	26	A	Analyze pacemaker system	0.92	0.50	0.39	0.50	0.39	0.03	1.45	1.34	1.45	1.34	XXX
93733		A	Telephone analy, pacemaker	0.17	0.82	0.83	NA	NA	0.07	1.16	1.07	NA	NA	XXX
93733	TC	A	Telephone analy, pacemaker	0.00	0.84	0.76	NA	NA	0.06	0.90	0.82	NA	NA	XXX
93733	26	A	Telephone analy, pacemaker	0.17	0.08	0.07	0.08	0.07	0.01	0.26	0.25	0.26	0.25	XXX
93734		A	Analyze pacemaker system	0.38	0.70	0.55	NA	NA	0.03	1.11	0.96	NA	NA	XXX
93734	TC	A	Analyze pacemaker system	0.00	0.50	0.39	NA	NA	0.02	0.52	0.41	NA	NA	XXX
93734	26	A	Analyze pacemaker system	0.38	0.20	0.16	0.20	0.16	0.01	0.59	0.55	0.59	0.55	XXX
93735		A	Analyze pacemaker system	0.74	0.97	0.78	NA	NA	0.06	1.77	1.58	NA	NA	XXX
93735	TC	A	Analyze pacemaker system	0.00	0.57	0.47	NA	NA	0.04	0.61	0.51	NA	NA	XXX
93735	26	A	Analyze pacemaker system	0.74	0.40	0.31	0.40	0.31	0.16	1.16	1.07	1.16	1.07	XXX
93736		A	Telephonic analy, pacemaker	0.15	0.90	0.74	NA	NA	0.07	1.12	0.96	NA	NA	XXX
93736	TC	A	Telephonic analy, pacemaker	0.00	0.83	0.68	NA	NA	0.06	0.89	0.74	NA	NA	XXX
93736	26	A	Telephonic analy, pacemaker	0.15	0.07	0.06	0.07	0.06	0.01	0.23	0.22	0.23	0.22	XXX
93740		B	Temperature gradient studies	0.16	0.04	0.15	NA	NA	0.02	0.22	0.33	NA	NA	XXX
93740	TC	B	Temperature gradient studies	0.00	0.00	0.11	NA	NA	0.01	0.01	0.12	NA	NA	XXX
93740	26	B	Temperature gradient studies	0.16	0.04	0.04	0.04	0.04	0.01	0.21	0.21	0.21	0.21	XXX
93741		A	Analyze ht pace device sngl	0.80	1.04	0.99	NA	NA	0.07	1.91	1.86	NA	NA	XXX
93741	TC	A	Analyze ht pace device sngl	0.00	0.60	0.65	NA	NA	0.04	0.64	0.69	NA	NA	XXX
93741	26	A	Analyze ht pace device sngl	0.80	0.44	0.34	0.44	0.34	0.03	1.27	1.17	1.27	1.17	XXX
93742		A	Analyze ht pace device sngl	0.91	1.18	1.07	NA	NA	0.07	2.16	2.05	NA	NA	XXX
93742	TC	A	Analyze ht pace device sngl	0.00	0.67	0.67	NA	NA	0.04	0.71	0.71	NA	NA	XXX
93742	26	A	Analyze ht pace device sngl	0.91	0.51	0.40	0.51	0.40	0.03	1.45	1.34	1.45	1.34	XXX
93743		A	Analyze ht pace device dual	1.03	1.22	1.15	NA	NA	0.07	2.32	2.25	NA	NA	XXX
93743	TC	A	Analyze ht pace device dual	0.00	0.65	0.71	NA	NA	0.04	0.69	0.75	NA	NA	XXX
93743	26	A	Analyze ht pace device dual	1.03	0.57	0.44	0.57	0.44	0.03	1.63	1.50	1.63	1.50	XXX
93744		A	Analyze ht pace device dual	1.18	1.37	1.19	NA	NA	0.08	2.63	2.45	NA	NA	XXX
93744	TC	A	Analyze ht pace device dual	0.00	0.72	0.68	NA	NA	0.04	0.76	0.72	NA	NA	XXX
93744	26	A	Analyze ht pace device dual	1.18	0.65	0.51	0.65	0.51	0.04	1.87	1.73	1.87	1.73	XXX
93745		C	Set-up cardiovert-defibril	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93745	TC	C	Set-up cardiovert-defibril	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93745	26	C	Set-up cardiovert-defibril	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93760		N	Cephalic thermogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93762		N	Peripheral thermogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93770		B	Measure venous pressure	0.16	0.04	0.07	NA	NA	0.02	0.22	0.25	NA	NA	XXX
93770	TC	B	Measure venous pressure	0.00	0.00	0.02	NA	NA	0.01	0.01	0.03	NA	NA	XXX
93770	26	B	Measure venous pressure	0.16	0.04	0.05	0.04	0.05	0.01	0.21	0.22	0.21	0.22	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
93784		A	Ambulatory BP monitoring	0.38	1.54	1.54	NA	NA	0.03	1.95	1.95	NA	NA	XXX
93786		A	Ambulatory BP recording	0.00	0.88	0.90	NA	NA	0.01	0.89	0.91	NA	NA	XXX
93788		A	Ambulatory BP analysis	0.00	0.52	0.51	NA	NA	0.01	0.53	0.52	NA	NA	XXX
93790		A	Review/report BP recording	0.38	0.14	0.13	0.14	0.13	0.01	0.53	0.52	0.53	0.52	XXX
93797		A	Cardiac rehab	0.18	0.32	0.31	0.09	0.08	0.01	0.51	0.50	0.28	0.27	000
93798		A	Cardiac rehab/monitor	0.28	0.44	0.46	0.13	0.12	0.01	0.73	0.75	0.42	0.41	000
93799		C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93799	TC	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93799	26	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93875		A	Extracranial study	0.22	2.50	2.38	NA	NA	0.12	2.84	2.72	NA	NA	XXX
93875	TC	A	Extracranial study	0.00	2.43	2.30	NA	NA	0.11	2.54	2.41	NA	NA	XXX
93875	26	A	Extracranial study	0.22	0.07	0.08	0.07	0.08	0.01	0.30	0.31	0.30	0.31	XXX
93880		A	Extracranial study	0.60	6.01	5.67	NA	NA	0.39	7.00	6.66	NA	NA	XXX
93880	TC	A	Extracranial study	0.00	5.81	5.47	NA	NA	0.35	6.16	5.82	NA	NA	XXX
93880	26	A	Extracranial study	0.60	0.20	0.20	0.20	0.20	0.04	0.84	0.84	0.84	0.84	XXX
93882		A	Extracranial study	0.40	4.04	3.63	NA	NA	0.26	4.70	4.29	NA	NA	XXX
93882	TC	A	Extracranial study	0.00	3.93	3.50	NA	NA	0.22	4.15	3.72	NA	NA	XXX
93882	26	A	Extracranial study	0.40	0.11	0.13	0.11	0.13	0.04	0.55	0.57	0.55	0.57	XXX*
93886		A	Intracranial study	0.94	6.83	6.77	NA	NA	0.45	8.22	8.16	NA	NA	XXX
93886	TC	A	Intracranial study	0.00	6.55	6.42	NA	NA	0.39	6.94	6.81	NA	NA	XXX
93886	26	A	Intracranial study	0.94	0.28	0.35	0.28	0.35	0.06	1.28	1.35	1.28	1.35	XXX
93888		A	Intracranial study	0.82	4.73	4.36	NA	NA	0.32	5.67	5.30	NA	NA	XXX
93888	TC	A	Intracranial study	0.00	4.54	4.14	NA	NA	0.27	4.81	4.41	NA	NA	XXX
93888	26	A	Intracranial study	0.82	0.19	0.22	0.19	0.22	0.05	0.86	0.89	0.86	0.89	XXX
93890		A	Tcd, vasoreactivity study	1.00	6.08	5.20	NA	NA	0.45	7.53	6.65	NA	NA	XXX
93890	TC	A	Tcd, vasoreactivity study	0.00	5.78	4.82	NA	NA	0.39	6.17	5.21	NA	NA	XXX
93890	26	A	Tcd, vasoreactivity study	1.00	0.30	0.38	0.30	0.38	0.06	1.36	1.44	1.36	1.44	XXX
93892		A	Tcd, emboli detect w/o inj	1.15	6.59	5.52	NA	NA	0.45	8.19	7.12	NA	NA	XXX
93892	TC	A	Tcd, emboli detect w/o inj	0.00	6.25	5.09	NA	NA	0.39	6.64	5.48	NA	NA	XXX
93892	26	A	Tcd, emboli detect w/o inj	1.15	0.34	0.43	0.34	0.43	0.06	1.55	1.64	1.55	1.64	XXX
93893		A	Tcd, emboli detect w/inj	1.15	6.28	5.34	NA	NA	0.45	7.88	6.94	NA	NA	XXX
93893	TC	A	Tcd, emboli detect w/inj	0.00	5.94	4.91	NA	NA	0.39	6.33	5.30	NA	NA	XXX
93893	26	A	Tcd, emboli detect w/inj	1.15	0.34	0.43	0.34	0.43	0.06	1.55	1.64	1.55	1.64	XXX
93922		A	Extremity study	0.25	3.07	2.78	NA	NA	0.13	3.47	3.18	NA	NA	XXX
93922	TC	A	Extremity study	0.00	2.99	2.70	NA	NA	0.13	3.12	2.83	NA	NA	XXX
93922	26	A	Extremity study	0.25	0.08	0.08	0.08	0.08	0.02	0.35	0.35	0.35	0.35	XXX
93923		A	Extremity study	0.45	4.60	4.18	NA	NA	0.26	5.31	4.89	NA	NA	XXX
93923	TC	A	Extremity study	0.00	4.47	4.03	NA	NA	0.22	4.69	4.25	NA	NA	XXX
93923	26	A	Extremity study	0.45	0.13	0.15	0.13	0.15	0.04	0.62	0.64	0.62	0.64	XXX
93924		A	Extremity study	0.50	5.81	5.05	NA	NA	0.30	6.61	5.85	NA	NA	XXX
93924	TC	A	Extremity study	0.00	5.65	4.88	NA	NA	0.25	5.90	5.13	NA	NA	XXX
93924	26	A	Extremity study	0.50	0.16	0.17	0.16	0.17	0.05	0.71	0.72	0.71	0.72	XXX
93925		A	Lower extremity study	0.58	7.82	7.05	NA	NA	0.39	8.79	8.02	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Facility PE RVUs	Fully Im- plement- ed Facility RVUs	Year 2007 Transi- tional Facility RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
93925	TC	A	Lower extremity study	0.00	7.64	6.85	NA	NA	0.35	7.99	7.20	7.99	NA	7.20	XXX
93925	26	A	Lower extremity study	0.58	0.18	0.20	0.18	0.20	0.04	0.80	0.82	0.80	0.80	0.82	XXX
93926	A	A	Lower extremity study	0.39	5.05	4.31	NA	NA	0.27	5.71	4.97	5.71	NA	4.97	XXX
93926	TC	A	Lower extremity study	0.00	4.94	4.18	NA	NA	0.23	5.17	4.41	5.17	NA	4.41	XXX
93926	26	A	Lower extremity study	0.39	0.11	0.13	0.11	0.13	0.04	0.54	0.54	0.54	0.54	0.58	XXX
93930	A	A	Upper extremity study	0.46	6.09	5.54	NA	NA	0.41	8.96	8.41	8.96	NA	8.41	XXX
93930	TC	A	Upper extremity study	0.00	5.95	5.38	NA	NA	0.37	6.32	5.75	6.32	NA	5.75	XXX
93930	26	A	Upper extremity study	0.46	0.14	0.16	0.14	0.16	0.04	0.64	0.66	0.64	0.64	0.68	XXX
93931	A	A	Upper extremity study	0.31	4.11	3.64	NA	NA	0.24	4.69	4.22	4.69	NA	4.22	XXX
93931	TC	A	Upper extremity study	0.00	4.02	3.54	NA	NA	0.24	4.28	3.78	4.28	NA	3.78	XXX
93931	26	A	Upper extremity study	0.31	0.09	0.10	0.09	0.10	0.03	0.43	0.44	0.43	0.43	0.44	XXX
93965	A	A	Extremity study	0.35	2.94	2.83	NA	NA	0.14	3.43	3.32	3.43	NA	3.32	XXX
93965	TC	A	Extremity study	0.00	2.84	2.71	NA	NA	0.12	2.96	2.83	2.96	NA	2.83	XXX
93965	26	A	Extremity study	0.35	0.10	0.12	0.10	0.12	0.02	0.47	0.49	0.47	0.47	0.49	XXX
93970	A	A	Extremity study	0.68	6.00	5.44	NA	NA	0.46	7.14	6.58	7.14	NA	6.58	XXX
93970	TC	A	Extremity study	0.00	5.81	5.22	NA	NA	0.40	6.21	5.62	6.21	NA	5.62	XXX
93970	26	A	Extremity study	0.68	0.19	0.22	0.19	0.22	0.06	0.96	0.96	0.96	0.93	0.98	XXX
93971	A	A	Extremity study	0.45	3.90	3.67	NA	NA	0.30	4.65	4.42	4.65	NA	4.42	XXX
93971	TC	A	Extremity study	0.00	3.77	3.52	NA	NA	0.27	4.04	3.79	4.04	NA	3.79	XXX
93971	26	A	Extremity study	0.45	0.13	0.15	0.13	0.15	0.03	0.61	0.63	0.61	0.61	0.63	XXX
93975	A	A	Vascular study	1.80	8.23	7.78	NA	NA	0.56	10.59	10.14	10.59	NA	10.14	XXX
93975	TC	A	Vascular study	0.00	7.64	7.18	NA	NA	0.43	8.07	7.61	8.07	NA	7.61	XXX
93975	26	A	Vascular study	1.80	0.59	0.60	0.59	0.60	0.13	2.52	2.53	2.52	2.52	2.53	XXX
93976	A	A	Vascular study	1.21	4.33	4.33	NA	NA	0.35	5.89	5.89	5.89	NA	5.89	XXX
93976	TC	A	Vascular study	0.00	3.97	3.94	NA	NA	0.30	4.27	4.24	4.27	NA	4.24	XXX
93976	26	A	Vascular study	1.21	0.36	0.39	0.36	0.39	0.05	1.62	1.65	1.62	1.62	1.65	XXX
93978	A	A	Vascular study	0.65	5.84	4.85	NA	NA	0.43	6.92	5.93	6.92	NA	5.93	XXX
93978	TC	A	Vascular study	0.00	5.63	4.63	NA	NA	0.37	6.00	5.00	6.00	NA	5.00	XXX
93978	26	A	Vascular study	0.65	0.21	0.22	0.21	0.22	0.06	0.92	0.93	0.92	0.92	0.93	XXX
93979	A	A	Vascular study	0.44	4.23	3.46	NA	NA	0.24	4.94	4.17	4.94	NA	4.17	XXX
93979	TC	A	Vascular study	0.00	4.07	3.31	NA	NA	0.24	4.31	3.55	4.31	NA	3.55	XXX
93979	26	A	Vascular study	0.44	0.16	0.15	0.16	0.15	0.03	0.63	0.62	0.63	0.63	0.62	XXX
93980	A	A	Penile vascular study	1.25	3.50	3.02	NA	NA	0.42	5.17	4.69	5.17	NA	4.69	XXX
93980	TC	A	Penile vascular study	0.00	3.03	2.59	NA	NA	0.34	3.37	2.93	3.37	NA	2.93	XXX
93980	26	A	Penile vascular study	1.25	0.47	0.43	0.47	0.43	0.08	1.80	1.76	1.80	1.80	1.76	XXX
93981	A	A	Penile vascular study	0.44	2.75	2.85	NA	NA	0.33	3.52	3.62	3.52	NA	3.62	XXX
93981	TC	A	Penile vascular study	0.00	2.59	2.70	NA	NA	0.31	2.90	3.01	2.90	NA	3.01	XXX
93981	26	A	Penile vascular study	0.44	0.16	0.15	0.16	0.15	0.02	0.62	0.61	0.62	0.62	0.61	XXX
93990	A	A	Doppler flow testing	0.25	5.16	4.28	NA	NA	0.26	5.67	4.79	5.67	NA	4.79	XXX
93990	TC	A	Doppler flow testing	0.00	5.10	4.20	NA	NA	0.23	5.33	4.43	5.33	NA	4.43	XXX
93990	26	A	Doppler flow testing	0.25	0.06	0.08	0.06	0.08	0.03	0.36	0.34	0.36	0.34	0.36	XXX
94002	A	A	Vent mgmt inpat, init day	1.99	NA	NA	0.39	0.34	0.09	NA	NA	NA	2.47	2.42	XXX
94003	A	A	Vent mgmt inpat, subq day	1.37	NA	NA	0.33	0.33	0.06	NA	NA	NA	1.76	1.76	XXX

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Facility RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Facility Total	Global
94004		A	Vent mgmt nif per day	1.00	NA	NA	0.24	0.24	0.04	NA	NA	1.28	1.28	XXX
94005		B	Home vent mgmt supervision	1.50	0.69	0.69	NA	NA	0.06	2.25	2.25	NA	NA	XXX
94010		A	Breathing capacity test	0.17	0.73	0.69	NA	NA	0.03	0.93	0.89	NA	NA	XXX
94010	TC	A	Breathing capacity test	0.00	0.64	0.64	NA	NA	0.02	0.71	0.66	NA	NA	XXX
94010	26	A	Breathing capacity test	0.17	0.04	0.05	0.04	0.05	0.01	0.22	0.23	0.22	0.23	XXX
94014		A	Patient recorded spirometry	0.52	0.82	0.77	NA	NA	0.03	1.37	1.32	NA	NA	XXX
94015		A	Patient recorded spirometry	0.00	0.68	0.61	NA	NA	0.01	0.68	0.62	NA	NA	XXX
94016		A	Review patient spirometry	0.52	0.14	0.16	0.14	0.16	0.02	0.68	0.70	0.68	0.70	XXX
94060		A	Evaluation of wheezing	0.31	1.31	1.13	1.31	1.04	0.07	1.69	1.51	1.69	1.51	XXX
94060	TC	A	Evaluation of wheezing	0.00	1.23	1.04	1.23	1.04	0.06	1.29	1.10	1.29	1.10	XXX
94060	26	A	Evaluation of wheezing	0.31	0.08	0.09	0.08	0.09	0.01	0.40	0.41	0.40	0.41	XXX
94070		A	Evaluation of wheezing	0.60	0.99	0.86	NA	NA	0.13	1.72	1.59	NA	NA	XXX
94070	TC	A	Evaluation of wheezing	0.00	0.84	0.69	NA	NA	0.10	0.94	0.79	NA	NA	XXX
94070	26	A	Evaluation of wheezing	0.60	0.15	0.17	0.15	0.17	0.03	0.78	0.80	0.78	0.80	XXX
94150		B	Vital capacity test	0.07	0.48	0.48	NA	NA	0.02	0.57	0.57	NA	NA	XXX
94150	TC	B	Vital capacity test	0.00	0.46	0.45	NA	NA	0.01	0.47	0.46	NA	NA	XXX
94150	26	B	Vital capacity test	0.07	0.02	0.03	0.02	0.03	0.01	0.10	0.11	0.10	0.11	XXX
94200		A	Lung function test (MBC/MVV)	0.11	0.45	0.45	NA	NA	0.03	0.62	0.59	NA	NA	XXX
94200	TC	A	Lung function test (MBC/MVV)	0.00	0.42	0.42	NA	NA	0.02	0.47	0.44	NA	NA	XXX
94200	26	A	Lung function test (MBC/MVV)	0.11	0.03	0.03	0.03	0.03	0.01	0.15	0.15	0.15	0.15	XXX
94240		A	Residual lung capacity	0.26	0.81	0.70	NA	NA	0.06	1.13	1.02	NA	NA	XXX
94240	TC	A	Residual lung capacity	0.00	0.75	0.62	NA	NA	0.05	0.80	0.67	NA	NA	XXX
94240	26	A	Residual lung capacity	0.26	0.06	0.08	0.06	0.08	0.01	0.33	0.35	0.33	0.35	XXX
94250		A	Expired gas collection	0.11	0.51	0.61	NA	NA	0.02	0.64	0.74	NA	NA	XXX
94250	TC	A	Expired gas collection	0.00	0.48	0.58	NA	NA	0.01	0.49	0.59	NA	NA	XXX
94250	26	A	Expired gas collection	0.11	0.03	0.03	0.03	0.03	0.01	0.15	0.15	0.15	0.15	XXX
94260		A	Thoracic gas volume	0.13	0.76	0.63	NA	NA	0.05	0.94	0.81	NA	NA	XXX
94260	TC	A	Thoracic gas volume	0.00	0.73	0.59	NA	NA	0.04	0.77	0.63	NA	NA	XXX
94260	26	A	Thoracic gas volume	0.13	0.03	0.04	0.03	0.04	0.01	0.17	0.18	0.17	0.18	XXX
94350		A	Lung nitrogen washout curve	0.26	0.62	0.73	NA	NA	0.05	0.93	1.04	NA	NA	XXX
94350	TC	A	Lung nitrogen washout curve	0.00	0.55	0.65	NA	NA	0.04	0.59	0.69	NA	NA	XXX
94350	26	A	Lung nitrogen washout curve	0.26	0.07	0.08	0.07	0.08	0.01	0.34	0.35	0.34	0.35	XXX
94360		A	Measure airflow resistance	0.26	0.95	0.77	NA	NA	0.07	1.28	1.10	NA	NA	XXX
94360	TC	A	Measure airflow resistance	0.00	0.89	0.69	NA	NA	0.06	0.95	0.75	NA	NA	XXX
94360	26	A	Measure airflow resistance	0.26	0.06	0.08	0.06	0.08	0.01	0.33	0.33	0.33	0.35	XXX
94370		A	Breath airway closing volume	0.26	0.59	0.69	NA	NA	0.03	0.88	0.98	NA	NA	XXX
94370	TC	A	Breath airway closing volume	0.00	0.52	0.61	NA	NA	0.02	0.54	0.63	NA	NA	XXX
94370	26	A	Breath airway closing volume	0.26	0.07	0.08	0.07	0.08	0.01	0.34	0.35	0.34	0.35	XXX
94375		A	Respiratory flow volume loop	0.31	0.72	0.63	NA	NA	0.03	1.06	0.97	NA	NA	XXX
94375	TC	A	Respiratory flow volume loop	0.00	0.64	0.54	NA	NA	0.02	0.66	0.56	NA	NA	XXX
94375	26	A	Respiratory flow volume loop	0.31	0.08	0.08	0.08	0.08	0.01	0.40	0.41	0.40	0.41	XXX
94400		A	CO2 breathing response curve	0.40	1.02	0.89	NA	NA	0.09	1.51	1.38	NA	NA	XXX
94400	TC	A	CO2 breathing response curve	0.00	0.92	0.77	NA	NA	0.06	0.98	0.83	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS2	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facility PE RVUs	Year 2007 Transi- tional PE RVUs	Year 2007 Transi- tional PE RVUs	Year 2007 Transi- tional PE RVUs	Year 2007 Transi- tional PE RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
94400		A	CO2 breathing response curve	0.40	0.10	0.12	0.10	0.12	0.12	0.12	0.53	0.53	0.55	0.53	XXX	
94450		A	Hypoxia response curve	0.40	1.03	0.89	NA	NA	NA	NA	1.47	1.47	1.33	NA	XXX	
94450	TC	A	Hypoxia response curve	0.00	0.94	0.78	NA	NA	NA	NA	0.96	0.96	0.80	NA	XXX	
94450		A	Hypoxia response curve	0.40	0.09	0.11	0.09	0.11	0.11	0.11	0.51	0.51	0.53	0.51	XXX	
94452		A	Hast w/report	0.00	1.13	1.05	NA	NA	NA	NA	1.48	1.48	1.40	NA	XXX	
94452	TC	A	Hast w/report	0.00	1.05	0.96	NA	NA	NA	NA	1.07	1.07	0.98	NA	XXX	
94452		A	Hast w/report	0.31	0.08	0.09	0.08	0.09	0.09	0.09	0.41	0.41	0.42	0.41	XXX	
94453		A	Hast w/oxygen titrate	0.40	1.58	1.53	NA	NA	NA	NA	2.02	2.02	1.97	NA	XXX	
94453	TC	A	Hast w/oxygen titrate	0.00	1.48	1.41	NA	NA	NA	NA	1.50	1.50	1.43	NA	XXX	
94453		A	Hast w/oxygen titrate	0.40	0.10	0.12	0.10	0.12	0.12	0.12	0.52	0.52	0.54	0.52	XXX	
94610		A	Surfactant admin thru tube	1.16	0.35	0.35	0.35	0.35	0.35	0.35	1.77	1.77	1.77	1.77	XXX	
94620		A	Pulmonary stress test/simple	0.64	0.79	2.06	NA	NA	NA	NA	1.56	1.56	2.83	NA	XXX	
94620	TC	A	Pulmonary stress test/simple	0.00	0.62	1.87	0.17	0.19	0.19	0.19	0.72	0.72	1.97	NA	XXX	
94620		A	Pulmonary stress test/simple	0.64	0.17	0.19	0.17	0.19	0.19	0.19	0.84	0.84	0.86	0.84	XXX	
94621		A	Pulm stress test/complex	1.42	3.17	2.45	NA	NA	NA	NA	4.75	4.75	4.03	NA	XXX	
94621	TC	A	Pulm stress test/complex	0.00	2.71	2.00	NA	NA	NA	NA	2.81	2.81	2.10	NA	XXX	
94621		A	Pulm stress test/complex	1.42	0.46	0.45	0.46	0.45	0.45	0.45	1.94	1.94	1.93	1.94	XXX	
94640		A	Airway inhalation treatment	0.00	0.36	0.32	NA	NA	NA	NA	0.38	0.38	0.34	NA	XXX	
94642		C	Aerosol inhalation treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
94642		C	Aerosol inhalation treatment	0.00	0.92	0.92	NA	NA	NA	NA	0.94	0.94	0.94	NA	XXX	
94644		A	Cbt, 1st hour	0.00	0.34	0.34	NA	NA	NA	NA	0.36	0.36	0.36	NA	XXX	
94645		A	Cbt, each addl hour	0.76	0.82	0.69	0.20	0.22	0.22	0.22	1.62	1.62	1.49	1.00	XXX	
94660		A	Pos airway pressure, CPAP	0.76	NA	NA	0.19	0.19	0.19	0.19	0.98	0.98	1.01	0.98	XXX	
94662		A	Neg press ventilation, cnp	0.00	0.40	0.33	NA	NA	NA	NA	0.44	0.44	0.37	NA	XXX	
94664		A	Evaluate pt use of inhaler	0.00	0.54	0.53	NA	NA	NA	NA	0.59	0.59	0.58	NA	XXX	
94667		A	Chest wall manipulation	0.00	0.50	0.46	NA	NA	NA	NA	0.52	0.52	0.48	NA	XXX	
94668		A	Chest wall manipulation	0.00	1.10	1.67	1.10	1.67	1.67	1.67	2.00	2.00	2.00	2.00	XXX	
94680		A	Exhaled air analysis, o2	0.00	1.03	1.59	1.03	1.59	1.59	1.59	1.09	1.09	1.65	1.09	XXX	
94680	TC	A	Exhaled air analysis, o2	0.26	0.07	0.08	0.07	0.08	0.08	0.08	0.34	0.34	0.35	0.34	XXX	
94680		A	Exhaled air analysis, o2	0.26	0.20	2.16	NA	NA	NA	NA	1.39	1.39	2.49	NA	XXX	
94681		A	Exhaled air analysis, o2/co2	0.00	1.01	2.10	NA	NA	NA	NA	1.13	1.13	2.22	NA	XXX	
94681	TC	A	Exhaled air analysis, o2/co2	0.00	1.01	2.10	NA	NA	NA	NA	1.13	1.13	2.22	NA	XXX	
94681		A	Exhaled air analysis, o2/co2	0.20	0.05	0.06	0.05	0.06	0.06	0.06	0.26	0.26	0.27	0.26	XXX	
94681	26	A	Exhaled air analysis, o2/co2	0.07	1.04	1.75	NA	NA	NA	NA	1.16	1.16	1.87	NA	XXX	
94690		A	Exhaled air analysis	0.00	1.02	1.73	NA	NA	NA	NA	1.06	1.06	1.77	NA	XXX	
94690	TC	A	Exhaled air analysis	0.00	1.02	1.73	NA	NA	NA	NA	1.06	1.06	1.77	NA	XXX	
94690		A	Exhaled air analysis	0.07	0.02	0.02	0.02	0.02	0.02	0.02	0.10	0.10	0.10	0.10	XXX	
94690	26	A	Exhaled air analysis	0.26	1.15	1.04	NA	NA	NA	NA	1.48	1.48	1.37	NA	XXX	
94720		A	Monoxide diffusing capacity	0.00	1.09	0.96	NA	NA	NA	NA	1.15	1.15	1.02	NA	XXX	
94720	TC	A	Monoxide diffusing capacity	0.26	0.06	0.06	0.06	0.06	0.06	0.06	0.33	0.33	0.35	0.33	XXX	
94720		A	Monoxide diffusing capacity	0.26	0.96	2.43	NA	NA	NA	NA	1.35	1.35	2.82	NA	XXX	
94725		A	Membrane diffusion capacity	0.00	0.89	2.35	NA	NA	NA	NA	1.01	1.01	2.47	NA	XXX	
94725	TC	A	Membrane diffusion capacity	0.26	0.07	0.08	0.07	0.08	0.08	0.08	0.34	0.34	0.35	0.34	XXX	
94725		A	Membrane diffusion capacity	0.23	1.69	1.43	NA	NA	NA	NA	1.97	1.97	1.71	NA	XXX	
94750		A	Pulmonary compliance study	0.00	1.63	1.36	NA	NA	NA	NA	1.67	1.67	1.40	NA	XXX	
94750	TC	A	Pulmonary compliance study	0.00	1.63	1.36	NA	NA	NA	NA	1.67	1.67	1.40	NA	XXX	

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
94750	26	A	Pulmonary compliance study	0.23	0.06	0.07	0.06	0.07	0.01	0.30	0.31	0.30	0.31	XXX
94760		T	Measure blood oxygen level	0.00	0.06	0.05	NA	NA	0.02	0.08	0.07	NA	NA	XXX
94761		T	Measure blood oxygen level	0.00	0.11	0.08	NA	NA	0.06	0.17	0.14	NA	NA	XXX
94762		A	Measure blood oxygen level	0.00	0.84	0.56	NA	NA	0.10	0.94	0.66	NA	NA	XXX
94770		A	Exhaled carbon dioxide test	0.15	0.77	0.76	NA	NA	0.08	1.00	0.86	NA	NA	XXX
94770	TC	A	Exhaled carbon dioxide test	0.00	0.74	0.72	NA	NA	0.07	0.81	0.79	NA	NA	XXX
94770	26	A	Exhaled carbon dioxide test	0.15	0.03	0.04	0.03	0.04	0.01	0.19	0.20	0.19	0.20	XXX
94772		C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94772	TC	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94772	26	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94774		C	Ped home apnea rec, compl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
94774		C	Ped home apnea rec, hi-up	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
94776		C	Ped home apnea rec, downld	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
94777		C	Ped home apnea rec, report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
94799		C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	TC	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	26	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95004		A	Percut allergy skin tests	0.00	0.16	0.12	NA	NA	0.01	0.17	0.13	NA	NA	XXX
95010		A	Percut allergy titrate test	0.15	0.29	0.31	0.04	0.06	0.01	0.45	0.47	0.20	0.22	XXX
95012		A	Exhaled nitric oxide meas	0.00	0.48	0.48	NA	NA	0.01	0.49	0.49	NA	NA	XXX
95015		A	Id allergy titrate-drug/bug	0.15	0.20	0.16	0.04	0.06	0.01	0.36	0.32	0.20	0.22	XXX
95024		A	Id allergy test, drug/bug	0.00	0.21	0.17	NA	NA	0.01	0.22	0.18	NA	NA	XXX
95027		A	Id allergy titrate-airborne	0.00	0.24	0.17	NA	NA	0.01	0.25	0.18	NA	NA	XXX
95028		A	Id allergy test-delayed type	0.00	0.29	0.25	NA	NA	0.01	0.30	0.26	NA	NA	XXX
95044		A	Allergy patch tests	0.00	0.15	0.19	NA	NA	0.01	0.16	0.20	NA	NA	XXX
95052		A	Photo patch test	0.00	0.15	0.23	NA	NA	0.01	0.16	0.20	NA	NA	XXX
95056		A	Eye allergy tests	0.00	1.21	0.43	NA	NA	0.01	1.22	0.44	NA	NA	XXX
95060		A	Nose allergy tests	0.00	NA	NA	NA	NA	0.02	NA	NA	0.02	0.37	XXX
95065		A	Nose allergy test	0.00	NA	NA	NA	NA	0.01	NA	NA	0.01	0.21	XXX
95070		A	Bronchial allergy tests	0.00	0.79	1.91	NA	NA	0.02	0.81	1.93	NA	NA	XXX
95071		A	Bronchial allergy tests	0.00	0.88	2.41	NA	NA	0.02	0.90	2.43	NA	NA	XXX
95075		A	Ingestion challenge test	0.95	0.67	0.78	0.26	0.35	0.02	1.65	1.76	1.24	1.33	XXX
95115		A	Immunotherapy, one injection	0.00	0.22	0.35	0.00	0.29	0.02	0.29	0.46	0.02	0.40	XXX
95117		A	Immunotherapy injections	0.00	0.27	0.44	0.00	0.38	0.02	0.46	0.46	0.02	0.40	XXX
95120		I	Immunotherapy, one injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95125		I	Immunotherapy, many antigens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95130		I	Immunotherapy, insect venom	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95131		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95132		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95133		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95134		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95144		A	Antigen therapy services	0.06	0.26	0.21	0.02	0.02	0.01	0.33	0.28	0.09	0.09	XXX
95145		A	Antigen therapy services	0.06	0.34	0.33	0.02	0.02	0.01	0.41	0.40	0.09	0.09	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im-plement- ed Non-Facility PE RVUs	Year 2007 Transi- tional Non-Facility PE RVUs	Fully Im-plement- ed Facility PE RVUs	Year 2007 Transi- tional Facility PE RVUs	Mal-Prac- tice RVUs	Fully Im-plement- ed Non-Facility Total	Year 2007 Transi- tional Non-Facility Total	Fully Im-plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
95146		A	Antigen therapy services	0.06	0.65	0.49	0.02	0.03	0.01	0.72	0.56	0.09	0.10	XXX
95147		A	Antigen therapy services	0.06	0.64	0.48	0.02	0.02	0.01	0.71	0.55	0.09	0.09	XXX
95148		A	Antigen therapy services	0.06	0.94	0.67	0.02	0.03	0.01	1.01	0.74	0.09	0.10	XXX
95149		A	Antigen therapy services	0.06	1.25	0.91	0.02	0.03	0.01	1.32	0.98	0.09	0.10	XXX
95165		A	Antigen therapy services	0.06	0.25	0.21	0.02	0.02	0.01	0.32	0.28	0.09	0.09	XXX
95170		A	Antigen therapy services	0.06	0.19	0.15	0.02	0.02	0.01	0.26	0.22	0.09	0.10	XXX
95180		A	Rapid desensitization	2.01	1.59	1.92	0.73	0.88	0.04	3.64	3.97	2.78	2.93	XXX
95199		C	Allergy immunology services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95250		A	Glucose monitoring, cont	0.00	3.49	3.95	NA	NA	0.01	3.50	3.96	NA	NA	XXX
95251		A	Gluc monitor, cont, phys lgr	0.85	0.27	0.21	0.27	0.21	0.02	1.14	1.08	1.14	1.08	XXX
95805		A	Multiple sleep latency test	1.88	6.99	14.70	NA	NA	0.43	9.30	17.01	NA	NA	XXX
95805	TC	A	Multiple sleep latency test	0.00	6.50	14.08	NA	NA	0.34	6.84	14.42	NA	NA	XXX
95805	26	A	Multiple sleep latency test	1.88	0.49	0.62	0.49	0.62	0.09	2.46	2.59	2.46	2.59	XXX
95806		A	Sleep study, unattended	1.66	3.84	3.46	NA	NA	0.39	5.89	5.51	NA	NA	XXX
95806	TC	A	Sleep study, unattended	0.00	3.36	2.93	NA	NA	0.31	3.67	3.24	NA	NA	XXX
95806	26	A	Sleep study, unattended	1.66	0.48	0.53	0.48	0.53	0.08	2.22	2.27	2.22	2.27	XXX
95807		A	Sleep study, attended	1.66	11.72	11.82	NA	NA	0.50	13.88	13.98	NA	NA	XXX
95807	TC	A	Sleep study, attended	0.00	11.29	11.31	NA	NA	0.42	11.71	11.73	NA	NA	XXX
95807	26	A	Sleep study, attended	1.66	0.43	0.51	0.43	0.51	0.08	2.17	2.25	2.17	2.25	XXX
95808		A	Polysomnography, 1-3	2.65	15.55	13.79	NA	NA	0.55	18.75	16.99	NA	NA	XXX
95808	TC	A	Polysomnography, 1-3	0.00	14.85	12.92	NA	NA	0.42	15.27	13.34	NA	NA	XXX
95808	26	A	Polysomnography, 1-3	2.65	0.70	0.87	0.70	0.87	0.13	3.48	3.65	3.48	3.65	XXX
95810		A	Polysomnography, 4 or more	3.52	17.67	17.54	NA	NA	0.59	21.78	21.65	NA	NA	XXX
95810	TC	A	Polysomnography, 4 or more	0.00	16.75	16.42	NA	NA	0.42	17.17	16.84	NA	NA	XXX
95810	26	A	Polysomnography, 4 or more	3.52	0.92	1.12	0.92	1.12	0.17	4.61	4.81	4.61	4.81	XXX
95811		A	Polysomnography w/cpap	3.79	19.70	19.32	NA	NA	0.61	24.10	23.72	NA	NA	XXX
95811	TC	A	Polysomnography w/cpap	0.00	18.72	18.12	NA	NA	0.43	19.15	18.55	NA	NA	XXX
95811	26	A	Polysomnography w/cpap	3.79	0.98	1.20	0.98	1.20	0.15	4.95	5.17	4.95	5.17	XXX
95812		A	Eg. 41-60 minutes	1.08	5.85	4.49	NA	NA	0.17	7.10	5.74	NA	NA	XXX
95812	TC	A	Eg. 41-60 minutes	0.00	5.54	4.07	NA	NA	0.11	5.65	4.18	NA	NA	XXX
95812	26	A	Eg. 41-60 minutes	1.08	0.31	0.42	0.31	0.42	0.06	1.45	1.56	1.45	1.56	XXX
95813		A	Eg. over 1 hour	1.73	6.53	5.40	NA	NA	0.20	8.46	7.33	NA	NA	XXX
95813	TC	A	Eg. over 1 hour	0.00	6.03	4.75	NA	NA	0.11	6.14	4.86	NA	NA	XXX
95813	26	A	Eg. over 1 hour	1.73	0.50	0.65	0.50	0.65	0.09	2.32	2.47	2.32	2.47	XXX
95816		A	Eg. awake and drowsy	1.08	5.26	4.10	NA	NA	0.16	6.50	5.34	NA	NA	XXX
95816	TC	A	Eg. awake and drowsy	0.00	4.95	3.68	NA	NA	0.10	5.05	3.78	NA	NA	XXX
95816	26	A	Eg. awake and drowsy	1.08	0.31	0.42	0.31	0.42	0.06	1.45	1.56	1.45	1.56	XXX
95819		A	Eg. awake and asleep	1.08	6.10	3.76	NA	NA	0.16	7.34	5.00	NA	NA	XXX
95819	TC	A	Eg. awake and asleep	0.00	5.79	3.34	NA	NA	0.10	5.89	3.44	NA	NA	XXX
95819	26	A	Eg. awake and asleep	1.08	0.31	0.42	0.31	0.42	0.06	1.45	1.56	1.45	1.56	XXX
95822		A	Eg. coma or sleep only	1.08	5.49	4.82	NA	NA	0.19	6.76	6.09	NA	NA	XXX
95822	TC	A	Eg. coma or sleep only	0.00	5.18	4.40	NA	NA	0.13	5.31	4.53	NA	NA	XXX
95822	26	A	Eg. coma or sleep only	1.08	0.31	0.42	0.31	0.42	0.06	1.45	1.56	1.45	1.56	XXX

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mat-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
95824		C	Eeg, cerebral death only	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95824	TC	C	Eeg, cerebral death only	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95824	26	A	Eeg, cerebral death only	0.74	0.22	0.22	0.22	0.29	0.04	1.00	1.07	1.00	1.07	XXX
95827		A	Eeg, all night recording	1.08	11.46	4.89	4.89	4.89	0.19	12.73	6.16	NA	NA	XXX
95827	TC	A	Eeg, all night recording	0.00	11.17	4.51	4.51	4.51	0.14	11.31	4.65	NA	NA	XXX
95827	26	A	Eeg, all night recording	1.08	0.29	0.38	0.29	0.38	0.05	1.42	1.51	1.42	1.51	XXX
95829		A	Surgery electrocardiogram	6.20	25.25	29.56	29.56	29.56	0.50	31.95	36.26	NA	NA	XXX
95829	TC	A	Surgery electrocardiogram	0.00	23.42	27.37	27.37	27.37	0.02	23.44	27.39	NA	NA	XXX
95829	26	A	Surgery electrocardiogram	6.20	2.19	1.83	1.83	2.19	0.48	8.51	8.87	8.51	8.87	XXX
95830		A	Insert electrodes for EEG	1.70	2.88	3.21	3.21	3.21	0.11	4.79	5.02	2.24	2.47	XXX
95831		A	Limb muscle testing, manual	0.28	0.38	0.44	0.38	0.44	0.09	0.67	0.73	0.38	0.41	XXX
95832		A	Hand muscle testing, manual	0.29	0.36	0.34	0.34	0.34	0.02	0.67	0.65	0.41	0.43	XXX
95833		A	Body muscle testing, manual	0.47	0.47	0.55	0.47	0.55	0.13	0.96	1.04	0.62	0.70	XXX
95834		A	Body muscle testing, manual	0.60	0.54	0.61	0.54	0.61	0.18	1.17	1.24	0.81	0.89	XXX
95851		A	Range of motion measurements	0.16	0.26	0.34	0.26	0.34	0.04	0.43	0.21	0.21	0.24	XXX
95852		A	Range of motion measurements	0.11	0.21	0.25	0.03	0.05	0.01	0.33	0.37	0.15	0.17	XXX
95857		A	Tension test	0.53	0.59	0.60	0.17	0.22	0.02	0.72	1.15	0.72	0.77	XXX
95860		A	Muscle test, one limb	0.96	1.15	1.36	NA	NA	0.07	2.18	2.39	NA	NA	XXX
95860	TC	A	Muscle test, one limb	0.00	0.83	0.96	NA	NA	0.02	0.85	0.98	NA	NA	XXX
95860	26	A	Muscle test, one limb	0.96	0.32	0.40	0.32	0.40	0.05	1.33	1.41	1.33	1.41	XXX
95861		A	Muscle test, 2 limbs	1.54	1.67	1.48	NA	NA	0.13	3.34	3.15	NA	NA	XXX
95861	TC	A	Muscle test, 2 limbs	0.00	1.15	0.84	NA	NA	0.06	1.21	0.90	NA	NA	XXX
95861	26	A	Muscle test, 2 limbs	1.54	0.52	0.64	0.52	0.64	0.07	2.13	2.25	2.13	2.25	XXX
95863		A	Muscle test, 3 limbs	1.87	1.94	1.79	NA	NA	0.15	3.96	3.81	NA	NA	XXX
95863	TC	A	Muscle test, 3 limbs	0.00	1.35	1.04	NA	NA	0.06	1.41	1.10	NA	NA	XXX
95863	26	A	Muscle test, 3 limbs	1.87	0.59	0.75	0.59	0.75	0.09	2.55	2.71	2.55	2.71	XXX
95864		A	Muscle test, 4 limbs	1.99	2.19	2.53	NA	NA	0.21	4.39	4.73	NA	NA	XXX
95864	TC	A	Muscle test, 4 limbs	0.00	1.55	1.72	NA	NA	0.12	1.67	1.84	NA	NA	XXX
95864	26	A	Muscle test, 4 limbs	1.99	0.64	0.81	0.64	0.81	0.09	2.72	2.89	2.72	2.89	XXX
95865		A	Muscle test, larynx	1.57	1.35	1.43	NA	NA	0.11	3.03	3.11	NA	NA	XXX
95865	TC	A	Muscle test, larynx	0.00	0.88	0.73	NA	NA	0.03	0.91	0.76	NA	NA	XXX
95865	26	A	Muscle test, larynx	1.57	0.47	0.70	0.47	0.70	0.08	2.12	2.35	2.12	2.35	XXX
95866		A	Muscle test, hemidiaphragm	1.25	1.33	0.90	NA	NA	0.10	2.68	2.25	NA	NA	XXX
95866	TC	A	Muscle test, hemidiaphragm	0.00	0.93	0.38	NA	NA	0.03	0.96	0.41	NA	NA	XXX
95866	26	A	Muscle test, hemidiaphragm	1.25	0.40	0.52	0.40	0.52	0.07	1.72	1.84	1.72	1.84	XXX
95867		A	Muscle test, cran nerve unilat	0.79	1.12	0.98	NA	NA	0.07	1.98	1.84	NA	NA	XXX
95867	TC	A	Muscle test, cran nerve unilat	0.00	0.88	0.66	NA	NA	0.04	0.92	0.70	NA	NA	XXX
95867	26	A	Muscle test, cran nerve unilat	0.79	0.24	0.32	0.24	0.32	0.03	1.06	1.14	1.06	1.14	XXX
95868		A	Muscle test, cran nerve bilat	1.18	1.43	1.26	NA	NA	0.10	2.71	2.54	NA	NA	XXX
95868	TC	A	Muscle test, cran nerve bilat	0.00	1.07	0.79	NA	NA	0.05	1.12	0.84	NA	NA	XXX
95868	26	A	Muscle test, cran nerve bilat	1.18	0.36	0.47	0.36	0.47	0.05	1.59	1.70	1.59	1.70	XXX
95869		A	Muscle test, thor paraspinal	0.37	1.02	0.53	NA	NA	0.04	1.43	0.94	NA	NA	XXX
95869	TC	A	Muscle test, thor paraspinal	0.00	0.90	0.38	NA	NA	0.02	0.92	0.40	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/HCPCS	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
95869	26	A	Muscle test, thor paraspinal	0.37	0.12	0.15	0.12	0.15	0.02	0.51	0.54	0.51	0.54	XXX
95870		A	Muscle test, nonparaspinal	0.37	0.99	0.53	NA	NA	0.04	1.40	0.94	NA	NA	XXX
95870	TC	A	Muscle test, nonparaspinal	0.00	0.87	0.38	NA	NA	0.02	0.89	0.40	NA	NA	XXX
95870	26	A	Muscle test, nonparaspinal	0.37	0.12	0.15	0.12	0.15	0.02	0.51	0.54	0.51	0.54	XXX
95872		A	Muscle test, one fiber	2.88	1.72	1.35	NA	NA	0.13	4.73	4.36	NA	NA	XXX
95872	TC	A	Muscle test, one fiber	0.00	0.77	0.64	NA	NA	0.05	0.82	0.69	NA	NA	XXX
95872	26	A	Muscle test, one fiber	2.88	0.95	0.71	0.95	0.71	0.08	3.91	3.67	3.91	3.67	XXX
95873		A	Guide nerv destr, elec stim	0.37	0.94	0.51	0.94	0.92	0.04	1.35	1.35	1.35	0.92	ZZZ
95873	TC	A	Guide nerv destr, elec stim	0.00	0.82	0.36	0.82	0.36	0.02	0.84	0.38	0.84	0.38	ZZZ
95873	26	A	Guide nerv destr, elec stim	0.37	0.12	0.15	0.12	0.15	0.02	0.54	0.54	0.54	0.54	ZZZ
95874		A	Guide nerv destr, needle emg	0.37	0.95	0.52	0.95	0.93	0.04	1.36	1.36	1.36	0.93	ZZZ
95874	TC	A	Guide nerv destr, needle emg	0.00	0.83	0.36	0.83	0.36	0.02	0.85	0.38	0.85	0.38	ZZZ
95874	26	A	Guide nerv destr, needle emg	0.37	0.12	0.16	0.12	0.16	0.02	0.51	0.55	0.51	0.55	ZZZ
95875		A	Limb exercise test	1.10	1.31	1.41	NA	NA	0.11	2.52	2.62	NA	NA	XXX
95875	TC	A	Limb exercise test	0.00	0.99	0.98	NA	NA	0.06	1.05	1.04	NA	NA	XXX
95875	26	A	Limb exercise test	1.10	0.32	0.43	0.32	0.43	0.05	1.47	1.58	1.47	1.58	XXX
95900		A	Motor nerve conduction test	0.42	0.93	1.18	NA	NA	0.04	1.39	1.64	NA	NA	XXX
95900	TC	A	Motor nerve conduction test	0.00	0.79	1.01	NA	NA	0.02	0.81	1.03	NA	NA	XXX
95900	26	A	Motor nerve conduction test	0.42	0.14	0.17	0.14	0.17	0.02	0.58	0.61	0.58	0.61	XXX
95903		A	Motor nerve conduction test	0.60	1.02	1.15	NA	NA	0.05	1.67	1.80	NA	NA	XXX
95903	TC	A	Motor nerve conduction test	0.00	0.84	0.91	NA	NA	0.02	0.86	0.93	NA	NA	XXX
95903	26	A	Motor nerve conduction test	0.60	0.18	0.24	0.18	0.24	0.03	0.81	0.87	0.81	0.87	XXX
95904		A	Sense nerve conduction test	0.34	0.86	1.03	NA	NA	0.04	1.24	1.41	NA	NA	XXX
95904	TC	A	Sense nerve conduction test	0.00	0.75	0.89	NA	NA	0.02	0.77	0.91	NA	NA	XXX
95904	26	A	Sense nerve conduction test	0.34	0.11	0.14	0.11	0.14	0.02	0.47	0.50	0.47	0.50	XXX
95920		A	Intraop nerve test add-on	2.11	1.79	2.13	1.79	2.13	0.23	4.13	4.47	4.13	4.47	ZZZ
95920	TC	A	Intraop nerve test add-on	0.00	1.12	1.26	1.12	1.26	0.07	1.19	1.33	1.19	1.33	ZZZ
95920	26	A	Intraop nerve test add-on	2.11	0.67	0.87	0.67	0.87	0.16	2.94	3.14	2.94	3.14	ZZZ
95921		A	Autonomic nerve function test	0.90	1.12	0.82	NA	NA	0.06	2.08	1.78	NA	NA	XXX
95921	TC	A	Autonomic nerve function test	0.00	0.88	0.51	NA	NA	0.02	0.90	0.53	NA	NA	XXX
95921	26	A	Autonomic nerve function test	0.90	0.24	0.31	0.24	0.31	0.04	1.18	1.25	1.18	1.25	XXX
95922		A	Autonomic nerve function test	0.96	1.64	1.00	NA	NA	0.07	2.67	2.03	NA	NA	XXX
95922	TC	A	Autonomic nerve function test	0.00	1.36	0.63	NA	NA	0.02	1.38	0.65	NA	NA	XXX
95922	26	A	Autonomic nerve function test	0.96	0.28	0.37	0.28	0.37	0.05	1.29	1.38	1.29	1.38	XXX
95923		A	Autonomic nerve function test	0.90	2.11	1.99	NA	NA	0.07	3.08	2.96	NA	NA	XXX
95923	TC	A	Autonomic nerve function test	0.00	1.87	1.64	NA	NA	0.02	1.89	1.66	NA	NA	XXX
95923	26	A	Autonomic nerve function test	0.90	0.24	0.35	0.24	0.35	0.05	1.19	1.30	1.19	1.30	XXX
95925		A	Somatosensory testing	0.54	3.12	1.63	NA	NA	0.10	3.76	2.27	NA	NA	XXX
95925	TC	A	Somatosensory testing	0.00	2.95	1.42	NA	NA	0.06	3.01	1.48	NA	NA	XXX
95925	26	A	Somatosensory testing	0.54	0.17	0.21	0.17	0.21	0.04	0.75	0.79	0.75	0.79	XXX
95926		A	Somatosensory testing	0.54	2.95	1.59	NA	NA	0.09	3.58	2.22	NA	NA	XXX
95926	TC	A	Somatosensory testing	0.00	2.79	1.38	NA	NA	0.06	2.85	1.44	NA	NA	XXX
95926	26	A	Somatosensory testing	0.54	0.16	0.21	0.16	0.21	0.03	0.73	0.78	0.73	0.78	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT 1/ HCPCS 2	Mod	Status	Description	Physician Work RVUs 3	Fully Im- plement- ed Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Facility PE RVUs	Fully Im- plement- ed Facility RVUs	Year 2007 Transi- tional Facility RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
95927	TC	A	Somatosensory testing	0.54	3.01	1.63	NA	NA	NA	3.65	2.27	NA	NA	XXX
95927	TC	A	Somatosensory testing	0.00	2.85	1.40	NA	NA	NA	2.91	1.46	NA	NA	XXX
95927	26	A	Somatosensory testing	0.54	0.16	0.23	0.16	0.23	0.23	0.06	0.81	0.74	0.81	XXX
95928	TC	A	C motor evoked, upper limbs	1.50	3.96	3.25	NA	NA	NA	5.55	4.84	NA	NA	XXX
95928	TC	A	C motor evoked, upper limbs	0.00	3.50	2.65	NA	NA	NA	3.53	2.68	NA	NA	XXX
95928	26	A	C motor evoked, upper limbs	1.50	0.46	0.60	0.46	0.60	0.60	2.02	2.16	2.02	2.16	XXX
95929	TC	A	C motor evoked, lower limbs	1.50	4.28	3.48	NA	NA	NA	5.87	5.07	NA	NA	XXX
95929	TC	A	C motor evoked, lower limbs	0.00	3.81	2.87	NA	NA	NA	3.84	2.90	NA	NA	XXX
95929	26	A	C motor evoked, lower limbs	1.50	0.47	0.61	0.47	0.61	0.61	2.03	2.17	2.03	2.17	XXX
95930	TC	A	Visual evoked potential test	0.35	2.62	2.34	NA	NA	NA	3.00	2.72	NA	NA	XXX
95930	TC	A	Visual evoked potential test	0.00	2.52	2.20	NA	NA	NA	2.53	2.21	NA	NA	XXX
95930	26	A	Visual evoked potential test	0.35	0.10	0.14	0.10	0.14	0.14	0.47	0.51	0.47	0.51	XXX
95933	TC	A	Blink reflex test	0.59	1.09	1.04	NA	NA	NA	1.78	1.73	NA	NA	XXX
95933	TC	A	Blink reflex test	0.00	0.92	0.82	NA	NA	NA	0.98	0.88	NA	NA	XXX
95933	26	A	Blink reflex test	0.59	0.17	0.22	0.17	0.22	0.22	0.80	0.85	0.80	0.85	XXX
95934	TC	A	H-reflex test	0.51	0.88	0.55	NA	NA	NA	1.43	1.10	NA	NA	XXX
95934	TC	A	H-reflex test	0.00	0.72	0.34	NA	NA	NA	0.74	0.36	NA	NA	XXX
95934	26	A	H-reflex test	0.51	0.16	0.21	0.16	0.21	0.21	0.69	0.74	0.69	0.74	XXX
95936	TC	A	H-reflex test	0.55	0.60	0.49	NA	NA	NA	1.20	1.09	NA	NA	XXX
95936	TC	A	H-reflex test	0.00	0.43	0.27	NA	NA	NA	0.45	0.29	NA	NA	XXX
95936	26	A	H-reflex test	0.55	0.17	0.22	0.17	0.22	0.22	0.75	0.80	0.75	0.80	XXX
95937	TC	A	Neuromuscular junction test	0.00	0.71	0.68	NA	NA	NA	1.66	1.43	NA	NA	XXX
95937	TC	A	Neuromuscular junction test	0.00	0.43	0.43	NA	NA	NA	0.73	0.45	NA	NA	XXX
95937	26	A	Neuromuscular junction test	0.65	0.20	0.25	0.20	0.25	0.25	0.98	0.98	0.93	0.98	XXX
95950	TC	A	Ambulatory eeg monitoring	1.51	4.91	4.18	NA	NA	NA	6.93	6.20	NA	NA	XXX
95950	TC	A	Ambulatory eeg monitoring	0.00	4.48	3.59	NA	NA	NA	4.91	4.02	NA	NA	XXX
95950	26	A	Ambulatory eeg monitoring	1.51	0.43	0.59	0.43	0.59	0.59	2.02	2.18	2.02	2.18	XXX
95951	TC	C	EEG monitoring/videorecord	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95951	TC	C	EEG monitoring/videorecord	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95951	26	A	EEG monitoring/videorecord	5.99	1.72	2.34	1.72	2.34	2.34	8.03	8.65	8.03	8.65	XXX
95953	TC	A	EEG monitoring/computer	3.30	7.18	7.52	NA	NA	NA	11.08	11.42	NA	NA	XXX
95953	TC	A	EEG monitoring/computer	0.00	6.23	6.31	NA	NA	NA	6.66	6.74	NA	NA	XXX
95953	26	A	EEG monitoring/computer	3.30	0.95	1.21	0.95	1.21	1.21	4.42	4.68	4.42	4.68	XXX
95954	TC	A	EEG monitoring/giving drugs	2.45	4.86	4.38	NA	NA	NA	7.50	7.02	NA	NA	XXX
95954	TC	A	EEG monitoring/giving drugs	0.00	4.34	3.47	NA	NA	NA	4.40	3.53	NA	NA	XXX
95954	26	A	EEG monitoring/giving drugs	2.45	0.52	0.91	0.52	0.91	0.91	3.10	3.49	3.10	3.49	XXX
95955	TC	A	EEG during surgery	1.01	2.78	2.43	2.43	2.43	2.43	4.01	3.66	4.01	3.66	XXX
95955	TC	A	EEG during surgery	0.00	2.49	2.09	2.49	2.09	2.09	2.66	2.26	2.66	2.26	XXX
95955	26	A	EEG during surgery	1.01	0.29	0.34	0.29	0.34	0.34	1.35	1.40	1.35	1.40	XXX
95956	TC	A	Eeg monitoring, cable/radio	3.08	15.61	15.47	NA	NA	NA	19.28	19.14	NA	NA	XXX
95956	TC	A	Eeg monitoring, cable/radio	0.00	14.73	14.27	NA	NA	NA	15.16	14.70	NA	NA	XXX
95956	26	A	Eeg monitoring, cable/radio	3.08	0.88	1.20	0.88	1.20	1.20	4.12	4.44	4.12	4.44	XXX
95957	TC	A	EEG digital analysis	1.98	5.82	3.37	NA	NA	NA	8.03	5.58	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Implem-ent- ed Non-Fa- cility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Implem-ent- ed Facility PE RVUs	Year 2007 Transi- tional Facility RVUs	Mal-Prac- tice RVUs	Fully Implem-ent- ed Non-Fa- cility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Implem-ent- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
95957	TC	A	EEG digital analysis	0.00	5.26	2.59	NA	0.12	0.12	5.38	2.71	NA	NA	XXX
95957	26	A	EEG digital analysis	1.98	0.56	0.78	0.56	0.11	0.11	2.65	2.87	2.65	2.87	XXX
95958	A	A	EEG monitoring/function test	4.24	6.54	4.25	NA	0.34	0.34	11.12	8.83	NA	NA	XXX
95958	TC	A	EEG monitoring/function test	0.00	5.34	2.64	NA	0.13	0.13	5.47	2.77	NA	NA	XXX
95958	26	A	EEG monitoring/function test	4.24	1.20	1.61	1.20	0.21	0.21	5.65	6.06	5.65	6.06	XXX
95961	A	A	Electrode stimulation, brain	2.97	3.12	2.75	NA	0.55	0.55	6.64	6.27	NA	NA	XXX
95961	TC	A	Electrode stimulation, brain	0.00	2.20	1.53	NA	0.07	0.07	2.27	1.60	NA	NA	XXX
95961	26	A	Electrode stimulation, brain	2.97	0.92	1.22	0.92	0.48	0.48	4.37	4.67	4.37	4.67	XXX
95962	A	A	Electrode stim, brain add-on	3.21	2.22	2.59	2.22	0.39	0.39	5.82	6.19	5.82	6.19	ZZZ
95962	TC	A	Electrode stim, brain add-on	0.00	1.29	1.31	1.29	0.07	0.07	1.36	1.38	1.36	1.38	ZZZ
95962	26	A	Electrode stim, brain add-on	3.21	0.93	1.28	0.93	0.32	0.32	4.46	4.81	4.46	4.81	ZZZ
95965	A	C	Meg, spontaneous	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95965	TC	C	Meg, spontaneous	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95965	26	A	Meg, spontaneous	7.99	2.30	3.14	2.30	0.46	0.46	10.75	11.59	10.75	11.59	XXX
95966	A	C	Meg, evoked, single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95966	TC	C	Meg, evoked, single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95966	26	A	Meg, evoked, single	3.99	1.15	1.57	1.15	0.19	0.19	5.33	5.75	5.33	5.75	XXX
95967	A	C	Meg, evoked, each add/Δ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
95967	TC	C	Meg, evoked, each add/Δ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
95967	26	A	Meg, evoked, each add/Δ	3.49	0.88	1.13	0.88	0.14	0.14	4.64	4.78	4.64	4.78	ZZZ
95970	A	A	Analyze neurostim, no prog	0.78	0.61	0.66	0.61	0.07	0.07	1.46	1.51	1.05	1.07	XXX
95971	A	A	Analyze neurostim, simple	1.50	1.19	1.21	1.19	0.14	0.14	2.83	2.85	2.10	2.12	XXX
95972	A	A	Analyze neurostim, complex	0.92	0.56	0.61	0.56	0.32	0.32	1.55	1.60	1.24	1.31	ZZZ
95973	A	A	Analyze neurostim, complex	3.00	1.49	1.65	1.49	0.16	0.16	4.65	4.81	4.03	4.35	XXX
95974	A	A	Cranial neurostim, complex	1.70	0.75	0.86	0.75	0.12	0.12	2.57	2.68	2.31	2.49	ZZZ
95975	A	A	Cranial neurostim, complex	3.50	1.85	1.91	1.85	0.24	0.24	5.53	5.59	4.74	4.92	XXX
95978	A	A	Analyze neurostim brain/1h	1.64	0.74	0.84	0.74	0.08	0.08	2.46	2.56	2.20	2.36	ZZZ
95979	A	A	Analyze neurostim brain add-on	0.00	1.62	1.53	1.62	0.06	0.06	1.68	1.59	NA	NA	XXX
95980	A	A	Spin/brain pump refill & main	0.77	1.63	1.53	1.63	0.06	0.06	2.46	2.36	NA	NA	XXX
95991	A	A	Neurological procedure	1.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95999	A	C	Motion analysis, video/3d	2.15	NA	NA	NA	0.11	0.11	NA	NA	2.49	2.45	XXX
96000	A	A	Motion test w/ft press meas	0.41	NA	NA	NA	0.10	0.10	NA	NA	2.79	2.88	XXX
96001	A	A	Dynamic surface emg	0.37	NA	NA	NA	0.02	0.02	NA	NA	0.54	0.57	XXX
96002	A	A	Dynamic fine wire emg	2.14	0.55	0.84	0.55	0.11	0.11	2.80	3.09	2.80	3.09	XXX
96004	A	A	Phys review of motion tests	0.00	NA	NA	NA	0.00	0.00	NA	NA	NA	NA	XXX
96020	C	C	Functional brain mapping	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96020	TC	C	Functional brain mapping	3.43	0.86	0.86	0.86	0.17	0.17	4.46	4.46	4.46	4.46	XXX
96020	26	A	Functional brain mapping	0.00	0.97	0.97	0.97	0.01	0.01	0.98	0.98	NA	NA	XXX
96040	A	B	Genetic counseling, 30 min	1.86	0.35	0.58	0.35	0.05	0.05	2.26	2.49	2.24	2.47	XXX
96101	A	A	Psycho testing by psych/phys	0.50	1.20	0.80	1.20	0.15	0.15	1.71	1.31	0.60	0.66	XXX
96102	A	A	Psycho testing by technician	0.51	1.31	0.49	1.31	0.02	0.02	1.84	1.02	0.62	0.68	XXX
96103	A	A	Psycho testing admin by comp	0.51	1.31	0.49	1.31	0.02	0.02	1.84	1.02	0.62	0.68	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/HCPCS2	Mod	Status	Description	Physician Work RVUs ³	Fully Implemented Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Fully Implemented Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
96105	A	Assessment of aphasia	0.00	2.05	1.83	0.18	2.23	2.01	NA	2.01	XXX
96110	A	Developmental test, lim	0.00	0.18	0.18	0.18	0.36	0.36	NA	0.36	XXX
96111	A	Developmental test, extend	2.60	0.67	0.96	0.54	3.45	3.74	3.32	3.70	XXX
96116	A	Neurobehavioral status exam	1.86	0.54	0.76	0.43	2.58	2.80	2.47	2.63	XXX
96118	A	Neuropsych test by psych/phys	1.86	0.82	1.25	0.33	2.88	3.29	2.37	2.60	XXX
96119	A	Neuropsych testing by tec	0.55	1.53	1.15	0.10	2.26	1.88	0.83	0.90	XXX
96120	A	Neuropsych test admin w/comp	0.51	1.92	1.04	0.09	2.45	1.57	0.62	0.68	XXX
96150	A	Assess hitr/behav, init	0.50	0.10	0.10	0.09	0.61	0.67	0.60	0.67	XXX
96151	A	Assess hitr/behav, subseq	0.48	0.10	0.16	0.09	0.59	0.65	0.58	0.64	XXX
96152	A	Intervene hitr/behav, indiv	0.46	0.09	0.15	0.08	0.56	0.62	0.55	0.61	XXX
96153	A	Intervene hitr/behav, group	0.10	0.02	0.04	0.02	0.13	0.15	0.13	0.14	XXX
96154	A	Interv hitr/behav, fam w/pt	0.45	0.09	0.15	0.08	0.55	0.61	0.54	0.60	XXX
96155	N	Interv hitr/behav fam no pt	0.44	0.10	0.16	0.10	0.56	0.62	0.56	0.61	XXX
96401	A	Chemo, anti-neopl, sq/m	0.21	1.86	1.34	NA	2.08	1.56	NA	NA	XXX
96402	A	Chemo hormon antineopl sq/m	0.19	0.71	0.94	NA	0.91	1.14	NA	NA	XXX
96405	A	Chemo intratlesional, up to 7	0.52	3.55	2.71	0.23	4.10	3.26	0.78	0.79	XXX
96406	A	Chemo intratlesional over 7	0.80	3.29	3.08	0.28	4.12	3.91	1.11	1.12	000
96409	A	Chemo, iv push, singl drug	0.24	2.77	2.88	NA	3.07	3.18	NA	NA	XXX
96411	A	Chemo, iv push, addl drug	0.20	1.49	1.58	NA	1.75	1.84	NA	NA	XXX
96413	A	Chemo, iv infusion, 1 hr	0.28	3.61	4.05	NA	3.97	4.41	NA	NA	XXX
96415	A	Chemo, iv infusion, addl hr	0.19	0.65	0.74	NA	0.91	1.00	NA	NA	XXX
96416	A	Chemo prolong infuse w/pump	0.21	4.06	4.47	NA	4.35	4.76	NA	NA	XXX
96417	A	Chemo iv infus each addl seq	0.17	1.72	1.89	NA	2.00	2.17	NA	NA	XXX
96420	A	Chemo, ia, push technique	0.17	2.69	2.67	NA	2.94	2.92	NA	NA	XXX
96422	A	Chemo ia infusion up to 1 hr	0.17	3.80	4.57	NA	4.05	4.82	NA	NA	XXX
96423	A	Chemo ia infuse each addl hr	0.17	1.91	1.89	NA	2.02	2.08	NA	NA	XXX
96425	A	Chemotherapy, infusion method	0.17	4.52	4.48	NA	4.77	4.73	NA	NA	XXX
96440	A	Chemotherapy, intracavitary	2.37	5.51	7.48	1.00	8.05	10.02	3.54	3.71	000
96445	A	Chemotherapy, intracavitary	2.20	5.41	7.38	0.95	7.75	9.72	3.29	3.46	000
96450	A	Chemotherapy, into CNS	1.53	4.93	6.45	0.83	8.55	8.07	2.45	2.80	000
96521	A	Refill/maint, portable pump	0.21	3.13	3.60	NA	3.40	3.87	NA	NA	XXX
96522	A	Refill/maint pump/resvr syst	0.21	2.72	2.66	NA	2.99	2.93	NA	NA	XXX
96523	T	Irrig drug delivery device	0.04	0.64	0.68	NA	0.69	0.73	NA	NA	XXX
96542	A	Chemotherapy injection	0.75	3.54	4.07	0.33	4.36	4.89	1.15	1.40	XXX
96549	C	Chemotherapy, unspecified	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96567	A	Photodynamic tx, skin	0.00	3.74	2.40	NA	3.78	2.44	NA	NA	XXX
96570	A	Photodynamic tx, 30 min	1.10	0.41	0.38	0.41	1.62	1.59	1.62	1.59	ZZZ
96571	A	Photodynamic tx, addl 15 min	0.55	0.20	0.19	0.20	0.78	0.77	0.78	0.77	ZZZ
96900	A	Ultraviolet light therapy	0.00	0.56	0.47	NA	0.58	0.49	NA	NA	XXX
96902	B	Trichogram	0.41	0.11	0.16	0.10	0.53	0.58	0.52	0.57	XXX
96904	F	Whole body photography	0.00	1.84	1.84	NA	1.85	1.85	NA	NA	XXX
96910	A	Photocotherapy with UV-B	0.00	2.00	1.24	NA	2.04	1.28	NA	NA	XXX
96912	A	Photocotherapy with UV-A	0.00	2.56	1.59	NA	2.63	1.64	NA	NA	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT/1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Facility PE RVUs	Year 2007 Transi- tional Facility RVUs	Year 2007 Transi- tional Facility RVUs	Year 2007 Transi- tional Facility RVUs	Fully Im- plement- ed Facility RVUs	Year 2007 Transi- tional Facility RVUs	Fully Im- plement- ed Facility RVUs	Year 2007 Transi- tional Facility RVUs	Year 2007 Transi- tional Facility RVUs	Global
96913		A	Photochemotherapy, UV-A or B	0.00	3.65	2.17	NA	NA	NA	0.10	3.75	2.27	NA	NA	NA	XXX
96920		A	Laser tx, skin < 250 sq cm	1.15	3.59	2.80	0.58	0.57	0.02	4.76	3.97	3.97	1.75	1.74	0.00	000
96921		A	Laser tx, skin 250-500 sq cm	1.17	3.49	2.82	0.55	0.57	0.03	4.69	4.02	4.02	1.75	1.77	0.00	000
96922		A	Laser tx, skin > 500 sq cm	2.10	4.63	3.77	1.06	0.73	0.04	6.77	5.91	5.91	3.20	2.87	0.00	000
96939		C	Dermatological procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97001		A	Pt evaluation	1.20	0.67	0.73	NA	NA	0.05	1.92	1.98	1.98	NA	NA	NA	XXX
97002		A	Pt re-evaluation	0.60	0.41	0.43	NA	NA	0.02	1.03	1.05	1.05	NA	NA	NA	XXX
97003		A	Ot evaluation	1.20	0.78	0.86	NA	NA	0.06	2.04	2.12	2.12	NA	NA	NA	XXX
97004		A	Ot re-evaluation	0.60	0.55	0.64	NA	NA	0.02	1.17	1.26	1.26	NA	NA	NA	XXX
97005		I	Athletic train eval	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97006		I	Athletic train reeval	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97010		B	Hot or cold packs therapy	0.06	0.07	0.06	NA	NA	0.01	0.14	0.13	0.13	NA	NA	NA	XXX
97012		A	Mechanical traction therapy	0.25	0.14	0.13	NA	NA	0.01	0.40	0.39	0.39	NA	NA	NA	XXX
97014		I	Electric stimulation therapy	0.18	0.18	0.19	NA	NA	0.01	0.37	0.38	0.38	NA	NA	NA	XXX
97016		A	Vasopneumatic device therapy	0.18	0.24	0.20	NA	NA	0.01	0.43	0.39	0.39	NA	NA	NA	XXX
97018		A	Paraffin bath therapy	0.06	0.17	0.12	NA	NA	0.01	0.24	0.19	0.19	NA	NA	NA	XXX
97022		A	Whirlpool therapy	0.17	0.33	0.24	NA	NA	0.01	0.51	0.42	0.42	NA	NA	NA	XXX
97024		A	Diathermy eg, microwave	0.06	0.08	0.07	NA	NA	0.01	0.15	0.14	0.14	NA	NA	NA	XXX
97026		A	Infrared therapy	0.06	0.07	0.06	NA	NA	0.01	0.14	0.13	0.13	NA	NA	NA	XXX
97028		A	Ultraviolet therapy	0.08	0.08	0.07	NA	NA	0.01	0.17	0.16	0.16	NA	NA	NA	XXX
97032		A	Electrical stimulation	0.25	0.20	0.17	NA	NA	0.01	0.46	0.43	0.43	NA	NA	NA	XXX
97033		A	Electric current therapy	0.26	0.44	0.31	NA	NA	0.01	0.71	0.58	0.58	NA	NA	NA	XXX
97034		A	Contrast bath therapy	0.21	0.20	0.16	NA	NA	0.01	0.42	0.38	0.38	NA	NA	NA	XXX
97035		A	Ultrasound therapy	0.21	0.10	0.10	NA	NA	0.01	0.32	0.32	0.32	NA	NA	NA	XXX
97036		A	Hydrotherapy	0.28	0.44	0.35	NA	NA	0.01	0.73	0.64	0.64	NA	NA	NA	XXX
97039		C	Physical therapy treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97110		A	Therapeutic exercises	0.45	0.32	0.28	NA	NA	0.02	0.79	0.75	0.75	NA	NA	NA	XXX
97112		A	Neuromuscular reeducation	0.45	0.34	0.32	NA	NA	0.01	0.80	0.78	0.78	NA	NA	NA	XXX
97113		A	Aquatic therapy/exercises	0.44	0.53	0.43	NA	NA	0.01	0.98	0.88	0.88	NA	NA	NA	XXX
97116		A	Gait training therapy	0.40	0.28	0.25	NA	NA	0.01	0.69	0.66	0.66	NA	NA	NA	XXX
97124		A	Massage therapy	0.35	0.27	0.24	NA	NA	0.01	0.63	0.60	0.60	NA	NA	NA	XXX
97139		C	Physical medicine procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97140		A	Manual therapy	0.43	0.29	0.26	NA	NA	0.01	0.73	0.70	0.70	NA	NA	NA	XXX
97150		A	Group therapeutic procedures	0.27	0.22	0.19	NA	NA	0.01	0.50	0.47	0.47	NA	NA	NA	XXX
97530		A	Therapeutic activities	0.44	0.38	0.34	NA	NA	0.01	0.83	0.79	0.79	NA	NA	NA	XXX
97532		A	Cognitive skills development	0.44	0.22	0.21	NA	NA	0.01	0.67	0.66	0.66	NA	NA	NA	XXX
97533		A	Sensory integration	0.44	0.27	0.25	NA	NA	0.01	0.72	0.70	0.70	NA	NA	NA	XXX
97535		A	Self care mgmt training	0.45	0.37	0.34	NA	NA	0.01	0.83	0.80	0.80	NA	NA	NA	XXX
97537		A	Community/work reintegration	0.45	0.28	0.27	NA	NA	0.01	0.74	0.73	0.73	NA	NA	NA	XXX
97542		A	Wheelchair mgmt training	0.45	0.29	0.28	NA	NA	0.01	0.75	0.74	0.74	NA	NA	NA	XXX
97545		F	Work hardening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97546		F	Work hardening add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97597		A	Active wound care/20 cm or <	0.58	1.10	0.77	0.12	0.53	0.05	1.73	1.40	1.40	0.75	1.16	0.00	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT./HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im-plement-Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Im-plement-Non-Facility PE RVUs	Fully Im-plement-Non-Facility PE RVUs	Year 2007 Transitional Facility RVUs	Year 2007 Transitional Non-Facility RVUs	Fully Im-plement-Non-Facility Total	Fully Im-plement-Non-Facility Total	Year 2007 Transitional Facility Total	Year 2007 Transitional Non-Facility Total	Year 2007 Transitional Facility Total	Year 2007 Transitional Non-Facility Total	Global
97598	...	A	Active wound care > 20 cm	0.80	1.27	0.91	0.17	0.64	0.05	2.12	1.76	1.02	1.49	XXX			
97602	...	B	Wound(s) care non-selective	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX			
97605	...	A	Neg press wound bx, < 50 cm	0.55	0.41	0.36	0.12	0.20	0.02	0.98	0.93	0.69	0.77	XXX			
97606	...	A	Neg press wound bx, > 50 cm	0.60	0.42	0.37	0.13	0.21	0.03	1.05	1.00	0.76	0.84	XXX			
97750	...	A	Physical performance test	0.45	0.33	0.32	NA	NA	0.02	0.80	0.79	NA	NA	XXX			
97755	...	A	Assistive technology assess	0.62	0.28	0.28	NA	NA	0.02	0.92	0.92	NA	NA	XXX			
97760	...	A	Orthotic mgmt and training	0.45	0.42	0.36	NA	NA	0.03	0.90	0.84	NA	NA	XXX			
97761	...	A	Prosthetic training	0.45	0.33	0.29	NA	NA	0.02	0.80	0.76	NA	NA	XXX			
97762	...	A	C/o for orthotic/prosth use	0.25	0.73	0.50	NA	NA	0.02	1.00	0.77	NA	NA	XXX			
97799	...	C	Physical medicine procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX			
97802	...	A	Medical nutrition, indiv, in	0.45	0.14	0.39	0.11	0.38	0.01	0.60	0.85	0.57	0.84	XXX			
97803	...	A	Med nutritn, indiv, subseq	0.37	0.12	0.38	0.09	0.38	0.01	0.50	0.76	0.47	0.76	XXX			
97804	...	A	Medical nutrition, group	0.25	0.07	0.15	0.06	0.15	0.01	0.33	0.41	0.32	0.41	XXX			
97810	...	N	Acupunct w/o stimulat 15 min	0.60	0.26	0.35	0.14	0.21	0.03	0.89	0.98	0.77	0.84	XXX			
97811	...	N	Acupunct w/ stimulat 15m	0.50	0.15	0.23	0.12	0.17	0.03	0.68	0.76	0.65	0.70	ZZZ			
97813	...	N	Acupunct w/ stimulat 15 min	0.65	0.27	0.37	0.15	0.23	0.03	0.95	1.05	0.83	0.91	ZZZ			
98925	...	N	Acupunct w/ stimulat addl 15m	0.55	0.19	0.27	0.13	0.19	0.03	0.77	0.85	0.71	0.77	ZZZ			
98926	...	A	Osteopathic manipulation	0.45	0.28	0.31	0.12	0.14	0.02	0.75	0.78	0.59	0.61	000			
98927	...	A	Osteopathic manipulation	0.65	0.36	0.40	0.17	0.23	0.03	1.04	1.08	0.85	0.91	000			
98928	...	A	Osteopathic manipulation	0.87	0.45	0.49	0.26	0.32	0.03	1.35	1.39	1.13	1.18	000			
98929	...	A	Osteopathic manipulation	1.03	0.51	0.57	0.23	0.28	0.04	1.58	1.64	1.33	1.39	000			
98940	...	A	Osteopathic manipulation	1.19	0.57	0.65	0.30	0.35	0.05	1.81	1.89	1.54	1.59	000			
98941	...	A	Chiropractic manipulation	0.45	0.21	0.23	0.12	0.12	0.01	0.67	0.69	0.58	0.58	000			
98942	...	A	Chiropractic manipulation	0.65	0.27	0.29	0.18	0.17	0.01	0.93	0.95	0.84	0.83	000			
98943	...	A	Chiropractic manipulation	0.87	0.34	0.36	0.24	0.23	0.02	1.23	1.25	1.13	1.12	000			
98960	...	N	Chiropractic manipulation	0.40	0.17	0.22	0.09	0.14	0.01	0.58	0.63	0.50	0.55	XXX			
98961	...	B	Self-mgmt educ & train, 1 pt	0.00	0.48	0.48	0.00	0.00	0.01	0.49	0.49	0.01	0.01	XXX			
98962	...	B	Self-mgmt educ/train, 2-4 pt	0.00	0.23	0.23	0.00	0.00	0.01	0.24	0.24	0.01	0.01	XXX			
99000	...	B	Self-mgmt educ/train, 5-8 pt	0.00	0.17	0.17	0.00	0.00	0.01	0.18	0.18	0.01	0.01	XXX			
99001	...	B	Specimen handling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX			
99002	...	B	Specimen handling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX			
99024	...	B	Device handling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX			
99026	...	B	Postop follow-up visit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX			
99027	...	N	In-hospital on call service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX			
99050	...	N	Out-of-hosp on call service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX			
99051	...	B	Medical services after hrs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX			
99053	...	B	Med serv, eve/wkend/holiday	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX			
99056	...	B	Med serv 10pm-8am, 24 hr fac	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX			
99058	...	B	Med service out of office	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX			
99060	...	B	Office emergency care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX			
99070	...	B	Out of office emerg med serv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX			
99071	...	B	Special supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX			
99071	...	B	Patient education materials	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX			

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
99075		N	Medical testimony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99078		B	Group health education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99080		B	Special reports or forms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99082		C	Unusual physician travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99090		B	Computer data analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99091		B	Collect/review data from pt	1.10	0.25	0.25	NA	1.39	1.39	NA	NA	XXX
99100		B	Special anesthesia service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99116		B	Anesthesia with hypothermia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99135		B	Special anesthesia procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99140		B	Emergency anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99143		C	Mod cs by same phys, < 5 yrs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99144		C	Mod cs by same phys, 5 yrs +	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99145		C	Mod cs by same phys add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99148		C	Mod cs diff phys < 5 yrs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99149		C	Mod cs diff phys 5 yrs +	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99150		C	Mod cs diff phys add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99170		A	Anogenital exam, child	1.75	1.50	1.70	0.54	3.33	3.53	2.33	2.37	000
99172		N	Ocular function screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99173		N	Visual acuity screen	0.00	0.06	0.06	NA	0.07	0.07	NA	NA	XXX
99175		A	Induction of vomiting	0.00	0.33	1.13	NA	0.43	1.23	NA	NA	XXX
99183		A	Hyperbaric oxygen therapy	2.34	2.60	3.08	0.59	5.10	5.58	3.09	3.19	XXX
99185		A	Regional hypothermia	0.00	1.65	0.89	NA	0.04	0.93	NA	NA	XXX
99186		A	Total body hypothermia	0.00	1.38	1.88	NA	0.45	2.13	NA	NA	XXX
99190		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99191		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99192		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99195		A	Phlebotomy	0.00	2.59	0.98	NA	0.02	1.00	NA	NA	XXX
99199		C	Special service/proc/report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99201		A	Office/outpatient visit, new	0.45	0.55	0.51	0.16	1.03	0.99	0.64	0.63	XXX
99202		A	Office/outpatient visit, new	0.88	0.84	0.80	0.30	1.77	1.73	1.23	1.24	XXX
99203		A	Office/outpatient visit, new	1.34	1.11	1.13	0.43	2.54	2.56	1.86	1.90	XXX
99204		A	Office/outpatient visit, new	2.30	1.50	1.72	0.71	3.92	3.92	3.14	3.13	XXX
99205		A	Office/outpatient visit, new	3.00	1.80	1.78	0.93	4.95	4.93	4.08	4.10	XXX
99211		A	Office/outpatient visit, est	0.17	0.32	0.37	0.06	0.50	0.55	0.24	-0.24	XXX
99212		A	Office/outpatient visit, est	0.45	0.55	0.54	0.16	1.03	1.02	0.63	0.64	XXX
99213		A	Office/outpatient visit, est	0.92	0.76	0.71	0.29	1.71	1.66	1.24	1.20	XXX
99214		A	Office/outpatient visit, est	1.42	1.11	1.05	0.45	2.58	2.52	1.92	1.89	XXX
99215		A	Office/outpatient visit, est	2.00	1.39	1.34	0.62	3.47	3.42	2.70	2.72	XXX
99217		A	Observation care discharge	1.28	NA	NA	0.51	NA	NA	1.85	1.87	XXX
99218		A	Observation care	1.28	NA	NA	0.39	NA	NA	1.73	1.77	XXX
99219		A	Observation care	2.14	NA	NA	0.61	NA	NA	2.85	2.93	XXX
99220		A	Observation care	2.99	NA	NA	0.87	NA	NA	4.00	4.12	XXX
99221		A	Initial hospital care	1.88	NA	NA	0.56	NA	NA	2.51	2.43	XXX

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT-1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility/PE RVUs	Multi-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
99222		A	Initial hospital care	2.56	NA	NA	0.73	0.74	0.10	NA	NA	3.39	3.40	XXX
99223		A	Initial hospital care	3.76	NA	NA	1.11	1.05	0.13	NA	NA	5.02	4.96	XXX
99231		A	Subsequent hospital care	0.76	NA	NA	0.24	0.23	0.03	NA	NA	1.03	1.02	XXX
99232		A	Subsequent hospital care	1.39	NA	NA	0.44	0.39	0.04	NA	NA	1.87	1.82	XXX
99233		A	Subsequent hospital care	2.00	NA	NA	0.61	0.54	0.06	NA	NA	2.67	2.60	XXX
99234		A	Observ/hosp same date	2.56	NA	NA	0.80	0.87	0.13	NA	NA	3.49	3.56	XXX
99235		A	Observ/hosp same date	3.41	NA	NA	1.12	1.12	0.16	NA	NA	4.59	4.69	XXX
99236		A	Observ/hosp same date	4.26	NA	NA	1.28	1.40	0.19	NA	NA	5.73	5.85	XXX
99238		A	Hospital discharge day	1.28	NA	NA	0.50	0.53	0.05	NA	NA	1.83	1.86	XXX
99239		A	Hospital discharge day	1.90	NA	NA	0.69	0.72	0.07	NA	NA	2.66	2.69	XXX
99241		A	Office consultation	0.64	0.66	0.65	0.23	0.22	0.05	1.35	1.34	0.92	0.91	XXX
99242		A	Office consultation	1.34	1.09	1.05	0.49	0.47	0.10	2.53	2.49	1.93	1.91	XXX
99243		A	Office consultation	1.88	1.45	1.41	0.68	0.64	0.13	3.46	3.42	2.69	2.65	XXX
99244		A	Office consultation	3.02	1.96	1.86	1.12	1.12	0.16	5.14	5.04	4.30	4.15	XXX
99245		A	Office consultation	3.77	2.30	2.28	1.35	1.27	0.21	6.28	6.26	5.33	5.25	XXX
99251		A	Inpatient consultation	1.00	NA	NA	0.32	0.26	0.05	NA	NA	1.37	1.31	XXX
99252		A	Inpatient consultation	1.50	NA	NA	0.51	0.50	0.09	NA	NA	2.10	2.09	XXX
99253		A	Inpatient consultation	2.27	NA	NA	0.82	0.72	0.11	NA	NA	3.20	3.10	XXX
99254		A	Inpatient consultation	3.29	NA	NA	1.22	1.04	0.13	NA	NA	4.64	4.46	XXX
99255		A	Inpatient consultation	4.00	NA	NA	1.43	1.37	0.18	NA	NA	5.61	5.55	XXX
99281		A	Emergency dept visit	0.45	NA	NA	0.09	0.09	0.02	NA	NA	0.56	0.56	XXX
99282		A	Emergency dept visit	0.88	NA	NA	0.17	0.15	0.04	NA	NA	1.09	1.07	XXX
99283		A	Emergency dept visit	1.34	NA	NA	0.25	0.30	0.09	NA	NA	1.68	1.73	XXX
99284		A	Emergency dept visit	2.56	NA	NA	0.48	0.47	0.14	NA	NA	3.18	3.17	XXX
99285		A	Emergency dept visit	3.80	NA	NA	0.69	0.71	0.23	NA	NA	4.72	4.74	XXX
99288		B	Direct advanced life support	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99289		A	Ped crit care transport	4.79	NA	NA	1.14	1.37	0.24	NA	NA	6.17	6.40	XXX
99290		A	Ped crit care transport addl	2.40	NA	NA	0.62	0.76	0.12	NA	NA	3.14	3.28	ZZZ
99291		A	Critical care, first hour	4.50	2.30	2.50	1.15	1.25	0.21	7.01	7.21	5.86	5.96	XXX
99292		A	Critical care, add'l 30 min	2.25	0.84	0.89	0.60	0.63	0.11	3.20	3.25	2.96	2.99	ZZZ
99293		A	Ped critical care, initial	15.98	NA	NA	3.67	4.48	1.12	NA	NA	20.77	21.58	XXX
99294		A	Ped critical care, subseq	7.99	NA	NA	1.76	2.24	0.45	NA	NA	10.20	10.68	XXX
99295		A	Neonate crit care, initial	18.46	NA	NA	4.44	5.14	1.16	NA	NA	24.06	24.76	XXX
99296		A	Neonate critical care subseq	7.99	NA	NA	1.81	2.36	0.32	NA	NA	10.12	10.67	XXX
99299		A	lc for low infant < 1500 gm	2.75	NA	NA	0.68	0.87	0.17	NA	NA	3.60	3.79	XXX
99300		A	lc, low infant 1500-2500 gm	2.50	NA	NA	0.77	0.84	0.16	NA	NA	3.43	3.50	XXX
99304		A	lc, infant pbw 2501-5000 gm	2.40	NA	NA	0.74	0.82	0.15	NA	NA	3.29	3.37	XXX
99305		A	Nursing facility care, init	1.20	0.45	0.48	0.45	0.48	0.05	1.70	1.73	2.00	2.03	XXX
99306		A	Nursing facility care, init	1.61	0.57	0.62	0.57	0.62	0.07	2.25	2.30	2.25	2.30	XXX
99307		A	Nursing facility care, subseq	2.01	0.67	0.73	0.67	0.73	0.09	2.77	2.83	2.77	2.83	XXX
99308		A	Nursing fac care, subseq	0.60	0.27	0.27	0.27	0.27	0.03	0.90	0.90	0.90	0.90	XXX
99309		A	Nursing fac care, subseq	1.00	0.44	0.45	0.44	0.45	0.04	1.48	1.49	1.48	1.49	XXX
99309		A	Nursing fac care, subseq	1.42	0.59	0.61	0.59	0.61	0.06	2.07	2.09	2.07	2.09	XXX

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im-plement- ed Non-Facility PE RVUs	Year 2007 Transi- tional Non-Facility PE RVUs	Fully Im-plement- ed Facility PE RVUs	Year 2007 Transi- tional Facility RVUs	Mal-Prac- tice RVUs	Fully Im-plement- ed Non-Facility Total	Year 2007 Transi- tional Non-Facility Total	Fully Im-plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
99310		A	Nursing fac care, subseq	1.77	0.74	0.77	0.74	0.77	0.08	2.59	2.62	2.59	2.62	XXX
99315		A	Nursing fac discharge day	1.13	0.41	0.44	0.41	0.44	0.05	1.59	1.62	1.59	1.62	XXX
99316		A	Nursing fac discharge day	1.50	0.52	0.57	0.52	0.57	0.06	2.08	2.13	2.08	2.13	XXX
99318		A	Annual nursing fac assessmt	1.20	0.45	0.48	0.45	0.48	0.05	1.70	1.73	1.70	1.73	XXX
99324		A	Domicil/r-home visit new pat	1.01	0.44	0.48	NA	NA	0.05	1.50	1.54	NA	NA	XXX
99325		A	Domicil/r-home visit new pat	1.52	0.58	0.66	NA	NA	0.07	2.17	2.25	NA	NA	XXX
99326		A	Domicil/r-home visit new pat	2.27	0.74	0.88	NA	NA	0.10	3.11	3.25	NA	NA	XXX
99327		A	Domicil/r-home visit new pat	3.03	0.94	1.11	NA	NA	0.13	4.10	4.27	NA	NA	XXX
99328		A	Domicil/r-home visit new pat	3.78	1.13	1.35	NA	NA	0.16	5.07	5.29	NA	NA	XXX
99334		A	Domicil/r-home visit est pat	0.76	0.36	0.39	0.36	0.39	0.04	1.16	1.19	NA	NA	XXX
99335		A	Domicil/r-home visit est pat	1.26	0.48	0.56	NA	NA	0.06	1.80	1.88	NA	NA	XXX
99336		A	Domicil/r-home visit est pat	2.02	0.67	0.78	NA	NA	0.09	2.78	2.89	NA	NA	XXX
99337		A	Domicil/r-home visit est pat	3.03	0.92	1.09	NA	NA	0.13	4.08	4.25	NA	NA	XXX
99339		B	Domicil/r-home care supervis	1.25	0.58	0.68	NA	NA	0.06	1.89	1.89	NA	NA	XXX
99340		B	Domicil/r-home care supervis	1.80	0.76	0.76	NA	NA	0.07	2.63	2.63	NA	NA	XXX
99341		A	Home visit, new patient	1.01	0.44	0.47	NA	NA	0.05	1.50	1.53	NA	NA	XXX
99342		A	Home visit, new patient	1.52	0.58	0.66	NA	NA	0.07	2.17	2.25	NA	NA	XXX
99343		A	Home visit, new patient	2.27	0.77	0.90	NA	NA	0.10	3.14	3.27	NA	NA	XXX
99344		A	Home visit, new patient	3.03	0.93	1.12	NA	NA	0.13	4.09	4.28	NA	NA	XXX
99345		A	Home visit, new patient	3.78	1.10	1.35	NA	NA	0.16	5.04	5.29	NA	NA	XXX
99347		A	Home visit, est patient	0.76	0.37	0.39	NA	NA	0.04	1.17	1.19	NA	NA	XXX
99348		A	Home visit, est patient	1.26	0.49	0.56	NA	NA	0.06	1.81	1.88	NA	NA	XXX
99349		A	Home visit, est patient	2.02	0.67	0.79	NA	NA	0.09	2.78	2.90	NA	NA	XXX
99350		A	Home visit, est patient	3.03	0.92	1.12	NA	NA	0.13	4.08	4.28	NA	NA	XXX
99354		A	Prolonged service, office	1.77	0.66	0.74	0.51	0.62	0.08	2.51	2.59	2.36	2.47	ZZZ
99355		A	Prolonged service, office	1.77	0.68	0.73	0.53	0.60	0.07	2.52	2.57	2.37	2.44	ZZZ
99356		A	Prolonged service, inpatient	1.71	NA	NA	0.52	0.60	0.07	NA	NA	2.30	2.38	ZZZ
99357		A	Prolonged service, inpatient	1.71	NA	NA	0.51	0.60	0.08	NA	NA	2.30	2.39	ZZZ
99358		B	Prolonged serv, w/o contact	2.10	0.51	0.51	0.51	0.51	0.09	2.70	2.70	2.70	2.70	ZZZ
99359		B	Prolonged serv, w/o contact	1.00	0.26	0.26	0.26	0.26	0.04	1.30	1.30	1.30	1.30	ZZZ
99360		X	Physician standby services	1.20	0.00	0.00	0.00	0.00	0.05	1.25	1.25	1.25	1.25	XXX
99361		B	Physician/team conference	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99362		B	Physician/team conference	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99363		B	Anticoag mgmt, init	1.65	1.29	1.29	0.38	0.38	0.07	3.01	3.01	2.10	2.10	XXX
99364		B	Anticoag mgmt, subseq	0.63	0.38	0.38	0.15	0.15	0.04	1.05	1.05	0.82	0.82	XXX
99371		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99372		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99373		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99374		B	Home health care supervision	1.10	0.54	0.66	0.25	0.38	0.05	1.69	1.81	1.40	1.53	XXX
99375		I	Home health care supervision	1.73	0.75	1.35	0.40	1.26	0.07	2.55	3.15	2.20	3.06	XXX
99377		B	Hospice care supervision	1.10	0.54	0.66	0.25	0.38	0.05	1.69	1.81	1.40	1.53	XXX
99378		I	Hospice care supervision	1.73	0.75	1.64	0.40	1.56	0.07	2.55	3.44	2.20	3.36	XXX
99379		B	Nursing fac care supervision	1.10	0.54	0.66	0.25	0.38	0.04	1.68	1.80	1.39	1.52	XXX

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APPENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
99380		B	Nursing fac care supervision	1.73	0.75	0.93	0.40	0.60	0.06	2.54	2.72	2.19	2.39	XXX
99381		N	Init pm e/m, new pat, inf	1.19	0.99	1.37	0.27	0.41	0.05	2.23	2.61	1.51	1.65	XXX
99382		N	Init pm e/m, new pat 1-4 yrs	1.36	1.03	1.41	0.31	0.47	0.05	2.44	2.82	1.72	1.88	XXX
99383		N	Prev visit, new, age 5-11	1.36	1.02	1.37	0.31	0.47	0.05	2.43	2.78	1.72	1.88	XXX
99384		N	Prev visit, new, age 12-17	1.53	1.06	1.43	0.35	0.53	0.06	2.65	3.02	1.94	2.12	XXX
99385		N	Prev visit, new, age 18-39	1.53	1.06	1.43	0.35	0.53	0.06	2.65	3.02	1.94	2.12	XXX
99386		N	Prev visit, new, age 40-64	1.88	1.14	1.59	0.43	0.65	0.07	3.09	3.54	2.38	2.60	XXX
99387		N	Init pm e/m, new pat 65+ yrs	2.06	1.27	1.72	0.48	0.71	0.07	3.40	3.85	2.61	2.84	XXX
99391		N	Per pm reeval, est pat, inf	1.02	0.86	0.98	0.24	0.35	0.04	1.92	2.04	1.30	1.41	XXX
99392		N	Prev visit, est, age 1-4	1.19	0.89	1.04	0.27	0.41	0.05	2.13	2.28	1.51	1.65	XXX
99393		N	Prev visit, est, age 5-11	1.19	0.89	1.02	0.27	0.41	0.05	2.13	2.26	1.51	1.65	XXX
99394		N	Prev visit, est, age 12-17	1.36	0.93	1.08	0.31	0.47	0.05	2.34	2.49	1.72	1.88	XXX
99395		N	Prev visit, est, age 18-39	1.36	0.93	1.10	0.31	0.47	0.05	2.34	2.51	1.72	1.88	XXX
99396		N	Prev visit, est, age 40-64	1.53	0.97	1.18	0.35	0.53	0.06	2.56	2.77	1.94	2.12	XXX
99397		N	Per pm reeval est pat 65+ yr	1.71	1.11	1.30	0.40	0.60	0.06	2.88	3.07	2.17	2.37	XXX
99401		N	Preventive counseling, indiv	0.48	0.36	0.56	0.11	0.17	0.01	0.85	1.05	0.60	0.66	XXX
99402		N	Preventive counseling, indiv	0.98	0.47	0.77	0.23	0.34	0.02	1.47	1.77	1.23	1.34	XXX
99403		N	Preventive counseling, indiv	1.46	0.58	0.96	0.34	0.51	0.04	2.08	2.46	1.84	2.01	XXX
99404		N	Preventive counseling, indiv	1.95	0.70	1.17	0.45	0.68	0.05	2.70	3.17	2.45	2.68	XXX
99411		N	Preventive counseling, group	0.15	0.22	0.19	0.03	0.05	0.01	0.38	0.35	0.19	0.21	XXX
99412		N	Preventive counseling, group	0.25	0.24	0.25	0.06	0.09	0.01	0.50	0.51	0.32	0.35	XXX
99420		N	Health risk assessment test	0.00	0.22	0.22	NA	NA	0.01	0.23	0.23	NA	NA	XXX
99429		N	Unlisted preventive service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99431		A	Initial care, normal newborn	1.17	NA	NA	0.27	0.35	0.05	NA	NA	1.49	1.57	XXX
99432		A	Newborn care, not in hosp	1.26	1.00	0.95	0.29	0.37	0.07	2.33	2.28	1.62	1.70	XXX
99433		A	Normal newborn care/hospital	0.62	NA	NA	0.15	0.19	0.02	NA	NA	0.79	0.83	XXX
99435		A	Newborn discharge day hosp	1.50	NA	NA	0.46	0.56	0.06	NA	NA	2.02	2.12	XXX
99436		A	Attendance, birth	2.93	NA	NA	0.35	0.44	0.06	NA	NA	1.91	2.00	XXX
99440		A	Newborn resuscitation	0.00	0.00	0.00	0.68	0.87	0.12	NA	NA	3.73	3.92	XXX
99450		N	Basic life disability exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99455		R	Work related disability exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99456		R	Disability examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99499		C	Unlisted e&m service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99500		I	Home visit, prenatal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99501		I	Home visit, postnatal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99502		I	Home visit, nb care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99503		I	Home visit, resp therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99504		I	Home visit mech ventilator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99505		I	Home visit, stoma care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99506		I	Home visit, im injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99507		I	Home visit, cath maintain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99509		I	Home visit day life activity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99510		I	Home visit, sing/m/fam couns	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Faci- lity PE RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
99511		I	Home visit, fecal/enema mgmt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99512		I	Home visit for hemodialysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99600		I	Home visit nos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99601		I	Home infusion/visit, 2 hrs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99602		I	Home infusion, each addtl hr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4890		R	Repair/maint cont hemo equip	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0150		R	Comprehensive oral evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0240		R	Intraoral occlusal film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0250		R	Extraoral first film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0260		R	Extraoral ea additional film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0270		R	Dental bitewing single film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0272		R	Dental bitewings two films	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0274		R	Dental bitewings four films	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0277		R	Vert bitewings-sev to eight	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0416		R	Viral culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0421		R	Gen 1st suscept oral disease	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0431		R	Diag 1st detect mucos abnorm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0460		R	Pulp vitality test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0472		R	Gross exam, prep & report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0473		R	Micro exam, prep & report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0474		R	Micro w exam of surg margins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0475		R	Decalcification procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0476		R	Spec stains for microorgans	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0477		R	Spec stains not for microorg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0478		R	Immunohistochemical stains	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0479		R	Tissue in-situ hybridization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0480		R	Cytopath smear prep & report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0481		R	Electron microscopy diagnost	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0482		R	Direct immunofluorescence	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0483		R	Indirect immunofluorescence	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0484		R	Consult slides prep elsewhere	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0485		R	Consult inc prep of slides	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0502		R	Other oral pathology procedu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0999		R	Unspecified diagnostic proce	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1510		R	Space maintainer fxd unilat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1515		R	Fixed bilat space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1520		R	Remove unilat space maintain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1525		R	Remove bilat space maintain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1550		R	Recement space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D2999		R	Dental unspc restorative pr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D3460		R	Endodontic endosseous implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D3999		R	Endodontic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4260		R	Osseous surgery per quadrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facility RVUs	Year 2007 Transi- tional Facility PE RVUs	Fully Im- plement- ed Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facility Total	Year 2007 Transi- tional Facility Total	Global
D4263		R	Bone reple graft first site	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4264		R	Bone reple graft each add	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4268		R	Surgical revision procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4270		R	Pedicle soft tissue graft pr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4271		R	Free soft tissue graft proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4273		R	Subepithelial tissue graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4355		R	Full mouth debridement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4381		R	Localized delivery antimicro	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5911		R	Facial moulage sectional	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5912		R	Facial moulage complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5951		R	Feeding aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5983		R	Radiation applicator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5984		R	Radiation shield	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5985		R	Radiation cone locator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5987		R	Commissure splint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D6920		R	Dental connector bar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7111		R	Extraction coronal remnants	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7140		R	Extraction erupted tooth/exr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7210		R	Rem imp tooth w mucoper flap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7220		R	Impact tooth remov soft tiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7230		R	Impact tooth remov part bony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7240		R	Impact tooth remov comp bony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7241		R	Impact tooth rem bony w/comp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7250		R	Tooth root removal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7260		R	Oral antral fistula closure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7261		R	Primary closure sinus perf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7283		R	Place device impacted tooth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7288		R	Brush biopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7291		R	Transseptal fibrotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7321		R	Alveoplasty not w/extracts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7511		R	Incision/drain abscess intra	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7521		R	Incision/drain abscess extra	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7940		R	Reshaping bone orthognathic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9110		R	Tx dental pain minor proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9230		R	Analgesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9248		R	Sedation (non-iv)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9630		R	Other drugs/medicaments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9930		R	Treatment of complications	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9940		R	Dental occlusal guard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9950		R	Occlusion analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9951		R	Limited occlusal adjustment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9952		R	Complete occlusal adjustment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
G0008		X	Admin influenza virus vac	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
G0009		X	Admin pneumococcal vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0010		X	Admin hepatitis b vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0027		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0101		A	CA screen;pelvic/breast exam	0.45	0.48	0.51	0.06	0.06	0.02	0.95	0.98	0.24	0.24	XXX
G0102		A	Prostate ca screening; dre	0.17	0.32	0.37	0.06	0.06	0.01	0.50	0.55	0.24	0.24	XXX
G0103		X	Psa, total screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0104		A	CA screen;flexi; sigmoidscope	0.96	2.49	2.33	0.62	0.62	0.08	3.53	3.37	1.66	1.57	000
G0105		A	Colorectal scrn; hi risk ind	3.69	6.37	6.20	1.85	1.57	0.30	10.36	10.19	5.84	5.56	000
G0105	53	A	Colorectal scrn; hi risk ind	0.96	2.49	2.33	0.62	0.62	0.08	3.53	3.37	1.66	1.57	000
G0106		A	Colon CA screen;barium enema	0.99	4.64	3.07	0.99	0.17	5.80	4.23	NA	NA	NA	XXX
G0106	TC	A	Colon CA screen;barium enema	0.00	4.36	2.76	0.00	0.13	4.49	2.89	NA	NA	NA	XXX
G0106	26	A	Colon CA screen;barium enema	0.99	0.28	0.31	0.28	0.04	1.31	1.34	1.31	1.34	1.34	XXX
G0108		A	Diab manage trn per indiv	0.00	0.59	0.77	0.00	0.01	0.60	0.78	NA	NA	NA	XXX
G0109		A	Diab manage trn ind/group	0.00	0.31	0.44	0.00	0.01	0.32	0.45	NA	NA	NA	XXX
G0117		T	Glaucoma scrn high risk direc	0.45	0.79	0.74	0.00	0.01	1.25	1.20	NA	NA	NA	XXX
G0118		T	Glaucoma scrn high risk direc	0.17	0.79	0.60	0.00	0.01	0.97	0.78	NA	NA	NA	XXX
G0120		A	Colon ca scrn; barium enema	0.99	4.64	3.07	0.99	0.17	5.80	4.23	NA	NA	NA	XXX
G0120	TC	A	Colon ca scrn; barium enema	0.00	4.36	2.76	0.00	0.13	4.49	2.89	NA	NA	NA	XXX
G0120	26	A	Colon ca scrn; barium enema	0.99	0.28	0.31	0.28	0.04	1.31	1.34	1.31	1.34	1.34	XXX
G0121		A	Colon ca scrn not hi risk ind	3.69	6.37	6.20	1.85	1.57	0.30	10.36	10.19	5.84	5.56	000
G0121	53	A	Colon ca scrn not hi risk ind	0.96	2.49	2.33	0.62	0.53	0.08	3.53	3.37	1.66	1.57	000
G0122		N	Colon ca scrn; barium enema	0.99	5.58	3.32	0.18	0.18	6.75	4.49	NA	NA	NA	XXX
G0122	TC	N	Colon ca scrn; barium enema	0.00	5.35	2.98	0.13	0.13	5.48	3.11	NA	NA	NA	XXX
G0122	26	N	Colon ca scrn; barium enema	0.99	0.23	0.34	0.23	0.05	1.27	1.38	1.27	1.38	1.38	XXX
G0123		X	Screen cerv/vag thin layer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0124		A	Screen c/v thin layer by MD	0.42	0.37	0.21	0.37	0.21	0.02	0.81	0.65	0.81	0.65	XXX
G0127		R	Trim nail(s)	0.17	0.38	0.28	0.05	0.07	0.01	0.56	0.46	0.23	0.25	000
G0128		R	CORF skilled nursing service	0.08	0.02	0.03	0.02	0.03	0.01	0.11	0.12	0.11	0.12	XXX
G0130		A	Single energy x-ray study	0.22	0.54	0.79	0.06	0.06	0.82	1.07	NA	NA	NA	XXX
G0130	TC	A	Single energy x-ray study	0.00	0.48	0.72	0.00	0.05	0.53	0.77	NA	NA	NA	XXX
G0130	26	A	Single energy x-ray study	0.22	0.06	0.07	0.06	0.01	0.29	0.30	0.29	0.29	0.30	XXX
G0141		A	Scr c/v cyto;autosys and md	0.42	0.37	0.21	0.37	0.21	0.02	0.81	0.65	0.81	0.65	XXX
G0143		X	Scr c/v cyto;thinlayer, resc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0144		X	Scr c/v cyto;thinlayer, resc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0145		X	Scr c/v cyto;thinlayer, resc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0147		X	Scr c/v cyto, automated sys	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0148		X	Scr c/v cyto, autosys, resc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0166		A	Extrnl counterpulse, per bx	0.07	4.51	3.81	0.01	0.01	4.59	3.89	NA	NA	NA	XXX
G0168		A	Wound closure by adhesive	0.45	1.56	1.84	0.21	0.22	0.03	2.04	2.32	0.69	0.70	000
G0173		X	Linear acc stereo radscr com	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0175		X	OPPS Service,sched team conf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0176		X	OPPS/PHP;activity therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0177		X	OPPS/PHP; train & educ serv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007.—CONTINUED

CPT-1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
G0179		A	MD recertification HHA PT	0.45	0.48	0.89	NA	0.95	0.02	0.95	1.36	NA	NA	XXX
G0180		A	MD certification HHA patient	0.67	0.56	1.09	NA	1.26	0.03	1.26	1.79	NA	NA	XXX
G0181		A	Home health care supervision	1.73	0.82	1.32	NA	2.62	0.07	2.62	3.12	NA	NA	XXX
G0182		A	Hospice care supervision	1.73	0.84	1.46	NA	2.64	0.07	2.64	3.26	NA	NA	XXX
G0186		C	Dairy eye lens,for vssl tech	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
G0202		A	Screeningmammographydigital	0.70	2.66	2.74	NA	3.46	0.10	3.46	3.54	NA	NA	XXX
G0202	TC	A	Screeningmammographydigital	0.00	2.46	2.52	NA	2.53	0.07	2.53	2.59	NA	NA	XXX
G0202	26	A	Screeningmammographydigital	0.70	0.20	0.22	0.20	0.95	0.03	0.93	0.95	0.93	0.93	XXX
G0204		A	Diagnosticmammographydigital	0.87	3.14	2.87	NA	4.12	0.11	4.12	3.85	NA	NA	XXX
G0204	TC	A	Diagnosticmammographydigital	0.00	2.90	2.60	NA	2.97	0.07	2.97	2.67	NA	NA	XXX
G0204	26	A	Diagnosticmammographydigital	0.87	0.24	0.27	0.24	1.15	0.04	1.15	1.18	1.15	1.18	XXX
G0206		A	Diagnosticmammographydigital	0.70	2.50	2.31	NA	3.29	0.09	3.29	3.10	NA	NA	XXX
G0206	TC	A	Diagnosticmammographydigital	0.00	2.30	2.09	NA	2.36	0.06	2.36	2.15	NA	NA	XXX
G0206	26	A	Diagnosticmammographydigital	0.70	0.20	0.22	0.20	0.93	0.03	0.93	0.95	0.93	0.95	XXX
G0209		N	PET img wholebd melano nonco	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0219		N	PET img wholebd melano nonco	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0219	26	N	PET img wholebd melano nonco	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0235		N	PET not otherwise specified	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0235	TC	N	PET not otherwise specified	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0235	26	N	PET not otherwise specified	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0237		A	Therapeutic proced strg endur	0.00	0.21	0.41	NA	0.23	0.02	0.23	0.43	NA	NA	XXX
G0238		A	Oth resp proc, indiv	0.00	0.23	0.43	NA	0.25	0.02	0.25	0.45	NA	NA	XXX
G0239		A	Oth resp proc, group	0.00	0.31	0.33	NA	0.33	0.02	0.33	0.35	NA	NA	XXX
G0245		R	Initial foot exam pt lops	0.88	0.84	0.80	0.30	1.76	0.04	1.76	1.72	1.22	1.23	XXX
G0246		R	Followup eval of foot pt lop	0.45	0.55	0.54	0.15	1.02	0.02	1.02	1.01	0.62	0.63	XXX
G0247		R	Routine footcare pt w lops	0.50	0.68	0.56	0.17	1.20	0.02	1.20	1.08	0.69	0.72	ZZZ
G0248		R	Demonstrate use home inr mon	0.00	3.36	5.80	NA	3.37	0.01	3.37	5.81	NA	NA	XXX
G0249		R	Provide test material,equipm	0.00	2.41	3.57	NA	2.42	0.01	2.42	3.58	NA	NA	XXX
G0250		R	MD review interpret of test	0.18	0.08	0.07	NA	0.27	0.01	0.27	0.26	NA	NA	XXX
G0251		E	Llinear acc based stereo radio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0252		N	PET imaging initial dx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0252	TC	N	PET imaging initial dx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0252	26	N	PET imaging initial dx	1.50	0.00	0.60	0.00	1.54	0.04	1.54	2.14	1.54	2.14	XXX
G0255		N	Current percep threshold tst	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0255	TC	N	Current percep threshold tst	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0255	26	N	Current percep threshold tst	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0257		E	Unsched dialysis ESRD pt hos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0259		E	Inject for sacroiliac joint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0260		E	Inj for sacroiliac jt anesth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0265		X	Cryopreservation Freeze+stora	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0266		X	Thawing + expansion froz cel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0267		X	Bone marrow or psc harvest	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0268		A	Removal of impacted wax md	0.61	0.61	0.63	0.18	1.24	0.02	1.24	1.26	0.81	0.86	000

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional PE RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facili- ty Total	Year 2007 Transi- tional Fa- cility Total	Global
G0269	...	B	Occlusive device in vein art.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0270	...	A	MNT subs tx for change dx	0.37	0.12	0.38	0.09	0.38	0.38	0.01	0.50	0.47	0.76	XXX
G0271	...	A	Group MNT 2 or more 30 mins	0.25	0.07	0.15	0.06	0.15	0.41	0.33	0.32	0.41	0.41	XXX
G0275	...	A	Renal angio, cardiac cath	0.25	NA	NA	NA	0.11	NA	NA	NA	0.40	0.37	ZZZ
G0278	...	A	Iliac art angio, cardiac cath	0.25	NA	NA	NA	0.14	NA	NA	NA	0.40	0.37	ZZZ
G0281	...	A	Elec stim unattend for press	0.18	0.14	0.12	NA	0.11	0.33	0.01	0.33	NA	NA	XXX
G0282	...	N	Elect stim wound care not pd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0283	...	A	Elec stim other than wound	0.18	0.14	0.12	NA	0.11	0.33	0.01	0.33	NA	NA	XXX
G0288	...	A	Recon, CTA for surg plan	0.00	1.00	8.21	NA	NA	8.39	1.18	NA	NA	NA	XXX
G0289	...	A	Arthro, loose body + chondro	1.48	NA	NA	0.60	0.75	NA	0.26	2.34	2.49	2.49	ZZZ
G0290	...	E	Drug-eluting stents, single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0291	...	E	Drug-eluting stents, each add	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0293	...	E	Non-cov surg proc, clin trial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0294	...	E	Non-cov proc, clinical trial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0295	...	N	Electromagnetic therapy onc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0297	...	X	Insert single chamber/cd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0298	...	X	Insert dual chamber/cd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0299	...	X	Insert/repos single lcd-heads	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0300	...	X	Insert reposit lead dual-gen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0302	...	X	Pre-op service LVRS complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0303	...	X	Pre-op service LVRS 10-15dos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0304	...	X	Pre-op service LVRS 1-9 dos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0305	...	X	Post op service LVRS min 6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0306	...	X	CBC/diffwbc w/o platelet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0307	...	X	CBC without platelet	12.74	5.57	7.80	5.57	7.80	7.80	0.42	18.73	20.96	20.96	XXX
G0308	...	A	ESRD related svc 4+mo <2yrs	10.61	4.85	6.54	4.85	6.54	15.82	0.36	15.82	17.51	17.51	XXX
G0309	...	A	ESRD related svc 2-3mo <2yrs	8.49	2.91	4.99	2.91	4.99	13.76	0.28	13.76	15.82	15.82	XXX
G0310	...	A	ESRD related svc 1 vs1 <2yrs	9.73	3.62	4.45	3.62	4.45	11.68	0.34	11.68	13.76	13.76	XXX
G0311	...	A	ESRD related svc 4+mo 2-11yr	8.11	2.70	3.62	2.70	3.62	14.52	0.29	14.52	16.98	16.98	XXX
G0312	...	A	ESRD relate svc 2-3 mo 2-11y	6.49	1.89	2.83	1.89	2.83	12.02	0.22	12.02	14.52	14.52	XXX
G0313	...	A	ESRD related svc 1 mon 2-11y	8.28	3.46	4.18	3.46	4.18	11.10	0.27	11.10	12.02	12.02	XXX
G0314	...	A	ESRD related svc 4+ mo 12-19	6.90	2.84	3.41	2.84	3.41	9.54	0.23	9.54	10.54	10.54	XXX
G0315	...	A	ESRD related svc 2-3mo/12-19	5.52	1.71	2.63	1.71	2.63	12.73	0.23	12.73	12.73	12.73	XXX
G0316	...	A	ESRD related svc 1vis/12-19y	5.09	2.29	2.72	2.29	2.72	10.54	0.23	10.54	10.54	10.54	XXX
G0317	...	A	ESRD related svc 4+mo 20+yrs	4.24	1.73	2.22	1.73	2.22	8.32	0.17	8.32	8.32	8.32	XXX
G0318	...	A	ESRD related svc 2-3 mo 20+y	3.39	1.16	1.72	1.16	1.72	7.40	0.17	7.40	7.40	7.40	XXX
G0319	...	A	ESRD related svc 1visit 20+y	10.61	2.73	6.01	2.73	6.01	6.60	0.14	6.60	6.60	6.60	XXX
G0320	...	A	ESRD related svc home unord 2	8.11	2.02	3.45	2.02	3.45	5.22	0.11	5.22	5.22	5.22	XXX
G0321	...	A	ESRDrelatedsvs home mo 2-11y	6.90	1.76	3.19	1.76	3.19	6.60	0.36	6.60	6.60	6.60	XXX
G0322	...	A	ESRD related sv home mo12-19	4.24	1.18	2.08	1.18	2.08	11.85	0.29	11.85	11.85	11.85	XXX
G0323	...	A	ESRD related sv home mo 20+	0.35	0.16	0.22	0.16	0.22	8.89	0.23	8.89	8.89	8.89	XXX
G0324	...	A	ESRD relate sv home/dy <2yr	0.23	0.09	0.11	0.09	0.11	5.56	0.14	5.56	5.56	5.56	XXX
G0325	...	A	ESRD relate home/day/ 2-11yr	0.23	0.09	0.11	0.09	0.11	0.52	0.01	0.52	0.52	0.52	XXX
G0325	...	A	ESRD relate home/day/ 2-11yr	0.23	0.09	0.11	0.09	0.11	0.35	0.01	0.35	0.35	0.35	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ^{1/} HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Non- Facility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
G0326		A	ESRD relate home/dy 12-19yr	0.27	0.10	0.12	0.10	0.12	0.40	0.38	0.38	0.40	XXX
G0327		A	ESRD relate home/dy 20+ys	0.14	0.06	0.08	0.06	0.08	0.23	0.21	0.21	0.23	XXX
G0328		X	Fecal blood scm immunoassay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0329		A	Electromagnetic tx for ulcers	0.06	0.15	0.14	NA	NA	0.21	0.21	NA	NA	XXX
G0332		A	Preadmin IV immunoglobulin	0.00	0.00	1.97	NA	NA	1.97	NA	NA	NA	XXX
G0333		X	Dispense tee initial 30 day	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0337		X	Hospice evaluation prelect	1.34	0.31	0.46	0.31	0.46	1.89	1.74	1.74	1.89	XXX
G0339		C	Robot lin-radsurg com, first	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0340		C	Robot lin-radsurg fractx 2-5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0341		A	Percutaneous islet celltrans	6.98	NA	NA	2.08	2.46	NA	NA	9.54	9.92	000
G0342		A	Laparoscopy islet cell trans	11.92	NA	NA	5.09	5.24	NA	NA	18.47	18.62	090
G0343		A	Laparotomy islet cell transp	19.85	NA	NA	8.63	8.72	NA	NA	30.55	30.64	090
G0344		A	Initial preventive exam	1.34	1.11	1.13	0.43	0.47	2.57	1.87	1.87	1.91	XXX
G0364		A	Bone marrow aspirate & biopsy	0.16	0.16	0.15	0.07	0.06	0.36	0.04	0.27	0.26	ZZZ
G0365		A	Vessel mapping hemo access	0.25	5.16	4.28	NA	NA	4.78	5.66	NA	NA	XXX
G0365	TC	A	Vessel mapping hemo access	0.00	5.10	4.20	NA	NA	4.43	5.33	NA	NA	XXX
G0385		A	Vessel mapping hemo access	0.25	0.34	0.08	0.06	0.08	0.33	0.35	0.35	0.35	XXX
G0386	26	A	EKG for initial prevent exam	0.17	0.36	0.47	NA	NA	0.67	NA	NA	NA	XXX
G0387		A	EKG tracing for initial prev	0.00	0.27	0.41	NA	NA	0.43	NA	NA	NA	XXX
G0388		A	EKG interpret & report prev	0.17	0.07	0.06	0.07	0.06	0.24	0.25	0.24	0.24	XXX
G0372		A	MD service required for PMD	0.17	0.04	0.04	0.04	0.06	0.22	0.22	0.22	0.24	XXX
G0375		A	Smoke/tobacco counseling 3-10	0.24	0.07	0.09	0.07	0.09	0.34	0.32	0.34	0.34	XXX
G0376		A	Smoke/tobacco counseling >10	0.48	0.13	0.17	0.13	0.16	0.62	0.62	0.62	0.65	XXX
G0378		X	Hospital observation per hr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0379		X	Direct admit hospital observ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0389		X	Ultrasound exam AAA screen	0.58	2.29	2.29	NA	NA	2.98	NA	NA	NA	XXX
G0389	TC	A	Ultrasound exam AAA screen	0.00	2.12	2.12	NA	NA	2.20	NA	NA	NA	XXX
G0389	26	A	Ultrasound exam AAA screen	0.58	0.17	0.17	0.17	0.17	0.78	0.78	0.78	0.78	XXX
G0392		A	AV fistula or graft arterial	9.48	46.08	46.08	2.47	2.47	56.18	56.18	12.57	12.57	000
G0393		A	AV fistula or graft venous	6.03	59.59	59.59	2.93	2.93	65.96	65.96	9.30	9.30	000
G0394		X	Blood occult test,colorrectal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G3001		X	Admin + supply, tositumomab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9001		X	MCCD, initial rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9002		X	MCCD,maintenance rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9003		X	MCCD, risk adj hi, initial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9004		X	MCCD, risk adj lo, initial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9005		X	MCCD, risk adj, maintenance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9006		X	MCCD, Home monitoring	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9007		X	MCCD, sch team conf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9008		X	Mccd,phys coor-care ovrsght	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9009		X	MCCD, risk adj, level 3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9010		X	MCCD, risk adj, level 4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9011		X	MCCD, risk adj, level 5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—2007 RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2007—CONTINUED

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility RVUs	Fully Im- plement- ed Faci- lity PE RVUs	Year 2007 Transi- tional PE RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
G9012		X	Other Specified Case Mgmt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9013		N	ESRD demo bundle level I	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9014		N	ESRD demo bundle-level II	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9016		N	Demo-smoking cessation coun	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9017		X	Amantadine HCL 100mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9018		X	Zanamivir, inhalation pwd 10m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9019		X	Oseltamivir, phosphate 75mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9020		X	Rimantadine HCL 100mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9033		X	Amantadine HCL oral brand	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9034		X	Zanamivir, inh pwd, brand	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9035		X	Oseltamivir, phosph, brand	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9036		X	Rimantadine HCL, brand	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9041		A	Low vision rehab occupationa	0.44	0.10	0.24	0.10	0.24	0.01	0.55	0.69	0.55	0.69	XXX
G9042		A	Low vision rehab orient/mobi	0.10	0.02	0.22	0.02	0.22	0.01	0.13	0.33	0.13	0.33	XXX
G9043		A	Low vision lowvision therapi	0.10	0.02	0.22	0.02	0.22	0.01	0.13	0.33	0.13	0.33	XXX
G9044		A	Low vision rehabilitate teache	0.10	0.02	0.18	0.02	0.18	0.01	0.13	0.29	0.13	0.29	XXX
M0064		A	Visit for drug monitoring	0.37	0.89	0.48	0.07	0.11	0.01	1.27	0.86	0.45	0.49	XXX
P3001		A	Screening pap smear by phys	0.42	0.37	0.21	0.37	0.21	0.02	0.81	0.65	0.81	0.65	XXX
Q0035		A	Cardiokymography	0.17	0.30	0.42	0.30	0.21	0.03	0.50	0.62	0.50	0.62	XXX
Q0035	TC	A	Cardiokymography	0.00	0.25	0.36	NA	NA	NA	0.27	0.38	NA	NA	XXX
Q0035	26	A	Cardiokymography	0.17	0.05	0.06	NA	NA	0.02	0.23	0.24	0.23	0.24	XXX
Q0091		A	Obtaining screen pap smear	0.37	0.75	0.69	0.10	0.13	0.01	1.14	1.08	0.49	0.52	XXX
Q0092		A	Set up port xray equipment	0.00	0.45	0.35	0.45	0.35	0.01	0.46	0.36	0.46	0.36	XXX
Q3001		C	Brachytherapy Radioelements	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q3014		X	Telehealth facility fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0070		C	Transport portable x-ray	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0075		C	Transport port x-ray, multipl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0076		B	Transport portable EKG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5299		R	Hearing service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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APPENDUM C.—CODES WITH INTERIM RVUS

CPT ¹ / HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional Fa- cility RVUs	Mal-Prac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Fa- cility Total	Global
15002		A	Wnd prep, ch/inf, trk/lam/ig	3.65	4.12	4.12	1.65	1.65	0.49	8.26	8.26	5.79	5.79	000
15003		A	Wnd prep, ch/inf addl 100 cm	0.80	0.92	0.92	0.28	0.28	0.11	1.83	1.83	1.19	1.19	ZZZ
15004		A	Wnd prep ch/inf, l/h/h/g	4.58	4.77	4.77	1.97	1.97	0.62	9.97	9.97	7.17	7.17	000
15005		A	Wnd prep, l/h/h/g, addl cm	1.60	1.28	1.28	0.56	0.56	0.22	3.10	3.10	2.38	2.38	ZZZ
15731		A	Forehead flap w/vasc pedicle	14.12	12.13	12.13	9.56	9.56	2.93	27.53	27.53	24.96	24.96	090
15830		R	Exc skin abd	16.90	NA	NA	10.15	10.15	2.93	NA	NA	29.98	29.98	090
15847		C	Exc skin abd add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
17003		A	Destroy premalg les, 2-14	0.07	0.11	0.11	0.06	0.06	0.01	0.19	0.19	0.14	0.14	ZZZ
17004		A	Destroy premig lesions 15+	1.82	2.33	2.33	1.54	1.54	0.11	4.26	4.26	3.47	3.47	010
17311		A	Mohs, 1 stage, h/h/h/g	6.20	10.79	10.79	3.16	3.16	0.24	17.23	17.23	9.60	9.60	000
17312		A	Mohs add stage	3.30	6.92	6.92	1.68	1.68	0.13	10.35	10.35	5.11	5.11	ZZZ
17313		A	Mohs, 1 stage, t/a/l	5.56	9.95	9.95	2.83	2.83	0.22	15.73	15.73	8.61	8.61	000
17314		A	Mohs, addl stage, t/a/l	3.06	6.41	6.41	1.55	1.55	0.12	9.59	9.59	4.73	4.73	ZZZ
17315		A	Mohs surg, addl block	0.87	1.15	1.15	0.44	0.44	0.03	2.05	2.05	1.34	1.34	ZZZ
19105		A	Cryosurg ablate fa, each	3.69	45.93	45.93	1.00	1.00	0.30	49.92	49.92	4.99	4.99	000
19361		A	Breast reconstr w/lat flap	23.17	NA	NA	13.65	13.65	2.93	NA	NA	39.75	39.75	090
22526		A	Idet, single level	6.07	46.51	46.51	2.08	2.08	1.16	53.74	53.74	9.31	9.31	010
22527		A	Idet, 1 or more levels	3.03	39.89	39.89	0.70	0.70	0.58	43.50	43.50	4.31	4.31	ZZZ
22857		R	Lumbar artif diskectomy	26.93	NA	NA	8.80	8.80	3.56	NA	NA	39.29	39.29	090
22862		R	Revise lumbar artif disc	32.43	NA	NA	10.07	10.07	5.36	NA	NA	47.86	47.86	090
22865		R	Remove lumbar artif disc	31.55	NA	NA	9.87	9.87	5.18	NA	NA	46.60	46.60	090
25109		A	Excise tendon forearm/wrist	6.81	NA	NA	5.32	5.32	0.96	NA	NA	13.09	13.09	090
25606		A	Treat fx distal radial	8.10	NA	NA	8.41	8.41	1.26	NA	NA	17.77	17.77	090
25607		A	Treat fx rad intra-articul	9.35	NA	NA	7.26	7.26	1.36	NA	NA	17.97	17.97	090
25608		A	Treat fx rad extra-articul	10.86	NA	NA	7.88	7.88	1.84	NA	NA	20.58	20.58	090
25609		A	Treat fx radial 3+ frag	14.12	NA	NA	9.77	9.77	2.38	NA	NA	26.27	26.27	090
32998		A	Perq r f ablate tx, pul tumor	5.68	68.64	68.64	1.77	1.77	0.36	74.66	74.66	7.81	7.81	000
33202		A	Insert epicard eltrd, open	13.15	NA	NA	6.22	6.22	1.71	NA	NA	21.08	21.08	090
33203		A	Insert epicard eltrd, endo	13.92	NA	NA	6.29	6.29	1.39	NA	NA	21.60	21.60	090
33254		A	Ablate atria, limit	23.58	NA	NA	9.94	9.94	3.35	NA	NA	36.87	36.87	090
33255		A	Ablate atria w/o bypass, ext	28.91	NA	NA	11.57	11.57	3.94	NA	NA	44.42	44.42	090
33256		A	Ablate atria w/bypass, exten	34.77	NA	NA	13.37	13.37	4.95	NA	NA	53.09	53.09	090
33265		A	Ablate atria w/bypass, endo	23.58	NA	NA	9.94	9.94	3.35	NA	NA	36.87	36.87	090
33266		A	Ablate atria w/o bypass endo	32.91	NA	NA	12.80	12.80	4.80	NA	NA	50.51	50.51	090
33675		A	Close mult vsd	35.87	NA	NA	17.82	17.82	4.95	NA	NA	58.64	58.64	090
33676		A	Close mult vsd w/resection	36.87	NA	NA	18.17	18.17	5.44	NA	NA	60.48	60.48	090
33677		A	Ci mult vsd w/rem pul band	38.37	NA	NA	18.82	18.82	5.68	NA	NA	62.87	62.87	090
33684		A	Repair heart septum defect	34.29	NA	NA	15.13	15.13	3.39	NA	NA	52.81	52.81	090

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APPENDUM C.—CODES WITH INTERIM RVUS—CONTINUED

CPT-1/ HCPCS ²	Mod	Status	Description	Physician Work RVUs ³	Fully Im- plement- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plement- ed Facil- ity PE RVUs	Year 2007 Transi- tional PE RVUs	Matr/Pac- tice RVUs	Fully Im- plement- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plement- ed Facil- ity Total	Year 2007 Transi- tional Fa- cility Total	Global
33688		A	Repair heart septum defect	34.87	NA	NA	10.21	10.21	4.73	NA	NA	49.61	49.61	090
33724		A	Repair venous anomaly	27.55	NA	NA	10.56	10.56	4.00	NA	NA	42.11	42.11	090
33726		A	Repair pul venous stenosis	37.04	NA	NA	13.46	13.46	5.03	NA	NA	55.53	55.53	090
35302		A	Rechanneling of artery	21.27	NA	NA	7.14	7.14	2.98	NA	NA	31.39	31.39	090
35303		A	Rechanneling of artery	23.52	NA	NA	7.72	7.72	3.26	NA	NA	34.50	34.50	090
35304		A	Rechanneling of artery	24.52	NA	NA	7.97	7.97	3.41	NA	NA	35.90	35.90	090
35305		A	Rechanneling of artery	23.52	NA	NA	7.72	7.72	3.41	NA	NA	34.50	34.50	090
35306		A	Rechanneling of artery	9.25	NA	NA	2.38	2.38	1.34	NA	NA	12.97	12.97	ZZZ
35501		A	Artery bypass graft	28.99	NA	NA	9.22	9.22	4.10	NA	NA	42.31	42.31	090
35509		A	Artery bypass graft	27.99	NA	NA	9.24	9.24	4.10	NA	NA	41.15	41.15	090
35537		A	Artery bypass graft	31.75	NA	NA	13.22	13.22	5.72	NA	NA	60.69	60.69	090
35538		A	Artery bypass graft	46.82	NA	NA	14.60	14.60	6.39	NA	NA	67.81	67.81	090
35539		A	Artery bypass graft	43.98	NA	NA	13.73	13.73	6.02	NA	NA	63.73	63.73	090
35540		A	Artery bypass graft	49.20	NA	NA	15.10	15.10	6.78	NA	NA	71.06	71.06	090
35601		A	Artery bypass graft	26.99	NA	NA	9.09	9.09	3.72	NA	NA	39.80	39.80	090
35637		A	Artery bypass graft	32.92	NA	NA	10.92	10.92	4.44	NA	NA	48.28	48.28	090
35638		A	Artery bypass graft	33.47	NA	NA	11.06	11.06	4.52	NA	NA	49.05	49.05	090
35883		A	Revise graft w/nonauto graft	23.07	NA	NA	8.96	8.96	3.19	NA	NA	35.22	35.22	090
35884		A	Revise graft w/vein	24.57	NA	NA	9.43	9.43	3.41	NA	NA	37.41	37.41	090
37210		A	Embolization uterine fibroid	10.60	46.03	46.03	3.13	3.13	0.60	57.23	57.23	14.33	14.33	000
43647		C	Lap impl electrode, antrum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43648		C	Lap revise/remv eltrd antrum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43881		C	Impl/redu electrd, antrum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43882		C	Revise/remove electrd antrum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44157		A	Colectomy w/ileoanal anast	35.49	NA	NA	15.87	15.87	3.93	NA	NA	55.09	55.09	090
44158		A	Colectomy w/neo-rectum pouch	36.49	NA	NA	15.97	15.97	4.06	NA	NA	56.52	56.52	090
49324		A	Lap insertion perm ip cath	6.27	NA	NA	2.80	2.80	0.73	NA	NA	9.80	9.80	010
49325		A	Lap revision perm ip cath	6.77	NA	NA	2.93	2.93	0.86	NA	NA	10.56	10.56	010
49326		A	Lap w/omentopexy add-on	3.50	NA	NA	0.92	0.92	0.44	NA	NA	4.86	4.86	ZZZ
49435		A	Insert subq exten to ip cath	2.25	NA	NA	0.60	0.60	0.28	NA	NA	3.13	3.13	ZZZ
49436		A	Embedded ip cath exit-site	2.69	NA	NA	1.63	1.63	0.28	NA	NA	4.60	4.60	ZZZ
54150		A	Circumcision w/regionl block	1.90	1.50	1.50	1.09	1.09	0.16	3.56	3.56	3.15	3.15	000
55876		A	Place rt device/marker, pros	1.73	2.04	2.04	1.03	1.03	0.28	4.05	4.05	3.04	3.04	000
57296		A	Revise vag graft, open abd	16.46	NA	NA	6.75	6.75	1.68	NA	NA	24.89	24.89	090
58240		A	Removal of pelvis contents	49.02	NA	NA	17.65	17.65	4.23	NA	NA	70.90	70.90	090
58541		A	Lsh, uterus 250 g or less	14.57	NA	NA	6.14	6.14	1.68	NA	NA	22.39	22.39	090
58542		A	Lsh w/0 ut 250 g or less	16.43	NA	NA	6.66	6.66	1.69	NA	NA	24.78	24.78	090
58543		A	Lsh uterus above 250 g	16.74	NA	NA	6.73	6.73	1.73	NA	NA	25.20	25.20	090
58544		A	Lsh w/0 uterus above 250 g	18.24	NA	NA	7.16	7.16	1.89	NA	NA	27.29	27.29	090
58548		A	Lap radical hyst	31.45	NA	NA	12.74	12.74	3.52	NA	NA	47.71	47.71	090
58957		A	Resect recurrent gyn mal	26.06	NA	NA	9.63	9.63	2.95	NA	NA	38.64	38.64	090

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APPENDUM C.—CODES WITH INTERIM RVUS—CONTINUED

CPT 1/ HCPCS2	Mod	Status	Description	Physician Work RVUs3	Fully Im- plem- ent- ed Non- Facility PE RVUs	Year 2007 Transi- tional Non-Fa- cility PE RVUs	Fully Im- plem- ent- ed Faci- lity PE RVUs	Year 2007 Transi- tional Fa- cility PE RVUs	Mal-Prac- tice RVUs	Fully Im- plem- ent- ed Non- Facility Total	Year 2007 Transi- tional Non-Fa- cility Total	Fully Im- plem- ent- ed Faci- lity Total	Year 2007 Transi- tional Fa- cility Total	Global
58958		A	Resect recur gyn mal w/lym	29.06	NA	NA	10.44	10.44	3.29	NA	NA	42.79	42.79	090
64910		A	Nerve repair w/allograft	11.21	NA	NA	5.21	5.21	1.74	NA	NA	18.16	18.16	090
64911		A	Neurotomy w/vein autograft	14.21	NA	NA	5.97	5.97	1.91	NA	NA	22.09	22.09	090
70554	26	A	Finn brain by phys/psych	2.11	0.60	0.60	0.60	0.60	0.10	2.81	2.81	2.81	2.81	XXX
70555	26	A	Us exam k transpl w/doppler	2.54	0.72	0.72	0.72	0.72	0.11	3.37	3.37	3.37	3.37	XXX
76776	26	A	Ob us nuchal meas, 1 gest	0.76	0.23	0.23	0.23	0.23	0.03	1.02	1.02	1.02	1.02	XXX
76813	26	A	Ob us nuchal meas, add-on	1.18	0.33	0.33	0.33	0.33	0.05	1.56	1.56	1.56	1.56	XXX
76814	26	A	Srs, multisource	0.99	0.27	0.27	0.27	0.27	0.05	1.31	1.31	1.31	1.31	XXX
77371		A	Srs, linear based	0.00	30.25	30.25	NA	NA	0.13	30.38	30.38	NA	NA	XXX
77372		A	Sbt delivery	0.00	22.93	22.93	NA	NA	0.13	23.06	23.06	NA	NA	XXX
77373		A	Srs management	0.00	42.87	42.87	NA	NA	0.13	43.00	43.00	NA	NA	XXX
77435		A	Urnary bladder retention	13.00	4.63	4.63	NA	NA	0.67	18.30	18.30	NA	NA	XXX
78730	26	A	Esophageal capsule endoscopy	0.15	0.11	0.11	0.11	0.11	0.02	0.28	0.28	0.28	0.28	ZZZ
91111	26	A	Comeal topography	1.00	0.46	0.46	0.46	0.46	0.03	1.49	1.49	1.49	1.49	XXX
92025	26	A	Aud brainstem implt program	0.35	0.12	0.12	0.12	0.12	0.01	0.48	0.48	0.48	0.48	XXX
92640		A	Vent mgmt inpat, init day	0.00	1.40	1.40	1.40	1.40	0.01	1.41	1.41	1.41	1.41	XXX
94002		A	Vent mgmt inpat, subq day	1.99	NA	NA	0.34	0.34	0.09	NA	NA	2.42	2.42	XXX
94003		A	Vent mgmt nt per day	1.37	NA	NA	0.33	0.33	0.06	NA	NA	1.76	1.76	XXX
94004		A	Home vent mgmt supervision	1.00	NA	NA	0.24	0.24	0.04	NA	NA	1.28	1.28	XXX
94005		B	Surfactant admin thru tube	1.50	0.69	0.69	0.35	0.35	0.06	2.25	2.25	1.77	1.77	XXX
94610		A	Cbt, 1st hour	1.16	0.35	0.35	0.35	0.35	0.26	1.77	1.77	1.77	1.77	XXX
94644		A	Cbt, each addl hour	0.00	0.92	0.92	NA	NA	0.02	0.94	0.94	NA	NA	XXX
94645		A	Ped home apnea rec, compl	0.00	0.34	0.34	NA	NA	0.02	0.36	0.36	NA	NA	XXX
94774		C	Ped home apnea rec, h/up	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
94775		C	Ped home apnea rec, downld	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
94776		C	Ped home apnea rec, report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
94777		C	Exhaled nitric oxide meas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
95012		A	Functional brain mapping	3.43	0.86	0.86	0.86	0.86	0.01	4.46	4.46	4.46	4.46	XXX
96020	26	A	Genetic counseling, 30 min	0.00	0.97	0.97	NA	NA	0.01	0.98	0.98	NA	NA	XXX
96040		B	Whole body photography	0.00	1.84	1.84	NA	NA	0.01	1.85	1.85	NA	NA	XXX
96804		R	Inpatient consultation	0.00	1.00	1.00	0.26	0.26	0.05	1.31	1.31	1.31	1.31	XXX
99251		A	Inpatient consultation	1.50	NA	NA	0.50	0.50	0.09	NA	NA	2.09	2.09	XXX
99252		A	Inpatient consultation	2.27	NA	NA	0.72	0.72	0.11	NA	NA	3.10	3.10	XXX
99253		A	Inpatient consultation	3.29	NA	NA	1.04	1.04	0.13	NA	NA	4.46	4.46	XXX
99254		A	Inpatient consultation	4.00	NA	NA	1.37	1.37	0.18	NA	NA	5.55	5.55	XXX
99255		A	Anticoag mgmt, init	1.65	1.29	1.29	0.38	0.38	0.07	3.01	3.01	2.10	2.10	XXX
99363		B	Anticoag mgmt, subseq	0.63	0.38	0.38	0.15	0.15	0.04	1.05	1.05	0.82	0.82	XXX

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ADDENDUM D.—2007 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY

Carrier	Locality	Locality name	Work GPCI	PE GPCI	MP GPCI
00510	00	Alabama	0.982	0.847	0.740
00831	01	Alaska	1.017	1.105	1.013
00312	00	Arizona	0.987	0.994	1.052
00520	13	Arkansas	0.961	0.832	0.431
31140	03	Marin/Napa/Solano, CA	1.035	1.342	0.640
31140	05	San Francisco, CA	1.060	1.546	0.640
31140	06	San Mateo, CA	1.073	1.539	0.629
31140	07	Oakland/Berkeley, CA	1.054	1.373	0.640
31140	09	Santa Clara, CA	1.083	1.543	0.595
31146	17	Ventura, CA	1.028	1.181	0.732
31146	18	Los Angeles, CA	1.041	1.158	0.939
31146	26	Anaheim/Santa Ana, CA	1.034	1.238	0.939
31140	99	Rest of California *	1.007	1.054	0.721
31146	99	Rest of California *	1.007	1.054	0.721
00824	01	Colorado	0.986	1.015	0.790
00591	00	Connecticut	1.038	1.172	0.886
00903	01	DC + MD/VA Suburbs	1.048	1.252	0.911
00902	01	Delaware	1.012	1.020	0.877
00590	03	Fort Lauderdale, FL	0.988	0.990	1.675
00590	04	Miami, FL	1.000	1.048	2.233
00590	99	Rest of Florida	0.973	0.936	1.251
00511	01	Atlanta, GA	1.010	1.091	0.950
00511	99	Rest of Georgia	0.979	0.874	0.950
00833	01	Hawaii/Guam	1.005	1.113	0.787
05130	00	Idaho	0.968	0.869	0.452
00952	12	East St. Louis, IL	0.988	0.940	1.722
00952	15	Suburban Chicago, IL	1.018	1.117	1.626
00952	16	Chicago, IL	1.025	1.128	1.837
00952	99	Rest of Illinois	0.974	0.874	1.174
00630	00	Indiana	0.985	0.908	0.429
00826	00	Iowa	0.967	0.869	0.579
00650	00	Kansas *	0.968	0.880	0.709
00740	04	Kansas *	0.968	0.880	0.709
00660	00	Kentucky	0.970	0.855	0.859
00528	01	New Orleans, LA	0.986	0.947	1.178
00528	99	Rest of Louisiana	0.970	0.848	1.041
31142	03	Southern Maine	0.980	1.014	0.626
31142	99	Rest of Maine	0.962	0.887	0.626
00901	01	Baltimore/Surr. Cntys, MD	1.012	1.080	0.932
00901	99	Rest of Maryland	0.993	0.981	0.748
31143	01	Metropolitan Boston	1.030	1.331	0.810
31143	99	Rest of Massachusetts	1.007	1.105	0.810
00953	01	Detroit, MI	1.037	1.056	2.700
00953	99	Rest of Michigan	0.997	0.922	1.494
00954	00	Minnesota	0.991	1.006	0.404
00512	00	Mississippi	0.960	0.841	0.711
00523	01	Metropolitan St. Louis, MO	0.992	0.956	0.926
00740	02	Metropolitan Kansas City, MO	0.989	0.977	0.931
00523	99	Rest of Missouri *	0.950	0.803	0.878
00740	99	Rest of Missouri *	0.950	0.803	0.878
03202	01	Montana	0.950	0.845	0.889
00655	00	Nebraska	0.959	0.876	0.447
00834	00	Nevada	1.003	1.045	1.050
31144	40	New Hampshire	0.981	1.029	0.927
00805	01	Northern NJ	1.058	1.222	0.958
00805	99	Rest of New Jersey	1.043	1.121	0.958
00521	05	New Mexico	0.972	0.888	0.880
00801	99	Rest of New York	0.997	0.919	0.666
00803	01	Manhattan, NY	1.065	1.300	1.480
00803	02	NYC Suburbs/Long I., NY	1.052	1.283	1.756
00803	03	Poughkpsie/N NYC Suburbs, NY	1.014	1.076	1.148
14330	04	Queens, NY	1.032	1.230	1.682
05535	00	North Carolina	0.971	0.922	0.630
03302	01	North Dakota	0.946	0.861	0.593
00883	00	Ohio	0.992	0.934	0.960
00522	00	Oklahoma	0.964	0.856	0.376
00835	01	Portland, OR	1.002	1.059	0.434
00835	99	Rest of Oregon	0.968	0.927	0.434
00865	01	Metropolitan Philadelphia, PA	1.016	1.106	1.364
00865	99	Rest of Pennsylvania	0.992	0.904	0.793
00973	20	Puerto Rico	0.906	0.699	0.257

ADDENDUM D.—2007 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier	Locality	Locality name	Work GPCI	PE GPCI	MP GPCI
00524	01	Rhode Island	1.045	0.991	0.895
00880	01	South Carolina	0.975	0.894	0.388
03402	02	South Dakota	0.943	0.877	0.359
05440	35	Tennessee	0.977	0.881	0.621
00900	09	Brazoria, TX	1.020	0.963	1.277
00900	11	Dallas, TX	1.009	1.064	1.044
00900	15	Galveston, TX	0.990	0.954	1.277
00900	18	Houston, TX	1.016	1.016	1.276
00900	20	Beaumont, TX	0.983	0.862	1.277
00900	28	Fort Worth, TX	0.997	0.991	1.044
00900	31	Austin, TX	0.991	1.048	0.970
00900	99	Rest of Texas	0.968	0.866	1.120
03502	09	Utah	0.977	0.938	0.651
31145	50	Vermont	0.968	0.970	0.505
00973	50	Virgin Islands	0.967	1.015	0.987
00904	00	Virginia	0.981	0.942	0.569
00836	02	Seattle (King Cnty), WA	1.014	1.133	0.805
00836	99	Rest of Washington	0.987	0.980	0.805
00884	16	West Virginia	0.973	0.820	1.522
00951	00	Wisconsin	0.987	0.920	0.777
03602	21	Wyoming	0.956	0.855	0.920

* States are served by more than one carrier.

ADDENDUM E.—2007 GAFs

Carrier	Locality	Locality name	GAF
31140	09	Santa Clara, CA	1.265
31140	06	San Mateo, CA	1.259
31140	05	San Francisco, CA	1.256
00803	01	Manhattan, NY	1.184
00803	02	NYC Suburbs/Long I., NY	1.180
31140	07	Oakland/Berkeley, CA	1.177
31140	03	Marin/Napa/Solano, CA	1.154
31143	01	Metropolitan Boston	1.153
14330	04	Queens, NY	1.144
00903	01	DC + MD/VA Suburbs	1.132
00805	01	Northern NJ	1.126
31146	26	Anaheim/Santa Ana, CA	1.120
00953	01	Detroit, MI	1.110
00952	16	Chicago, IL	1.102
00591	00	Connecticut	1.091
31146	18	Los Angeles, CA	1.088
00952	15	Suburban Chicago, IL	1.085
31146	17	Ventura, CA	1.084
00805	99	Rest of New Jersey	1.074
00865	01	Metropolitan Philadelphia, PA	1.069
00590	02	Miami, FL	1.069
00836	04	Seattle (King Cnty), WA	1.058
00831	01	Alaska	1.055
00803	03	Poughkeepsie/N NYC Suburbs, NY	1.046
00833	01	Hawaii/Guam	1.044
00511	01	Atlanta, GA	1.043
31143	99	Rest of Massachusetts	1.042
00901	01	Baltimore/Surr. Cntys, MD	1.039
00900	11	Dallas, TX	1.035
00900	18	Houston, TX	1.026
00834	00	Nevada	1.023
31140	99	Rest of California*	1.017
31146	99	Rest of California*	1.017
00524	01	Rhode Island	1.016
00590	03	Fort Lauderdale, FL	1.015
00900	31	Austin, TX	1.015
00902	01	Delaware	1.011
00900	09	Brazoria, TX	1.005
00835	01	Portland, OR	1.005
31144	40	New Hampshire	1.000
00900	28	Fort Worth, TX	0.996
00952	12	East St. Louis, IL	0.995
00832	00	Arizona	0.993

ADDENDUM E.—2007 GAFs—Continued

Carrier	Locality	Locality name	GAF
00824	01	Colorado	0.991
00973	50	Virgin Islands	0.989
00900	15	Galveston, TX	0.985
00953	99	Rest of Michigan	0.984
00740	02	Metropolitan Kansas City, MO	0.982
31142	03	Southern Maine	0.981
00901	99	Rest of Maryland	0.978
00836	99	Rest of Washington	0.977
00528	01	New Orleans, LA	0.976
00954	00	Minnesota	0.975
00523	01	Metropolitan St. Louis, MO	0.974
00590	99	Rest of Florida	0.968
00883	00	Ohio	0.965
31145	50	Vermont	0.951
00801	99	Rest of New York	0.950
00951	00	Wisconsin	0.950
00904	00	Virginia	0.948
00910	09	Utah	0.947
00865	99	Rest of Pennsylvania	0.946
00900	20	Beaumont, TX	0.942
00952	99	Rest of Illinois	0.938
05535	00	North Carolina	0.936
00511	99	Rest of Georgia	0.932
00521	05	New Mexico	0.932
00630	00	Indiana	0.930
00835	99	Rest of Oregon	0.929
00900	99	Rest of Texas	0.929
00884	16	West Virginia	0.927
05440	35	Tennessee	0.921
00650	00	Kansas*	0.919
00740	04	Kansas*	0.919
00528	99	Rest of Louisiana	0.919
00880	01	South Carolina	0.917
31142	99	Rest of Maine	0.916
00660	00	Kentucky	0.915
00510	00	Alabama	0.914
00825	21	Wyoming	0.910
00826	00	Iowa	0.909
05130	00	Idaho	0.905
00655	00	Nebraska	0.903
00751	01	Montana	0.902
00512	00	Mississippi	0.898
00820	01	North Dakota	0.895
00522	00	Oklahoma	0.894
00820	02	South Dakota	0.891
00520	13	Arkansas	0.884
00523	99	Rest of Missouri*	0.883
00740	99	Rest of Missouri*	0.883
00973	20	Puerto Rico	0.790

* States are served by more than one carrier.

ADDENDUM F.—CPT/HCPS IMAGING
CODES DEFINED BY DRA 5102(B)

HCPCS/ CPT*	Short descriptor
31620	Endobronchial us add-on
37250	Iv us first vessel add-on
37251	Iv us each add vessel add-on
51798	Us urine capacity measure
70010	Contrast x-ray of brain
70015	Contrast x-ray of brain
70030	X-ray eye for foreign body
70100	X-ray exam of jaw
70110	X-ray exam of jaw
70120	X-ray exam of mastoids
70130	X-ray exam of mastoids
70134	X-ray exam of middle ear
70140	X-ray exam of facial bones
70150	X-ray exam of facial bones

ADDENDUM F.—CPT/HCPS IMAGING
CODES DEFINED BY DRA 5102(B)—
Continued

HCPCS/ CPT*	Short descriptor
70160	X-ray exam of nasal bones
70170	X-ray exam of tear duct
70190	X-ray exam of eye sockets
70200	X-ray exam of eye sockets
70210	X-ray exam of sinuses
70220	X-ray exam of sinuses
70240	X-ray exam, pituitary saddle
70250	X-ray exam of skull
70260	X-ray exam of skull
70300	X-ray exam of teeth
70310	X-ray exam of teeth
70320	Full mouth x-ray of teeth

ADDENDUM F.—CPT/HCPS IMAGING
CODES DEFINED BY DRA 5102(B)—
Continued

HCPCS/ CPT*	Short descriptor
70328	X-ray exam of jaw joint
70330	X-ray exam of jaw joints
70332	X-ray exam of jaw joint
70336	Magnetic image, jaw joint
70350	X-ray head for orthodontia
70355	Panoramic x-ray of jaws
70360	X-ray exam of neck
70370	Throat x-ray & fluoroscopy
70371	Speech evaluation, complex
70373	Contrast x-ray of larynx
70380	X-ray exam of salivary gland
70390	X-ray exam of salivary duct

ADDENDUM F.—CPT/HCPS IMAGING
CODES DEFINED BY DRA 5102(B)—
Continued

HCPCS/ CPT*	Short descriptor
70450	Ct head/brain w/o dye
70460	Ct head/brain w/dye
70470	Ct head/brain w/o & w/dye
70480	Ct orbit/ear/fossa w/o dye
70481	Ct orbit/ear/fossa w/dye
70482	Ct orbit/ear/fossa w/o&w/dye
70486	Ct maxillofacial w/o dye
70487	Ct maxillofacial w/dye
70488	Ct maxillofacial w/o & w/dye
70490	Ct soft tissue neck w/o dye
70491	Ct soft tissue neck w/dye
70492	Ct sft tsue nck w/o & w/dye
70496	Ct angiography, head
70498	Ct angiography, neck
70540	Mri orbit/face/neck w/o dye
70542	Mri orbit/face/neck w/dye
70543	Mri orbit/face/neck w/o & w/dye
70544	Mr angiography head w/o dye
70545	Mr angiography head w/dye
70546	Mr angiograph head w/o&w/dye
70547	Mr angiography neck w/o dye
70548	Mr angiography neck w/dye
70549	Mr angiograph neck w/o&w/dye
70551	Mri brain w/o dye
70552	Mri brain w/dye
70553	Mri brain w/o & w/dye
70557	Mri brain w/o dye
70558	Mri brain w/dye
70559	Mri brain w/o & w/dye
71010	Chest x-ray
71015	Chest x-ray
71020	Chest x-ray
71021	Chest x-ray
71022	Chest x-ray
71023	Chest x-ray and fluoroscopy
71030	Chest x-ray
71034	Chest x-ray and fluoroscopy
71035	Chest x-ray
71040	Contrast x-ray of bronchi
71060	Contrast x-ray of bronchi
71090	X-ray & pacemaker insertion
71100	X-ray exam of ribs
71101	X-ray exam of ribs/chest
71110	X-ray exam of ribs
71111	X-ray exam of ribs/chest
71120	X-ray exam of breastbone
71130	X-ray exam of breastbone
71250	Ct thorax w/o dye
71260	Ct thorax w/dye
71270	Ct thorax w/o & w/dye
71275	Ct angiography, chest
71550	Mri chest w/o dye
71551	Mri chest w/dye
71552	Mri chest w/o & w/dye
71555	Mri angio chest w or w/o dye
72010	X-ray exam of spine
72020	X-ray exam of spine
72040	X-ray exam of neck spine
72050	X-ray exam of neck spine
72052	X-ray exam of neck spine
72069	X-ray exam of trunk spine
72070	X-ray exam of thoracic spine
72072	X-ray exam of thoracic spine
72074	X-ray exam of thoracic spine
72080	X-ray exam of trunk spine
72090	X-ray exam of trunk spine
72100	X-ray exam of lower spine
72110	X-ray exam of lower spine
72114	X-ray exam of lower spine

ADDENDUM F.—CPT/HCPS IMAGING
CODES DEFINED BY DRA 5102(B)—
Continued

HCPCS/ CPT*	Short descriptor
72120	X-ray exam of lower spine
72125	Ct neck spine w/o dye
72126	Ct neck spine w/dye
72127	Ct neck spine w/o & w/dye
72128	Ct chest spine w/o dye
72129	Ct chest spine w/dye
72130	Ct chest spine w/o & w/dye
72131	Ct lumbar spine w/o dye
72132	Ct lumbar spine w/dye
72133	Ct lumbar spine w/o & w/dye
72141	Mri neck spine w/o dye
72142	Mri neck spine w/dye
72146	Mri chest spine w/o dye
72147	Mri chest spine w/dye
72148	Mri lumbar spine w/o dye
72149	Mri lumbar spine w/dye
72156	Mri neck spine w/o & w/dye
72157	Mri chest spine w/o & w/dye
72158	Mri lumbar spine w/o & w/dye
72159	Mr angio spine w/o&w/dye
72170	X-ray exam of pelvis
72190	X-ray exam of pelvis
72191	Ct angiograph pelv w/o&w/dye
72192	Ct pelvis w/o dye
72193	Ct pelvis w/dye
72194	Ct pelvis w/o & w/dye
72195	Mri pelvis w/o dye
72196	Mri pelvis w/dye
72197	Mri pelvis w/o & w/dye
72198	Mr angio pelvis w/o & w/dye
72200	X-ray exam sacroiliac joints
72202	X-ray exam sacroiliac joints
72220	X-ray exam of tailbone
72240	Contrast x-ray of neck spine
72255	Contrast x-ray, thorax spine
72265	Contrast x-ray, lower spine
72270	Contrast x-ray, spine
72275	Epidurography
72285	X-ray c/t spine disk
72291	Percut vertebroplasty fluor
72293	Percut vertebroplasty, ct
72295	X-ray of lower spine disk
73000	X-ray exam of collar bone
73010	X-ray exam of shoulder blade
73020	X-ray exam of shoulder
73030	X-ray exam of shoulder
73040	Contrast x-ray of shoulder
73050	X-ray exam of shoulders
73060	X-ray exam of humerus
73070	X-ray exam of elbow
73080	X-ray exam of elbow
73085	Contrast x-ray of elbow
73090	X-ray exam of forearm
73092	X-ray exam of arm, infant
73100	X-ray exam of wrist
73110	X-ray exam of wrist
73115	Contrast x-ray of wrist
73120	X-ray exam of hand
73130	X-ray exam of hand
73140	X-ray exam of finger(s)
73200	Ct upper extremity w/o dye
73201	Ct upper extremity w/dye
73202	Ct uppr extremity w/o&w/dye
73206	Ct angio uppr extrm w/o&w/dye
73218	Mri upper extremity w/o dye
73219	Mri upper extremity w/dye
73220	Mri uppr extremity w/o&w/dye
73221	Mri joint upr extrem w/o dye
73222	Mri joint upr extrem w/dye

ADDENDUM F.—CPT/HCPS IMAGING
CODES DEFINED BY DRA 5102(B)—
Continued

HCPCS/ CPT*	Short descriptor
73223	Mri joint upr extr w/o&w/dye
73225	Mr angio upr extr w/o&w/dye
73500	X-ray exam of hip
73510	X-ray exam of hip
73520	X-ray exam of hips
73525	Contrast x-ray of hip
73530	X-ray exam of hip
73540	X-ray exam of pelvis & hips
73542	X-ray exam, sacroiliac joint
73550	X-ray exam of thigh
73560	X-ray exam of knee, 1 or 2
73562	X-ray exam of knee, 3
73564	X-ray exam, knee, 4 or more
73565	X-ray exam of knees
73580	Contrast x-ray of knee joint
73590	X-ray exam of lower leg
73592	X-ray exam of leg, infant
73600	X-ray exam of ankle
73610	X-ray exam of ankle
73615	Contrast x-ray of ankle
73620	X-ray exam of foot
73630	X-ray exam of foot
73650	X-ray exam of heel
73660	X-ray exam of toe(s)
73700	Ct lower extremity w/o dye
73701	Ct lower extremity w/dye
73702	Ct lwr extremity w/o&w/dye
73706	Ct angio lwr extr w/o&w/dye
73718	Mri lower extremity w/o dye
73719	Mri lower extremity w/dye
73720	Mri lwr extremity w/o&w/dye
73721	Mri jnt of lwr extre w/o dye
73722	Mri joint of lwr extr w/dye
73723	Mri joint lwr extr w/o&w/dye
73725	Mr ang lwr ext w or w/o dye
74000	X-ray exam of abdomen
74010	X-ray exam of abdomen
74020	X-ray exam of abdomen
74022	X-ray exam series, abdomen
74150	Ct abdomen w/o dye
74160	Ct abdomen w/dye
74170	Ct abdomen w/o & w/dye
74175	Ct angio abdom w/o & w/dye
74181	Mri abdomen w/o dye
74182	Mri abdomen w/dye
74183	Mri abdomen w/o & w/dye
74185	Mri angio, abdom w orw/o dye
74190	X-ray exam of peritoneum
74210	Contrst x-ray exam of throat
74220	Contrast x-ray, esophagus
74230	Cine/vid x-ray, throat/esoph
74235	Remove esophagus obstruction
74240	X-ray exam, upper gi tract
74241	X-ray exam, upper gi tract
74245	X-ray exam, upper gi tract
74246	Contrst x-ray uppr gi tract
74247	Contrst x-ray uppr gi tract
74249	Contrst x-ray uppr gi tract
74250	X-ray exam of small bowel
74251	X-ray exam of small bowel
74260	X-ray exam of small bowel
74270	Contrast x-ray exam of colon
74280	Contrast x-ray exam of colon
74283	Contrast x-ray exam of colon
74290	Contrast x-ray, gallbladder
74291	Contrast x-rays, gallbladder
74300	X-ray bile ducts/pancreas
74301	X-rays at surgery add-on
74305	X-ray bile ducts/pancreas

ADDENDUM F.—CPT/HCPS IMAGING
 CODES DEFINED BY DRA 5102(B)—
 Continued

 ADDENDUM F.—CPT/HCPS IMAGING
 CODES DEFINED BY DRA 5102(B)—
 Continued

 ADDENDUM F.—CPT/HCPS IMAGING
 CODES DEFINED BY DRA 5102(B)—
 Continued

HCPCS/ CPT*	Short descriptor	HCPCS/ CPT*	Short descriptor	HCPCS/ CPT*	Short descriptor
74320	Contrast x-ray of bile ducts	75822	Vein x-ray, arms/legs	76516	Echo exam of eye
74327	X-ray bile stone removal	75825	Vein x-ray, trunk	76519	Echo exam of eye
74328	X-ray bile duct endoscopy	75827	Vein x-ray, chest	76529	Echo exam of eye
74329	X-ray for pancreas endoscopy	75831	Vein x-ray, kidney	76536	Us exam of head and neck
74330	X-ray bile/panc endoscopy	75833	Vein x-ray, kidneys	76604	Us exam, chest, b-scan
74340	X-ray guide for GI tube	75840	Vein x-ray, adrenal gland	76645	Us exam, breast(s)
74350	X-ray guide, stomach tube	75842	Vein x-ray, adrenal glands	76700	Us exam, abdom, complete
74355	X-ray guide, intestinal tube	75860	Vein x-ray, neck	76705	Echo exam of abdomen
74360	X-ray guide, GI dilation	75870	Vein x-ray, skull	76770	Us exam abdo back wall, comp
74363	X-ray, bile duct dilation	75872	Vein x-ray, skull	76775	Us exam abdo back wall, lim
74400	Contrst x-ray, urinary tract	75880	Vein x-ray, eye socket	76778	Us exam kidney transplant
74410	Contrst x-ray, urinary tract	75885	Vein x-ray, liver	76800	Us exam, spinal canal
74415	Contrst x-ray, urinary tract	75887	Vein x-ray, liver	76801	Ob us < 14 wks, single fetus
74420	Contrst x-ray, urinary tract	75889	Vein x-ray, liver	76802	Ob us < 14 wks, add?l fetus
74425	Contrst x-ray, urinary tract	75891	Vein x-ray, liver	76805	Ob us >= 14 wks, snl fetus
74430	Contrast x-ray, bladder	75893	Venous sampling by catheter	76810	Ob us >= 14 wks, addl fetus
74440	X-ray, male genital tract	75894	X-rays, transcath therapy	76811	Ob us, detailed, snl fetus
74445	X-ray exam of penis	75896	X-rays, transcath therapy	76812	Ob us, detailed, addl fetus
74450	X-ray, urethra/bladder	75898	Follow-up angiography	76815	Ob us, limited, fetus(s)
74455	X-ray, urethra/bladder	75900	Intravascular cath exchange	76816	Ob us, follow-up, per fetus
74470	X-ray exam of kidney lesion	75901	Remove cva device obstruct	76817	Transvaginal us, obstetric
74475	X-ray control, cath insert	75902	Remove cva lumen obstruct	76818	Fetal biophys profile w/nst
74480	X-ray control, cath insert	75940	X-ray placement, vein filter	76819	Fetal biophys profil w/o nst
74485	X-ray guide, GU dilation	75945	Intravascular us	76820	Umbilical artery echo
74710	X-ray measurement of pelvis	75946	Intravascular us add-on	76821	Middle cerebral artery echo
74740	X-ray, female genital tract	75953	Abdom aneurysm endovasc rpr	76825	Echo exam of fetal heart
74742	X-ray, fallopian tube	75956	Xray, endovasc thor ao repr	76826	Echo exam of fetal heart
74775	X-ray exam of perineum	75957	Xray, endovasc thor ao repr	76827	Echo exam of fetal heart
75552	Heart mri for morph w/o dye	75958	Xray, place prox ext thor ao	76828	Echo exam of fetal heart
75553	Heart mri for morph w/dye	75959	Xray, place dist ext thor ao	76830	Transvaginal us, non-ob
75554	Cardiac MRI/function	75960	Transcath iv stent rs&i	76831	Echo exam, uterus
75555	Cardiac MRI/limited study	75961	Retrieval, broken catheter	76856	Us exam, pelvic, complete
75556	Cardiac MRI/flow mapping	75962	Repair arterial blockage	76857	Us exam, pelvic, limited
75600	Contrast x-ray exam of aorta	75964	Repair artery blockage, each	76870	Us exam, scrotum
75605	Contrast x-ray exam of aorta	75966	Repair arterial blockage	76872	Us, transrectal
75625	Contrast x-ray exam of aorta	75968	Repair artery blockage, each	76873	Echograp trans r, pros study
75630	X-ray aorta, leg arteries	75970	Vascular biopsy	76880	Us exam, extremity
75635	Ct angio abdominal arteries	75978	Repair venous blockage	76885	Us exam infant hips, dynamic
75650	Artery x-rays, head & neck	75980	Contrast xray exam bile duct	76886	Us exam infant hips, static
75658	Artery x-rays, arm	75982	Contrast xray exam bile duct	76930	Echo guide, cardiocentesis
75660	Artery x-rays, head & neck	75984	Xray control catheter change	76932	Echo guide for heart biopsy
75662	Artery x-rays, head & neck	75989	Abscess drainage under x-ray	76936	Echo guide for artery repair
75665	Artery x-rays, head & neck	75992	Atherectomy, x-ray exam	76937	Us guide, vascular access
75671	Artery x-rays, head & neck	76000	Fluoroscope examination	76940	Us guide, tissue ablation
75676	Artery x-rays, neck	76001	Fluoroscope exam, extensive	76941	Echo guide for transfusion
75680	Artery x-rays, neck	76010	X-ray, nose to rectum	76942	Echo guide for biopsy
75685	Artery x-rays, spine	76080	X-ray exam of fistula	76945	Echo guide, villus sampling
75705	Artery x-rays, spine	76098	X-ray exam, breast specimen	76946	Echo guide for amniocentesis
75710	Artery x-rays, arm/leg	76100	X-ray exam of body section	76948	Echo guide, ova aspiration
75716	Artery x-rays, arms/legs	76101	Complex body section x-ray	76950	Echo guidance radiotherapy
75722	Artery x-rays, kidney	76102	Complex body section x-rays	76965	Echo guidance radiotherapy
75724	Artery x-rays, kidneys	76120	Cine/video x-rays	76970	Ultrasound exam follow-up
75726	Artery x-rays, abdomen	76125	Cine/video x-rays add-on	76975	GI endoscopic ultrasound
75731	Artery x-rays, adrenal gland	76140	X-ray consultation	76977	Us bone density measure
75733	Artery x-rays, adrenals	76150	X-ray exam, dry process	76998	Ultrasound guide intraoper
75736	Artery x-rays, pelvis	76350	Special x-ray contrast study	77001	Fluoroguide for vein device
75741	Artery x-rays, lung	76376	3d render w/o postprocess	77002	Needle localization by x-ray
75743	Artery x-rays, lungs	76377	3d rendering w/postprocess	77003	Fluoroguide for spine inject
75746	Artery x-rays, lung	76380	CAT scan follow-up study	77011	Ct scan for localization
75756	Artery x-rays, chest	76390	Mr spectroscopy	77012	Ct scan for needle biopsy
75774	Artery x-ray, each vessel	76496	Fluoroscopic procedure	77013	Ct guide for tissue ablation
75790	Visualize A-V shunt	76497	Ct procedure	77014	Ct scan for therapy guide
75801	Lymph vessel x-ray, arm/leg	76498	Mr procedure	77021	Mr guidance for needle place
75803	Lymph vessel x-ray,arms/legs	76506	Echo exam of head	77022	Mri for tissue ablation
75805	Lymph vessel x-ray, trunk	76510	Ophth us, b & quant a	77031	Stereotactic breast biopsy
75807	Lymph vessel x-ray, trunk	76511	Ophth us, quant a only	77032	X-ray of needle wire, breast
75809	Nonvascular shunt, x-ray	76512	Ophth us, b w/non-quant a	77053	X-ray of mammary duct
75810	Vein x-ray, spleen/liver	76513	Echo exam of eye, water bath	77054	X-ray of mammary ducts
75820	Vein x-ray, arm/leg	76514	Echo exam of eye, thickness	77058	Magnetic image, breast

ADDENDUM F.—CPT/HCPS IMAGING
CODES DEFINED BY DRA 5102(B)—
Continued

HCPCS/ CPT*	Short descriptor
77059	Magnetic image, both breasts
77071	X-ray stress view
77072	X-rays for bone age
77073	X-rays, bone evaluation
77074	X-rays, bone survey
77075	X-rays, bone survey
77076	X-rays, bone evaluation
77077	Joint survey, single view
77078	Ct bone density, axial
77079	Ct bone density, peripheral
77080	Dxa bone density, axial
77081	Dxa bone density/peripheral
77082	Dxa bone density/v-fracture
77083	Radiographic absorptiometry
77084	Magnetic image, bone marrow
77417	Radiology port film(s)
77421	Stereoscopic x-ray guidance
78006	Thyroid imaging with uptake
78007	Thyroid image, mult uptakes
78010	Thyroid imaging
78011	Thyroid imaging with flow
78015	Thyroid met imaging
78016	Thyroid met imaging/studies
78018	Thyroid met imaging, body
78020	Thyroid met uptake
78070	Parathyroid nuclear imaging
78075	Adrenal nuclear imaging
78102	Bone marrow imaging, ltd
78103	Bone marrow imaging, mult
78104	Bone marrow imaging, body
78135	Red cell survival kinetics
78140	Red cell sequestration
78185	Spleen imaging
78190	Platelet survival, kinetics
78195	Lymph system imaging
78201	Liver imaging
78202	Liver imaging with flow
78205	Liver imaging (3D)
78206	Liver image (3d) with flow
78215	Liver and spleen imaging
78216	Liver & spleen image/flow
78220	Liver function study
78223	Hepatobiliary imaging
78230	Salivary gland imaging
78231	Serial salivary imaging
78232	Salivary gland function exam
78258	Esophageal motility study
78261	Gastric mucosa imaging
78262	Gastroesophageal reflux exam
78264	Gastric emptying study
78278	Acute GI blood loss imaging
78282	GI protein loss exam
78290	Meckel's divert exam
78291	Leveen/shunt patency exam
78300	Bone imaging, limited area
78305	Bone imaging, multiple areas
78306	Bone imaging, whole body
78315	Bone imaging, 3 phase
78320	Bone imaging (3D)
78350	Bone mineral, single photon
78351	Bone mineral, dual photon
78428	Cardiac shunt imaging
78445	Vascular flow imaging
78456	Acute venous thrombus image
78457	Venous thrombosis imaging
78458	Ven thrombosis images, bilat
78459	Heart muscle imaging (PET)
78460	Heart muscle blood, single
78461	Heart muscle blood, multiple

ADDENDUM F.—CPT/HCPS IMAGING
CODES DEFINED BY DRA 5102(B)—
Continued

HCPCS/ CPT*	Short descriptor
78464	Heart image (3d), single
78465	Heart image (3d), multiple
78466	Heart infarct image
78468	Heart infarct image (ef)
78469	Heart infarct image (3D)
78472	Gated heart, planar, single
78473	Gated heart, multiple
78478	Heart wall motion add-on
78480	Heart function add-on
78481	Heart first pass, single
78483	Heart first pass, multiple
78491	Heart image (pet), single
78492	Heart image (pet), multiple
78494	Heart image, spect
78496	Heart first pass add-on
78500	Lung perfusion imaging
78584	Lung V/Q image single breath
78585	Lung V/Q imaging
78586	Aerosol lung image, single
78587	Aerosol lung image, multiple
78588	Perfusion lung image
78591	Vent image, 1 breath, 1 proj
78593	Vent image, 1 proj, gas
78594	Vent image, mult proj, gas
78596	Lung differential function
78600	Brain imaging, ltd static
78601	Brain imaging, ltd w/flow
78605	Brain imaging, complete
78606	Brain imaging, compl w/flow
78607	Brain imaging (3D)
78608	Brain imaging (PET)
78609	Brain imaging (PET)
78610	Brain flow imaging only
78615	Cerebral vascular flow image
78630	Cerebrospinal fluid scan
78635	CSF ventriculography
78645	CSF shunt evaluation
78647	Cerebrospinal fluid scan
78650	CSF leakage imaging
78660	Nuclear exam of tear flow
78700	Kidney imaging, static
78701	Kidney imaging with flow
78704	Imaging renogram
78707	Kidney flow/function image
78708	Kidney flow/function image
78709	Kidney flow/function image
78710	Kidney imaging (3D)
78715	Renal vascular flow exam
78730	Urinary bladder retention
78740	Ureteral reflux study
78760	Testicular imaging
78761	Testicular imaging/flow
78800	Tumor imaging, limited area
78801	Tumor imaging, mult areas
78802	Tumor imaging, whole body
78803	Tumor imaging (3D)
78804	Tumor imaging, whole body
78805	Abscess imaging, ltd area
78806	Abscess imaging, whole body
78807	Nuclear localization/abscess
78811	Tumor imaging (pet), limited
78812	Tumor image (pet)/skul-thigh
78813	Tumor image (pet) full body
78814	Tumor image pet/ct, limited
78815	Tumorimage pet/ct skul-thigh
78816	Tumor image pet/ct full body
78890	Nuclear medicine data proc
78891	Nuclear med data proc
93303	Echo transthoracic

ADDENDUM F.—CPT/HCPS IMAGING
CODES DEFINED BY DRA 5102(B)—
Continued

HCPCS/ CPT*	Short descriptor
93304	Echo transthoracic
93307	Echo exam of heart
93308	Echo exam of heart
93312	Echo transesophageal
93313	Echo transesophageal
93314	Echo transesophageal
93315	Echo transesophageal
93316	Echo transesophageal
93317	Echo transesophageal
93318	Echo transesophageal intraop
93320	Doppler echo exam, heart
93321	Doppler echo exam, heart
93325	Doppler color flow add-on
93350	Echo transthoracic
93555	Imaging, cardiac cath
93556	Imaging, cardiac cath
93571	Heart flow reserve measure
93572	Heart flow reserve measure
93880	Extracranial study
93882	Extracranial study
93886	Intracranial study
93888	Intracranial study
93890	Tcd, vasoreactivity study
93892	Tcd, emboli detect w/o inj
93893	Tcd, emboli detect w/inj
93925	Lower extremity study
93926	Lower extremity study
93930	Upper extremity study
93931	Upper extremity study
93970	Extremity study
93971	Extremity study
93975	Vascular study
93976	Vascular study
93978	Vascular study
93979	Vascular study
93980	Penile vascular study
93981	Penile vascular study
93990	Doppler flow testing
0028T	Dexa body composition study
0042T	Ct perfusion w/contrast, cbf
0066T	Ct colonography;screen
0067T	Ct colonography;dx
0080T	Endovasc aort rept rad s&i
0081T	Endovasc visc extnsn s&i
0144T	CT heart w/ dye; qual calc
0145T	CT heart w/w/ dye funct
0146T	CCTA w/w/ dye
0147T	CCTA w/w/ quan calcium
0148T	CCTA w/w/ strxr
0149T	CCTA w/w/ strxr quan calc
0150T	CCTA w/w/ disease strxr
0151T	CT heart funct add-on
0152T	Computer chest add-on
G0120	Colon ca scrn; barium enema
G0122	Colon ca scrn; barium enema
G0130	Single energy x-ray study
G0219	PET img wholbod melano nonco
G0235	PET not otherwise specified
G0275	Renal angio, cardiac cath
G0278	Iliac art angio,cardiac cath
G0288	Recon, CTA for surg plan
G0365	Vessel mapping hemo access

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ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS

CBSA code	Urban area (constituent counties)	Wage index
10180	Abilene, TX Callahan County, TX. Jones County, TX. Taylor County, TX.	0.8423
10380	Aguadilla-Isabela-San Sebastián, PR Aguada Municipio, PR. Aguadilla Municipio, PR. Anasco Municipio, PR. Isabela Municipio, PR. Lares Municipio, PR. Moca Municipio, PR. Rincón Municipio, PR. San Sebastián Municipio, PR.	0.8423
10420	Akron, OH Portage County, OH. Summit County, OH.	0.9111
10500	Albany, GA Baker County, GA. Dougherty County, GA. Lee County, GA. Terrell County, GA. Worth County, GA.	0.9466
10580	Albany-Schenectady-Troy, NY Albany County, NY. Rensselaer County, NY. Saratoga County, NY. Schenectady County, NY. Schoharie County, NY.	0.9181
10740	Albuquerque, NM Bernalillo County, NM. Sandoval County, NM. Torrance County, NM. Valencia County, NM.	0.9958
10780	Alexandria, LA Grant Parish, LA. Rapides Parish, LA.	0.8429
10900	Allentown-Bethlehem-Easton, PA-NJ Warren County, NJ. Carbon County, PA. Lehigh County, PA. Northampton County, PA.	1.0472
11020	Altoona, PA Blair County, PA.	0.9277
11100	Amarillo, TX Armstrong County, TX. Carson County, TX. Potter County, TX. Randall County, TX.	0.9653
11180	Ames, IA Story County, IA.	1.0276
11260	Anchorage, AK Anchorage Municipality, AK. Matanuska-Susitna Borough, AK.	1.2658
11300	Anderson, IN Madison County, IN.	0.9140
11340	Anderson, SC Anderson County, SC.	0.9493
11460	Ann Arbor, MI Washtenaw County, MI.	1.1398
11500	Anniston-Oxford, AL Calhoun County, AL.	0.8423
11540	Appleton, WI Calumet County, WI. Outagamie County, WI.	0.9954
11700	Asheville, NC Buncombe County, NC. Haywood County, NC. Henderson County, NC. Madison County, NC.	0.9703
12020	Athens-Clarke County, GA Clarke County, GA.	1.0377

ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
12060	Madison County, GA. Oconee County, GA. Oglethorpe County, GA. Atlanta-Sandy Springs-Marietta, GA Barrow County, GA. Bartow County, GA. Butts County, GA. Carroll County, GA. Cherokee County, GA. Clayton County, GA. Cobb County, GA. Coweta County, GA. Dawson County, GA. DeKalb County, GA. Douglas County, GA. Fayette County, GA. Forsyth County, GA. Fulton County, GA. Gwinnett County, GA. Haralson County, GA. Heard County, GA. Henry County, GA. Jasper County, GA. Lamar County, GA. Meriwether County, GA. Newton County, GA. Paulding County, GA. Pickens County, GA. Pike County, GA. Rockdale County, GA. Spalding County, GA. Walton County, GA.	1.0278
12100	Atlantic City, NJ	1.2456
12220	Atlantic County, NJ. Auburn-Opelika, AL Lee County, AL.	0.8524
12260	Augusta-Richmond County, GA-SC Burke County, GA. Columbia County, GA. McDuffie County, GA. Richmond County, GA. Aiken County, SC. Edgefield County, SC.	1.0178
12420	Austin-Round Rock, TX Bastrop County, TX. Caldwell County, TX. Hays County, TX. Travis County, TX. Williamson County, TX.	0.9838
12540	Bakersfield, CA Kern County, CA.	1.1291
12580	Baltimore-Towson, MD Anne Arundel County, MD. Baltimore County, MD. Carroll County, MD. Harford County, MD. Howard County, MD. Queen Anne's County, MD. Baltimore City, MD.	1.0621
12620	Bangor, ME Penobscot County, ME.	1.0224
12700	Barnstable Town, MA Barnstable County, MA.	1.3201
12940	Baton Rouge, LA Ascension Parish, LA. East Baton Rouge Parish, LA. East Feliciana Parish, LA. Iberville Parish, LA. Livingston Parish, LA. Pointe Coupee Parish, LA. St. Helena Parish, LA.	0.8511

ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
12980	West Baton Rouge Parish, LA. West Feliciana Parish, LA. Battle Creek, MI Calhoun County, MI.	1.0278
13020	Bay City, MI Bay County, MI.	0.9740
13140	Beaumont-Port Arthur, TX Hardin County, TX. Jefferson County, TX. Orange County, TX.	0.9049
13380	Bellingham, WA Whatcom County, WA.	1.1690
13460	Bend, OR Deschutes County, OR.	1.1310
13644	Bethesda-Gaithersburg-Frederick, MD Frederick County, MD. Montgomery County, MD.	1.1479
13740	Billings, MT Carbon County, MT. Yellowstone County, MT.	0.9172
13780	Binghamton, NY Broome County, NY. Tioga County, NY.	0.9250
13820	Birmingham-Hoover, AL Bibb County, AL. Blount County, AL. Chilton County, AL. Jefferson County, AL. St. Clair County, AL. Shelby County, AL. Walker County, AL.	0.9364
13900	Bismarck, ND Burleigh County, ND. Morton County, ND.	0.8423
13980	Blacksburg-Christiansburg-Radford, VA Giles County, VA. Montgomery County, VA. Pulaski County, VA. Radford City, VA.	0.8647
14020	Bloomington, IN Greene County, IN. Monroe County, IN. Owen County, IN.	0.8984
14060	Bloomington-Normal, IL McLean County, IL.	0.9416
14260	Boise City-Nampa, ID Ada County, ID. Boise County, ID. Canyon County, ID. Gem County, ID. Owyhee County, ID.	0.9898
14484	Boston-Quincy, MA Norfolk County, MA. Plymouth County, MA. Suffolk County, MA.	1.2296
14500	Boulder, CO Boulder County, CO.	1.0897
14540	Bowling Green, KY Edmonson County, KY. Warren County, KY.	0.8578
14740	Bremerton-Silverdale, WA Kitsap County, WA.	1.1489
14860	Bridgeport-Stamford-Norwalk, CT Fairfield County, CT.	1.3328
15180	Brownsville-Harlingen, TX Cameron County, TX.	0.9928
15260	Brunswick, GA Brantley County, GA. Glynn County, GA. McIntosh County, GA.	1.0701
15380	Buffalo-Niagara Falls, NY	0.9922

ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
15500	Erie County, NY. Niagara County, NY. Burlington, NC	0.9132
15540	Alamance County, NC. Burlington-South Burlington, VT Chittenden County, VT. Franklin County, VT. Grand Isle County, VT.	0.9974
15764	Cambridge-Newton-Framingham, MA Middlesex County, MA.	1.1549
15804	Camden, NJ Burlington County, NJ. Camden County, NJ. Gloucester County, NJ.	1.0941
15940	Canton-Massillon, OH Carroll County, OH. Stark County, OH.	0.9508
15980	Cape Coral-Fort Myers, FL Lee County, FL.	0.9835
16180	Carson City, NV Carson City, NV.	1.0555
16220	Casper, WY Natrona County, WY.	0.9628
16300	Cedar Rapids, IA Benton County, IA. Jones County, IA. Linn County, IA.	0.9357
16580	Champaign-Urbana, IL Champaign County, IL. Ford County, IL. Piatt County, IL.	1.0153
16620	Charleston, WV Boone County, WV. Clay County, WV. Kanawha County, WV. Lincoln County, WV. Putnam County, WV.	0.8993
16700	Charleston-North Charleston, SC Berkeley County, SC. Charleston County, SC. Dorchester County, SC.	0.9628
16740	Charlotte-Gastonia-Concord, NC-SC Anson County, NC. Cabarrus County, NC. Gaston County, NC. Mecklenburg County, NC. Union County, NC. York County, SC.	1.0059
16820	Charlottesville, VA Albemarle County, VA. Fluvanna County, VA. Greene County, VA. Nelson County, VA. Charlottesville City, VA.	1.0660
16860	Chattanooga, TN-GA Catoosa County, GA. Dade County, GA. Walker County, GA. Hamilton County, TN. Marion County, TN. Sequatchie County, TN.	0.9421
16940	Cheyenne, WY Laramie County, WY.	0.9539
16974	Chicago-Naperville-Joliet, IL Cook County, IL. DeKalb County, IL. DuPage County, IL. Grundy County, IL. Kane County, IL. Kendall County, IL. McHenry County, IL.	1.1319

ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
17020	Will County, IL. Chico, CA	1.1637
17140	Butte County, CA. Cincinnati-Middletown, OH-KY-IN Dearborn County, IN. Franklin County, IN. Ohio County, IN. Boone County, KY. Bracken County, KY. Campbell County, KY. Gallatin County, KY. Grant County, KY. Kenton County, KY. Pendleton County, KY. Brown County, OH. Butler County, OH. Clermont County, OH. Hamilton County, OH. Warren County, OH.	1.0108
17300	Clarksville, TN-KY Christian County, KY. Trigg County, KY. Montgomery County, TN. Stewart County, TN.	0.8882
17420	Cleveland, TN Bradley County, TN. Polk County, TN.	0.8537
17460	Cleveland-Elyria-Mentor, OH Cuyahoga County, OH. Geauga County, OH. Lake County, OH. Lorain County, OH. Medina County, OH.	0.9896
17660	Coeur d'Alene, ID Kootenai County, ID.	0.9838
17780	College Station-Bryan, TX Brazos County, TX. Burleson County, TX. Robertson County, TX.	0.9523
17820	Colorado Springs, CO El Paso County, CO. Teller County, CO.	1.0213
17860	Columbia, MO Boone County, MO. Howard County, MO.	0.8993
17900	Columbia, SC Calhoun County, SC. Fairfield County, SC. Kershaw County, SC. Lexington County, SC. Richland County, SC. Saluda County, SC.	0.9405
17980	Columbus, GA-AL Russell County, AL. Chattahoochee County, GA. Harris County, GA. Marion County, GA. Muscogee County, GA.	0.8674
18020	Columbus, IN Bartholomew County, IN.	0.9810
18140	Columbus, OH Delaware County, OH. Fairfield County, OH. Franklin County, OH. Licking County, OH. Madison County, OH. Morrow County, OH. Pickaway County, OH. Union County, OH.	1.0641
18580	Corpus Christi, TX Aransas County, TX.	0.9016

ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
18700	Nueces County, TX. San Patricio County, TX. Corvallis, OR	1.2156
19060	Benton County, OR. Cumberland, MD-WV	0.8892
19124	Allegany County, MD. Mineral County, WV. Dallas-Plano-Irving, TX	1.0607
19140	Collin County, TX. Dallas County, TX. Delta County, TX. Denton County, TX. Ellis County, TX. Hunt County, TX. Kaufman County, TX. Rockwall County, TX. Dalton, GA	0.9573
19180	Murray County, GA. Whitfield County, GA. Danville, IL	0.9755
19260	Vermilion County, IL. Danville, VA	0.8897
19340	Pittsylvania County, VA. Danville City, VA. Davenport-Moline-Rock Island, IA-IL	0.9313
19380	Henry County, IL. Mercer County, IL. Rock Island County, IL. Scott County, IA. Dayton, OH	0.9514
19460	Greene County, OH. Miami County, OH. Montgomery County, OH. Preble County, OH. Decatur, AL	0.8590
19500	Lawrence County, AL. Morgan County, AL. Decatur, IL	0.8604
19660	Macon County, IL. Deltona-Daytona Beach-Ormond Beach, FL	0.9752
19740	Volusia County, FL. Denver-Aurora, CO	1.1507
19780	Adams County, CO. Arapahoe County, CO. Broomfield County, CO. Clear Creek County, CO. Denver County, CO. Douglas County, CO. Elbert County, CO. Gilpin County, CO. Jefferson County, CO. Park County, CO. Des Moines-West Des Moines, IA	0.9701
19804	Dallas County, IA. Guthrie County, IA. Madison County, IA. Polk County, IA. Warren County, IA. Detroit-Livonia-Dearborn, MI	1.0824
20020	Wayne County, MI. Dothan, AL	0.8423
20100	Geneva County, AL. Henry County, AL. Houston County, AL. Dover, DE	1.0367
20220	Kent County, DE. Dubuque, IA	0.9615
20260	Dubuque County, IA. Duluth, MN-WI	1.0572
	Carlton County, MN. St. Louis County, MN.	

ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
20500	Douglas County, WI. Durham, NC Chatham County, NC. Durham County, NC. Orange County, NC. Person County, NC.	1.0345
20740	Eau Claire, WI Chippewa County, WI. Eau Claire County, WI.	1.0139
20764	Edison, NJ Middlesex County, NJ. Monmouth County, NJ. Ocean County, NJ. Somerset County, NJ.	1.1781
20940	El Centro, CA Imperial County, CA.	0.9555
21060	Elizabethtown, KY Hardin County, KY. Larue County, KY.	0.9156
21140	Elkhart-Goshen, IN Elkhart County, IN.	0.9924
21300	Elmira, NY Chemung County, NY.	0.8675
21340	El Paso, TX El Paso County, TX.	0.9531
21500	Erie, PA Erie County, PA.	0.9293
21604	Essex County, MA Essex County, MA.	1.0968
21660	Eugene-Springfield, OR Lane County, OR.	1.1450
21780	Evansville, IN-KY Gibson County, IN. Posey County, IN. Vanderburgh County, IN. Warrick County, IN. Henderson County, KY. Webster County, KY.	0.9550
21820	Fairbanks, AK Fairbanks North Star Borough, AK.	1.1643
21940	Fajardo, PR Ceiba Municipio, PR. Fajardo Municipio, PR. Luquillo Municipio, PR.	0.8423
22020	Fargo, ND-MN Cass County, ND. Clay County, MN.	0.8686
22140	Farmington, NM San Juan County, NM.	0.9043
22180	Fayetteville, NC Cumberland County, NC. Hoke County, NC.	0.9417
22220	Fayetteville-Springdale-Rogers, AR-MO Benton County, AR. Madison County, AR. Washington County, AR. McDonald County, MO.	0.9333
22380	Flagstaff, AZ Coconino County, AZ.	1.2214
22420	Flint, MI Genesee County, MI.	1.1548
22500	Florence, SC Darlington County, SC. Florence County, SC.	0.8831
22520	Florence-Muscle Shoals, AL Colbert County, AL. Lauderdale County, AL.	0.8423
22540	Fond du Lac, WI Fond du Lac County, WI.	1.0595
22660	Fort Collins-Loveland, CO Larimer County, CO.	1.0048

ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
22744	Fort Lauderdale-Pompano Beach-Deerfield Beach, FL	1.0668
	Broward County, FL.	
22900	Fort Smith, AR-OK	0.8423
	Crawford County, AR.	
	Franklin County, AR.	
	Sebastian County, AR.	
	Le Flore County, OK.	
	Sequoyah County, OK.	
23020	Fort Walton Beach-Crestview-Destin, FL	0.9100
	Okaloosa County, FL.	
23060	Fort Wayne, IN	1.0020
	Allen County, IN.	
	Wells County, IN.	
	Whitley County, IN.	
23104	Fort Worth-Arlington, TX	1.0074
	Johnson County, TX.	
	Parker County, TX.	
	Tarrant County, TX.	
	Wise County, TX.	
23420	Fresno, CA	1.1521
	Fresno County, CA.	
23460	Gadsden, AL	0.8492
	Etowah County, AL.	
23540	Gainesville, FL	0.9767
	Alachua County, FL.	
	Gilchrist County, FL.	
23580	Gainesville, GA	0.9431
	Hall County, GA.	
23844	Gary, IN	0.9827
	Jasper County, IN.	
	Lake County, IN.	
	Newton County, IN.	
	Porter County, IN.	
24020	Glens Falls, NY	0.8764
	Warren County, NY.	
	Washington County, NY.	
24140	Goldsboro, NC	0.9655
	Wayne County, NC.	
24220	Grand Forks, ND-MN	0.8423
	Polk County, MN.	
	Grand Forks County, ND.	
24300	Grand Junction, CO	1.0179
	Mesa County, CO.	
24340	Grand Rapids-Wyoming, MI	0.9954
	Barry County, MI.	
	Ionia County, MI.	
	Kent County, MI.	
	Newaygo County, MI.	
24500	Great Falls, MT	0.9052
	Cascade County, MT.	
24540	Greeley, CO	1.0109
	Weld County, CO.	
24580	Green Bay, WI	1.0304
	Brown County, WI.	
	Kewaunee County, WI.	
	Oconto County, WI.	
24660	Greensboro-High Point, NC	0.9334
	Guilford County, NC.	
	Randolph County, NC.	
	Rockingham County, NC.	
24780	Greenville, NC	0.9930
	Greene County, NC.	
	Pitt County, NC.	
24860	Greenville, SC	1.0322
	Greenville County, SC.	
	Laurens County, SC.	
	Pickens County, SC.	
25020	Guayama, PR	0.8423
	Arroyo Municipio, PR.	
	Guayama Municipio, PR.	
	Patillas Municipio, PR.	

ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
25060	Gulfport-Biloxi, MS Hancock County, MS. Harrison County, MS. Stone County, MS.	0.9386
25180	Hagerstown-Martinsburg, MD-WV Washington County, MD. Berkeley County, WV. Morgan County, WV.	0.9515
25260	Hanford-Corcoran, CA Kings County, CA.	1.0825
25420	Harrisburg-Carlisle, PA Cumberland County, PA. Dauphin County, PA. Perry County, PA.	0.9899
25500	Harrisonburg, VA Rockingham County, VA. Harrisonburg City, VA.	0.9552
25540	Hartford-West Hartford-East Hartford, CT Hartford County, CT. Litchfield County, CT. Middlesex County, CT. Tolland County, CT.	1.1469
25620	Hattiesburg, MS Forrest County, MS. Lamar County, MS. Perry County, MS.	0.8423
25860	Hickory-Lenoir-Morganton, NC Alexander County, NC. Burke County, NC. Caldwell County, NC. Catawba County, NC.	0.9486
25980	Hinesville-Fort Stewart, GA Liberty County, GA. Long County, GA.	0.9663
26100	Holland-Grand Haven, MI Ottawa County, MI.	0.9647
26180	Honolulu, HI Honolulu County, HI.	1.1682
26300	Hot Springs, AR Garland County, AR.	0.9246
26380	Houma-Bayou Cane-Thibodaux, LA Lafourche Parish, LA. Terrebonne Parish, LA.	0.8509
26420	Houston-Sugar Land-Baytown, TX Austin County, TX. Brazoria County, TX. Chambers County, TX. Fort Bend County, TX. Galveston County, TX. Harris County, TX. Liberty County, TX. Montgomery County, TX. San Jacinto County, TX. Waller County, TX.	1.0537
26580	Huntington-Ashland, WV-KY-OH Boyd County, KY. Greenup County, KY. Lawrence County, OH. Cabell County, WV. Wayne County, WV.	0.9472
26620	Huntsville, AL Limestone County, AL. Madison County, AL.	0.9483
26820	Idaho Falls, ID Bonneville County, ID. Jefferson County, ID.	0.9568
26900	Indianapolis-Carmel, IN Boone County, IN. Brown County, IN. Hamilton County, IN. Hancock County, IN.	1.0418

ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
	Hendricks County, IN. Johnson County, IN. Marion County, IN. Morgan County, IN. Putnam County, IN. Shelby County, IN.	
26980	Iowa City, IA Johnson County, IA. Washington County, IA.	1.0227
27060	Ithaca, NY Tompkins County, NY.	1.0452
27100	Jackson, MI Jackson County, MI.	1.0065
27140	Jackson, MS Copiah County, MS. Hinds County, MS. Madison County, MS. Rankin County, MS. Simpson County, MS.	0.8708
27180	Jackson, TN Chester County, TN. Madison County, TN.	0.9321
27260	Jacksonville, FL Baker County, FL. Clay County, FL. Duval County, FL. Nassau County, FL. St. Johns County, FL.	0.9649
27340	Jacksonville, NC Onslow County, NC.	0.8666
27500	Janesville, WI Rock County, WI.	1.0165
27620	Jefferson City, MO Callaway County, MO. Cole County, MO. Moniteau County, MO. Osage County, MO.	0.8772
27740	Johnson City, TN Carter County, TN. Unicoi County, TN. Washington County, TN.	0.8468
27780	Johnstown, PA Cambria County, PA.	0.9075
27860	Jonesboro, AR Craighead County, AR. Poinsett County, AR.	0.8423
27900	Joplin, MO Jasper County, MO. Newton County, MO.	0.9059
28020	Kalamazoo-Portage, MI Kalamazoo County, MI. Van Buren County, MI.	1.1269
28100	Kankakee-Bradley, IL Kankakee County, IL.	1.0616
28140	Kansas City, MO-KS Franklin County, KS. Johnson County, KS. Leavenworth County, KS. Linn County, KS. Miami County, KS. Wyandotte County, KS. Bates County, MO. Caldwell County, MO. Cass County, MO. Clay County, MO. Clinton County, MO. Jackson County, MO. Lafayette County, MO. Platte County, MO. Ray County, MO.	0.9997
28420	Kennewick-Richland-Pasco, WA	1.0889

ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
28660	Benton County, WA. Franklin County, WA. Killeen-Temple-Fort Hood, TX Bell County, TX. Coryell County, TX. Lampasas County, TX.	0.9371
28700	Kingsport-Bristol-Bristol, TN-VA Hawkins County, TN. Sullivan County, TN. Bristol City, VA. Scott County, VA. Washington County, VA.	0.8423
28740	Kingston, NY Ulster County, NY.	0.9862
28940	Knoxville, TN Anderson County, TN. Blount County, TN. Knox County, TN. Loudon County, TN. Union County, TN.	0.8685
29020	Kokomo, IN Howard County, IN. Tipton County, IN.	1.0180
29100	La Crosse, WI-MN Houston County, MN. La Crosse County, WI.	0.9924
29140	Lafayette, IN Benton County, IN. Carroll County, IN. Tippecanoe County, IN.	0.9403
29180	Lafayette, LA Lafayette Parish, LA. St. Martin Parish, LA.	0.8727
29340	Lake Charles, LA Calcasieu Parish, LA. Cameron Parish, LA.	0.8423
29404	Lake County-Kenosha County, IL-WI Lake County, IL. Kenosha County, WI.	1.1128
29460	Lakeland, FL Polk County, FL.	0.9348
29540	Lancaster, PA Lancaster County, PA.	1.0095
29620	Lansing-East Lansing, MI Clinton County, MI. Eaton County, MI. Ingham County, MI.	1.0621
29700	Laredo, TX Webb County, TX.	0.8423
29740	Las Cruces, NM Dona Ana County, NM.	0.9763
29820	Las Vegas-Paradise, NV Clark County, NV.	1.2034
29940	Lawrence, KS Douglas County, KS.	0.8807
30020	Lawton, OK Comanche County, OK.	0.8491
30140	Lebanon, PA Lebanon County, PA.	0.9137
30300	Lewiston, ID-WA Nez Perce County, ID. Asotin County, WA.	1.0373
30340	Lewiston-Auburn, ME Androscoggin County, ME.	0.9608
30460	Lexington-Fayette, KY Bourbon County, KY. Clark County, KY. Fayette County, KY. Jessamine County, KY. Scott County, KY. Woodford County, KY.	0.9666

ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
30620	Lima, OH Allen County, OH.	0.9520
30700	Lincoln, NE Lancaster County, NE. Seward County, NE.	1.0625
30780	Little Rock-North Little Rock, AR Faulkner County, AR. Grant County, AR. Lonoke County, AR. Perry County, AR. Pulaski County, AR. Saline County, AR.	0.9360
30860	Logan, UT-ID Franklin County, ID. Cache County, UT.	0.9499
30980	Longview, TX Gregg County, TX. Rusk County, TX. Upshur County, TX.	0.9252
31020	Longview, WA Cowlitz County, WA.	1.0540
31084	Los Angeles-Long Beach-Glendale, CA Los Angeles County, CA.	1.2381
31140	Louisville-Jefferson County, KY-IN Clark County, IN. Floyd County, IN. Harrison County, IN. Washington County, IN. Bullitt County, KY. Henry County, KY. Jefferson County, KY. Meade County, KY. Nelson County, KY. Oldham County, KY. Shelby County, KY. Spencer County, KY. Trimble County, KY.	0.9600
31180	Lubbock, TX Crosby County, TX. Lubbock County, TX.	0.9068
31340	Lynchburg, VA Amherst County, VA. Appomattox County, VA. Bedford County, VA. Campbell County, VA. Bedford City, VA. Lynchburg City, VA.	0.9153
31420	Macon, GA Bibb County, GA. Crawford County, GA. Jones County, GA. Monroe County, GA. Twiggs County, GA.	1.0022
31460	Madera, CA Madera County, CA.	0.8585
31540	Madison, WI Columbia County, WI. Dane County, WI. Iowa County, WI.	1.1413
31700	Manchester-Nashua, NH Hillsborough County, NH. Merrimack County, NH.	1.0784
31900	Mansfield, OH Richland County, OH.	0.9761
32420	Mayagüez, PR Hormigueros Municipio, PR. Mayagüez Municipio, PR.	0.8423
32580	McAllen-Edinburg-Mission, TX Hidalgo County, TX.	0.9236
32780	Medford, OR Jackson County, OR.	1.1389

ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
32820	Memphis, TN-MS-AR	0.9868
	Crittenden County, AR.	
	DeSoto County, MS.	
	Marshall County, MS.	
	Tate County, MS.	
	Tunica County, MS.	
	Fayette County, TN.	
	Shelby County, TN.	
	Tipton County, TN.	
32900	Merced, CA	1.2077
	Merced County, CA.	
33124	Miami-Miami Beach-Kendall, FL	1.0330
	Miami-Dade County, FL.	
33140	Michigan City-La Porte, IN	0.9600
	LaPorte County, IN.	
33260	Midland, TX	1.0303
	Midland County, TX.	
33340	Milwaukee-Waukesha-West Allis, WI	1.0758
	Milwaukee County, WI.	
	Ozaukee County, WI.	
	Washington County, WI.	
	Waukesha County, WI.	
33460	Minneapolis-St. Paul-Bloomington, MN-WI	1.1524
	Anoka County, MN.	
	Carver County, MN.	
	Chisago County, MN.	
	Dakota County, MN.	
	Hennepin County, MN.	
	Isanti County, MN.	
	Ramsey County, MN.	
	Scott County, MN.	
	Sherburne County, MN.	
	Washington County, MN.	
	Wright County, MN.	
	Pierce County, WI.	
	St. Croix County, WI.	
33540	Missoula, MT	0.9400
	Missoula County, MT.	
33660	Mobile, AL	0.8423
	Mobile County, AL.	
33700	Modesto, CA	1.2349
	Stanislaus County, CA.	
33740	Monroe, LA	0.8423
	Ouachita Parish, LA.	
	Union Parish, LA.	
33780	Monroe, MI	1.0220
	Monroe County, MI.	
33860	Montgomery, AL	0.8432
	Autauga County, AL.	
	Elmore County, AL.	
	Lowndes County, AL.	
	Montgomery County, AL.	
34060	Morgantown, WV	0.8868
	Monongalia County, WV.	
	Preston County, WV.	
34100	Morristown, TN	0.8423
	Grainger County, TN.	
	Hamblen County, TN.	
	Jefferson County, TN.	
34580	Mount Vernon-Anacortes, WA	1.1072
	Skagit County, WA.	
34620	Muncie, IN	0.9014
	Delaware County, IN.	
34740	Muskegon-Norton Shores, MI	1.0466
	Muskegon County, MI.	
34820	Myrtle Beach-Conway-North Myrtle Beach, SC	0.9275
	Horry County, SC.	
34900	Napa, CA	1.4080
	Napa County, CA.	
34940	Naples-Marco Island, FL	1.0466
	Collier County, FL.	

ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
34980	Nashville-Davidson--Murfreesboro, TN Cannon County, TN. Cheatham County, TN. Davidson County, TN. Dickson County, TN. Hickman County, TN. Macon County, TN. Robertson County, TN. Rutherford County, TN. Smith County, TN. Sumner County, TN. Trousdale County, TN. Williamson County, TN. Wilson County, TN.	1.0367
35004	Nassau-Suffolk, NY Nassau County, NY. Suffolk County, NY.	1.3331
35084	Newark-Union, NJ-PA Essex County, NJ. Hunterdon County, NJ. Morris County, NJ. Sussex County, NJ. Union County, NJ. Pike County, PA.	1.2520
35300	New Haven-Milford, CT New Haven County, CT.	1.2584
35380	New Orleans-Metairie-Kenner, LA Jefferson Parish, LA. Orleans Parish, LA. Plaquemines Parish, LA. St. Bernard Parish, LA. St. Charles Parish, LA. St. John the Baptist Parish, LA. St. Tammany Parish, LA.	0.9297
35644	New York-White Plains-Wayne, NY-NJ Bergen County, NJ. Hudson County, NJ. Passaic County, NJ. Bronx County, NY. Kings County, NY. New York County, NY. Putnam County, NY. Queens County, NY. Richmond County, NY. Rockland County, NY. Westchester County, NY.	1.3873
35660	Niles-Benton Harbor, MI Berrien County, MI.	0.9386
35980	Norwich-New London, CT New London County, CT.	1.2562
36084	Oakland-Fremont-Hayward, CA Alameda County, CA. Contra Costa County, CA.	1.6655
36100	Ocala, FL Marion County, FL.	0.9335
36140	Ocean City, NJ Cape May County, NJ.	1.1025
36220	Odessa, TX Ector County, TX.	1.0605
36260	Ogden-Clearfield, UT Davis County, UT. Morgan County, UT. Weber County, UT.	0.9470
36420	Oklahoma City, OK Canadian County, OK. Cleveland County, OK. Grady County, OK. Lincoln County, OK. Logan County, OK. McClain County, OK. Oklahoma County, OK.	0.9310

APPENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
36500	Olympia, WA	1.1666
	Thurston County, WA.	
36540	Omaha-Council Bluffs, NE-IA	0.9949
	Harrison County, IA.	
	Mills County, IA.	
	Pottawattamie County, IA.	
	Cass County, NE.	
	Douglas County, NE.	
	Sarpy County, NE.	
	Saunders County, NE.	
	Washington County, NE.	
36740	Orlando-Kissimmee, FL	0.9951
	Lake County, FL.	
	Orange County, FL.	
	Osceola County, FL.	
	Seminole County, FL.	
36780	Oshkosh-Neenah, WI	0.9807
	Winnebago County, WI.	
36980	Owensboro, KY	0.9210
	Daviess County, KY.	
	Hancock County, KY.	
	McLean County, KY.	
37100	Oxnard-Thousand Oaks-Ventura, CA	1.2156
	Ventura County, CA.	
37340	Palm Bay-Melbourne-Titusville, FL	0.9942
	Brevard County, FL.	
37460	Panama City-Lynn Haven, FL	0.8451
	Bay County, FL.	
37620	Parkersburg-Marietta-Vienna, WV-OH	0.8423
	Washington County, OH.	
	Pleasants County, WV.	
	Wirt County, WV.	
	Wood County, WV.	
37700	Pascagoula, MS	0.8649
	George County, MS.	
	Jackson County, MS.	
37860	Pensacola-Ferry Pass-Brent, FL	0.8423
	Escambia County, FL.	
	Santa Rosa County, FL.	
37900	Peoria, IL	0.9456
	Marshall County, IL.	
	Peoria County, IL.	
	Stark County, IL.	
	Tazewell County, IL.	
	Woodford County, IL.	
37964	Philadelphia, PA	1.1577
	Bucks County, PA.	
	Chester County, PA.	
	Delaware County, PA.	
	Montgomery County, PA.	
	Philadelphia County, PA.	
38060	Phoenix-Mesa-Scottsdale, AZ	1.0830
	Maricopa County, AZ.	
	Pinal County, AZ.	
38220	Pine Bluff, AR	0.8826
	Cleveland County, AR.	
	Jefferson County, AR.	
	Lincoln County, AR.	
38300	Pittsburgh, PA	0.9132
	Allegheny County, PA.	
	Armstrong County, PA.	
	Beaver County, PA.	
	Butler County, PA.	
	Fayette County, PA.	
	Washington County, PA.	
	Westmoreland County, PA.	
38340	Pittsfield, MA	1.0808
	Berkshire County, MA.	
38540	Pocatello, ID	0.9896
	Bannock County, ID.	
	Power County, ID.	

ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
38660	Ponce, PR Juana Díaz Municipio, PR. Ponce Municipio, PR. Villalba Municipio, PR.	0.8423
38860	Portland-South Portland-Biddeford, ME Cumberland County, ME. Sagadahoc County, ME. York County, ME.	1.0431
38900	Portland-Vancouver-Beaverton, OR-WA Clackamas County, OR. Columbia County, OR. Multnomah County, OR. Washington County, OR. Yamhill County, OR. Clark County, WA. Skamania County, WA.	1.2019
38940	Port St. Lucie-Fort Pierce, FL Martin County, FL. St. Lucie County, FL.	1.0352
39100	Poughkeepsie-Newburgh-Middletown, NY Dutchess County, NY. Orange County, NY.	1.1487
39140	Prescott, AZ Yavapai County, AZ.	1.0356
39300	Providence-New Bedford-Fall River, RI-MA Bristol County, MA. Bristol County, RI. Kent County, RI. Newport County, RI. Providence County, RI. Washington County, RI.	1.1353
39340	Provo-Orem, UT Jua County, UT. Utah County, UT.	1.0041
39380	Pueblo, CO Pueblo County, CO.	0.9215
39460	Punta Gorda, FL Charlotte County, FL.	0.9902
39540	Racine, WI Racine County, WI.	0.9850
39580	Raleigh-Cary, NC Franklin County, NC. Johnston County, NC. Wake County, NC.	1.0385
39660	Rapid City, SD Meade County, SD. Pennington County, SD.	0.9300
39740	Reading, PA Berks County, PA.	1.0130
39820	Redding, CA Shasta County, CA.	1.3985
39900	Reno-Sparks, NV Storey County, NV. Washoe County, NV.	1.2595
40060	Richmond, VA Amelia County, VA. Caroline County, VA. Charles City County, VA. Chesterfield County, VA. Cumberland County, VA. Dinwiddie County, VA. Goochland County, VA. Hanover County, VA. Henrico County, VA. King and Queen County, VA. King William County, VA. Louisa County, VA. New Kent County, VA. Powhatan County, VA. Prince George County, VA. Sussex County, VA.	0.9662

ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
	Colonial Heights City, VA. Hopewell City, VA. Petersburg City, VA. Richmond City, VA.	
40140	Riverside-San Bernardino-Ontario, CA Riverside County, CA. San Bernardino County, CA.	1.1480
40220	Roanoke, VA Botetourt County, VA. Craig County, VA. Franklin County, VA. Roanoke County, VA. Roanoke City, VA. Salem City, VA.	0.9104
40340	Rochester, MN Dodge County, MN. Olmsted County, MN. Wabasha County, MN.	1.2011
40380	Rochester, NY Livingston County, NY. Monroe County, NY. Ontario County, NY. Orleans County, NY. Wayne County, NY.	0.9469
40420	Rockford, IL Boone County, IL. Winnebago County, IL.	1.0517
40484	Rockingham County-Strafford County, NH Rockingham County, NH. Strafford County, NH.	1.0696
40580	Rocky Mount, NC Edgecombe County, NC. Nash County, NC.	0.9322
40660	Rome, GA Floyd County, GA.	0.9679
40900	Sacramento—Arden-Arcade—Roseville, CA El Dorado County, CA. Placer County, CA. Sacramento County, CA. Yolo County, CA.	1.4078
40980	Saginaw-Saginaw Township North, MI Saginaw County, MI.	0.9343
41060	St. Cloud, MN Benton County, MN. Stearns County, MN.	1.0909
41100	St. George, UT Washington County, UT.	0.9754
41140	St. Joseph, MO-KS Doniphan County, KS. Andrew County, MO. Buchanan County, MO. DeKalb County, MO.	1.0652
41180	St. Louis, MO-IL Bond County, IL. Calhoun County, IL. Clinton County, IL. Jersey County, IL. Macoupin County, IL. Madison County, IL. Monroe County, IL. St. Clair County, IL. Crawford County, MO. Franklin County, MO. Jefferson County, MO. Lincoln County, MO. St. Charles County, MO. St. Louis County, MO. Warren County, MO. Washington County, MO. St. Louis City, MO.	0.9481
41420	Salem, OR	1.0989

ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
41500	Marion County, OR. Polk County, OR. Salinas, CA	1.5094
41540	Monterey County, CA. Salisbury, MD	0.9426
41620	Somerset County, MD. Wicomico County, MD. Salt Lake City, UT	0.9899
41660	Salt Lake County, UT. Summit County, UT. Tooele County, UT. San Angelo, TX	0.8804
41700	Irion County, TX. Tom Green County, TX. San Antonio, TX	0.9311
41740	Atascosa County, TX. Bandera County, TX. Bexar County, TX. Comal County, TX. Guadalupe County, TX. Kendall County, TX. Medina County, TX. Wilson County, TX. San Diego-Carlsbad-San Marcos, CA	1.1954
41780	San Diego County, CA. Sandusky, OH	0.9793
41884	Erie County, OH. San Francisco-San Mateo-Redwood City, CA	1.5966
41900	Marin County, CA. San Francisco County, CA. San Mateo County, CA. San Germán-Cabo Rojo, PR	0.8423
41940	Cabo Rojo Municipio, PR. Lajas Municipio, PR. Sabana Grande Municipio, PR. San Germán Municipio, PR. San Jose-Sunnyvale-Santa Clara, CA	1.6364
41980	San Benito County, CA. Santa Clara County, CA. San Juan-Caguas-Guaynabo, PR	0.8423
	Aguas Buenas Municipio, PR. Aibonito Municipio, PR. Arecibo Municipio, PR. Barceloneta Municipio, PR. Barranquitas Municipio, PR. Bayamón Municipio, PR. Caguas Municipio, PR. Camuy Municipio, PR. Canóvanas Municipio, PR. Carolina Municipio, PR. Cataño Municipio, PR. Cayey Municipio, PR. Ciales Municipio, PR. Cidra Municipio, PR. Comerio Municipio, PR. Corozal Municipio, PR. Dorado Municipio, PR. Florida Municipio, PR. Guaynabo Municipio, PR. Gurabo Municipio, PR. Hatillo Municipio, PR. Humacao Municipio, PR. Juncos Municipio, PR. Las Piedras Municipio, PR. Loíza Municipio, PR. Manatí Municipio, PR. Maunabo Municipio, PR. Morovis Municipio, PR. Naguabo Municipio, PR. Naranjito Municipio, PR. Orocovis Municipio, PR.	

ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
	Quebradillas Municipio, PR. Río Grande Municipio, PR. San Juan Municipio, PR. San Lorenzo Municipio, PR. Toa Alta Municipio, PR. Toa Baja Municipio, PR. Trujillo Alto Municipio, PR. Vega Alta Municipio, PR. Vega Baja Municipio, PR. Yabucoa Municipio, PR.	
42020	San Luis Obispo-Paso Robles, CA San Luis Obispo County, CA.	1.2211
42044	Santa Ana-Anaheim-Irvine, CA Orange County, CA.	1.2079
42060	Santa Barbara-Santa Maria, CA Santa Barbara County, CA.	1.1677
42100	Santa Cruz-Watsonville, CA Santa Cruz County, CA.	1.6273
42140	Santa Fe, NM Santa Fe County, NM.	1.1396
42220	Santa Rosa-Petaluma, CA Sonoma County, CA.	1.5228
42260	Sarasota-Bradenton-Venice, FL Manatee County, FL. Sarasota County, FL.	1.0389
42340	Savannah, GA Bryan County, GA. Chatham County, GA. Effingham County, GA.	0.9845
42540	Scranton-Wilkes-Barre, PA Lackawanna County, PA. Luzerne County, PA. Wyoming County, PA.	0.8788
42644	Seattle-Bellevue-Everett, WA Indian River County, FL.	1.2038
42680	Sebastian-Vero Beach, FL Indian River County, FL.	1.0079
43100	Sheboygan, WI Sheboygan County, WI.	0.9503
43300	Sherman-Denison, TX Grayson County, TX.	0.8951
43340	Shreveport-Bossier City, LA Bossier Parish, LA. Caddo Parish, LA. De Soto Parish, LA.	0.9333
43580	Sioux City, IA-NE-SD Woodbury County, IA. Dakota County, NE. Dixon County, NE. Union County, SD.	0.9686
43620	Sioux Falls, SD Lincoln County, SD. McCook County, SD. Minnehaha County, SD. Turner County, SD.	1.0064
43780	South Bend-Mishawaka, IN-MI St. Joseph County, IN. Cass County, MI.	1.0362
43900	Spartanburg, SC Spartanburg County, SC.	0.9659
44060	Spokane, WA Spokane County, WA.	1.0999
44100	Springfield, IL Menard County, IL. Sangamon County, IL.	0.9360
44140	Springfield, MA Franklin County, MA. Hampden County, MA. Hampshire County, MA.	1.0611
44180	Springfield, MO Christian County, MO. Dallas County, MO.	0.8916

ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
	Greene County, MO. Polk County, MO. Webster County, MO.	
44220	Springfield, OH Clark County, OH.	0.9047
44300	State College, PA Centre County, PA.	0.9248
44700	Stockton, CA San Joaquin County, CA.	1.2046
44940	Sumter, SC Sumter County, SC.	0.8510
45060	Syracuse, NY Madison County, NY. Onondaga County, NY. Oswego County, NY.	1.0203
45104	Tacoma, WA Pierce County, WA.	1.1359
45220	Tallahassee, FL Gadsden County, FL. Jefferson County, FL. Leon County, FL. Wakulla County, FL.	0.9414
45300	Tampa-St. Petersburg-Clearwater, FL Hernando County, FL. Hillsborough County, FL. Pasco County, FL. Pinellas County, FL.	0.9627
45460	Terre Haute, IN Clay County, IN. Sullivan County, IN. Vermillion County, IN. Vigo County, IN.	0.9228
45500	Texarkana, TX-Texarkana, AR Miller County, AR. Bowie County, TX.	0.8532
45780	Toledo, OH Fulton County, OH. Lucas County, OH. Ottawa County, OH. Wood County, OH.	1.0092
45820	Topeka, KS Jackson County, KS. Jefferson County, KS. Osage County, KS. Shawnee County, KS. Wabaunsee County, KS.	0.9191
45940	Trenton-Ewing, NJ Mercer County, NJ.	1.1407
46060	Tucson, AZ Pima County, AZ.	0.9688
46140	Tulsa, OK Creek County, OK. Okmulgee County, OK. Osage County, OK. Pawnee County, OK. Rogers County, OK. Tulsa County, OK. Wagoner County, OK.	0.8531
46220	Tuscaloosa, AL Greene County, AL. Hale County, AL. Tuscaloosa County, AL.	0.8993
46340	Tyler, TX Smith County, TX.	0.9276
46540	Utica-Rome, NY Herkimer County, NY. Oneida County, NY.	0.8839
46660	Valdosta, GA Brooks County, GA. Echols County, GA. Lanier County, GA.	0.8811

ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
46700	Lowndes County, GA. Vallejo-Fairfield, CA Solano County, CA.	1.5937
47020	Victoria, TX Calhoun County, TX. Goliad County, TX. Victoria County, TX.	0.9012
47220	Vineland-Millville-Bridgeton, NJ Cumberland County, NJ.	1.0351
47260	Virginia Beach-Norfolk-Newport News, VA-NC Currituck County, NC. Gloucester County, VA. Isle of Wight County, VA. James City County, VA. Mathews County, VA. Surry County, VA. York County, VA. Chesapeake City, VA. Hampton City, VA. Newport News City, VA. Norfolk City, VA. Poquoson City, VA. Portsmouth City, VA. Suffolk City, VA. Virginia Beach City, VA. Williamsburg City, VA.	0.9254
47300	Visalia-Porterville, CA Tulare County, CA.	1.0494
47380	Waco, TX McLennan County, TX.	0.9089
47580	Warner Robins, GA Houston County, GA.	0.8823
47644	Warren-Troy-Farmington Hills, MI Lapeer County, MI. Livingston County, MI. Macomb County, MI. Oakland County, MI. St. Clair County, MI.	1.0585
47894	Washington-Arlington-Alexandria, DC-VA-MD-WV District of Columbia, DC. Calvert County, MD. Charles County, MD. Prince George's County, MD. Arlington County, VA. Clarke County, VA. Fairfax County, VA. Fauquier County, VA. Loudoun County, VA. Prince William County, VA. Spotsylvania County, VA. Stafford County, VA. Warren County, VA. Alexandria City, VA. Fairfax City, VA. Falls Church City, VA. Fredericksburg City, VA. Manassas City, VA. Manassas Park City, VA. Jefferson County, WV.	1.1638
47940	Waterloo-Cedar Falls, IA Black Hawk County, IA. Bremer County, IA. Grundy County, IA.	0.8852
48140	Wausau, WI Marathon County, WI.	1.0235
48260	Weirton-Steubenville, WV-OH Jefferson County, OH. Brooke County, WV. Hancock County, WV.	0.8489
48300	Wenatchee, WA Chelan County, WA.	1.0892

ADDENDUM G.—CY 2007 WAGE INDEX FOR URBAN AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Urban area (constituent counties)	Wage index
48424	Douglas County, WA. West Palm Beach-Boca Raton-Boynton Beach, FL Palm Beach County, FL.	1.0159
48540	Wheeling, WV-OH Belmont County, OH. Marshall County, WV. Ohio County, WV.	0.8423
48620	Wichita, KS Butler County, KS. Harvey County, KS. Sedgwick County, KS. Sumner County, KS.	0.9542
48660	Wichita Falls, TX Archer County, TX. Clay County, TX. Wichita County, TX.	0.8750
48700	Williamsport, PA Lycoming County, PA.	0.8569
48864	Wilmington, DE-MD-NJ New Castle County, DE. Cecil County, MD. Salem County, NJ.	1.1248
48900	Wilmington, NC Brunswick County, NC. New Hanover County, NC. Pender County, NC.	1.0354
49020	Winchester, VA-WV Frederick County, VA. Winchester City, VA. Hampshire County, WV.	1.0624
49180	Winston-Salem, NC Davie County, NC. Forsyth County, NC. Stokes County, NC. Yadkin County, NC.	0.9766
49340	Worcester, MA Worcester County, MA.	1.1288
49420	Yakima, WA Yakima County, WA.	1.0367
49500	Yauco, PR Guánica Municipio, PR. Guayanilla Municipio, PR. Peñuelas Municipio, PR. Yauco Municipio, PR.	0.8423
49620	York-Hanover, PA York County, PA.	0.9893
49660	Youngstown-Warren-Boardman, OH-PA Mahoning County, OH. Trumbull County, OH. Mercer County, PA.	0.9267
49700	Yuba City, CA Sutter County, CA. Yuba County, CA.	1.1297
49740	Yuma, AZ Yuma County, AZ.	0.9590

ADDENDUM H.—CY 2007 ESRD
WAGE INDEX FOR RURAL AREAS
BASED ON CBSA LABOR MARKET
AREASADDENDUM H.—CY 2007 ESRD
WAGE INDEX FOR RURAL AREAS
BASED ON CBSA LABOR MARKET
AREAS—ContinuedADDENDUM H.—CY 2007 ESRD
WAGE INDEX FOR RURAL AREAS
BASED ON CBSA LABOR MARKET
AREAS—Continued

CBSA code	Nonurban area	Wage index	CBSA code	Nonurban area	Wage index	CBSA code	Nonurban area	Wage index
1	Alabama	0.8423	6	Colorado	0.9818	12	Hawaii	1.1000
2	Alaska	1.1224	7	Connecticut	1.2327	13	Idaho	0.8549
3	Arizona	0.9379	8	Delaware	1.0218	14	Illinois	0.8759
4	Arkansas	0.8423	10	Florida	0.9048	15	Indiana	0.8989
5	California	1.2059	11	Georgia	0.8423	16	Iowa	0.9140

ADDENDUM H.—CY 2007 ESRD WAGE INDEX FOR RURAL AREAS BASED ON CBSA LABOR MARKET AREAS—Continued

CBSA code	Nonurban area	Wage index
17	Kansas	0.8423
18	Kentucky	0.8423
19	Louisiana	0.8423
20	Maine	0.8889
21	Maryland	0.9397
22	Massachusetts	1.0756
23	Michigan	0.9541
24	Minnesota	0.9636
25	Mississippi	0.8423
26	Missouri	0.8423
27	Montana	0.9044
28	Nebraska	0.9135
29	Nevada	0.9416
30	New Hampshire	1.1426
31	New Jersey ¹	
32	New Mexico	0.8772
33	New York	0.8667
34	North Carolina	0.9042
35	North Dakota	0.8423
36	Ohio	0.9115
37	Oklahoma	0.8423
38	Oregon	1.0268
39	Pennsylvania	0.8759
40	Puerto Rico	0.8423
41	Rhode Island ¹	
42	South Carolina	0.9018
43	South Dakota	0.8928
44	Tennessee	0.8423
45	Texas	0.8423
46	Utah	0.8570
47	Vermont	1.0259
48	Virgin Islands	0.8914
49	Virginia	0.8423
50	Washington	1.0805
51	West Virginia	0.8423
52	Wisconsin	1.0058
53	Wyoming	0.9786

¹All counties in the States of New Jersey and Rhode Island are urban.

ADDENDUM I.—RUCA RURALITY LEVEL BY STATE AND ZIP CODE

State	Zip code	RUCA level
AK	99501	1.0
AK	99502	1.0
AK	99503	1.0
AK	99504	1.0
AK	99505	1.0
AK	99506	1.0
AK	99507	1.0
AK	99508	1.0
AK	99509	1.0
AK	99510	1.0
AK	99511	1.0
AK	99512	1.0
AK	99513	1.0
AK	99514	1.0
AK	99515	1.0
AK	99516	1.0
AK	99517	1.0
AK	99518	1.0
AK	99519	1.0
AK	99520	1.0

ADDENDUM I.—RUCA RURALITY LEVEL BY STATE AND ZIP CODE—Continued

State	Zip code	RUCA level
AK	99521	1.0
AK	99522	1.0
AK	99523	1.0
AK	99524	1.0
AK	99529	1.0
AK	99530	1.0
AK	99540	2.0
AK	99546	10.5
AK	99547	10.5
AK	99548	10.0
AK	99549	10.0
AK	99550	4.0
AK	99551	10.0
AK	99552	10.0
AK	99553	10.0
AK	99554	10.0
AK	99555	10.0
AK	99556	10.0
AK	99557	10.0
AK	99558	10.0
AK	99559	7.0
AK	99561	10.0
AK	99563	10.0
AK	99564	10.0
AK	99565	10.0
AK	99566	10.0
AK	99567	2.0
AK	99568	8.0
AK	99569	10.0
AK	99571	10.0
AK	99572	10.0
AK	99573	10.0
AK	99574	10.0
AK	99575	10.0
AK	99576	10.0
AK	99577	2.0
AK	99578	10.0
AK	99579	10.0
AK	99580	10.0
AK	99581	1.0
AK	99583	10.0
AK	99584	10.0
AK	99585	10.0
AK	99586	10.0
AK	99587	2.0
AK	99588	10.0
AK	99589	10.0
AK	99590	10.0
AK	99591	10.5
AK	99599	1.0
AK	99602	10.0
AK	99603	10.0
AK	99604	10.0
AK	99605	10.0
AK	99606	10.0
AK	99607	10.0
AK	99608	4.0
AK	99609	7.0
AK	99610	8.0
AK	99611	7.0
AK	99612	10.0
AK	99613	10.0
AK	99614	10.0
AK	99615	4.0
AK	99619	4.0
AK	99620	10.0
AK	99621	10.0
AK	99622	10.0
AK	99624	4.0

ADDENDUM I.—RUCA RURALITY LEVEL BY STATE AND ZIP CODE—Continued

State	Zip code	RUCA level
AK	99625	10.0
AK	99626	10.0
AK	99627	10.0
AK	99628	10.0
AK	99629	4.1
AK	99630	10.0
AK	99631	10.0
AK	99632	10.0
AK	99633	10.0
AK	99634	10.0
AK	99635	7.0
AK	99636	10.0
AK	99637	10.0
AK	99638	10.5
AK	99639	10.0
AK	99640	10.0
AK	99641	7.0
AK	99643	4.0
AK	99644	4.0
AK	99645	2.0
AK	99647	10.0
AK	99648	10.0
AK	99649	10.0
AK	99650	10.0
AK	99651	10.0
AK	99652	5.2
AK	99653	10.0
AK	99654	4.1
AK	99655	10.0
AK	99656	10.0
AK	99657	10.0
AK	99658	10.0
AK	99659	10.0
AK	99660	10.5
AK	99661	10.0
AK	99662	10.0
AK	99663	10.0
AK	99664	10.0
AK	99665	10.0
AK	99666	10.0
AK	99667	10.0
AK	99668	10.0
AK	99669	8.0
AK	99670	10.0
AK	99671	10.0
AK	99672	8.0
AK	99674	2.0
AK	99675	10.0
AK	99676	10.0
AK	99677	10.0
AK	99678	10.0
AK	99679	10.0
AK	99680	7.0
AK	99681	10.0
AK	99682	10.0
AK	99683	5.2
AK	99684	10.0
AK	99685	7.3
AK	99686	10.0
AK	99687	5.2
AK	99688	5.0
AK	99689	10.1
AK	99690	7.0
AK	99691	10.0
AK	99692	7.3
AK	99693	10.0
AK	99694	5.0
AK	99695	1.0
AK	99697	4.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
AK	99701	1.0	AK	99777	10.4	AL	35041	1.0
AK	99702	7.3	AK	99778	10.0	AL	35042	7.0
AK	99703	1.0	AK	99779	10.0	AL	35043	2.0
AK	99704	10.4	AK	99780	10.0	AL	35044	9.2
AK	99705	1.0	AK	99781	10.0	AL	35045	7.3
AK	99706	1.0	AK	99782	10.0	AL	35046	8.3
AK	99707	1.0	AK	99783	10.0	AL	35048	1.0
AK	99708	1.0	AK	99784	10.0	AL	35049	2.0
AK	99709	1.0	AK	99785	10.0	AL	35051	2.0
AK	99710	1.0	AK	99786	10.6	AL	35052	7.1
AK	99711	1.0	AK	99788	10.0	AL	35053	5.2
AK	99712	1.0	AK	99789	10.0	AL	35054	10.4
AK	99714	2.0	AK	99790	1.0	AL	35055	4.0
AK	99716	1.0	AK	99791	7.0	AL	35056	4.0
AK	99720	10.0	AK	99801	4.0	AL	35057	5.0
AK	99721	10.0	AK	99802	4.0	AL	35058	5.0
AK	99722	10.0	AK	99803	4.0	AL	35060	1.0
AK	99723	7.0	AK	99811	4.0	AL	35061	1.0
AK	99724	10.0	AK	99820	10.0	AL	35062	2.0
AK	99725	1.0	AK	99821	4.0	AL	35063	2.0
AK	99726	10.4	AK	99824	7.2	AL	35064	1.0
AK	99727	10.6	AK	99825	10.0	AL	35068	1.0
AK	99729	10.0	AK	99826	10.0	AL	35070	5.0
AK	99730	10.0	AK	99827	10.0	AL	35071	1.0
AK	99731	10.0	AK	99829	10.0	AL	35072	8.0
AK	99732	10.0	AK	99830	7.0	AL	35073	1.0
AK	99733	10.0	AK	99832	10.0	AL	35074	2.0
AK	99734	10.0	AK	99833	7.0	AL	35077	5.0
AK	99736	10.6	AK	99835	7.0	AL	35078	2.0
AK	99737	10.0	AK	99836	7.0	AL	35079	2.0
AK	99738	10.0	AK	99840	10.0	AL	35080	1.0
AK	99739	10.0	AK	99841	10.0	AL	35082	8.0
AK	99740	10.0	AK	99850	4.0	AL	35083	5.0
AK	99741	10.0	AK	99901	4.0	AL	35085	2.0
AK	99742	10.0	AK	99903	5.0	AL	35087	3.0
AK	99743	10.0	AK	99918	4.0	AL	35089	8.0
AK	99744	10.0	AK	99919	10.0	AL	35091	2.0
AK	99745	10.0	AK	99921	10.0	AL	35094	2.0
AK	99746	10.0	AK	99922	10.0	AL	35096	3.0
AK	99747	10.0	AK	99923	5.0	AL	35097	2.0
AK	99748	10.0	AK	99925	10.0	AL	35098	5.0
AK	99749	10.6	AK	99926	10.0	AL	35111	2.0
AK	99750	10.6	AK	99927	10.0	AL	35112	2.0
AK	99751	10.6	AK	99928	4.0	AL	35114	1.0
AK	99752	7.0	AK	99929	10.0	AL	35115	2.0
AK	99753	10.0	AK	99950	10.0	AL	35116	2.0
AK	99754	10.0	AL	35004	2.0	AL	35117	1.0
AK	99755	10.0	AL	35005	1.0	AL	35118	2.0
AK	99756	10.4	AL	35006	2.0	AL	35119	1.0
AK	99757	10.0	AL	35007	1.0	AL	35120	2.0
AK	99758	10.4	AL	35010	7.0	AL	35121	7.1
AK	99759	10.0	AL	35011	7.0	AL	35123	1.0
AK	99760	10.4	AL	35013	7.1	AL	35124	1.0
AK	99761	10.6	AL	35014	6.1	AL	35125	3.0
AK	99762	7.0	AL	35015	1.0	AL	35126	1.0
AK	99763	10.6	AL	35016	7.3	AL	35127	1.0
AK	99764	10.0	AL	35019	9.2	AL	35128	7.1
AK	99765	10.0	AL	35020	1.0	AL	35130	2.0
AK	99766	10.0	AL	35021	1.0	AL	35131	3.0
AK	99767	10.4	AL	35022	1.0	AL	35133	2.0
AK	99768	10.0	AL	35023	1.0	AL	35135	3.0
AK	99769	10.0	AL	35031	2.0	AL	35136	8.0
AK	99770	10.6	AL	35032	9.2	AL	35137	1.0
AK	99771	10.0	AL	35033	5.2	AL	35139	1.0
AK	99772	10.0	AL	35034	7.3	AL	35142	1.0
AK	99773	10.6	AL	35035	10.4	AL	35143	2.0
AK	99774	10.4	AL	35036	1.0	AL	35144	1.0
AK	99775	1.0	AL	35038	2.0	AL	35146	2.0
AK	99776	10.0	AL	35040	2.0	AL	35147	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
AL	35148	2.0
AL	35149	4.0
AL	35150	4.0
AL	35151	5.2
AL	35160	4.0
AL	35161	4.0
AL	35171	2.0
AL	35172	2.0
AL	35173	1.0
AL	35175	2.0
AL	35176	2.0
AL	35178	2.0
AL	35179	5.0
AL	35180	2.0
AL	35181	1.0
AL	35182	3.0
AL	35183	5.0
AL	35184	2.0
AL	35185	2.0
AL	35186	2.0
AL	35187	10.4
AL	35188	2.0
AL	35201	1.0
AL	35202	1.0
AL	35203	1.0
AL	35204	1.0
AL	35205	1.0
AL	35206	1.0
AL	35207	1.0
AL	35208	1.0
AL	35209	1.0
AL	35210	1.0
AL	35211	1.0
AL	35212	1.0
AL	35213	1.0
AL	35214	1.0
AL	35215	1.0
AL	35216	1.0
AL	35217	1.0
AL	35218	1.0
AL	35219	1.0
AL	35220	1.0
AL	35221	1.0
AL	35222	1.0
AL	35223	1.0
AL	35224	1.0
AL	35225	1.0
AL	35226	1.0
AL	35228	1.0
AL	35229	1.0
AL	35230	1.0
AL	35231	1.0
AL	35232	1.0
AL	35233	1.0
AL	35234	1.0
AL	35235	1.0
AL	35236	1.0
AL	35237	1.0
AL	35238	1.0
AL	35240	1.0
AL	35242	1.0
AL	35243	1.0
AL	35244	1.0
AL	35245	1.0
AL	35246	1.0
AL	35249	1.0
AL	35253	1.0
AL	35254	1.0
AL	35255	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
AL	35259	1.0
AL	35260	1.0
AL	35261	1.0
AL	35263	1.0
AL	35266	1.0
AL	35277	1.0
AL	35278	1.0
AL	35279	1.0
AL	35280	1.0
AL	35281	1.0
AL	35282	1.0
AL	35283	1.0
AL	35285	1.0
AL	35286	1.0
AL	35287	1.0
AL	35288	1.0
AL	35289	1.0
AL	35290	1.0
AL	35291	1.0
AL	35292	1.0
AL	35293	1.0
AL	35294	1.0
AL	35295	1.0
AL	35296	1.0
AL	35297	1.0
AL	35298	1.0
AL	35299	1.0
AL	35401	1.0
AL	35402	1.0
AL	35403	1.0
AL	35404	1.0
AL	35405	1.0
AL	35406	1.0
AL	35407	1.0
AL	35440	2.1
AL	35441	2.0
AL	35442	10.4
AL	35443	9.0
AL	35444	2.0
AL	35446	1.0
AL	35447	10.0
AL	35448	10.4
AL	35449	2.0
AL	35452	1.0
AL	35453	2.0
AL	35456	2.0
AL	35457	2.0
AL	35458	2.0
AL	35459	10.0
AL	35460	10.0
AL	35461	5.0
AL	35462	10.4
AL	35463	2.0
AL	35464	10.0
AL	35466	2.0
AL	35468	2.1
AL	35469	10.4
AL	35470	10.0
AL	35471	5.0
AL	35473	1.0
AL	35474	2.0
AL	35475	2.0
AL	35476	1.0
AL	35477	10.0
AL	35478	2.1
AL	35480	2.0
AL	35481	3.0
AL	35482	2.0
AL	35485	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
AL	35486	1.0
AL	35487	1.0
AL	35490	2.1
AL	35491	10.4
AL	35501	4.2
AL	35502	4.2
AL	35503	5.0
AL	35504	5.2
AL	35540	10.0
AL	35541	10.0
AL	35542	8.3
AL	35543	9.0
AL	35544	10.0
AL	35545	7.0
AL	35546	8.3
AL	35548	10.0
AL	35549	10.5
AL	35550	5.2
AL	35551	7.0
AL	35552	10.0
AL	35553	10.0
AL	35554	8.0
AL	35555	7.0
AL	35559	10.0
AL	35560	5.0
AL	35563	10.0
AL	35564	10.0
AL	35565	7.0
AL	35570	10.0
AL	35571	10.0
AL	35572	10.0
AL	35573	10.5
AL	35574	10.5
AL	35575	10.6
AL	35576	10.5
AL	35577	10.6
AL	35578	5.2
AL	35579	5.2
AL	35580	5.0
AL	35581	10.6
AL	35582	10.0
AL	35584	2.0
AL	35585	8.0
AL	35586	10.0
AL	35587	5.2
AL	35592	10.0
AL	35593	10.0
AL	35594	10.0
AL	35601	1.0
AL	35602	1.0
AL	35603	1.0
AL	35609	1.0
AL	35610	2.0
AL	35611	4.2
AL	35612	4.2
AL	35613	2.0
AL	35614	5.2
AL	35615	5.2
AL	35616	2.0
AL	35617	2.0
AL	35618	2.0
AL	35619	2.0
AL	35620	5.2
AL	35621	3.0
AL	35622	2.0
AL	35630	1.0
AL	35631	1.0
AL	35632	1.0
AL	35633	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
AL	35634	2.0
AL	35640	2.0
AL	35643	2.0
AL	35645	2.0
AL	35646	2.0
AL	35647	5.2
AL	35648	2.0
AL	35649	1.0
AL	35650	2.0
AL	35651	3.0
AL	35652	2.0
AL	35653	7.3
AL	35654	9.2
AL	35660	1.0
AL	35661	1.0
AL	35662	1.0
AL	35670	2.1
AL	35671	5.2
AL	35672	3.0
AL	35673	2.0
AL	35674	1.0
AL	35677	2.0
AL	35699	1.0
AL	35739	2.0
AL	35740	7.3
AL	35741	1.0
AL	35742	2.0
AL	35744	6.0
AL	35745	5.2
AL	35746	10.6
AL	35747	2.0
AL	35748	2.0
AL	35749	2.0
AL	35750	2.0
AL	35751	5.2
AL	35752	5.0
AL	35754	2.0
AL	35755	5.0
AL	35756	2.0
AL	35757	1.0
AL	35758	1.0
AL	35759	2.0
AL	35760	2.0
AL	35761	2.0
AL	35762	1.0
AL	35763	1.0
AL	35764	2.0
AL	35765	10.5
AL	35766	5.2
AL	35767	1.0
AL	35768	4.0
AL	35769	4.0
AL	35771	6.0
AL	35772	10.6
AL	35773	2.0
AL	35774	5.2
AL	35775	2.0
AL	35776	2.0
AL	35801	1.0
AL	35802	1.0
AL	35803	1.0
AL	35804	1.0
AL	35805	1.0
AL	35806	1.0
AL	35807	1.0
AL	35808	1.0
AL	35809	1.0
AL	35810	1.0
AL	35811	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
AL	35812	1.0
AL	35813	1.0
AL	35814	1.0
AL	35815	1.0
AL	35816	1.0
AL	35824	1.0
AL	35893	1.0
AL	35894	1.0
AL	35895	1.0
AL	35896	1.0
AL	35897	1.0
AL	35898	1.0
AL	35899	1.0
AL	35901	1.0
AL	35902	1.0
AL	35903	1.0
AL	35904	1.0
AL	35905	1.0
AL	35906	1.0
AL	35907	1.0
AL	35950	4.0
AL	35951	4.0
AL	35952	2.0
AL	35953	3.0
AL	35954	1.0
AL	35956	5.2
AL	35957	4.0
AL	35958	2.0
AL	35959	3.0
AL	35960	10.0
AL	35961	10.6
AL	35962	5.0
AL	35963	5.0
AL	35964	5.0
AL	35966	2.0
AL	35967	8.0
AL	35968	9.0
AL	35971	10.6
AL	35972	2.0
AL	35973	3.0
AL	35974	5.0
AL	35975	10.6
AL	35976	4.0
AL	35978	9.0
AL	35979	2.0
AL	35980	5.0
AL	35981	2.0
AL	35983	10.0
AL	35984	10.6
AL	35986	10.6
AL	35987	3.0
AL	35988	10.6
AL	35989	10.6
AL	35990	2.0
AL	36003	5.2
AL	36005	5.0
AL	36006	6.1
AL	36008	2.0
AL	36009	10.0
AL	36010	5.0
AL	36013	2.0
AL	36015	10.6
AL	36016	10.3
AL	36017	10.0
AL	36020	2.0
AL	36022	2.0
AL	36023	2.0
AL	36024	2.0
AL	36025	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
AL	36026	8.0
AL	36027	7.0
AL	36028	10.6
AL	36029	2.0
AL	36030	10.6
AL	36031	5.2
AL	36032	2.0
AL	36033	10.6
AL	36034	6.0
AL	36035	5.0
AL	36036	2.0
AL	36037	10.6
AL	36038	8.0
AL	36039	2.0
AL	36040	2.0
AL	36041	3.0
AL	36042	2.0
AL	36043	2.0
AL	36045	2.0
AL	36046	2.0
AL	36047	2.0
AL	36048	10.0
AL	36049	10.0
AL	36051	2.0
AL	36052	2.0
AL	36053	8.0
AL	36054	2.0
AL	36057	2.0
AL	36061	8.0
AL	36062	10.0
AL	36064	2.0
AL	36065	2.0
AL	36066	2.0
AL	36067	2.0
AL	36068	2.0
AL	36069	2.0
AL	36071	10.4
AL	36072	7.0
AL	36075	2.0
AL	36078	2.0
AL	36079	5.0
AL	36080	2.0
AL	36081	4.0
AL	36082	4.0
AL	36083	4.2
AL	36087	4.2
AL	36088	4.2
AL	36089	7.0
AL	36091	8.3
AL	36092	2.0
AL	36093	2.0
AL	36101	1.0
AL	36102	1.0
AL	36103	1.0
AL	36104	1.0
AL	36105	1.0
AL	36106	1.0
AL	36107	1.0
AL	36108	1.0
AL	36109	1.0
AL	36110	1.0
AL	36111	1.0
AL	36112	1.0
AL	36113	1.0
AL	36114	1.0
AL	36115	1.0
AL	36116	1.0
AL	36117	1.0
AL	36118	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
AL	36119	1.0
AL	36120	1.0
AL	36121	1.0
AL	36123	1.0
AL	36124	1.0
AL	36125	1.0
AL	36130	1.0
AL	36131	1.0
AL	36132	1.0
AL	36133	1.0
AL	36134	1.0
AL	36135	1.0
AL	36140	1.0
AL	36141	1.0
AL	36142	1.0
AL	36177	1.0
AL	36191	1.0
AL	36201	1.0
AL	36202	1.0
AL	36203	1.0
AL	36204	1.0
AL	36205	2.0
AL	36206	1.0
AL	36207	1.0
AL	36250	1.0
AL	36251	10.0
AL	36253	1.0
AL	36254	1.0
AL	36255	10.0
AL	36256	8.0
AL	36257	1.0
AL	36258	10.0
AL	36260	1.0
AL	36261	5.1
AL	36262	10.0
AL	36263	10.0
AL	36264	5.1
AL	36265	1.0
AL	36266	10.0
AL	36267	10.0
AL	36268	2.0
AL	36269	10.0
AL	36271	2.0
AL	36272	7.3
AL	36273	6.0
AL	36274	7.4
AL	36275	10.0
AL	36276	8.0
AL	36277	1.0
AL	36278	10.6
AL	36279	2.0
AL	36280	10.0
AL	36301	1.0
AL	36302	1.0
AL	36303	1.0
AL	36304	1.0
AL	36305	1.0
AL	36310	10.4
AL	36311	5.0
AL	36312	2.0
AL	36313	5.0
AL	36314	10.4
AL	36316	5.0
AL	36317	10.6
AL	36318	5.0
AL	36319	2.0
AL	36320	2.0
AL	36321	2.0
AL	36322	5.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
AL	36323	10.5
AL	36330	4.2
AL	36331	4.2
AL	36340	7.0
AL	36343	2.0
AL	36344	10.4
AL	36345	2.0
AL	36346	10.5
AL	36349	2.0
AL	36350	1.0
AL	36351	5.0
AL	36352	2.0
AL	36353	2.0
AL	36360	4.2
AL	36361	4.2
AL	36362	4.2
AL	36370	2.0
AL	36371	1.0
AL	36373	10.4
AL	36374	5.0
AL	36375	2.0
AL	36376	2.0
AL	36401	10.0
AL	36420	7.0
AL	36421	7.0
AL	36425	8.0
AL	36426	7.0
AL	36427	7.0
AL	36429	10.0
AL	36432	10.6
AL	36435	10.6
AL	36436	8.0
AL	36439	7.0
AL	36441	10.6
AL	36442	10.6
AL	36444	8.0
AL	36445	8.0
AL	36446	8.0
AL	36449	8.0
AL	36451	10.6
AL	36453	9.0
AL	36454	8.0
AL	36455	10.6
AL	36456	10.0
AL	36457	8.0
AL	36458	8.0
AL	36460	7.0
AL	36461	7.0
AL	36462	7.0
AL	36467	7.0
AL	36470	7.0
AL	36471	8.0
AL	36473	8.0
AL	36474	8.0
AL	36475	8.0
AL	36476	7.0
AL	36477	10.6
AL	36480	10.3
AL	36481	8.0
AL	36482	10.6
AL	36483	8.0
AL	36501	8.0
AL	36502	8.0
AL	36503	8.0
AL	36504	8.0
AL	36505	2.0
AL	36507	7.3
AL	36509	1.0
AL	36511	8.4

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
AL	36512	2.0
AL	36513	2.0
AL	36515	8.0
AL	36518	10.0
AL	36521	2.0
AL	36522	2.0
AL	36523	1.0
AL	36524	10.6
AL	36525	1.0
AL	36526	4.1
AL	36527	4.1
AL	36528	2.0
AL	36529	3.0
AL	36530	9.0
AL	36532	4.1
AL	36533	4.1
AL	36535	7.0
AL	36536	7.0
AL	36538	10.0
AL	36539	3.0
AL	36540	8.0
AL	36541	2.0
AL	36542	7.0
AL	36543	8.0
AL	36544	1.0
AL	36545	8.0
AL	36547	7.0
AL	36548	8.0
AL	36549	9.0
AL	36550	9.1
AL	36551	10.4
AL	36553	2.0
AL	36555	8.4
AL	36556	2.0
AL	36558	10.6
AL	36559	4.1
AL	36560	2.0
AL	36561	7.0
AL	36562	8.3
AL	36564	4.1
AL	36567	9.2
AL	36568	1.0
AL	36569	8.0
AL	36570	8.0
AL	36571	1.0
AL	36572	1.0
AL	36574	10.4
AL	36575	1.0
AL	36576	9.2
AL	36577	4.1
AL	36578	9.2
AL	36579	9.1
AL	36580	9.2
AL	36581	8.0
AL	36582	1.0
AL	36583	3.0
AL	36584	3.0
AL	36585	8.0
AL	36587	2.0
AL	36590	1.0
AL	36601	1.0
AL	36602	1.0
AL	36603	1.0
AL	36604	1.0
AL	36605	1.0
AL	36606	1.0
AL	36607	1.0
AL	36608	1.0
AL	36609	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
AL	36610	1.0
AL	36611	1.0
AL	36612	1.0
AL	36613	1.0
AL	36614	1.0
AL	36615	1.0
AL	36616	1.0
AL	36617	1.0
AL	36618	1.0
AL	36619	1.0
AL	36621	1.0
AL	36622	1.0
AL	36623	1.0
AL	36625	1.0
AL	36626	1.0
AL	36628	1.0
AL	36630	1.0
AL	36631	1.0
AL	36633	1.0
AL	36640	1.0
AL	36641	1.0
AL	36644	1.0
AL	36652	1.0
AL	36660	1.0
AL	36663	1.0
AL	36670	1.0
AL	36671	1.0
AL	36675	1.0
AL	36685	1.0
AL	36688	1.0
AL	36689	1.0
AL	36690	1.0
AL	36691	1.0
AL	36693	1.0
AL	36695	1.0
AL	36701	4.0
AL	36702	4.0
AL	36703	4.0
AL	36720	10.5
AL	36721	10.6
AL	36722	10.6
AL	36723	10.5
AL	36726	10.0
AL	36727	10.6
AL	36728	10.5
AL	36732	7.0
AL	36736	10.6
AL	36738	10.6
AL	36740	9.0
AL	36741	10.0
AL	36742	7.0
AL	36744	7.3
AL	36745	7.0
AL	36748	10.6
AL	36749	5.0
AL	36750	10.6
AL	36751	10.6
AL	36752	2.0
AL	36753	10.0
AL	36754	10.6
AL	36756	10.0
AL	36758	5.0
AL	36759	5.0
AL	36761	2.0
AL	36762	7.0
AL	36763	10.6
AL	36764	9.0
AL	36765	9.0
AL	36766	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
AL	36767	5.0
AL	36768	10.0
AL	36769	10.6
AL	36773	5.0
AL	36775	5.0
AL	36776	8.1
AL	36782	9.0
AL	36783	10.6
AL	36784	7.0
AL	36785	2.0
AL	36786	10.5
AL	36790	10.6
AL	36792	10.4
AL	36793	10.4
AL	36801	1.0
AL	36802	1.0
AL	36803	1.0
AL	36804	1.0
AL	36830	1.0
AL	36831	1.0
AL	36832	1.0
AL	36849	1.0
AL	36850	3.0
AL	36851	2.0
AL	36852	2.0
AL	36853	10.6
AL	36854	4.0
AL	36855	6.0
AL	36856	2.0
AL	36858	2.0
AL	36859	2.0
AL	36860	2.0
AL	36861	9.0
AL	36862	10.5
AL	36863	4.0
AL	36865	1.0
AL	36866	2.0
AL	36867	1.0
AL	36868	1.0
AL	36869	1.0
AL	36870	1.0
AL	36871	2.0
AL	36872	4.0
AL	36874	2.0
AL	36875	2.0
AL	36877	1.0
AL	36879	10.5
AL	36901	10.0
AL	36904	10.0
AL	36906	10.0
AL	36907	10.0
AL	36908	10.0
AL	36910	10.0
AL	36912	10.0
AL	36913	10.0
AL	36915	10.0
AL	36916	10.0
AL	36919	10.0
AL	36921	10.0
AL	36922	10.0
AL	36925	10.0
AR	71601	1.0
AR	71602	1.0
AR	71603	1.0
AR	71611	1.0
AR	71612	1.0
AR	71613	1.0
AR	71630	10.6
AR	71631	8.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
AR	71635	7.0
AR	71638	7.0
AR	71639	7.0
AR	71640	7.0
AR	71642	8.0
AR	71643	10.4
AR	71644	10.4
AR	71646	7.0
AR	71647	8.0
AR	71651	8.0
AR	71652	10.4
AR	71653	7.4
AR	71654	7.0
AR	71655	7.0
AR	71656	7.0
AR	71657	7.0
AR	71658	10.6
AR	71659	10.4
AR	71660	10.4
AR	71661	10.6
AR	71662	7.0
AR	71663	10.6
AR	71665	2.0
AR	71666	10.6
AR	71667	10.2
AR	71670	8.0
AR	71671	7.0
AR	71674	10.6
AR	71675	8.0
AR	71676	8.0
AR	71677	8.0
AR	71678	10.0
AR	71701	4.0
AR	71711	4.0
AR	71720	5.0
AR	71721	10.2
AR	71722	6.0
AR	71724	4.0
AR	71725	9.0
AR	71726	5.0
AR	71728	10.2
AR	71730	4.0
AR	71731	4.0
AR	71740	5.0
AR	71742	7.0
AR	71743	10.2
AR	71744	10.6
AR	71745	10.0
AR	71747	5.0
AR	71748	9.0
AR	71749	5.0
AR	71750	4.0
AR	71751	5.0
AR	71752	5.0
AR	71753	4.0
AR	71754	4.0
AR	71758	5.0
AR	71759	4.0
AR	71762	5.0
AR	71763	10.5
AR	71764	5.0
AR	71765	5.0
AR	71766	10.6
AR	71768	4.0
AR	71770	5.0
AR	71772	10.2
AR	71801	4.0
AR	71802	4.0
AR	71820	7.3

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
AR	71822	7.3	AR	71962	5.0	AR	72066	10.4
AR	71823	10.6	AR	71964	2.0	AR	72067	10.6
AR	71825	5.0	AR	71965	10.0	AR	72068	5.0
AR	71826	10.0	AR	71966	10.0	AR	72069	10.6
AR	71827	10.5	AR	71968	2.0	AR	72070	2.0
AR	71828	6.0	AR	71969	10.0	AR	72072	10.4
AR	71831	6.0	AR	71970	10.0	AR	72073	8.0
AR	71832	7.0	AR	71971	10.6	AR	72074	10.0
AR	71833	10.6	AR	71972	8.0	AR	72075	7.0
AR	71834	2.0	AR	71973	10.6	AR	72076	1.0
AR	71835	6.0	AR	71998	4.0	AR	72078	1.0
AR	71836	10.6	AR	71999	4.0	AR	72079	2.0
AR	71837	2.0	AR	72001	10.0	AR	72080	8.4
AR	71838	6.0	AR	72002	1.0	AR	72081	5.0
AR	71839	2.0	AR	72003	8.0	AR	72082	5.0
AR	71840	2.0	AR	72004	3.0	AR	72083	2.0
AR	71841	8.0	AR	72005	8.0	AR	72084	3.0
AR	71842	8.0	AR	72006	10.0	AR	72085	4.0
AR	71844	6.0	AR	72007	2.0	AR	72086	2.0
AR	71845	10.5	AR	72010	5.0	AR	72087	1.0
AR	71846	10.6	AR	72011	2.0	AR	72088	10.0
AR	71847	5.0	AR	72012	2.0	AR	72089	1.0
AR	71851	8.0	AR	72013	6.0	AR	72099	1.0
AR	71852	7.0	AR	72014	8.0	AR	72101	10.0
AR	71853	7.3	AR	72015	1.0	AR	72102	2.0
AR	71854	1.0	AR	72016	2.0	AR	72103	1.0
AR	71855	5.0	AR	72017	10.6	AR	72104	7.3
AR	71857	7.4	AR	72018	1.0	AR	72105	9.1
AR	71858	6.0	AR	72020	5.0	AR	72106	5.1
AR	71859	6.0	AR	72021	7.0	AR	72107	6.0
AR	71860	10.5	AR	72022	1.0	AR	72108	7.0
AR	71861	5.0	AR	72023	1.0	AR	72110	7.4
AR	71862	6.0	AR	72024	10.4	AR	72111	5.2
AR	71864	6.0	AR	72025	10.0	AR	72112	7.0
AR	71865	8.3	AR	72026	8.0	AR	72113	2.0
AR	71866	8.3	AR	72027	8.4	AR	72114	1.0
AR	71901	1.0	AR	72028	6.0	AR	72115	1.0
AR	71902	1.0	AR	72029	10.6	AR	72116	1.0
AR	71903	1.0	AR	72030	8.4	AR	72117	1.0
AR	71909	2.0	AR	72031	10.0	AR	72118	1.0
AR	71910	2.0	AR	72032	4.2	AR	72119	1.0
AR	71913	1.0	AR	72033	4.2	AR	72120	1.0
AR	71914	1.0	AR	72034	4.2	AR	72121	5.0
AR	71920	5.0	AR	72035	4.2	AR	72122	2.0
AR	71921	5.0	AR	72036	10.0	AR	72123	10.0
AR	71922	10.6	AR	72037	2.0	AR	72124	1.0
AR	71923	4.0	AR	72038	8.0	AR	72125	10.4
AR	71929	2.0	AR	72039	5.0	AR	72126	10.1
AR	71932	7.0	AR	72040	10.4	AR	72127	6.0
AR	71933	2.0	AR	72041	10.6	AR	72128	3.0
AR	71935	10.0	AR	72042	7.0	AR	72129	3.0
AR	71937	8.0	AR	72043	7.0	AR	72130	10.6
AR	71940	10.6	AR	72044	10.6	AR	72131	9.0
AR	71941	3.0	AR	72045	2.0	AR	72132	2.0
AR	71942	3.0	AR	72046	2.0	AR	72133	3.0
AR	71943	10.4	AR	72047	5.2	AR	72134	10.6
AR	71944	10.6	AR	72048	8.0	AR	72135	2.0
AR	71945	8.0	AR	72051	10.0	AR	72136	2.0
AR	71949	2.0	AR	72052	5.0	AR	72137	5.0
AR	71950	10.4	AR	72053	1.0	AR	72139	5.0
AR	71951	1.0	AR	72055	10.6	AR	72140	8.0
AR	71952	10.0	AR	72057	2.0	AR	72141	10.5
AR	71953	7.0	AR	72058	5.2	AR	72142	2.0
AR	71956	2.0	AR	72059	10.0	AR	72143	4.0
AR	71957	10.4	AR	72060	5.0	AR	72145	4.0
AR	71958	10.6	AR	72061	5.2	AR	72149	4.0
AR	71959	10.0	AR	72063	8.4	AR	72150	2.0
AR	71960	10.0	AR	72064	10.6	AR	72152	3.0
AR	71961	10.0	AR	72065	2.0	AR	72153	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
AR	72156	8.4	AR	72333	5.0	AR	72434	9.0
AR	72157	8.4	AR	72335	4.0	AR	72435	8.0
AR	72158	1.0	AR	72336	4.0	AR	72436	5.0
AR	72160	7.0	AR	72338	10.6	AR	72437	2.0
AR	72164	1.0	AR	72339	1.0	AR	72438	7.4
AR	72165	5.0	AR	72340	5.0	AR	72439	1.0
AR	72166	10.6	AR	72341	8.0	AR	72440	10.6
AR	72167	2.0	AR	72342	4.0	AR	72441	9.2
AR	72168	10.4	AR	72346	2.0	AR	72442	7.4
AR	72169	7.0	AR	72347	10.6	AR	72443	5.0
AR	72170	10.6	AR	72348	2.0	AR	72444	8.0
AR	72173	5.1	AR	72350	10.6	AR	72445	3.0
AR	72175	3.0	AR	72351	10.6	AR	72447	2.0
AR	72176	2.0	AR	72352	5.0	AR	72449	8.0
AR	72178	4.0	AR	72353	5.0	AR	72450	4.0
AR	72179	8.0	AR	72354	9.0	AR	72451	4.0
AR	72180	2.0	AR	72355	5.0	AR	72453	8.0
AR	72181	5.2	AR	72358	7.4	AR	72454	7.0
AR	72182	10.4	AR	72359	4.0	AR	72455	7.0
AR	72183	1.0	AR	72360	7.0	AR	72456	9.2
AR	72189	10.0	AR	72364	1.0	AR	72457	10.3
AR	72190	1.0	AR	72365	7.3	AR	72458	9.0
AR	72198	1.0	AR	72366	5.0	AR	72459	9.0
AR	72199	1.0	AR	72367	5.0	AR	72460	8.0
AR	72201	1.0	AR	72368	9.0	AR	72461	10.5
AR	72202	1.0	AR	72369	5.0	AR	72462	8.0
AR	72203	1.0	AR	72370	7.4	AR	72464	8.0
AR	72204	1.0	AR	72372	5.0	AR	72465	3.0
AR	72205	1.0	AR	72373	2.0	AR	72466	10.6
AR	72206	1.0	AR	72374	5.0	AR	72467	2.0
AR	72207	1.0	AR	72376	1.0	AR	72469	10.6
AR	72209	1.0	AR	72377	7.3	AR	72470	8.0
AR	72210	1.0	AR	72379	10.6	AR	72471	8.0
AR	72211	1.0	AR	72383	5.0	AR	72472	7.3
AR	72212	1.0	AR	72384	1.0	AR	72473	8.0
AR	72214	1.0	AR	72386	9.0	AR	72474	4.0
AR	72215	1.0	AR	72387	7.4	AR	72475	10.4
AR	72216	1.0	AR	72389	5.0	AR	72476	7.3
AR	72217	1.0	AR	72390	4.0	AR	72478	8.0
AR	72219	1.0	AR	72391	7.4	AR	72479	10.4
AR	72221	1.0	AR	72392	5.0	AR	72482	9.0
AR	72222	1.0	AR	72394	2.0	AR	72501	4.0
AR	72223	1.0	AR	72395	10.6	AR	72503	4.0
AR	72225	1.0	AR	72396	7.4	AR	72512	10.0
AR	72227	1.0	AR	72401	1.0	AR	72513	10.6
AR	72231	1.0	AR	72402	1.0	AR	72515	10.5
AR	72260	1.0	AR	72403	1.0	AR	72517	10.0
AR	72295	1.0	AR	72404	1.0	AR	72519	10.5
AR	72301	1.0	AR	72410	3.0	AR	72520	10.0
AR	72303	1.0	AR	72411	2.0	AR	72521	10.2
AR	72310	5.0	AR	72412	5.0	AR	72522	5.0
AR	72311	8.0	AR	72413	8.0	AR	72523	8.0
AR	72312	5.0	AR	72414	2.0	AR	72524	5.0
AR	72313	10.6	AR	72415	9.0	AR	72525	7.0
AR	72315	4.0	AR	72416	2.0	AR	72526	5.0
AR	72316	4.0	AR	72417	2.0	AR	72527	5.0
AR	72319	4.0	AR	72419	2.0	AR	72528	10.5
AR	72320	8.0	AR	72421	2.0	AR	72529	7.0
AR	72321	5.0	AR	72422	7.0	AR	72530	10.6
AR	72322	5.0	AR	72424	8.0	AR	72531	10.5
AR	72324	8.0	AR	72425	5.0	AR	72532	10.2
AR	72325	1.0	AR	72426	5.0	AR	72533	10.0
AR	72326	5.0	AR	72427	2.0	AR	72534	5.0
AR	72327	2.0	AR	72428	7.4	AR	72536	10.0
AR	72328	5.0	AR	72429	10.4	AR	72537	5.0
AR	72329	10.6	AR	72430	8.0	AR	72538	10.5
AR	72330	10.6	AR	72431	7.0	AR	72539	10.0
AR	72331	2.0	AR	72432	2.0	AR	72540	10.0
AR	72332	1.0	AR	72433	7.3	AR	72542	7.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
AR	72543	7.0
AR	72544	5.0
AR	72545	7.0
AR	72546	8.0
AR	72550	5.0
AR	72553	5.0
AR	72554	10.0
AR	72555	10.0
AR	72556	10.0
AR	72560	10.0
AR	72561	10.0
AR	72562	5.0
AR	72564	5.0
AR	72565	10.0
AR	72566	10.5
AR	72567	10.0
AR	72568	5.0
AR	72569	10.2
AR	72571	5.0
AR	72572	10.6
AR	72573	10.0
AR	72575	4.0
AR	72576	10.5
AR	72577	10.2
AR	72578	10.5
AR	72579	5.0
AR	72581	10.6
AR	72583	10.5
AR	72584	10.0
AR	72585	10.0
AR	72587	10.0
AR	72601	5.0
AR	72602	5.0
AR	72611	5.0
AR	72613	10.0
AR	72615	5.0
AR	72616	7.0
AR	72617	5.0
AR	72619	10.5
AR	72623	5.0
AR	72624	5.0
AR	72626	5.0
AR	72628	10.5
AR	72629	10.0
AR	72630	5.0
AR	72631	10.0
AR	72632	10.0
AR	72633	5.0
AR	72634	10.5
AR	72635	5.0
AR	72636	6.0
AR	72638	7.0
AR	72639	10.0
AR	72640	5.0
AR	72641	5.0
AR	72642	5.0
AR	72644	5.0
AR	72645	10.0
AR	72648	5.0
AR	72650	10.0
AR	72651	5.0
AR	72653	4.0
AR	72654	4.0
AR	72655	10.5
AR	72657	10.0
AR	72658	5.0
AR	72659	5.0
AR	72660	8.0
AR	72661	10.5

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
AR	72662	5.0
AR	72663	10.0
AR	72666	10.5
AR	72668	10.5
AR	72669	6.0
AR	72670	5.0
AR	72672	10.5
AR	72675	6.0
AR	72677	10.5
AR	72679	5.0
AR	72680	10.0
AR	72682	10.0
AR	72683	10.5
AR	72685	5.0
AR	72686	6.0
AR	72687	10.5
AR	72701	1.0
AR	72702	1.0
AR	72703	1.0
AR	72704	1.0
AR	72711	1.0
AR	72712	1.0
AR	72714	2.0
AR	72715	2.0
AR	72716	1.0
AR	72717	2.0
AR	72718	1.0
AR	72719	2.0
AR	72721	2.0
AR	72722	2.0
AR	72727	1.0
AR	72728	1.0
AR	72729	2.0
AR	72730	1.0
AR	72732	2.0
AR	72733	2.0
AR	72734	4.2
AR	72735	1.0
AR	72736	2.0
AR	72737	1.0
AR	72738	2.0
AR	72739	2.0
AR	72740	10.2
AR	72741	1.0
AR	72742	10.0
AR	72744	2.0
AR	72745	1.0
AR	72747	2.0
AR	72749	2.0
AR	72751	2.0
AR	72752	10.0
AR	72753	2.0
AR	72756	1.0
AR	72757	1.0
AR	72758	1.0
AR	72760	10.0
AR	72761	4.2
AR	72762	1.0
AR	72764	1.0
AR	72765	1.0
AR	72766	1.0
AR	72768	2.0
AR	72769	2.0
AR	72770	1.0
AR	72773	2.0
AR	72774	2.0
AR	72776	10.0
AR	72801	4.0
AR	72802	4.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
AR	72811	4.0
AR	72812	4.0
AR	72820	7.3
AR	72821	7.3
AR	72823	5.0
AR	72824	5.0
AR	72826	9.1
AR	72827	10.5
AR	72828	10.5
AR	72829	4.0
AR	72830	7.0
AR	72832	8.0
AR	72833	10.5
AR	72834	4.0
AR	72835	10.6
AR	72837	5.0
AR	72838	10.5
AR	72839	8.0
AR	72840	8.0
AR	72841	8.0
AR	72842	5.0
AR	72843	5.0
AR	72845	8.0
AR	72846	8.0
AR	72847	5.0
AR	72851	10.6
AR	72852	8.0
AR	72853	10.5
AR	72854	8.0
AR	72855	7.0
AR	72856	5.0
AR	72857	10.5
AR	72858	5.0
AR	72860	10.5
AR	72863	10.6
AR	72865	8.0
AR	72901	1.0
AR	72902	1.0
AR	72903	1.0
AR	72904	1.0
AR	72905	2.0
AR	72906	1.0
AR	72908	1.0
AR	72913	1.0
AR	72914	1.0
AR	72916	2.0
AR	72917	1.0
AR	72918	1.0
AR	72919	1.0
AR	72921	2.0
AR	72923	1.0
AR	72924	8.0
AR	72926	8.0
AR	72927	7.0
AR	72928	2.0
AR	72930	2.0
AR	72932	2.0
AR	72933	2.0
AR	72934	2.0
AR	72935	2.0
AR	72936	2.0
AR	72937	2.0
AR	72938	2.0
AR	72940	2.0
AR	72941	2.0
AR	72943	8.0
AR	72944	8.0
AR	72945	2.0
AR	72946	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
AR	72947	2.0	AZ	85066	1.0	AZ	85252	1.0
AR	72948	2.0	AZ	85067	1.0	AZ	85253	1.0
AR	72949	7.3	AZ	85068	1.0	AZ	85254	1.0
AR	72950	8.0	AZ	85069	1.0	AZ	85255	1.0
AR	72951	8.0	AZ	85070	10.4	AZ	85256	1.0
AR	72952	2.0	AZ	85071	1.0	AZ	85257	1.0
AR	72955	2.0	AZ	85072	1.0	AZ	85258	1.0
AR	72956	1.0	AZ	85073	1.0	AZ	85259	1.0
AR	72957	1.0	AZ	85074	1.0	AZ	85260	1.0
AR	72958	7.0	AZ	85075	1.0	AZ	85261	1.0
AR	72959	2.0	AZ	85076	1.0	AZ	85262	1.0
AZ	85001	1.0	AZ	85077	1.0	AZ	85263	2.0
AZ	85002	1.0	AZ	85078	1.0	AZ	85264	10.1
AZ	85003	1.0	AZ	85079	1.0	AZ	85266	1.0
AZ	85004	1.0	AZ	85080	1.0	AZ	85267	1.0
AZ	85005	1.0	AZ	85082	1.0	AZ	85268	2.0
AZ	85006	1.0	AZ	85085	1.0	AZ	85269	2.0
AZ	85007	1.0	AZ	85086	2.0	AZ	85271	1.0
AZ	85008	1.0	AZ	85087	2.0	AZ	85272	10.1
AZ	85009	1.0	AZ	85098	1.0	AZ	85273	7.1
AZ	85010	1.0	AZ	85099	1.0	AZ	85274	1.0
AZ	85011	1.0	AZ	85201	1.0	AZ	85275	1.0
AZ	85012	1.0	AZ	85202	1.0	AZ	85277	1.0
AZ	85013	1.0	AZ	85203	1.0	AZ	85278	1.0
AZ	85014	1.0	AZ	85204	1.0	AZ	85279	4.0
AZ	85015	1.0	AZ	85205	1.0	AZ	85280	1.0
AZ	85016	1.0	AZ	85206	1.0	AZ	85281	1.0
AZ	85017	1.0	AZ	85207	1.0	AZ	85282	1.0
AZ	85018	1.0	AZ	85208	1.0	AZ	85283	1.0
AZ	85019	1.0	AZ	85209	1.0	AZ	85284	1.0
AZ	85020	1.0	AZ	85210	1.0	AZ	85285	1.0
AZ	85021	1.0	AZ	85211	1.0	AZ	85287	1.0
AZ	85022	1.0	AZ	85212	1.0	AZ	85289	1.0
AZ	85023	1.0	AZ	85213	1.0	AZ	85290	10.1
AZ	85024	1.0	AZ	85214	1.0	AZ	85291	7.4
AZ	85025	1.0	AZ	85215	1.0	AZ	85292	10.0
AZ	85026	1.0	AZ	85216	1.0	AZ	85296	1.0
AZ	85027	1.0	AZ	85217	1.0	AZ	85297	1.0
AZ	85028	1.0	AZ	85218	1.0	AZ	85299	1.0
AZ	85029	1.0	AZ	85219	1.0	AZ	85301	1.0
AZ	85030	1.0	AZ	85220	1.0	AZ	85302	1.0
AZ	85031	1.0	AZ	85221	4.2	AZ	85303	1.0
AZ	85032	1.0	AZ	85222	4.2	AZ	85304	1.0
AZ	85033	1.0	AZ	85223	4.2	AZ	85305	1.0
AZ	85034	1.0	AZ	85224	1.0	AZ	85306	1.0
AZ	85035	1.0	AZ	85225	1.0	AZ	85307	2.0
AZ	85036	1.0	AZ	85226	1.0	AZ	85308	1.0
AZ	85037	1.0	AZ	85227	2.0	AZ	85309	2.0
AZ	85038	1.0	AZ	85228	7.4	AZ	85310	1.0
AZ	85039	1.0	AZ	85230	4.2	AZ	85311	1.0
AZ	85040	1.0	AZ	85231	7.4	AZ	85312	1.0
AZ	85041	1.0	AZ	85232	4.0	AZ	85313	1.0
AZ	85042	1.0	AZ	85233	1.0	AZ	85318	1.0
AZ	85043	1.0	AZ	85234	1.0	AZ	85320	1.0
AZ	85044	1.0	AZ	85235	10.0	AZ	85321	7.3
AZ	85045	1.0	AZ	85236	1.0	AZ	85322	2.0
AZ	85046	1.0	AZ	85237	10.0	AZ	85323	2.0
AZ	85048	1.0	AZ	85239	10.1	AZ	85324	2.0
AZ	85050	1.0	AZ	85241	7.4	AZ	85325	7.0
AZ	85051	1.0	AZ	85242	2.0	AZ	85326	2.0
AZ	85053	1.0	AZ	85243	2.0	AZ	85327	1.0
AZ	85054	1.0	AZ	85244	1.0	AZ	85328	4.0
AZ	85055	1.0	AZ	85245	2.0	AZ	85329	2.0
AZ	85060	1.0	AZ	85246	1.0	AZ	85331	1.0
AZ	85061	1.0	AZ	85247	10.4	AZ	85332	2.0
AZ	85062	1.0	AZ	85248	1.0	AZ	85333	10.4
AZ	85063	1.0	AZ	85249	1.0	AZ	85334	4.0
AZ	85064	1.0	AZ	85250	1.0	AZ	85335	1.0
AZ	85065	1.0	AZ	85251	1.0	AZ	85336	2.0

ADDENDUM I.—RUCAL RURALITY LEVEL BY STATE AND ZIP CODE— Continued			ADDENDUM I.—RUCAL RURALITY LEVEL BY STATE AND ZIP CODE— Continued			ADDENDUM I.—RUCAL RURALITY LEVEL BY STATE AND ZIP CODE— Continued		
State	Zip code	RUCAL level	State	Zip code	RUCAL level	State	Zip code	RUCAL level
AZ	85337	2.0	AZ	85550	8.0	AZ	85713	1.0
AZ	85338	2.0	AZ	85551	4.0	AZ	85714	1.0
AZ	85339	1.0	AZ	85552	4.0	AZ	85715	1.0
AZ	85340	2.0	AZ	85553	4.0	AZ	85716	1.0
AZ	85341	2.0	AZ	85554	4.0	AZ	85717	1.0
AZ	85342	1.0	AZ	85601	2.0	AZ	85718	1.0
AZ	85343	2.0	AZ	85602	7.3	AZ	85719	1.0
AZ	85344	7.0	AZ	85603	7.4	AZ	85720	1.0
AZ	85345	1.0	AZ	85605	10.6	AZ	85721	1.0
AZ	85346	7.0	AZ	85606	7.0	AZ	85722	1.0
AZ	85347	10.4	AZ	85607	4.0	AZ	85723	1.0
AZ	85348	10.3	AZ	85608	4.0	AZ	85724	1.0
AZ	85349	2.0	AZ	85609	7.0	AZ	85725	1.0
AZ	85350	2.0	AZ	85610	10.5	AZ	85726	1.0
AZ	85351	1.0	AZ	85611	10.4	AZ	85728	1.0
AZ	85352	10.1	AZ	85613	4.0	AZ	85730	1.0
AZ	85353	1.0	AZ	85614	4.1	AZ	85731	1.0
AZ	85354	2.0	AZ	85615	5.0	AZ	85732	1.0
AZ	85355	2.0	AZ	85616	4.0	AZ	85733	1.0
AZ	85356	10.1	AZ	85617	10.5	AZ	85734	1.0
AZ	85357	10.3	AZ	85618	2.0	AZ	85735	1.0
AZ	85358	1.0	AZ	85619	1.0	AZ	85736	2.0
AZ	85359	7.0	AZ	85620	7.4	AZ	85737	1.0
AZ	85360	4.0	AZ	85621	4.0	AZ	85738	1.0
AZ	85361	1.0	AZ	85622	4.1	AZ	85739	2.0
AZ	85362	2.0	AZ	85623	2.0	AZ	85740	1.0
AZ	85363	1.0	AZ	85624	10.4	AZ	85741	1.0
AZ	85364	1.0	AZ	85625	7.0	AZ	85742	1.0
AZ	85365	1.0	AZ	85626	4.0	AZ	85743	1.0
AZ	85366	1.0	AZ	85627	7.3	AZ	85744	2.0
AZ	85367	2.0	AZ	85628	4.0	AZ	85745	1.0
AZ	85369	1.0	AZ	85629	2.0	AZ	85746	1.0
AZ	85371	7.0	AZ	85630	7.3	AZ	85747	2.0
AZ	85372	1.0	AZ	85631	7.3	AZ	85748	1.0
AZ	85373	1.0	AZ	85632	10.6	AZ	85749	1.0
AZ	85374	1.0	AZ	85633	2.0	AZ	85750	1.0
AZ	85375	1.0	AZ	85634	10.4	AZ	85751	1.0
AZ	85376	1.0	AZ	85635	4.0	AZ	85752	1.0
AZ	85377	1.0	AZ	85636	4.0	AZ	85754	1.0
AZ	85378	1.0	AZ	85637	10.4	AZ	85755	1.0
AZ	85379	1.0	AZ	85638	10.5	AZ	85757	1.0
AZ	85380	1.0	AZ	85639	10.4	AZ	85775	1.0
AZ	85381	1.0	AZ	85640	10.5	AZ	85777	1.0
AZ	85382	1.0	AZ	85641	2.0	AZ	85901	7.0
AZ	85383	1.0	AZ	85643	7.0	AZ	85902	7.0
AZ	85385	1.0	AZ	85644	7.0	AZ	85911	7.0
AZ	85387	1.0	AZ	85645	5.1	AZ	85912	7.0
AZ	85388	1.0	AZ	85646	10.5	AZ	85920	7.0
AZ	85390	1.0	AZ	85648	4.0	AZ	85922	7.0
AZ	85396	1.0	AZ	85650	4.0	AZ	85923	7.0
AZ	85501	4.0	AZ	85652	1.0	AZ	85924	10.6
AZ	85502	4.0	AZ	85653	2.0	AZ	85925	7.0
AZ	85530	8.0	AZ	85654	2.0	AZ	85926	7.0
AZ	85531	4.0	AZ	85655	4.0	AZ	85927	7.0
AZ	85532	4.0	AZ	85662	4.0	AZ	85928	10.6
AZ	85533	7.0	AZ	85670	4.0	AZ	85929	7.0
AZ	85534	10.3	AZ	85671	4.0	AZ	85930	7.0
AZ	85535	5.0	AZ	85701	1.0	AZ	85931	7.0
AZ	85536	5.0	AZ	85702	1.0	AZ	85932	7.0
AZ	85539	4.0	AZ	85703	1.0	AZ	85933	10.6
AZ	85540	7.0	AZ	85704	1.0	AZ	85934	7.0
AZ	85541	4.0	AZ	85705	1.0	AZ	85935	7.0
AZ	85542	7.4	AZ	85706	1.0	AZ	85936	7.0
AZ	85543	5.0	AZ	85707	1.0	AZ	85937	7.0
AZ	85544	5.0	AZ	85708	1.0	AZ	85938	7.0
AZ	85545	10.5	AZ	85709	1.0	AZ	85939	7.0
AZ	85546	4.0	AZ	85710	1.0	AZ	85940	7.0
AZ	85547	4.0	AZ	85711	1.0	AZ	85941	7.0
AZ	85548	4.0	AZ	85712	1.0	AZ	85942	7.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
AZ	86001	1.0	AZ	86402	4.0	CA	90021	1.0
AZ	86002	1.0	AZ	86403	4.0	CA	90022	1.0
AZ	86003	1.0	AZ	86404	4.0	CA	90023	1.0
AZ	86004	1.0	AZ	86405	4.0	CA	90024	1.0
AZ	86011	1.0	AZ	86406	4.0	CA	90025	1.0
AZ	86015	1.0	AZ	86409	4.0	CA	90026	1.0
AZ	86016	1.0	AZ	86411	4.0	CA	90027	1.0
AZ	86017	7.0	AZ	86412	4.0	CA	90028	1.0
AZ	86018	10.4	AZ	86413	5.0	CA	90029	1.0
AZ	86020	7.3	AZ	86426	8.2	CA	90030	1.0
AZ	86021	9.0	AZ	86427	8.2	CA	90031	1.0
AZ	86022	10.6	AZ	86429	8.4	CA	90032	1.0
AZ	86023	10.4	AZ	86430	8.4	CA	90033	1.0
AZ	86024	2.1	AZ	86431	4.0	CA	90034	1.0
AZ	86025	7.0	AZ	86432	9.0	CA	90035	1.0
AZ	86028	7.0	AZ	86433	8.2	CA	90036	1.0
AZ	86029	7.0	AZ	86434	5.0	CA	90037	1.0
AZ	86030	10.0	AZ	86435	10.4	CA	90038	1.0
AZ	86031	7.0	AZ	86436	8.2	CA	90039	1.0
AZ	86032	7.0	AZ	86437	4.0	CA	90040	1.0
AZ	86033	7.0	AZ	86438	8.2	CA	90041	1.0
AZ	86034	10.0	AZ	86439	8.2	CA	90042	1.0
AZ	86035	2.0	AZ	86440	9.2	CA	90043	1.0
AZ	86036	10.6	AZ	86441	5.0	CA	90044	1.0
AZ	86038	2.1	AZ	86442	8.2	CA	90045	1.0
AZ	86039	10.0	AZ	86443	5.0	CA	90046	1.0
AZ	86040	7.0	AZ	86444	5.0	CA	90047	1.0
AZ	86042	10.0	AZ	86445	5.0	CA	90048	1.0
AZ	86043	10.0	AZ	86446	8.2	CA	90049	1.0
AZ	86044	8.0	AZ	86502	10.5	CA	90050	1.0
AZ	86045	7.3	AZ	86503	7.0	CA	90051	1.0
AZ	86046	10.4	AZ	86504	7.4	CA	90052	1.0
AZ	86047	7.0	AZ	86505	7.4	CA	90053	1.0
AZ	86052	10.6	AZ	86506	7.4	CA	90054	1.0
AZ	86053	8.0	AZ	86507	10.6	CA	90055	1.0
AZ	86054	9.0	AZ	86508	7.4	CA	90056	1.0
AZ	86301	1.0	AZ	86510	10.0	CA	90057	1.0
AZ	86302	1.0	AZ	86511	7.4	CA	90058	1.0
AZ	86303	1.0	AZ	86512	10.5	CA	90059	1.0
AZ	86304	1.0	AZ	86514	10.4	CA	90060	1.0
AZ	86305	1.0	AZ	86515	7.4	CA	90061	1.0
AZ	86312	1.0	AZ	86520	10.0	CA	90062	1.0
AZ	86313	1.0	AZ	86535	8.0	CA	90063	1.0
AZ	86314	1.0	AZ	86538	8.0	CA	90064	1.0
AZ	86320	10.4	AZ	86540	7.0	CA	90065	1.0
AZ	86321	10.4	AZ	86544	10.4	CA	90066	1.0
AZ	86322	10.5	AZ	86545	10.4	CA	90067	1.0
AZ	86323	2.0	AZ	86547	8.0	CA	90068	1.0
AZ	86324	4.0	AZ	86556	10.6	CA	90069	1.0
AZ	86325	9.0	CA	90001	1.0	CA	90070	1.0
AZ	86326	4.0	CA	90002	1.0	CA	90071	1.0
AZ	86327	2.0	CA	90003	1.0	CA	90072	1.0
AZ	86329	2.0	CA	90004	1.0	CA	90073	1.0
AZ	86330	1.0	CA	90005	1.0	CA	90074	1.0
AZ	86331	4.0	CA	90006	1.0	CA	90075	1.0
AZ	86332	2.0	CA	90007	1.0	CA	90076	1.0
AZ	86333	2.0	CA	90008	1.0	CA	90077	1.0
AZ	86334	2.0	CA	90009	1.0	CA	90078	1.0
AZ	86335	10.5	CA	90010	1.0	CA	90079	1.0
AZ	86336	7.0	CA	90011	1.0	CA	90080	1.0
AZ	86337	10.4	CA	90012	1.0	CA	90081	1.0
AZ	86338	1.0	CA	90013	1.0	CA	90082	1.0
AZ	86339	7.0	CA	90014	1.0	CA	90083	1.0
AZ	86340	7.0	CA	90015	1.0	CA	90084	1.0
AZ	86341	9.0	CA	90016	1.0	CA	90086	1.0
AZ	86342	10.5	CA	90017	1.0	CA	90087	1.0
AZ	86343	2.0	CA	90018	1.0	CA	90088	1.0
AZ	86351	9.0	CA	90019	1.0	CA	90089	1.0
AZ	86401	4.0	CA	90020	1.0	CA	90091	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
CA	90093	1.0
CA	90094	1.0
CA	90095	1.0
CA	90096	1.0
CA	90097	1.0
CA	90099	1.0
CA	90101	1.0
CA	90102	1.0
CA	90103	1.0
CA	90174	1.0
CA	90185	1.0
CA	90189	1.0
CA	90201	1.0
CA	90202	1.0
CA	90209	1.0
CA	90210	1.0
CA	90211	1.0
CA	90212	1.0
CA	90213	1.0
CA	90220	1.0
CA	90221	1.0
CA	90222	1.0
CA	90223	1.0
CA	90224	1.0
CA	90230	1.0
CA	90231	1.0
CA	90232	1.0
CA	90233	1.0
CA	90239	1.0
CA	90240	1.0
CA	90241	1.0
CA	90242	1.0
CA	90245	1.0
CA	90247	1.0
CA	90248	1.0
CA	90249	1.0
CA	90250	1.0
CA	90251	1.0
CA	90254	1.0
CA	90255	1.0
CA	90260	1.0
CA	90261	1.0
CA	90262	1.0
CA	90263	1.0
CA	90264	1.0
CA	90265	1.0
CA	90266	1.0
CA	90267	1.0
CA	90270	1.0
CA	90272	1.0
CA	90274	1.0
CA	90275	1.0
CA	90277	1.0
CA	90278	1.0
CA	90280	1.0
CA	90290	1.0
CA	90291	1.0
CA	90292	1.0
CA	90293	1.0
CA	90294	1.0
CA	90295	1.0
CA	90296	1.0
CA	90301	1.0
CA	90302	1.0
CA	90303	1.0
CA	90304	1.0
CA	90305	1.0
CA	90306	1.0
CA	90307	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
CA	90308	1.0
CA	90309	1.0
CA	90310	1.0
CA	90311	1.0
CA	90312	1.0
CA	90313	1.0
CA	90397	1.0
CA	90398	1.0
CA	90401	1.0
CA	90402	1.0
CA	90403	1.0
CA	90404	1.0
CA	90405	1.0
CA	90406	1.0
CA	90407	1.0
CA	90408	1.0
CA	90409	1.0
CA	90410	1.0
CA	90411	1.0
CA	90501	1.0
CA	90502	1.0
CA	90503	1.0
CA	90504	1.0
CA	90505	1.0
CA	90506	1.0
CA	90507	1.0
CA	90508	1.0
CA	90509	1.0
CA	90510	1.0
CA	90601	1.0
CA	90602	1.0
CA	90603	1.0
CA	90604	1.0
CA	90605	1.0
CA	90606	1.0
CA	90607	1.0
CA	90608	1.0
CA	90609	1.0
CA	90610	1.0
CA	90612	1.0
CA	90620	1.0
CA	90621	1.0
CA	90622	1.0
CA	90623	1.0
CA	90624	1.0
CA	90630	1.0
CA	90631	1.0
CA	90632	1.0
CA	90633	1.0
CA	90637	1.0
CA	90638	1.0
CA	90639	1.0
CA	90640	1.0
CA	90650	1.0
CA	90651	1.0
CA	90652	1.0
CA	90659	1.0
CA	90660	1.0
CA	90661	1.0
CA	90662	1.0
CA	90665	1.0
CA	90670	1.0
CA	90671	1.0
CA	90680	1.0
CA	90701	1.0
CA	90702	1.0
CA	90703	1.0
CA	90704	7.3
CA	90706	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
CA	90707	1.0
CA	90710	1.0
CA	90711	1.0
CA	90712	1.0
CA	90713	1.0
CA	90714	1.0
CA	90715	1.0
CA	90716	1.0
CA	90717	1.0
CA	90720	1.0
CA	90721	1.0
CA	90723	1.0
CA	90731	1.0
CA	90732	1.0
CA	90733	1.0
CA	90734	1.0
CA	90740	1.0
CA	90742	1.0
CA	90743	1.0
CA	90744	1.0
CA	90745	1.0
CA	90746	1.0
CA	90747	1.0
CA	90748	1.0
CA	90749	1.0
CA	90755	1.0
CA	90801	1.0
CA	90802	1.0
CA	90803	1.0
CA	90804	1.0
CA	90805	1.0
CA	90806	1.0
CA	90807	1.0
CA	90808	1.0
CA	90809	1.0
CA	90810	1.0
CA	90813	1.0
CA	90814	1.0
CA	90815	1.0
CA	90822	1.0
CA	90831	1.0
CA	90832	1.0
CA	90833	1.0
CA	90834	1.0
CA	90835	1.0
CA	90840	1.0
CA	90842	1.0
CA	90844	1.0
CA	90845	1.0
CA	90846	1.0
CA	90847	1.0
CA	90848	1.0
CA	90853	1.0
CA	90888	1.0
CA	90895	1.0
CA	90899	1.0
CA	91001	1.0
CA	91003	1.0
CA	91006	1.0
CA	91007	1.0
CA	91009	1.0
CA	91010	1.0
CA	91011	1.0
CA	91012	1.0
CA	91016	1.0
CA	91017	1.0
CA	91020	1.0
CA	91021	1.0
CA	91023	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
CA	91024	1.0
CA	91025	1.0
CA	91030	1.0
CA	91031	1.0
CA	91040	1.0
CA	91041	1.0
CA	91042	1.0
CA	91043	1.0
CA	91046	1.0
CA	91066	1.0
CA	91077	1.0
CA	91101	1.0
CA	91102	1.0
CA	91103	1.0
CA	91104	1.0
CA	91105	1.0
CA	91106	1.0
CA	91107	1.0
CA	91108	1.0
CA	91109	1.0
CA	91110	1.0
CA	91114	1.0
CA	91115	1.0
CA	91116	1.0
CA	91117	1.0
CA	91118	1.0
CA	91121	1.0
CA	91123	1.0
CA	91124	1.0
CA	91125	1.0
CA	91126	1.0
CA	91129	1.0
CA	91131	1.0
CA	91175	1.0
CA	91182	1.0
CA	91184	1.0
CA	91185	1.0
CA	91186	1.0
CA	91187	1.0
CA	91188	1.0
CA	91189	1.0
CA	91191	1.0
CA	91201	1.0
CA	91202	1.0
CA	91203	1.0
CA	91204	1.0
CA	91205	1.0
CA	91206	1.0
CA	91207	1.0
CA	91208	1.0
CA	91209	1.0
CA	91210	1.0
CA	91214	1.0
CA	91221	1.0
CA	91222	1.0
CA	91224	1.0
CA	91225	1.0
CA	91226	1.0
CA	91301	1.1
CA	91302	1.0
CA	91303	1.0
CA	91304	1.0
CA	91305	1.0
CA	91306	1.0
CA	91307	1.0
CA	91308	1.0
CA	91309	1.0
CA	91310	2.0
CA	91311	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
CA	91312	1.0
CA	91313	1.0
CA	91316	1.0
CA	91319	1.1
CA	91320	1.1
CA	91321	2.0
CA	91322	2.0
CA	91324	1.0
CA	91325	1.0
CA	91326	1.0
CA	91327	1.0
CA	91328	1.0
CA	91329	1.0
CA	91330	1.0
CA	91331	1.0
CA	91333	1.0
CA	91334	1.0
CA	91335	1.0
CA	91337	1.0
CA	91340	1.0
CA	91341	1.0
CA	91342	1.0
CA	91343	1.0
CA	91344	1.0
CA	91345	1.0
CA	91346	1.0
CA	91350	2.0
CA	91351	2.0
CA	91352	1.0
CA	91353	1.0
CA	91354	2.0
CA	91355	2.0
CA	91356	1.0
CA	91357	1.0
CA	91358	1.1
CA	91359	1.1
CA	91360	1.1
CA	91361	1.1
CA	91362	1.1
CA	91363	1.1
CA	91364	1.0
CA	91365	1.0
CA	91367	1.0
CA	91371	1.0
CA	91372	1.0
CA	91376	1.1
CA	91377	1.1
CA	91380	2.0
CA	91381	2.0
CA	91382	2.0
CA	91383	2.0
CA	91384	2.0
CA	91385	2.0
CA	91386	2.0
CA	91387	2.0
CA	91388	1.0
CA	91390	2.0
CA	91392	1.0
CA	91393	1.0
CA	91394	1.0
CA	91395	1.0
CA	91396	1.0
CA	91399	1.0
CA	91401	1.0
CA	91402	1.0
CA	91403	1.0
CA	91404	1.0
CA	91405	1.0
CA	91406	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
CA	91407	1.0
CA	91408	1.0
CA	91409	1.0
CA	91410	1.0
CA	91411	1.0
CA	91412	1.0
CA	91413	1.0
CA	91416	1.0
CA	91423	1.0
CA	91426	1.0
CA	91436	1.0
CA	91470	1.0
CA	91482	1.0
CA	91495	1.0
CA	91496	1.0
CA	91497	1.0
CA	91499	1.0
CA	91501	1.0
CA	91502	1.0
CA	91503	1.0
CA	91504	1.0
CA	91505	1.0
CA	91506	1.0
CA	91507	1.0
CA	91508	1.0
CA	91510	1.0
CA	91521	1.0
CA	91522	1.0
CA	91523	1.0
CA	91526	1.0
CA	91601	1.0
CA	91602	1.0
CA	91603	1.0
CA	91604	1.0
CA	91605	1.0
CA	91606	1.0
CA	91607	1.0
CA	91608	1.0
CA	91609	1.0
CA	91610	1.0
CA	91611	1.0
CA	91612	1.0
CA	91614	1.0
CA	91615	1.0
CA	91616	1.0
CA	91617	1.0
CA	91618	1.0
CA	91701	1.0
CA	91702	1.0
CA	91706	1.0
CA	91708	1.0
CA	91709	1.0
CA	91710	1.0
CA	91711	1.0
CA	91714	1.0
CA	91715	1.0
CA	91716	1.0
CA	91722	1.0
CA	91723	1.0
CA	91724	1.0
CA	91729	1.0
CA	91730	1.0
CA	91731	1.0
CA	91732	1.0
CA	91733	1.0
CA	91734	1.0
CA	91735	1.0
CA	91737	1.0
CA	91739	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
CA	91740	1.0
CA	91741	1.0
CA	91743	1.0
CA	91744	1.0
CA	91745	1.0
CA	91746	1.0
CA	91747	1.0
CA	91748	1.0
CA	91749	1.0
CA	91750	1.0
CA	91752	1.0
CA	91754	1.0
CA	91755	1.0
CA	91756	1.0
CA	91758	1.0
CA	91759	2.0
CA	91761	1.0
CA	91762	1.0
CA	91763	1.0
CA	91764	1.0
CA	91765	1.0
CA	91766	1.0
CA	91767	1.0
CA	91768	1.0
CA	91769	1.0
CA	91770	1.0
CA	91771	1.0
CA	91772	1.0
CA	91773	1.0
CA	91775	1.0
CA	91776	1.0
CA	91778	1.0
CA	91780	1.0
CA	91784	1.0
CA	91785	1.0
CA	91786	1.0
CA	91788	1.0
CA	91789	1.0
CA	91790	1.0
CA	91791	1.0
CA	91792	1.0
CA	91793	1.0
CA	91795	1.0
CA	91797	1.0
CA	91798	1.0
CA	91799	1.0
CA	91801	1.0
CA	91802	1.0
CA	91803	1.0
CA	91804	1.0
CA	91841	1.0
CA	91896	1.0
CA	91899	1.0
CA	91901	1.0
CA	91902	1.0
CA	91903	1.0
CA	91905	2.0
CA	91906	2.0
CA	91908	1.0
CA	91909	1.0
CA	91910	1.0
CA	91911	1.0
CA	91912	1.0
CA	91913	1.0
CA	91914	1.0
CA	91915	1.0
CA	91916	2.0
CA	91917	2.0
CA	91921	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
CA	91931	2.0
CA	91932	1.0
CA	91933	1.0
CA	91934	2.0
CA	91935	1.0
CA	91941	1.0
CA	91942	1.0
CA	91943	1.0
CA	91944	1.0
CA	91945	1.0
CA	91946	1.0
CA	91947	1.0
CA	91948	2.0
CA	91950	1.0
CA	91951	1.0
CA	91962	2.0
CA	91963	2.0
CA	91976	1.0
CA	91977	1.0
CA	91978	1.0
CA	91979	1.0
CA	91980	2.0
CA	91987	2.0
CA	91990	2.0
CA	92003	1.0
CA	92004	10.4
CA	92007	1.0
CA	92008	1.0
CA	92009	1.0
CA	92010	1.0
CA	92011	1.0
CA	92013	1.0
CA	92014	1.0
CA	92018	1.0
CA	92019	1.0
CA	92020	1.0
CA	92021	1.0
CA	92022	1.0
CA	92023	1.0
CA	92024	1.0
CA	92025	1.0
CA	92026	1.0
CA	92027	1.0
CA	92028	1.0
CA	92029	1.0
CA	92030	1.0
CA	92033	1.0
CA	92036	10.1
CA	92037	1.0
CA	92038	1.0
CA	92039	1.0
CA	92040	1.0
CA	92046	1.0
CA	92049	1.0
CA	92051	1.0
CA	92052	1.0
CA	92054	1.0
CA	92055	1.0
CA	92056	1.0
CA	92057	1.0
CA	92058	1.0
CA	92059	2.0
CA	92060	2.0
CA	92061	2.0
CA	92064	1.0
CA	92065	2.0
CA	92066	10.1
CA	92067	1.0
CA	92068	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
CA	92069	1.0
CA	92070	10.1
CA	92071	1.0
CA	92072	1.0
CA	92074	1.0
CA	92075	1.0
CA	92078	1.0
CA	92079	1.0
CA	92081	1.0
CA	92082	2.0
CA	92083	1.0
CA	92084	1.0
CA	92085	1.0
CA	92086	10.1
CA	92088	1.0
CA	92090	1.0
CA	92091	1.0
CA	92092	1.0
CA	92093	1.0
CA	92096	1.0
CA	92101	1.0
CA	92102	1.0
CA	92103	1.0
CA	92104	1.0
CA	92105	1.0
CA	92106	1.0
CA	92107	1.0
CA	92108	1.0
CA	92109	1.0
CA	92110	1.0
CA	92111	1.0
CA	92112	1.0
CA	92113	1.0
CA	92114	1.0
CA	92115	1.0
CA	92116	1.0
CA	92117	1.0
CA	92118	1.0
CA	92119	1.0
CA	92120	1.0
CA	92121	1.0
CA	92122	1.0
CA	92123	1.0
CA	92124	1.0
CA	92126	1.0
CA	92127	1.0
CA	92128	1.0
CA	92129	1.0
CA	92130	1.0
CA	92131	1.0
CA	92132	1.0
CA	92133	1.0
CA	92134	1.0
CA	92135	1.0
CA	92136	1.0
CA	92137	1.0
CA	92138	1.0
CA	92139	1.0
CA	92140	1.0
CA	92142	1.0
CA	92143	1.0
CA	92145	1.0
CA	92147	1.0
CA	92149	1.0
CA	92150	1.0
CA	92152	1.0
CA	92153	1.0
CA	92154	1.0
CA	92155	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
CA	92158	1.0	CA	92256	2.0	CA	92354	1.0
CA	92159	1.0	CA	92257	10.6	CA	92356	1.0
CA	92160	1.0	CA	92258	2.0	CA	92357	1.0
CA	92161	1.0	CA	92259	9.1	CA	92358	2.0
CA	92162	1.0	CA	92260	1.0	CA	92359	1.0
CA	92163	1.0	CA	92261	1.0	CA	92363	7.0
CA	92164	1.0	CA	92262	1.0	CA	92364	7.0
CA	92165	1.0	CA	92263	1.0	CA	92365	7.0
CA	92166	1.0	CA	92264	1.0	CA	92366	7.0
CA	92167	1.0	CA	92266	1.0	CA	92368	2.0
CA	92168	1.0	CA	92267	10.6	CA	92369	1.0
CA	92169	1.0	CA	92268	4.2	CA	92371	3.0
CA	92170	1.0	CA	92270	1.0	CA	92372	3.0
CA	92171	1.0	CA	92273	1.0	CA	92373	1.0
CA	92172	1.0	CA	92274	2.0	CA	92374	1.0
CA	92173	1.0	CA	92275	2.0	CA	92375	1.0
CA	92174	1.0	CA	92276	1.0	CA	92376	1.0
CA	92175	1.0	CA	92277	5.0	CA	92377	1.0
CA	92176	1.0	CA	92278	4.0	CA	92378	1.0
CA	92177	1.0	CA	92280	10.6	CA	92382	2.0
CA	92178	1.0	CA	92281	10.5	CA	92384	5.0
CA	92179	1.0	CA	92282	2.0	CA	92385	2.0
CA	92182	1.0	CA	92283	1.0	CA	92386	4.0
CA	92184	1.0	CA	92284	4.2	CA	92389	5.0
CA	92186	1.0	CA	92285	2.0	CA	92391	1.0
CA	92187	1.0	CA	92286	4.2	CA	92392	1.0
CA	92190	1.0	CA	92292	1.0	CA	92393	1.0
CA	92191	1.0	CA	92301	1.0	CA	92394	1.0
CA	92192	1.0	CA	92304	7.0	CA	92395	1.0
CA	92193	1.0	CA	92305	2.0	CA	92397	2.0
CA	92194	1.0	CA	92307	1.0	CA	92398	7.0
CA	92195	1.0	CA	92308	1.0	CA	92399	1.0
CA	92196	1.0	CA	92309	7.0	CA	92401	1.0
CA	92197	1.0	CA	92310	7.0	CA	92402	1.0
CA	92198	1.0	CA	92311	4.0	CA	92403	1.0
CA	92199	1.0	CA	92312	4.0	CA	92404	1.0
CA	92201	1.0	CA	92313	1.0	CA	92405	1.0
CA	92202	1.0	CA	92314	4.0	CA	92406	1.0
CA	92203	1.0	CA	92315	4.0	CA	92407	1.0
CA	92210	1.0	CA	92316	1.0	CA	92408	1.0
CA	92211	1.0	CA	92317	4.1	CA	92410	1.0
CA	92220	1.0	CA	92318	1.0	CA	92411	1.0
CA	92222	1.0	CA	92320	1.0	CA	92412	1.0
CA	92223	1.0	CA	92321	4.1	CA	92413	1.0
CA	92225	4.0	CA	92322	4.1	CA	92414	1.0
CA	92226	4.0	CA	92323	7.0	CA	92415	1.0
CA	92227	4.2	CA	92324	1.0	CA	92418	1.0
CA	92230	1.0	CA	92325	4.1	CA	92420	1.0
CA	92231	4.2	CA	92326	1.0	CA	92423	1.0
CA	92232	4.2	CA	92327	1.0	CA	92424	1.0
CA	92233	7.3	CA	92328	5.0	CA	92427	1.0
CA	92234	1.0	CA	92329	3.0	CA	92501	1.0
CA	92235	1.0	CA	92332	7.0	CA	92502	1.0
CA	92236	1.0	CA	92333	4.0	CA	92503	1.0
CA	92239	9.2	CA	92334	1.0	CA	92504	1.0
CA	92240	2.0	CA	92335	1.0	CA	92505	1.0
CA	92241	2.0	CA	92336	1.0	CA	92506	1.0
CA	92242	8.0	CA	92337	1.0	CA	92507	1.0
CA	92243	1.0	CA	92338	7.0	CA	92508	1.0
CA	92244	1.0	CA	92339	2.0	CA	92509	1.0
CA	92247	1.0	CA	92340	1.0	CA	92513	1.0
CA	92248	1.0	CA	92341	4.0	CA	92514	1.0
CA	92249	1.0	CA	92342	6.1	CA	92515	1.0
CA	92250	7.1	CA	92344	1.0	CA	92516	1.0
CA	92251	1.0	CA	92345	1.0	CA	92517	1.0
CA	92252	4.2	CA	92346	1.0	CA	92518	2.0
CA	92253	1.0	CA	92347	5.0	CA	92519	1.0
CA	92254	2.0	CA	92350	1.0	CA	92521	1.0
CA	92255	1.0	CA	92352	4.1	CA	92522	1.0

ADDENDUM I.—RUCA RURALITY
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ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
CA	92530	1.0	CA	92649	1.0	CA	92822	1.0
CA	92531	1.0	CA	92650	1.0	CA	92823	1.0
CA	92532	1.0	CA	92651	1.1	CA	92825	1.0
CA	92536	3.0	CA	92652	1.1	CA	92831	1.0
CA	92539	10.4	CA	92653	1.1	CA	92832	1.0
CA	92543	1.0	CA	92654	1.1	CA	92833	1.0
CA	92544	1.0	CA	92655	1.0	CA	92834	1.0
CA	92545	1.0	CA	92656	1.1	CA	92835	1.0
CA	92546	1.0	CA	92657	1.0	CA	92836	1.0
CA	92548	1.0	CA	92658	1.0	CA	92837	1.0
CA	92549	10.4	CA	92659	1.0	CA	92838	1.0
CA	92551	1.0	CA	92660	1.0	CA	92840	1.0
CA	92552	1.0	CA	92661	1.0	CA	92841	1.0
CA	92553	1.0	CA	92662	1.0	CA	92842	1.0
CA	92554	1.0	CA	92663	1.0	CA	92843	1.0
CA	92555	1.0	CA	92672	1.1	CA	92844	1.0
CA	92556	1.0	CA	92673	1.1	CA	92845	1.0
CA	92557	1.0	CA	92674	1.1	CA	92846	1.0
CA	92561	3.0	CA	92675	1.1	CA	92850	1.0
CA	92562	1.0	CA	92676	2.0	CA	92856	1.0
CA	92563	1.0	CA	92677	1.1	CA	92857	1.0
CA	92564	1.0	CA	92678	1.1	CA	92859	1.0
CA	92567	1.0	CA	92679	1.1	CA	92860	1.0
CA	92570	1.0	CA	92683	1.0	CA	92861	1.0
CA	92571	1.0	CA	92684	1.0	CA	92862	1.0
CA	92572	1.0	CA	92685	1.0	CA	92863	1.0
CA	92581	1.0	CA	92688	1.1	CA	92864	1.0
CA	92582	1.0	CA	92690	1.1	CA	92865	1.0
CA	92583	1.0	CA	92691	1.1	CA	92866	1.0
CA	92584	1.0	CA	92692	1.1	CA	92867	1.0
CA	92585	1.0	CA	92693	1.1	CA	92868	1.0
CA	92586	1.0	CA	92694	1.1	CA	92869	1.0
CA	92587	1.0	CA	92697	1.0	CA	92870	1.0
CA	92589	1.0	CA	92698	1.0	CA	92871	1.0
CA	92590	1.0	CA	92701	1.0	CA	92877	1.0
CA	92591	1.0	CA	92702	1.0	CA	92878	1.0
CA	92592	1.0	CA	92703	1.0	CA	92879	1.0
CA	92593	1.0	CA	92704	1.0	CA	92880	1.0
CA	92595	1.0	CA	92705	1.0	CA	92881	1.0
CA	92596	1.0	CA	92706	1.0	CA	92882	1.0
CA	92599	1.0	CA	92707	1.0	CA	92883	1.0
CA	92602	1.0	CA	92708	1.0	CA	92885	1.0
CA	92603	1.0	CA	92709	1.0	CA	92886	1.0
CA	92604	1.0	CA	92710	1.0	CA	92887	1.0
CA	92605	1.0	CA	92711	1.0	CA	92899	1.0
CA	92606	1.0	CA	92712	1.0	CA	93001	1.0
CA	92607	1.1	CA	92725	1.0	CA	93002	1.0
CA	92609	1.1	CA	92728	1.0	CA	93003	1.0
CA	92610	1.1	CA	92735	1.0	CA	93004	1.0
CA	92612	1.0	CA	92780	1.0	CA	93005	1.0
CA	92614	1.0	CA	92781	1.0	CA	93006	1.0
CA	92615	1.0	CA	92782	1.0	CA	93007	1.0
CA	92616	1.0	CA	92799	1.0	CA	93009	1.0
CA	92617	1.0	CA	92801	1.0	CA	93010	1.0
CA	92618	1.0	CA	92802	1.0	CA	93011	1.0
CA	92619	1.0	CA	92803	1.0	CA	93012	1.0
CA	92620	1.0	CA	92804	1.0	CA	93013	1.0
CA	92623	1.0	CA	92805	1.0	CA	93014	1.0
CA	92624	1.1	CA	92806	1.0	CA	93015	4.2
CA	92625	1.0	CA	92807	1.0	CA	93016	4.2
CA	92626	1.0	CA	92808	1.0	CA	93020	1.1
CA	92627	1.0	CA	92809	1.0	CA	93021	1.1
CA	92628	1.0	CA	92811	1.0	CA	93022	1.0
CA	92629	1.1	CA	92812	1.0	CA	93023	1.0
CA	92630	1.1	CA	92814	1.0	CA	93024	1.0
CA	92637	1.1	CA	92815	1.0	CA	93030	1.0
CA	92646	1.0	CA	92816	1.0	CA	93031	1.0
CA	92647	1.0	CA	92817	1.0	CA	93032	1.0
CA	92648	1.0	CA	92821	1.0	CA	93033	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
CA	93034	1.0	CA	93240	7.3	CA	93403	1.0
CA	93035	1.0	CA	93241	1.0	CA	93405	1.0
CA	93036	1.0	CA	93242	10.4	CA	93406	1.0
CA	93040	4.2	CA	93243	2.0	CA	93407	1.0
CA	93041	1.0	CA	93244	10.1	CA	93408	1.0
CA	93042	1.0	CA	93245	4.0	CA	93409	1.0
CA	93043	1.0	CA	93246	4.0	CA	93410	1.0
CA	93044	1.0	CA	93247	4.2	CA	93412	2.0
CA	93060	2.0	CA	93249	10.4	CA	93420	4.2
CA	93061	2.0	CA	93250	5.0	CA	93421	4.2
CA	93062	2.0	CA	93251	2.0	CA	93422	1.0
CA	93063	2.0	CA	93252	2.0	CA	93423	1.0
CA	93064	2.0	CA	93254	10.4	CA	93424	1.0
CA	93065	2.0	CA	93255	2.0	CA	93426	6.0
CA	93066	1.0	CA	93256	9.1	CA	93427	4.2
CA	93067	1.0	CA	93257	1.0	CA	93428	7.0
CA	93093	2.0	CA	93258	1.0	CA	93429	1.0
CA	93094	2.0	CA	93260	2.0	CA	93430	2.0
CA	93099	2.0	CA	93261	6.0	CA	93432	1.0
CA	93101	1.0	CA	93262	10.1	CA	93433	4.2
CA	93102	1.0	CA	93263	2.0	CA	93434	2.0
CA	93103	1.0	CA	93265	2.0	CA	93435	2.0
CA	93105	1.0	CA	93266	10.5	CA	93436	1.0
CA	93106	1.0	CA	93267	1.0	CA	93437	1.0
CA	93107	1.0	CA	93268	4.2	CA	93438	1.0
CA	93108	1.0	CA	93270	2.0	CA	93440	1.0
CA	93109	1.0	CA	93271	10.1	CA	93441	4.2
CA	93110	1.0	CA	93272	10.4	CA	93442	2.0
CA	93111	1.0	CA	93274	4.2	CA	93443	2.0
CA	93116	1.0	CA	93275	4.2	CA	93444	1.0
CA	93117	1.0	CA	93276	2.0	CA	93445	4.2
CA	93118	1.0	CA	93277	1.0	CA	93446	1.0
CA	93120	1.0	CA	93278	1.0	CA	93447	1.0
CA	93121	1.0	CA	93279	1.0	CA	93448	4.2
CA	93130	1.0	CA	93280	4.2	CA	93449	4.2
CA	93140	1.0	CA	93282	4.0	CA	93450	6.0
CA	93150	1.0	CA	93283	7.3	CA	93451	2.0
CA	93160	1.0	CA	93285	2.0	CA	93452	10.4
CA	93190	1.0	CA	93286	9.1	CA	93453	1.0
CA	93199	1.0	CA	93287	2.0	CA	93454	1.0
CA	93201	6.0	CA	93290	1.0	CA	93455	1.0
CA	93202	4.0	CA	93291	1.0	CA	93456	1.0
CA	93203	2.0	CA	93292	1.0	CA	93457	1.0
CA	93204	4.0	CA	93301	1.0	CA	93458	1.0
CA	93205	7.3	CA	93302	1.0	CA	93460	4.2
CA	93206	10.1	CA	93303	1.0	CA	93461	2.0
CA	93207	2.0	CA	93304	1.0	CA	93463	4.2
CA	93208	2.0	CA	93305	1.0	CA	93464	4.2
CA	93210	4.2	CA	93306	1.0	CA	93465	1.0
CA	93212	4.0	CA	93307	1.0	CA	93475	1.0
CA	93215	4.2	CA	93308	1.0	CA	93483	4.2
CA	93216	4.2	CA	93309	1.0	CA	93501	10.4
CA	93218	2.0	CA	93311	1.0	CA	93502	10.4
CA	93219	6.0	CA	93312	1.0	CA	93504	9.0
CA	93220	1.0	CA	93313	1.0	CA	93505	9.0
CA	93221	1.0	CA	93314	1.0	CA	93510	2.0
CA	93222	3.0	CA	93380	1.0	CA	93512	10.6
CA	93223	1.0	CA	93381	1.0	CA	93513	5.0
CA	93224	2.0	CA	93382	1.0	CA	93514	4.0
CA	93225	3.0	CA	93383	1.0	CA	93515	4.0
CA	93226	2.0	CA	93384	1.0	CA	93516	10.6
CA	93227	1.0	CA	93385	1.0	CA	93517	10.6
CA	93230	4.0	CA	93386	1.0	CA	93518	7.3
CA	93232	4.0	CA	93387	1.0	CA	93519	9.0
CA	93234	7.3	CA	93388	1.0	CA	93522	4.0
CA	93235	2.0	CA	93389	1.0	CA	93523	7.0
CA	93237	10.1	CA	93390	1.0	CA	93524	6.1
CA	93238	2.0	CA	93401	1.0	CA	93526	5.0
CA	93239	10.5	CA	93402	2.0	CA	93527	4.0

ADDENDUM I.—RUCAL RURALITY
 LEVEL BY STATE AND ZIP CODE—
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 ADDENDUM I.—RUCAL RURALITY
 LEVEL BY STATE AND ZIP CODE—
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 ADDENDUM I.—RUCAL RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCAL level	State	Zip code	RUCAL level	State	Zip code	RUCAL level
CA	93528	9.0	CA	93638	1.0	CA	93771	1.0
CA	93529	10.6	CA	93639	1.0	CA	93772	1.0
CA	93530	10.5	CA	93640	7.3	CA	93773	1.0
CA	93531	10.4	CA	93641	2.0	CA	93774	1.0
CA	93532	2.0	CA	93642	2.0	CA	93775	1.0
CA	93534	1.1	CA	93643	10.4	CA	93776	1.0
CA	93535	1.1	CA	93644	7.0	CA	93777	1.0
CA	93536	1.1	CA	93645	3.0	CA	93778	1.0
CA	93539	1.1	CA	93646	7.4	CA	93779	1.0
CA	93541	10.6	CA	93647	4.2	CA	93780	1.0
CA	93542	4.0	CA	93648	3.0	CA	93784	1.0
CA	93543	1.1	CA	93649	4.2	CA	93786	1.0
CA	93544	3.0	CA	93650	1.0	CA	93790	1.0
CA	93545	10.5	CA	93651	2.0	CA	93791	1.0
CA	93546	7.0	CA	93652	2.0	CA	93792	1.0
CA	93549	4.0	CA	93653	3.0	CA	93793	1.0
CA	93550	1.1	CA	93654	4.2	CA	93794	1.0
CA	93551	1.1	CA	93656	10.4	CA	93844	1.0
CA	93552	1.1	CA	93657	2.0	CA	93888	1.0
CA	93553	2.1	CA	93660	7.3	CA	93901	1.0
CA	93554	9.0	CA	93661	9.2	CA	93902	1.0
CA	93555	4.0	CA	93662	4.1	CA	93905	1.0
CA	93556	4.0	CA	93664	2.0	CA	93906	1.0
CA	93558	4.0	CA	93665	9.2	CA	93907	1.0
CA	93560	3.0	CA	93666	4.2	CA	93908	1.0
CA	93561	4.0	CA	93667	2.0	CA	93912	1.0
CA	93562	10.5	CA	93668	7.3	CA	93915	1.0
CA	93563	2.0	CA	93669	10.4	CA	93920	10.1
CA	93581	4.0	CA	93670	4.2	CA	93921	1.0
CA	93584	1.1	CA	93673	4.1	CA	93922	1.0
CA	93586	1.1	CA	93675	2.0	CA	93923	1.0
CA	93590	1.1	CA	93701	1.0	CA	93924	1.0
CA	93591	2.1	CA	93702	1.0	CA	93925	2.0
CA	93592	10.5	CA	93703	1.0	CA	93926	2.0
CA	93596	10.6	CA	93704	1.0	CA	93927	4.2
CA	93599	1.1	CA	93705	1.0	CA	93928	6.0
CA	93601	10.6	CA	93706	1.0	CA	93930	4.2
CA	93602	2.0	CA	93707	1.0	CA	93932	6.0
CA	93603	2.0	CA	93708	1.0	CA	93933	1.0
CA	93604	10.4	CA	93709	1.0	CA	93940	1.0
CA	93605	2.0	CA	93710	1.0	CA	93942	1.0
CA	93606	1.0	CA	93711	1.0	CA	93943	1.0
CA	93607	10.4	CA	93712	1.0	CA	93944	1.0
CA	93608	7.3	CA	93714	1.0	CA	93950	1.0
CA	93609	2.0	CA	93715	1.0	CA	93953	1.0
CA	93610	7.0	CA	93716	1.0	CA	93954	4.2
CA	93611	1.0	CA	93717	1.0	CA	93955	1.0
CA	93612	1.0	CA	93718	1.0	CA	93960	2.0
CA	93613	1.0	CA	93720	1.0	CA	93962	1.0
CA	93614	3.0	CA	93721	1.0	CA	94002	1.0
CA	93615	4.2	CA	93722	1.0	CA	94003	1.0
CA	93616	2.0	CA	93724	1.0	CA	94005	1.0
CA	93618	4.2	CA	93725	1.0	CA	94010	1.0
CA	93619	4.2	CA	93726	1.0	CA	94011	1.0
CA	93620	9.2	CA	93727	1.0	CA	94012	1.0
CA	93621	2.0	CA	93728	1.0	CA	94013	1.0
CA	93622	7.3	CA	93729	1.0	CA	94014	1.0
CA	93623	10.0	CA	93740	1.0	CA	94015	1.0
CA	93624	7.3	CA	93741	1.0	CA	94016	1.0
CA	93625	4.1	CA	93744	1.0	CA	94017	1.0
CA	93626	2.0	CA	93745	1.0	CA	94018	2.0
CA	93627	7.3	CA	93747	1.0	CA	94019	2.0
CA	93628	2.0	CA	93750	1.0	CA	94020	2.0
CA	93630	2.0	CA	93755	1.0	CA	94021	2.0
CA	93631	4.1	CA	93760	1.0	CA	94022	1.0
CA	93633	2.0	CA	93761	1.0	CA	94023	1.0
CA	93634	2.0	CA	93762	1.0	CA	94024	1.0
CA	93635	4.2	CA	93764	1.0	CA	94025	1.0
CA	93637	1.0	CA	93765	1.0	CA	94026	1.0

ADDENDUM I.—RUCa RURALITY
LEVEL BY STATE AND ZIP CODE—
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LEVEL BY STATE AND ZIP CODE—
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LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCa level	State	Zip code	RUCa level	State	Zip code	RUCa level
CA	94027	1.0	CA	94133	1.0	CA	94254	1.0
CA	94028	1.0	CA	94134	1.0	CA	94256	1.0
CA	94029	1.0	CA	94135	1.0	CA	94257	1.0
CA	94030	1.0	CA	94136	1.0	CA	94258	1.0
CA	94031	1.0	CA	94137	1.0	CA	94259	1.0
CA	94035	1.0	CA	94138	1.0	CA	94261	1.0
CA	94037	2.0	CA	94139	1.0	CA	94262	1.0
CA	94038	2.0	CA	94140	1.0	CA	94263	1.0
CA	94039	1.0	CA	94141	1.0	CA	94267	1.0
CA	94040	1.0	CA	94142	1.0	CA	94268	1.0
CA	94041	1.0	CA	94143	1.0	CA	94269	1.0
CA	94042	1.0	CA	94144	1.0	CA	94271	1.0
CA	94043	1.0	CA	94145	1.0	CA	94273	1.0
CA	94044	1.0	CA	94146	1.0	CA	94274	1.0
CA	94045	1.0	CA	94147	1.0	CA	94277	1.0
CA	94059	1.0	CA	94150	1.0	CA	94278	1.0
CA	94060	2.0	CA	94151	1.0	CA	94279	1.0
CA	94061	1.0	CA	94152	1.0	CA	94280	1.0
CA	94062	1.0	CA	94153	1.0	CA	94282	1.0
CA	94063	1.0	CA	94154	1.0	CA	94283	1.0
CA	94064	1.0	CA	94155	1.0	CA	94284	1.0
CA	94065	1.0	CA	94156	1.0	CA	94285	1.0
CA	94066	1.0	CA	94157	1.0	CA	94286	1.0
CA	94067	1.0	CA	94158	1.0	CA	94287	1.0
CA	94070	1.0	CA	94159	1.0	CA	94288	1.0
CA	94071	1.0	CA	94160	1.0	CA	94289	1.0
CA	94074	2.0	CA	94161	1.0	CA	94290	1.0
CA	94080	1.0	CA	94162	1.0	CA	94291	1.0
CA	94083	1.0	CA	94163	1.0	CA	94293	1.0
CA	94085	1.0	CA	94164	1.0	CA	94294	1.0
CA	94086	1.0	CA	94165	1.0	CA	94295	1.0
CA	94087	1.0	CA	94166	1.0	CA	94296	1.0
CA	94088	1.0	CA	94167	1.0	CA	94297	1.0
CA	94089	1.0	CA	94168	1.0	CA	94298	1.0
CA	94090	1.0	CA	94169	1.0	CA	94299	1.0
CA	94096	1.0	CA	94170	1.0	CA	94301	1.0
CA	94098	1.0	CA	94171	1.0	CA	94302	1.0
CA	94099	1.0	CA	94172	1.0	CA	94303	1.0
CA	94101	1.0	CA	94175	1.0	CA	94304	1.0
CA	94102	1.0	CA	94177	1.0	CA	94305	1.0
CA	94103	1.0	CA	94188	1.0	CA	94306	1.0
CA	94104	1.0	CA	94199	1.0	CA	94307	1.0
CA	94105	1.0	CA	94203	1.0	CA	94308	1.0
CA	94106	1.0	CA	94204	1.0	CA	94309	1.0
CA	94107	1.0	CA	94205	1.0	CA	94310	1.0
CA	94108	1.0	CA	94206	1.0	CA	94401	1.0
CA	94109	1.0	CA	94207	1.0	CA	94402	1.0
CA	94110	1.0	CA	94208	1.0	CA	94403	1.0
CA	94111	1.0	CA	94209	1.0	CA	94404	1.0
CA	94112	1.0	CA	94211	1.0	CA	94405	1.0
CA	94114	1.0	CA	94229	1.0	CA	94406	1.0
CA	94115	1.0	CA	94230	1.0	CA	94407	1.0
CA	94116	1.0	CA	94232	1.0	CA	94408	1.0
CA	94117	1.0	CA	94234	1.0	CA	94409	1.0
CA	94118	1.0	CA	94235	1.0	CA	94497	1.0
CA	94119	1.0	CA	94236	1.0	CA	94501	1.0
CA	94120	1.0	CA	94237	1.0	CA	94502	1.0
CA	94121	1.0	CA	94239	1.0	CA	94503	1.0
CA	94122	1.0	CA	94240	1.0	CA	94506	1.0
CA	94123	1.0	CA	94243	1.0	CA	94507	1.0
CA	94124	1.0	CA	94244	1.0	CA	94508	10.6
CA	94125	1.0	CA	94245	1.0	CA	94509	1.1
CA	94126	1.0	CA	94246	1.0	CA	94510	1.0
CA	94127	1.0	CA	94247	1.0	CA	94511	1.1
CA	94128	1.0	CA	94248	1.0	CA	94512	7.0
CA	94129	1.0	CA	94249	1.0	CA	94513	1.1
CA	94130	1.0	CA	94250	1.0	CA	94514	3.0
CA	94131	1.0	CA	94252	1.0	CA	94515	7.0
CA	94132	1.0	CA	94253	1.0	CA	94516	1.0

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
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 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
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 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
CA	94517	1.0	CA	94589	1.0	CA	94913	1.1
CA	94518	1.0	CA	94590	1.0	CA	94914	1.1
CA	94519	1.0	CA	94591	1.0	CA	94915	1.1
CA	94520	1.0	CA	94592	10.4	CA	94920	1.1
CA	94521	1.0	CA	94595	1.0	CA	94922	2.0
CA	94522	1.0	CA	94596	1.0	CA	94923	2.0
CA	94523	1.0	CA	94597	1.0	CA	94924	10.4
CA	94524	1.0	CA	94598	1.0	CA	94925	1.1
CA	94525	1.0	CA	94599	9.1	CA	94926	1.0
CA	94526	1.0	CA	94601	1.0	CA	94927	1.0
CA	94527	1.0	CA	94602	1.0	CA	94928	1.0
CA	94528	1.0	CA	94603	1.0	CA	94929	10.4
CA	94529	1.0	CA	94604	1.0	CA	94930	1.1
CA	94530	1.0	CA	94605	1.0	CA	94931	1.0
CA	94531	1.1	CA	94606	1.0	CA	94933	1.1
CA	94533	1.0	CA	94607	1.0	CA	94937	10.1
CA	94534	1.0	CA	94608	1.0	CA	94938	1.1
CA	94535	1.0	CA	94609	1.0	CA	94939	1.1
CA	94536	1.0	CA	94610	1.0	CA	94940	10.4
CA	94537	1.0	CA	94611	1.0	CA	94941	1.1
CA	94538	1.0	CA	94612	1.0	CA	94942	1.1
CA	94539	1.0	CA	94613	1.0	CA	94945	1.1
CA	94540	1.0	CA	94614	1.0	CA	94946	10.4
CA	94541	1.0	CA	94615	1.0	CA	94947	1.1
CA	94542	1.0	CA	94617	1.0	CA	94948	1.1
CA	94543	1.0	CA	94618	1.0	CA	94949	1.1
CA	94544	1.0	CA	94619	1.0	CA	94950	10.4
CA	94545	1.0	CA	94620	1.0	CA	94951	1.0
CA	94546	1.0	CA	94621	1.0	CA	94952	1.0
CA	94547	1.0	CA	94622	1.0	CA	94953	1.0
CA	94548	1.1	CA	94623	1.0	CA	94954	1.0
CA	94549	1.0	CA	94624	1.0	CA	94955	1.0
CA	94550	1.0	CA	94625	1.0	CA	94956	10.1
CA	94551	1.0	CA	94626	1.0	CA	94957	1.1
CA	94552	1.0	CA	94627	1.0	CA	94960	1.1
CA	94553	1.0	CA	94643	1.0	CA	94963	1.1
CA	94555	1.0	CA	94649	1.0	CA	94964	1.1
CA	94556	1.0	CA	94659	1.0	CA	94965	1.1
CA	94557	1.0	CA	94660	1.0	CA	94966	1.1
CA	94558	1.0	CA	94661	1.0	CA	94970	10.4
CA	94559	1.0	CA	94662	1.0	CA	94971	10.4
CA	94560	1.0	CA	94666	1.0	CA	94972	2.0
CA	94561	1.1	CA	94701	1.0	CA	94973	1.1
CA	94562	7.3	CA	94702	1.0	CA	94974	1.1
CA	94563	1.0	CA	94703	1.0	CA	94975	1.0
CA	94564	1.0	CA	94704	1.0	CA	94976	1.1
CA	94565	1.1	CA	94705	1.0	CA	94977	1.1
CA	94566	1.0	CA	94706	1.0	CA	94978	1.1
CA	94567	10.4	CA	94707	1.0	CA	94979	1.1
CA	94568	1.0	CA	94708	1.0	CA	94998	1.1
CA	94569	1.0	CA	94709	1.0	CA	94999	1.0
CA	94570	1.0	CA	94710	1.0	CA	95001	1.0
CA	94571	7.0	CA	94712	1.0	CA	95002	1.0
CA	94572	1.0	CA	94720	1.0	CA	95003	1.0
CA	94573	7.3	CA	94801	1.0	CA	95004	3.0
CA	94574	7.3	CA	94802	1.0	CA	95005	1.0
CA	94575	1.0	CA	94803	1.0	CA	95006	1.0
CA	94576	10.6	CA	94804	1.0	CA	95007	1.0
CA	94577	1.0	CA	94805	1.0	CA	95008	1.0
CA	94578	1.0	CA	94806	1.0	CA	95009	1.0
CA	94579	1.0	CA	94807	1.0	CA	95010	1.0
CA	94580	1.0	CA	94808	1.0	CA	95011	1.0
CA	94581	1.0	CA	94820	1.0	CA	95012	1.0
CA	94582	1.0	CA	94850	1.0	CA	95013	2.0
CA	94583	1.0	CA	94875	1.0	CA	95014	1.0
CA	94585	1.0	CA	94901	1.1	CA	95015	1.0
CA	94586	1.0	CA	94903	1.1	CA	95017	2.0
CA	94587	1.0	CA	94904	1.1	CA	95018	1.0
CA	94588	1.0	CA	94912	1.1	CA	95019	1.1

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
CA	95020	2.0	CA	95132	1.0	CA	95242	1.0
CA	95021	2.0	CA	95133	1.0	CA	95245	10.6
CA	95023	4.2	CA	95134	1.0	CA	95246	10.6
CA	95024	4.2	CA	95135	1.0	CA	95247	7.0
CA	95026	2.0	CA	95136	1.0	CA	95248	10.6
CA	95030	1.0	CA	95137	1.0	CA	95249	10.6
CA	95031	1.0	CA	95138	1.0	CA	95250	10.6
CA	95032	1.0	CA	95139	1.0	CA	95251	7.0
CA	95033	2.0	CA	95140	1.0	CA	95252	10.4
CA	95035	1.0	CA	95141	1.0	CA	95253	1.0
CA	95036	1.0	CA	95142	1.0	CA	95254	10.4
CA	95037	2.0	CA	95148	1.0	CA	95255	10.0
CA	95038	2.0	CA	95150	1.0	CA	95257	10.0
CA	95039	1.1	CA	95151	1.0	CA	95258	1.0
CA	95041	1.0	CA	95152	1.0	CA	95267	1.0
CA	95042	1.0	CA	95153	1.0	CA	95269	1.0
CA	95043	4.2	CA	95154	1.0	CA	95290	1.0
CA	95044	2.0	CA	95155	1.0	CA	95296	1.0
CA	95045	10.4	CA	95156	1.0	CA	95297	1.0
CA	95046	2.0	CA	95157	1.0	CA	95298	1.0
CA	95050	1.0	CA	95158	1.0	CA	95301	1.0
CA	95051	1.0	CA	95159	1.0	CA	95303	1.0
CA	95052	1.0	CA	95160	1.0	CA	95304	9.1
CA	95053	1.0	CA	95161	1.0	CA	95305	10.5
CA	95054	1.0	CA	95164	1.0	CA	95306	10.0
CA	95055	1.0	CA	95170	1.0	CA	95307	1.0
CA	95056	1.0	CA	95171	1.0	CA	95309	4.0
CA	95060	1.0	CA	95172	1.0	CA	95310	4.0
CA	95061	1.0	CA	95173	1.0	CA	95311	10.4
CA	95062	1.0	CA	95190	1.0	CA	95312	1.0
CA	95063	1.0	CA	95191	1.0	CA	95313	10.6
CA	95064	1.0	CA	95192	1.0	CA	95314	5.0
CA	95065	1.0	CA	95193	1.0	CA	95315	1.0
CA	95066	1.0	CA	95194	1.0	CA	95316	1.0
CA	95067	1.0	CA	95196	1.0	CA	95317	10.1
CA	95070	1.0	CA	95201	1.0	CA	95318	10.0
CA	95071	1.0	CA	95202	1.0	CA	95319	1.0
CA	95073	1.0	CA	95203	1.0	CA	95320	3.0
CA	95075	4.2	CA	95204	1.0	CA	95321	10.5
CA	95076	1.1	CA	95205	1.0	CA	95322	7.3
CA	95077	1.1	CA	95206	1.0	CA	95323	2.0
CA	95101	1.0	CA	95207	1.0	CA	95324	7.3
CA	95102	1.0	CA	95208	1.0	CA	95325	10.0
CA	95103	1.0	CA	95209	1.0	CA	95326	1.0
CA	95106	1.0	CA	95210	1.0	CA	95327	9.1
CA	95108	1.0	CA	95211	1.0	CA	95328	1.0
CA	95109	1.0	CA	95212	1.0	CA	95329	9.1
CA	95110	1.0	CA	95213	1.0	CA	95330	1.0
CA	95111	1.0	CA	95215	1.0	CA	95333	10.4
CA	95112	1.0	CA	95219	1.0	CA	95334	4.2
CA	95113	1.0	CA	95220	3.0	CA	95335	5.0
CA	95114	1.0	CA	95221	7.0	CA	95336	1.0
CA	95115	1.0	CA	95222	7.0	CA	95337	1.0
CA	95116	1.0	CA	95223	10.6	CA	95338	10.0
CA	95117	1.0	CA	95224	10.6	CA	95340	1.0
CA	95118	1.0	CA	95225	10.4	CA	95341	1.0
CA	95119	1.0	CA	95226	10.4	CA	95342	1.0
CA	95120	1.0	CA	95227	3.0	CA	95343	1.0
CA	95121	1.0	CA	95228	10.5	CA	95344	1.0
CA	95122	1.0	CA	95229	7.0	CA	95345	10.0
CA	95123	1.0	CA	95230	2.0	CA	95346	5.0
CA	95124	1.0	CA	95231	1.0	CA	95347	10.5
CA	95125	1.0	CA	95232	10.0	CA	95348	1.0
CA	95126	1.0	CA	95233	10.6	CA	95350	1.0
CA	95127	1.0	CA	95234	1.0	CA	95351	1.0
CA	95128	1.0	CA	95236	2.0	CA	95352	1.0
CA	95129	1.0	CA	95237	2.0	CA	95353	1.0
CA	95130	1.0	CA	95240	1.0	CA	95354	1.0
CA	95131	1.0	CA	95241	1.0	CA	95355	1.0

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State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
CA	95356	1.0	CA	95444	1.0	CA	95551	4.0
CA	95357	1.0	CA	95445	10.0	CA	95552	10.6
CA	95358	1.0	CA	95446	2.0	CA	95553	10.0
CA	95360	9.1	CA	95448	1.0	CA	95554	10.0
CA	95361	4.1	CA	95449	10.2	CA	95555	10.2
CA	95363	4.2	CA	95450	10.4	CA	95556	10.5
CA	95364	5.0	CA	95451	6.0	CA	95558	10.5
CA	95365	1.0	CA	95452	4.2	CA	95559	10.0
CA	95366	1.0	CA	95453	4.0	CA	95560	10.0
CA	95367	1.0	CA	95454	10.0	CA	95562	7.4
CA	95368	1.0	CA	95456	10.3	CA	95563	10.0
CA	95369	10.4	CA	95457	4.0	CA	95564	4.0
CA	95370	4.0	CA	95458	4.0	CA	95565	7.4
CA	95372	5.0	CA	95459	10.0	CA	95567	5.0
CA	95373	4.0	CA	95460	10.3	CA	95568	10.0
CA	95374	7.3	CA	95461	10.4	CA	95569	10.0
CA	95375	5.0	CA	95462	2.0	CA	95570	10.2
CA	95376	1.0	CA	95463	10.5	CA	95571	10.0
CA	95377	1.0	CA	95464	4.0	CA	95573	10.5
CA	95378	1.0	CA	95465	2.0	CA	95585	10.0
CA	95379	5.0	CA	95466	10.5	CA	95587	10.0
CA	95380	1.0	CA	95467	10.0	CA	95589	10.0
CA	95381	1.0	CA	95468	10.0	CA	95595	10.6
CA	95382	1.0	CA	95469	5.0	CA	95601	7.0
CA	95383	5.0	CA	95470	4.0	CA	95602	2.0
CA	95385	10.4	CA	95471	2.0	CA	95603	1.0
CA	95386	2.0	CA	95472	1.0	CA	95604	1.0
CA	95387	4.2	CA	95473	1.0	CA	95605	1.0
CA	95388	1.0	CA	95476	4.2	CA	95606	10.5
CA	95389	10.0	CA	95480	10.4	CA	95607	10.5
CA	95391	1.0	CA	95481	4.0	CA	95608	1.0
CA	95397	1.0	CA	95482	4.0	CA	95609	1.0
CA	95401	1.0	CA	95485	10.5	CA	95610	1.0
CA	95402	1.0	CA	95486	10.4	CA	95611	1.0
CA	95403	1.0	CA	95487	4.2	CA	95612	10.1
CA	95404	1.0	CA	95488	10.0	CA	95613	4.2
CA	95405	1.0	CA	95490	7.4	CA	95614	2.0
CA	95406	1.0	CA	95492	1.0	CA	95615	10.4
CA	95407	1.0	CA	95493	10.5	CA	95616	1.0
CA	95408	1.0	CA	95494	10.5	CA	95617	1.0
CA	95409	1.0	CA	95497	10.4	CA	95618	1.0
CA	95410	10.3	CA	95501	4.0	CA	95619	4.2
CA	95412	10.4	CA	95502	4.0	CA	95620	4.2
CA	95415	10.5	CA	95503	4.0	CA	95621	1.0
CA	95416	4.2	CA	95511	10.0	CA	95623	2.0
CA	95417	10.0	CA	95514	10.0	CA	95624	1.0
CA	95418	4.0	CA	95518	4.0	CA	95625	1.0
CA	95419	1.0	CA	95519	4.0	CA	95626	1.0
CA	95420	10.3	CA	95521	4.0	CA	95627	10.5
CA	95421	10.4	CA	95524	4.0	CA	95628	1.0
CA	95422	4.0	CA	95525	5.0	CA	95629	10.4
CA	95423	7.4	CA	95526	4.0	CA	95630	1.0
CA	95424	4.0	CA	95527	10.0	CA	95631	2.0
CA	95425	2.0	CA	95528	4.0	CA	95632	1.0
CA	95426	10.4	CA	95531	4.0	CA	95633	2.0
CA	95427	10.5	CA	95532	4.0	CA	95634	2.0
CA	95428	10.0	CA	95534	4.0	CA	95635	2.0
CA	95429	10.0	CA	95536	10.5	CA	95636	5.2
CA	95430	1.0	CA	95537	4.0	CA	95637	10.5
CA	95431	4.2	CA	95538	4.0	CA	95638	2.0
CA	95432	10.3	CA	95540	4.0	CA	95639	1.0
CA	95433	4.2	CA	95542	10.0	CA	95640	7.0
CA	95435	4.0	CA	95543	5.0	CA	95641	10.6
CA	95436	2.0	CA	95545	10.0	CA	95642	7.0
CA	95437	7.0	CA	95546	10.5	CA	95644	9.0
CA	95439	1.0	CA	95547	4.0	CA	95645	6.0
CA	95441	2.0	CA	95548	10.5	CA	95646	9.0
CA	95442	4.2	CA	95549	4.0	CA	95648	2.0
CA	95443	4.0	CA	95550	5.0	CA	95650	1.0

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State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
CA	95651	2.0	CA	95757	1.0	CA	95926	1.0
CA	95652	1.0	CA	95758	1.0	CA	95927	1.0
CA	95653	10.5	CA	95759	1.0	CA	95928	1.0
CA	95654	7.0	CA	95762	1.0	CA	95929	1.0
CA	95655	2.0	CA	95763	1.0	CA	95930	5.2
CA	95656	5.2	CA	95765	1.0	CA	95932	7.0
CA	95658	1.0	CA	95776	4.2	CA	95934	10.0
CA	95659	2.0	CA	95798	1.0	CA	95935	10.4
CA	95660	1.0	CA	95799	1.0	CA	95936	10.4
CA	95661	1.0	CA	95812	1.0	CA	95937	6.0
CA	95662	1.0	CA	95813	1.0	CA	95938	1.0
CA	95663	1.0	CA	95814	1.0	CA	95939	10.6
CA	95664	2.0	CA	95815	1.0	CA	95940	4.2
CA	95665	10.6	CA	95816	1.0	CA	95941	5.2
CA	95666	9.0	CA	95817	1.0	CA	95942	2.0
CA	95667	4.2	CA	95818	1.0	CA	95943	10.4
CA	95668	2.0	CA	95819	1.0	CA	95944	10.4
CA	95669	7.0	CA	95820	1.0	CA	95945	4.2
CA	95670	1.0	CA	95821	1.0	CA	95946	5.0
CA	95671	1.0	CA	95822	1.0	CA	95947	10.0
CA	95672	2.0	CA	95823	1.0	CA	95948	7.3
CA	95673	1.0	CA	95824	1.0	CA	95949	4.2
CA	95674	2.0	CA	95825	1.0	CA	95950	10.6
CA	95675	7.0	CA	95826	1.0	CA	95951	2.0
CA	95676	6.0	CA	95827	1.0	CA	95953	2.0
CA	95677	1.0	CA	95828	1.0	CA	95954	4.1
CA	95678	1.0	CA	95829	1.0	CA	95955	10.6
CA	95679	10.5	CA	95830	1.0	CA	95956	10.0
CA	95680	10.4	CA	95831	1.0	CA	95957	10.4
CA	95681	2.0	CA	95832	1.0	CA	95958	4.2
CA	95682	2.0	CA	95833	1.0	CA	95959	4.2
CA	95683	2.0	CA	95834	1.0	CA	95960	5.0
CA	95684	5.2	CA	95835	2.0	CA	95961	1.0
CA	95685	7.0	CA	95836	2.0	CA	95962	2.0
CA	95686	1.0	CA	95837	2.0	CA	95963	7.3
CA	95687	1.0	CA	95838	1.0	CA	95965	4.2
CA	95688	1.0	CA	95840	1.0	CA	95966	4.2
CA	95689	10.4	CA	95841	1.0	CA	95967	4.1
CA	95690	10.4	CA	95842	1.0	CA	95968	4.2
CA	95691	1.0	CA	95843	1.0	CA	95969	4.1
CA	95692	3.0	CA	95851	1.0	CA	95970	10.6
CA	95693	2.0	CA	95852	1.0	CA	95971	10.0
CA	95694	7.3	CA	95853	1.0	CA	95972	10.4
CA	95695	4.2	CA	95857	1.0	CA	95973	1.0
CA	95696	1.0	CA	95860	1.0	CA	95974	4.2
CA	95697	4.2	CA	95864	1.0	CA	95975	5.0
CA	95698	6.0	CA	95865	1.0	CA	95976	1.0
CA	95699	7.0	CA	95866	1.0	CA	95977	5.0
CA	95701	2.0	CA	95867	1.0	CA	95978	4.1
CA	95703	2.0	CA	95873	1.0	CA	95979	10.6
CA	95709	4.2	CA	95887	1.0	CA	95980	10.0
CA	95712	4.2	CA	95894	1.0	CA	95981	10.4
CA	95713	2.0	CA	95899	1.0	CA	95982	1.0
CA	95714	2.0	CA	95901	1.0	CA	95983	10.0
CA	95715	2.0	CA	95903	7.0	CA	95984	10.0
CA	95717	2.0	CA	95910	10.4	CA	95986	4.2
CA	95720	2.0	CA	95912	10.6	CA	95987	7.0
CA	95721	5.0	CA	95913	7.3	CA	95988	7.0
CA	95722	2.0	CA	95914	5.0	CA	95991	1.0
CA	95724	2.0	CA	95915	10.0	CA	95992	1.0
CA	95726	4.2	CA	95916	5.2	CA	95993	1.0
CA	95728	5.0	CA	95917	10.6	CA	96001	1.0
CA	95735	2.0	CA	95918	2.0	CA	96002	1.0
CA	95736	2.0	CA	95919	10.4	CA	96003	1.0
CA	95741	1.0	CA	95920	10.4	CA	96006	10.0
CA	95742	1.0	CA	95922	10.4	CA	96007	1.0
CA	95743	1.0	CA	95923	10.0	CA	96008	2.0
CA	95746	1.0	CA	95924	4.2	CA	96009	10.0
CA	95747	1.0	CA	95925	10.4	CA	96010	10.0

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State	Zip code	RUCa level	State	Zip code	RUCa level	State	Zip code	RUCa level
CA	96011	2.0	CA	96096	2.0	CO	80016	1.0
CA	96013	7.3	CA	96097	7.0	CO	80017	1.0
CA	96014	10.6	CA	96099	1.0	CO	80018	1.0
CA	96015	10.3	CA	96101	7.0	CO	80019	1.0
CA	96016	10.3	CA	96103	10.0	CO	80020	1.0
CA	96017	2.0	CA	96104	10.6	CO	80021	1.0
CA	96019	1.0	CA	96105	7.0	CO	80022	1.0
CA	96020	10.0	CA	96106	10.0	CO	80024	1.0
CA	96021	7.4	CA	96107	10.6	CO	80025	1.0
CA	96022	2.0	CA	96108	10.3	CO	80026	2.1
CA	96023	10.5	CA	96109	10.4	CO	80027	2.1
CA	96024	10.0	CA	96110	10.6	CO	80028	2.1
CA	96025	10.6	CA	96111	5.0	CO	80030	1.0
CA	96027	10.6	CA	96112	10.6	CO	80031	1.0
CA	96028	10.3	CA	96113	10.4	CO	80033	1.0
CA	96029	7.4	CA	96114	8.0	CO	80034	1.0
CA	96031	10.6	CA	96115	10.6	CO	80035	1.0
CA	96032	10.6	CA	96116	10.3	CO	80036	1.0
CA	96033	2.0	CA	96117	8.0	CO	80037	1.0
CA	96034	8.0	CA	96118	10.4	CO	80038	1.0
CA	96035	7.2	CA	96119	10.0	CO	80040	1.0
CA	96037	10.6	CA	96120	10.5	CO	80041	1.0
CA	96038	8.0	CA	96121	10.4	CO	80042	1.0
CA	96039	10.0	CA	96122	7.0	CO	80044	1.0
CA	96040	10.3	CA	96123	10.0	CO	80045	1.0
CA	96041	10.0	CA	96124	10.4	CO	80046	1.0
CA	96044	8.0	CA	96125	10.4	CO	80047	1.0
CA	96046	10.0	CA	96126	10.4	CO	80101	10.4
CA	96047	2.0	CA	96127	8.0	CO	80102	2.0
CA	96048	10.0	CA	96128	8.0	CO	80103	2.0
CA	96049	1.0	CA	96129	7.0	CO	80104	2.0
CA	96050	10.0	CA	96130	8.0	CO	80105	2.0
CA	96051	2.0	CA	96132	10.0	CO	80106	2.0
CA	96052	10.0	CA	96133	10.6	CO	80107	2.0
CA	96054	10.0	CA	96134	10.5	CO	80108	2.0
CA	96055	7.2	CA	96135	7.0	CO	80109	2.0
CA	96056	10.0	CA	96136	8.0	CO	80110	1.0
CA	96057	10.6	CA	96137	10.0	CO	80111	1.0
CA	96058	10.5	CA	96140	4.2	CO	80112	1.0
CA	96059	5.0	CA	96141	5.0	CO	80113	1.0
CA	96061	5.0	CA	96142	5.0	CO	80116	2.0
CA	96062	2.0	CA	96143	4.2	CO	80117	2.0
CA	96063	5.0	CA	96145	4.2	CO	80118	2.0
CA	96064	8.0	CA	96146	2.0	CO	80120	1.0
CA	96065	2.0	CA	96148	4.2	CO	80121	1.0
CA	96067	7.0	CA	96150	4.0	CO	80122	1.0
CA	96068	10.0	CA	96151	4.0	CO	80123	1.0
CA	96069	2.0	CA	96152	4.0	CO	80124	1.0
CA	96070	2.0	CA	96154	4.0	CO	80125	2.0
CA	96071	7.3	CA	96155	4.0	CO	80126	1.0
CA	96073	2.0	CA	96156	4.0	CO	80127	1.0
CA	96074	7.4	CA	96157	4.0	CO	80128	1.0
CA	96075	5.0	CA	96158	4.0	CO	80129	1.0
CA	96076	2.0	CA	96160	7.3	CO	80130	1.0
CA	96078	7.2	CA	96161	7.3	CO	80131	2.0
CA	96079	1.0	CA	96162	5.0	CO	80132	1.0
CA	96080	4.0	CO	80001	1.0	CO	80133	1.0
CA	96084	2.0	CO	80002	1.0	CO	80134	1.0
CA	96085	10.6	CO	80003	1.0	CO	80135	2.0
CA	96086	10.0	CO	80004	1.0	CO	80136	2.0
CA	96087	2.0	CO	80005	1.0	CO	80137	2.0
CA	96088	2.0	CO	80006	1.0	CO	80138	1.0
CA	96089	1.0	CO	80007	1.0	CO	80150	1.0
CA	96090	7.2	CO	80010	1.0	CO	80151	1.0
CA	96091	10.0	CO	80011	1.0	CO	80154	1.0
CA	96092	7.4	CO	80012	1.0	CO	80155	1.0
CA	96093	10.0	CO	80013	1.0	CO	80160	1.0
CA	96094	7.0	CO	80014	1.0	CO	80161	1.0
CA	96095	2.0	CO	80015	1.0	CO	80162	1.0

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State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
CO	80163	1.0	CO	80281	1.0	CO	80468	10.5
CO	80165	1.0	CO	80285	1.0	CO	80469	8.0
CO	80166	1.0	CO	80290	1.0	CO	80470	2.0
CO	80201	1.0	CO	80291	1.0	CO	80471	1.0
CO	80202	1.0	CO	80292	1.0	CO	80473	10.0
CO	80203	1.0	CO	80293	1.0	CO	80474	1.0
CO	80204	1.0	CO	80294	1.0	CO	80475	2.0
CO	80205	1.0	CO	80295	1.0	CO	80476	10.4
CO	80206	1.0	CO	80299	1.0	CO	80477	7.0
CO	80207	1.0	CO	80301	1.0	CO	80478	10.0
CO	80208	1.0	CO	80302	1.0	CO	80479	8.0
CO	80209	1.0	CO	80303	1.0	CO	80480	10.0
CO	80210	1.0	CO	80304	1.0	CO	80481	2.0
CO	80211	1.0	CO	80305	1.0	CO	80482	10.0
CO	80212	1.0	CO	80306	1.0	CO	80483	8.0
CO	80214	1.0	CO	80307	1.0	CO	80487	7.0
CO	80215	1.0	CO	80308	1.0	CO	80488	7.0
CO	80216	1.0	CO	80309	1.0	CO	80497	4.0
CO	80217	1.0	CO	80310	1.0	CO	80498	4.0
CO	80218	1.0	CO	80314	1.0	CO	80501	1.0
CO	80219	1.0	CO	80321	1.0	CO	80502	1.0
CO	80220	1.0	CO	80322	1.0	CO	80503	1.0
CO	80221	1.0	CO	80323	1.0	CO	80504	1.0
CO	80222	1.0	CO	80328	1.0	CO	80510	2.0
CO	80223	1.0	CO	80329	1.0	CO	80511	7.3
CO	80224	1.0	CO	80401	1.0	CO	80512	2.0
CO	80225	1.0	CO	80402	1.0	CO	80513	1.0
CO	80226	1.0	CO	80403	1.0	CO	80514	3.0
CO	80227	1.0	CO	80419	1.0	CO	80515	9.1
CO	80228	1.0	CO	80420	10.3	CO	80516	2.1
CO	80229	1.0	CO	80421	2.0	CO	80517	7.3
CO	80230	1.0	CO	80422	10.1	CO	80520	2.0
CO	80231	1.0	CO	80423	5.0	CO	80521	1.0
CO	80232	1.0	CO	80424	7.4	CO	80522	1.0
CO	80233	1.0	CO	80425	2.0	CO	80523	1.0
CO	80234	1.0	CO	80426	5.0	CO	80524	1.0
CO	80235	1.0	CO	80427	10.1	CO	80525	1.0
CO	80236	1.0	CO	80428	8.0	CO	80526	1.0
CO	80237	1.0	CO	80429	7.4	CO	80527	1.0
CO	80238	1.0	CO	80430	10.0	CO	80528	1.0
CO	80239	1.0	CO	80432	10.3	CO	80530	3.0
CO	80241	1.0	CO	80433	2.0	CO	80532	9.1
CO	80243	1.0	CO	80434	10.0	CO	80533	1.0
CO	80244	1.0	CO	80435	4.0	CO	80534	9.1
CO	80246	1.0	CO	80436	10.4	CO	80535	1.0
CO	80247	1.0	CO	80437	2.0	CO	80536	2.0
CO	80248	1.0	CO	80438	10.4	CO	80537	1.0
CO	80249	1.0	CO	80439	2.0	CO	80538	1.0
CO	80250	1.0	CO	80440	10.3	CO	80539	1.0
CO	80251	1.0	CO	80442	10.0	CO	80540	2.0
CO	80252	1.0	CO	80443	4.0	CO	80541	1.0
CO	80255	1.0	CO	80444	10.4	CO	80542	9.1
CO	80256	1.0	CO	80446	10.0	CO	80543	9.1
CO	80257	1.0	CO	80447	10.0	CO	80544	1.0
CO	80259	1.0	CO	80448	2.0	CO	80545	2.0
CO	80260	1.0	CO	80449	10.0	CO	80546	2.0
CO	80261	1.0	CO	80451	10.0	CO	80547	1.0
CO	80262	1.0	CO	80452	10.4	CO	80549	2.0
CO	80263	1.0	CO	80453	1.0	CO	80550	2.0
CO	80264	1.0	CO	80454	1.0	CO	80551	2.0
CO	80265	1.0	CO	80455	2.0	CO	80553	1.0
CO	80266	1.0	CO	80456	10.0	CO	80601	2.0
CO	80270	1.0	CO	80457	2.0	CO	80602	1.0
CO	80271	1.0	CO	80459	10.5	CO	80603	2.0
CO	80273	1.0	CO	80461	7.4	CO	80610	2.1
CO	80274	1.0	CO	80463	5.0	CO	80611	10.4
CO	80275	1.0	CO	80465	1.0	CO	80612	10.4
CO	80279	1.0	CO	80466	2.1	CO	80614	1.0
CO	80280	1.0	CO	80467	8.0	CO	80615	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
CO	80620	1.0	CO	80816	2.0	CO	80947	1.0
CO	80621	2.0	CO	80817	1.0	CO	80949	1.0
CO	80622	2.0	CO	80818	10.0	CO	80950	1.0
CO	80623	3.0	CO	80819	2.0	CO	80960	1.0
CO	80624	2.0	CO	80820	10.0	CO	80962	1.0
CO	80631	1.0	CO	80821	10.0	CO	80970	1.0
CO	80632	1.0	CO	80822	7.0	CO	80977	2.0
CO	80633	1.0	CO	80823	10.0	CO	80995	1.0
CO	80634	1.0	CO	80824	7.0	CO	80997	1.0
CO	80638	1.0	CO	80825	10.0	CO	81001	1.0
CO	80639	1.0	CO	80826	10.0	CO	81002	1.0
CO	80640	2.0	CO	80827	10.0	CO	81003	1.0
CO	80642	2.0	CO	80828	10.0	CO	81004	1.0
CO	80643	2.0	CO	80829	1.0	CO	81005	1.0
CO	80644	2.0	CO	80830	10.4	CO	81006	1.0
CO	80645	1.0	CO	80831	2.0	CO	81007	1.0
CO	80646	1.0	CO	80832	2.0	CO	81008	1.0
CO	80648	10.4	CO	80833	2.0	CO	81009	1.0
CO	80649	5.0	CO	80834	10.0	CO	81010	1.0
CO	80650	2.1	CO	80835	10.4	CO	81011	1.0
CO	80651	3.0	CO	80836	10.6	CO	81012	1.0
CO	80652	2.0	CO	80840	1.0	CO	81019	2.0
CO	80653	5.0	CO	80841	1.0	CO	81020	7.0
CO	80654	10.5	CO	80860	2.0	CO	81021	10.0
CO	80701	4.0	CO	80861	10.6	CO	81022	2.0
CO	80705	4.0	CO	80862	10.0	CO	81023	2.0
CO	80720	10.0	CO	80863	2.0	CO	81024	7.0
CO	80721	10.0	CO	80864	2.0	CO	81025	2.0
CO	80722	5.0	CO	80866	2.0	CO	81027	10.6
CO	80723	7.2	CO	80901	1.0	CO	81029	10.0
CO	80726	10.5	CO	80903	1.0	CO	81030	7.0
CO	80727	7.0	CO	80904	1.0	CO	81033	10.6
CO	80728	10.2	CO	80905	1.0	CO	81034	10.6
CO	80729	10.4	CO	80906	1.0	CO	81036	10.0
CO	80731	10.0	CO	80907	1.0	CO	81038	7.0
CO	80732	10.4	CO	80908	2.0	CO	81039	10.4
CO	80733	10.3	CO	80909	1.0	CO	81040	10.3
CO	80734	10.0	CO	80910	1.0	CO	81041	10.3
CO	80735	10.0	CO	80911	1.0	CO	81043	10.6
CO	80736	5.0	CO	80912	2.0	CO	81044	7.0
CO	80737	10.0	CO	80913	1.0	CO	81045	10.0
CO	80740	10.6	CO	80914	1.0	CO	81046	7.0
CO	80741	5.0	CO	80915	1.0	CO	81047	10.6
CO	80742	10.4	CO	80916	1.0	CO	81049	10.6
CO	80743	10.6	CO	80917	1.0	CO	81050	7.0
CO	80744	10.0	CO	80918	1.0	CO	81052	7.0
CO	80745	10.5	CO	80919	1.0	CO	81054	7.0
CO	80746	10.0	CO	80920	1.0	CO	81055	10.6
CO	80747	10.5	CO	80921	1.0	CO	81057	7.0
CO	80749	10.0	CO	80922	1.0	CO	81058	10.6
CO	80750	5.0	CO	80925	2.0	CO	81059	10.6
CO	80751	4.0	CO	80926	1.0	CO	81062	10.6
CO	80754	10.4	CO	80928	2.0	CO	81063	10.6
CO	80755	10.0	CO	80929	2.0	CO	81064	10.0
CO	80757	10.6	CO	80930	2.0	CO	81067	7.0
CO	80758	10.0	CO	80931	1.0	CO	81069	2.0
CO	80759	7.0	CO	80932	1.0	CO	81071	10.0
CO	80801	10.6	CO	80933	1.0	CO	81073	10.0
CO	80802	10.0	CO	80934	1.0	CO	81076	10.6
CO	80804	10.0	CO	80935	1.0	CO	81077	7.0
CO	80805	7.0	CO	80936	1.0	CO	81081	10.6
CO	80807	7.0	CO	80937	1.0	CO	81082	7.0
CO	80808	2.0	CO	80940	1.0	CO	81084	10.0
CO	80809	2.0	CO	80941	1.0	CO	81087	10.0
CO	80810	10.0	CO	80942	1.0	CO	81089	7.0
CO	80812	10.6	CO	80943	1.0	CO	81090	10.0
CO	80813	10.0	CO	80944	1.0	CO	81091	8.0
CO	80814	2.0	CO	80945	1.0	CO	81092	8.0
CO	80815	10.0	CO	80946	1.0	CO	81101	7.0

ADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
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ADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
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ADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
CO	81102	7.0	CO	81302	4.0	CO	81632	4.0
CO	81120	10.6	CO	81303	5.0	CO	81633	10.0
CO	81121	10.0	CO	81320	10.6	CO	81635	7.0
CO	81122	5.0	CO	81321	7.0	CO	81636	7.0
CO	81123	10.6	CO	81323	10.3	CO	81637	5.0
CO	81124	10.3	CO	81324	10.6	CO	81638	8.0
CO	81125	10.0	CO	81325	10.0	CO	81639	8.0
CO	81126	10.0	CO	81326	5.0	CO	81640	10.0
CO	81127	10.0	CO	81327	8.0	CO	81641	10.0
CO	81128	10.0	CO	81328	10.6	CO	81642	8.0
CO	81129	10.6	CO	81329	5.0	CO	81643	2.0
CO	81130	10.0	CO	81330	10.6	CO	81645	4.0
CO	81131	10.0	CO	81331	8.0	CO	81646	2.0
CO	81132	10.6	CO	81332	10.6	CO	81647	8.0
CO	81133	10.6	CO	81334	10.3	CO	81648	10.0
CO	81134	10.0	CO	81335	8.0	CO	81649	4.0
CO	81135	7.0	CO	81401	4.0	CO	81650	7.0
CO	81136	8.0	CO	81402	4.0	CO	81652	8.0
CO	81137	10.5	CO	81410	10.6	CO	81653	8.0
CO	81138	10.0	CO	81411	10.0	CO	81654	10.3
CO	81140	10.3	CO	81413	10.6	CO	81655	4.0
CO	81141	10.6	CO	81414	10.6	CO	81656	8.0
CO	81143	10.0	CO	81415	10.6	CO	81657	4.0
CO	81144	7.0	CO	81416	7.4	CO	81658	4.0
CO	81146	8.0	CO	81418	10.6	CT	06001	1.0
CO	81147	10.0	CO	81419	10.6	CT	06002	1.0
CO	81148	10.6	CO	81420	10.6	CT	06006	1.0
CO	81149	10.0	CO	81422	10.0	CT	06010	1.0
CO	81151	10.6	CO	81423	10.0	CT	06011	1.0
CO	81152	10.0	CO	81424	10.0	CT	06013	1.0
CO	81153	10.0	CO	81425	5.0	CT	06016	1.0
CO	81154	10.0	CO	81426	10.0	CT	06018	10.0
CO	81155	10.0	CO	81427	10.0	CT	06019	2.0
CO	81157	10.0	CO	81428	10.0	CT	06020	2.0
CO	81201	7.0	CO	81429	10.0	CT	06021	3.0
CO	81210	8.0	CO	81430	10.0	CT	06022	1.0
CO	81211	7.0	CO	81431	10.0	CT	06023	1.0
CO	81212	4.0	CO	81432	10.0	CT	06024	10.0
CO	81215	4.0	CO	81433	10.0	CT	06025	1.0
CO	81220	10.6	CO	81434	10.6	CT	06026	1.0
CO	81221	5.0	CO	81435	10.0	CT	06027	2.0
CO	81222	10.6	CO	81501	1.0	CT	06028	1.0
CO	81223	10.6	CO	81502	1.0	CT	06029	1.0
CO	81224	10.0	CO	81503	1.0	CT	06030	1.0
CO	81225	10.0	CO	81504	1.0	CT	06031	10.0
CO	81226	5.0	CO	81505	1.0	CT	06032	1.0
CO	81227	7.0	CO	81506	1.0	CT	06033	1.0
CO	81228	7.4	CO	81520	1.0	CT	06034	1.0
CO	81230	7.0	CO	81521	2.0	CT	06035	1.0
CO	81231	8.0	CO	81522	2.0	CT	06037	1.0
CO	81232	10.6	CO	81523	2.0	CT	06039	10.0
CO	81233	10.6	CO	81524	2.0	CT	06040	1.0
CO	81235	10.0	CO	81525	2.0	CT	06041	1.0
CO	81236	8.0	CO	81526	1.0	CT	06042	1.0
CO	81237	8.0	CO	81527	2.0	CT	06043	1.0
CO	81239	8.0	CO	81601	7.0	CT	06045	1.0
CO	81240	3.0	CO	81602	7.0	CT	06050	1.0
CO	81241	8.0	CO	81610	10.0	CT	06051	1.0
CO	81242	7.0	CO	81611	7.0	CT	06052	1.0
CO	81243	10.6	CO	81612	7.0	CT	06053	1.0
CO	81244	5.0	CO	81615	10.3	CT	06057	2.0
CO	81246	4.0	CO	81620	4.0	CT	06058	10.5
CO	81247	8.0	CO	81621	8.0	CT	06059	2.0
CO	81248	10.0	CO	81623	7.0	CT	06060	1.0
CO	81251	7.4	CO	81624	2.0	CT	06061	2.0
CO	81252	10.0	CO	81625	7.0	CT	06062	1.0
CO	81253	10.0	CO	81626	7.0	CT	06063	2.0
CO	81290	5.0	CO	81630	2.0	CT	06064	1.0
CO	81301	4.0	CO	81631	4.0	CT	06065	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
CT	06066	1.0	CT	06151	1.0	CT	06354	4.2
CT	06067	1.0	CT	06152	1.0	CT	06355	1.0
CT	06068	10.0	CT	06153	1.0	CT	06357	1.0
CT	06069	10.0	CT	06154	1.0	CT	06359	2.0
CT	06070	1.0	CT	06155	1.0	CT	06360	1.0
CT	06071	1.0	CT	06156	1.0	CT	06365	2.0
CT	06072	1.0	CT	06160	1.0	CT	06370	1.0
CT	06073	1.0	CT	06161	1.0	CT	06371	1.0
CT	06074	1.0	CT	06167	1.0	CT	06372	1.0
CT	06075	2.0	CT	06176	1.0	CT	06373	6.1
CT	06076	2.0	CT	06180	1.0	CT	06374	2.0
CT	06077	2.0	CT	06183	1.0	CT	06375	1.0
CT	06078	1.0	CT	06199	1.0	CT	06376	1.0
CT	06079	10.0	CT	06226	4.0	CT	06377	6.1
CT	06080	1.0	CT	06230	10.5	CT	06378	1.0
CT	06081	1.0	CT	06231	2.0	CT	06379	4.1
CT	06082	1.0	CT	06232	2.0	CT	06380	1.0
CT	06083	1.0	CT	06233	6.1	CT	06382	1.0
CT	06084	1.0	CT	06234	4.2	CT	06383	1.0
CT	06085	1.0	CT	06235	6.1	CT	06384	2.0
CT	06087	1.0	CT	06237	2.0	CT	06385	1.0
CT	06088	1.0	CT	06238	4.1	CT	06386	1.0
CT	06089	1.0	CT	06239	4.2	CT	06387	2.0
CT	06090	1.0	CT	06241	6.1	CT	06388	1.0
CT	06091	2.0	CT	06242	3.0	CT	06389	2.0
CT	06092	1.0	CT	06243	6.1	CT	06401	1.0
CT	06093	1.0	CT	06244	3.0	CT	06403	1.0
CT	06094	9.1	CT	06245	1.0	CT	06404	1.0
CT	06095	1.0	CT	06246	1.0	CT	06405	1.0
CT	06096	1.0	CT	06247	6.1	CT	06408	1.0
CT	06098	9.1	CT	06248	2.0	CT	06409	1.0
CT	06101	1.0	CT	06249	3.0	CT	06410	1.0
CT	06102	1.0	CT	06250	4.0	CT	06411	1.0
CT	06103	1.0	CT	06251	4.1	CT	06412	1.0
CT	06104	1.0	CT	06254	2.0	CT	06413	1.0
CT	06105	1.0	CT	06255	1.0	CT	06414	2.0
CT	06106	1.0	CT	06256	4.0	CT	06415	2.0
CT	06107	1.0	CT	06258	10.5	CT	06416	1.0
CT	06108	1.0	CT	06259	10.5	CT	06417	1.0
CT	06109	1.0	CT	06260	1.0	CT	06418	1.0
CT	06110	1.0	CT	06262	1.0	CT	06419	2.1
CT	06111	1.0	CT	06263	6.1	CT	06420	2.1
CT	06112	1.0	CT	06264	6.1	CT	06422	1.0
CT	06114	1.0	CT	06265	4.1	CT	06423	2.0
CT	06115	1.0	CT	06266	4.0	CT	06424	2.0
CT	06117	1.0	CT	06267	10.5	CT	06426	1.0
CT	06118	1.0	CT	06268	4.1	CT	06430	1.0
CT	06119	1.0	CT	06269	4.1	CT	06431	1.0
CT	06120	1.0	CT	06277	2.0	CT	06432	1.0
CT	06123	1.0	CT	06278	3.0	CT	06436	1.0
CT	06126	1.0	CT	06279	4.1	CT	06437	1.0
CT	06127	1.0	CT	06280	4.0	CT	06438	2.0
CT	06128	1.0	CT	06281	3.0	CT	06439	1.0
CT	06129	1.0	CT	06282	3.0	CT	06440	1.0
CT	06131	1.0	CT	06320	1.0	CT	06441	2.0
CT	06132	1.0	CT	06330	1.0	CT	06442	1.0
CT	06133	1.0	CT	06331	2.0	CT	06443	1.0
CT	06134	1.0	CT	06332	2.0	CT	06444	1.0
CT	06137	1.0	CT	06333	1.0	CT	06447	1.0
CT	06138	1.0	CT	06334	2.0	CT	06450	1.0
CT	06140	1.0	CT	06335	1.0	CT	06451	1.0
CT	06141	1.0	CT	06336	2.0	CT	06454	1.0
CT	06142	1.0	CT	06338	1.0	CT	06455	1.0
CT	06143	1.0	CT	06339	1.0	CT	06456	2.0
CT	06144	1.0	CT	06340	1.0	CT	06457	1.0
CT	06145	1.0	CT	06349	1.0	CT	06459	1.0
CT	06146	1.0	CT	06350	1.0	CT	06460	1.0
CT	06147	1.0	CT	06351	1.0	CT	06461	1.0
CT	06150	1.0	CT	06353	1.0	CT	06467	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
CT	06468	1.0
CT	06469	2.0
CT	06470	1.0
CT	06471	1.0
CT	06472	1.0
CT	06473	1.0
CT	06474	2.0
CT	06475	1.0
CT	06477	1.0
CT	06478	1.0
CT	06479	1.0
CT	06480	1.0
CT	06481	1.0
CT	06482	1.0
CT	06483	1.0
CT	06484	1.0
CT	06487	1.0
CT	06488	1.0
CT	06489	1.0
CT	06490	1.0
CT	06491	1.0
CT	06492	1.0
CT	06493	1.0
CT	06494	1.0
CT	06495	1.0
CT	06497	1.0
CT	06498	1.0
CT	06501	1.0
CT	06502	1.0
CT	06503	1.0
CT	06504	1.0
CT	06505	1.0
CT	06506	1.0
CT	06507	1.0
CT	06508	1.0
CT	06509	1.0
CT	06510	1.0
CT	06511	1.0
CT	06512	1.0
CT	06513	1.0
CT	06514	1.0
CT	06515	1.0
CT	06516	1.0
CT	06517	1.0
CT	06518	1.0
CT	06519	1.0
CT	06520	1.0
CT	06521	1.0
CT	06524	1.0
CT	06525	1.0
CT	06530	1.0
CT	06531	1.0
CT	06532	1.0
CT	06533	1.0
CT	06534	1.0
CT	06535	1.0
CT	06536	1.0
CT	06537	1.0
CT	06538	1.0
CT	06540	1.0
CT	06601	1.0
CT	06602	1.0
CT	06604	1.0
CT	06605	1.0
CT	06606	1.0
CT	06607	1.0
CT	06608	1.0
CT	06610	1.0
CT	06611	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
CT	06612	1.0
CT	06614	1.0
CT	06615	1.0
CT	06650	1.0
CT	06673	1.0
CT	06699	1.0
CT	06701	1.0
CT	06702	1.0
CT	06703	1.0
CT	06704	1.0
CT	06705	1.0
CT	06706	1.0
CT	06708	1.0
CT	06710	1.0
CT	06712	1.0
CT	06716	1.0
CT	06720	1.0
CT	06721	1.0
CT	06722	1.0
CT	06723	1.0
CT	06724	1.0
CT	06725	1.0
CT	06726	1.0
CT	06749	1.0
CT	06750	6.0
CT	06751	3.0
CT	06752	2.1
CT	06753	3.0
CT	06754	3.0
CT	06755	1.0
CT	06756	6.0
CT	06757	10.4
CT	06758	3.0
CT	06759	4.2
CT	06762	1.0
CT	06763	3.0
CT	06770	1.0
CT	06776	1.0
CT	06777	10.4
CT	06778	4.2
CT	06779	1.0
CT	06781	1.0
CT	06782	1.0
CT	06783	3.0
CT	06784	2.1
CT	06785	10.4
CT	06786	1.0
CT	06787	1.0
CT	06790	4.2
CT	06791	4.2
CT	06792	4.2
CT	06793	10.4
CT	06794	10.4
CT	06795	1.0
CT	06796	10.4
CT	06798	2.0
CT	06801	1.0
CT	06804	1.0
CT	06807	1.0
CT	06810	1.0
CT	06811	1.0
CT	06812	1.0
CT	06813	1.0
CT	06814	1.0
CT	06816	1.0
CT	06817	1.0
CT	06820	1.0
CT	06824	1.0
CT	06825	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
CT	06828	1.0
CT	06829	1.0
CT	06830	1.0
CT	06831	1.0
CT	06832	1.0
CT	06836	1.0
CT	06838	1.0
CT	06840	1.0
CT	06842	1.0
CT	06850	1.0
CT	06851	1.0
CT	06852	1.0
CT	06853	1.0
CT	06854	1.0
CT	06855	1.0
CT	06856	1.0
CT	06857	1.0
CT	06858	1.0
CT	06859	1.0
CT	06860	1.0
CT	06870	1.0
CT	06875	2.0
CT	06876	2.0
CT	06877	1.0
CT	06878	1.0
CT	06879	1.0
CT	06880	1.0
CT	06881	1.0
CT	06883	1.0
CT	06888	1.0
CT	06889	1.0
CT	06890	1.0
CT	06896	2.0
CT	06897	1.0
CT	06901	1.0
CT	06902	1.0
CT	06903	1.0
CT	06904	1.0
CT	06905	1.0
CT	06906	1.0
CT	06907	1.0
CT	06910	1.0
CT	06911	1.0
CT	06912	1.0
CT	06913	1.0
CT	06914	1.0
CT	06920	1.0
CT	06921	1.0
CT	06922	1.0
CT	06925	1.0
CT	06926	1.0
CT	06927	1.0
CT	06928	1.0
DC	20001	1.0
DC	20002	1.0
DC	20003	1.0
DC	20004	1.0
DC	20005	1.0
DC	20006	1.0
DC	20007	1.0
DC	20008	1.0
DC	20009	1.0
DC	20010	1.0
DC	20011	1.0
DC	20012	1.0
DC	20013	1.0
DC	20015	1.0
DC	20016	1.0
DC	20017	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
DC	20018	1.0
DC	20019	1.0
DC	20020	1.0
DC	20022	1.0
DC	20023	1.0
DC	20024	1.0
DC	20026	1.0
DC	20027	1.0
DC	20029	1.0
DC	20030	1.0
DC	20032	1.0
DC	20033	1.0
DC	20035	1.0
DC	20036	1.0
DC	20037	1.0
DC	20038	1.0
DC	20039	1.0
DC	20040	1.0
DC	20041	1.0
DC	20042	1.0
DC	20043	1.0
DC	20044	1.0
DC	20045	1.0
DC	20046	1.0
DC	20047	1.0
DC	20049	1.0
DC	20050	1.0
DC	20051	1.0
DC	20052	1.0
DC	20053	1.0
DC	20055	1.0
DC	20056	1.0
DC	20057	1.0
DC	20058	1.0
DC	20059	1.0
DC	20060	1.0
DC	20061	1.0
DC	20062	1.0
DC	20063	1.0
DC	20064	1.0
DC	20065	1.0
DC	20066	1.0
DC	20067	1.0
DC	20068	1.0
DC	20069	1.0
DC	20070	1.0
DC	20071	1.0
DC	20073	1.0
DC	20074	1.0
DC	20075	1.0
DC	20076	1.0
DC	20077	1.0
DC	20078	1.0
DC	20080	1.0
DC	20081	1.0
DC	20082	1.0
DC	20088	1.0
DC	20090	1.0
DC	20091	1.0
DC	20097	1.0
DC	20098	1.0
DC	20099	1.0
DC	20201	1.0
DC	20202	1.0
DC	20203	1.0
DC	20204	1.0
DC	20206	1.0
DC	20207	1.0
DC	20208	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
DC	20210	1.0
DC	20211	1.0
DC	20212	1.0
DC	20213	1.0
DC	20214	1.0
DC	20215	1.0
DC	20216	1.0
DC	20217	1.0
DC	20218	1.0
DC	20219	1.0
DC	20220	1.0
DC	20221	1.0
DC	20222	1.0
DC	20223	1.0
DC	20224	1.0
DC	20226	1.0
DC	20227	1.0
DC	20228	1.0
DC	20229	1.0
DC	20230	1.0
DC	20231	1.0
DC	20232	1.0
DC	20233	1.0
DC	20235	1.0
DC	20237	1.0
DC	20238	1.0
DC	20239	1.0
DC	20240	1.0
DC	20241	1.0
DC	20242	1.0
DC	20244	1.0
DC	20245	1.0
DC	20250	1.0
DC	20251	1.0
DC	20254	1.0
DC	20260	1.0
DC	20261	1.0
DC	20262	1.0
DC	20265	1.0
DC	20266	1.0
DC	20268	1.0
DC	20270	1.0
DC	20277	1.0
DC	20289	1.0
DC	20299	1.0
DC	20301	1.0
DC	20303	1.0
DC	20306	1.0
DC	20307	1.0
DC	20310	1.0
DC	20314	1.0
DC	20315	1.0
DC	20317	1.0
DC	20318	1.0
DC	20319	1.0
DC	20330	1.0
DC	20332	1.0
DC	20336	1.0
DC	20337	1.0
DC	20338	1.0
DC	20340	1.0
DC	20350	1.0
DC	20355	1.0
DC	20370	1.0
DC	20372	1.0
DC	20373	1.0
DC	20374	1.0
DC	20375	1.0
DC	20376	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
DC	20380	1.0
DC	20388	1.0
DC	20389	1.0
DC	20390	1.0
DC	20391	1.0
DC	20392	1.0
DC	20393	1.0
DC	20394	1.0
DC	20395	1.0
DC	20398	1.0
DC	20401	1.0
DC	20402	1.0
DC	20403	1.0
DC	20404	1.0
DC	20405	1.0
DC	20406	1.0
DC	20407	1.0
DC	20408	1.0
DC	20409	1.0
DC	20410	1.0
DC	20411	1.0
DC	20412	1.0
DC	20413	1.0
DC	20414	1.0
DC	20415	1.0
DC	20416	1.0
DC	20418	1.0
DC	20419	1.0
DC	20420	1.0
DC	20421	1.0
DC	20422	1.0
DC	20423	1.0
DC	20424	1.0
DC	20425	1.0
DC	20426	1.0
DC	20427	1.0
DC	20428	1.0
DC	20429	1.0
DC	20431	1.0
DC	20433	1.0
DC	20434	1.0
DC	20435	1.0
DC	20436	1.0
DC	20437	1.0
DC	20439	1.0
DC	20440	1.0
DC	20441	1.0
DC	20442	1.0
DC	20444	1.0
DC	20447	1.0
DC	20451	1.0
DC	20453	1.0
DC	20456	1.0
DC	20460	1.0
DC	20463	1.0
DC	20468	1.0
DC	20469	1.0
DC	20470	1.0
DC	20472	1.0
DC	20500	1.0
DC	20501	1.0
DC	20502	1.0
DC	20503	1.0
DC	20504	1.0
DC	20505	1.0
DC	20506	1.0
DC	20507	1.0
DC	20508	1.0
DC	20509	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
DC	20510	1.0
DC	20511	1.0
DC	20515	1.0
DC	20520	1.0
DC	20521	1.0
DC	20522	1.0
DC	20523	1.0
DC	20524	1.0
DC	20525	1.0
DC	20526	1.0
DC	20527	1.0
DC	20528	1.0
DC	20529	1.0
DC	20530	1.0
DC	20531	1.0
DC	20532	1.0
DC	20533	1.0
DC	20534	1.0
DC	20535	1.0
DC	20536	1.0
DC	20537	1.0
DC	20538	1.0
DC	20539	1.0
DC	20540	1.0
DC	20541	1.0
DC	20542	1.0
DC	20543	1.0
DC	20544	1.0
DC	20546	1.0
DC	20547	1.0
DC	20548	1.0
DC	20549	1.0
DC	20550	1.0
DC	20551	1.0
DC	20552	1.0
DC	20553	1.0
DC	20554	1.0
DC	20555	1.0
DC	20557	1.0
DC	20558	1.0
DC	20559	1.0
DC	20560	1.0
DC	20565	1.0
DC	20566	1.0
DC	20570	1.0
DC	20571	1.0
DC	20572	1.0
DC	20573	1.0
DC	20575	1.0
DC	20576	1.0
DC	20577	1.0
DC	20578	1.0
DC	20579	1.0
DC	20580	1.0
DC	20581	1.0
DC	20585	1.0
DC	20586	1.0
DC	20590	1.0
DC	20591	1.0
DC	20593	1.0
DC	20594	1.0
DC	20597	1.0
DC	20599	1.0
DC	56901	1.0
DC	56915	1.0
DC	56920	1.0
DE	19701	1.0
DE	19702	1.0
DE	19703	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
DE	19706	1.0
DE	19707	1.0
DE	19708	1.0
DE	19709	2.0
DE	19710	1.0
DE	19711	1.0
DE	19712	1.0
DE	19713	1.0
DE	19714	1.0
DE	19715	1.0
DE	19716	1.0
DE	19717	1.0
DE	19718	1.0
DE	19720	1.0
DE	19721	1.0
DE	19725	1.0
DE	19726	1.0
DE	19730	2.0
DE	19731	2.0
DE	19732	1.0
DE	19733	1.0
DE	19734	2.0
DE	19735	1.0
DE	19736	1.0
DE	19801	1.0
DE	19802	1.0
DE	19803	1.0
DE	19804	1.0
DE	19805	1.0
DE	19806	1.0
DE	19807	1.0
DE	19808	1.0
DE	19809	1.0
DE	19810	1.0
DE	19850	1.0
DE	19880	1.0
DE	19884	1.0
DE	19885	1.0
DE	19886	1.0
DE	19887	1.0
DE	19889	1.0
DE	19890	1.0
DE	19891	1.0
DE	19892	1.0
DE	19893	1.0
DE	19894	1.0
DE	19895	1.0
DE	19896	1.0
DE	19897	1.0
DE	19898	1.0
DE	19899	1.0
DE	19901	1.0
DE	19902	1.0
DE	19903	1.0
DE	19904	1.0
DE	19905	1.0
DE	19906	1.0
DE	19930	7.4
DE	19931	4.0
DE	19933	10.5
DE	19934	1.0
DE	19936	1.0
DE	19938	2.1
DE	19939	7.4
DE	19940	1.0
DE	19941	6.0
DE	19943	2.0
DE	19944	7.4
DE	19945	7.2

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
DE	19946	2.0
DE	19947	7.4
DE	19950	10.5
DE	19951	5.0
DE	19952	2.0
DE	19953	2.0
DE	19954	2.0
DE	19955	2.1
DE	19956	4.0
DE	19958	4.0
DE	19960	4.2
DE	19961	1.0
DE	19962	1.0
DE	19963	4.2
DE	19964	2.0
DE	19966	5.0
DE	19967	7.4
DE	19968	5.0
DE	19969	4.0
DE	19970	7.4
DE	19971	4.0
DE	19973	4.0
DE	19975	4.2
DE	19977	2.1
DE	19979	1.0
DE	19980	2.0
FL	32003	1.0
FL	32004	1.0
FL	32006	1.0
FL	32007	4.0
FL	32008	10.5
FL	32009	2.0
FL	32011	2.0
FL	32013	10.0
FL	32024	5.0
FL	32025	4.0
FL	32026	9.0
FL	32030	1.0
FL	32033	2.1
FL	32034	4.2
FL	32035	4.2
FL	32038	5.2
FL	32040	7.1
FL	32041	2.0
FL	32042	2.0
FL	32043	1.0
FL	32044	2.0
FL	32046	2.0
FL	32050	1.0
FL	32052	7.0
FL	32053	10.4
FL	32054	7.3
FL	32055	4.0
FL	32056	4.0
FL	32058	8.3
FL	32059	10.6
FL	32060	7.4
FL	32061	4.0
FL	32062	6.0
FL	32063	7.1
FL	32064	7.0
FL	32065	1.0
FL	32066	10.0
FL	32067	1.0
FL	32068	1.0
FL	32071	10.5
FL	32072	8.1
FL	32073	1.0
FL	32079	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
FL	32080	1.0	FL	32179	2.0	FL	32290	1.0
FL	32082	1.0	FL	32180	2.0	FL	32301	1.0
FL	32083	9.0	FL	32181	6.0	FL	32302	1.0
FL	32084	1.0	FL	32182	2.0	FL	32303	1.0
FL	32085	1.0	FL	32183	2.0	FL	32304	1.0
FL	32086	1.0	FL	32185	5.0	FL	32305	1.0
FL	32087	8.1	FL	32187	4.0	FL	32306	1.0
FL	32091	7.3	FL	32189	5.0	FL	32307	1.0
FL	32092	1.0	FL	32190	3.0	FL	32308	1.0
FL	32094	6.0	FL	32192	2.0	FL	32309	1.0
FL	32095	1.0	FL	32193	7.4	FL	32310	1.0
FL	32096	5.0	FL	32195	2.0	FL	32311	1.0
FL	32097	2.0	FL	32198	1.0	FL	32312	1.0
FL	32099	1.0	FL	32201	1.0	FL	32313	1.0
FL	32102	3.0	FL	32202	1.0	FL	32314	1.0
FL	32105	2.0	FL	32203	1.0	FL	32315	1.0
FL	32110	4.1	FL	32204	1.0	FL	32316	1.0
FL	32111	1.0	FL	32205	1.0	FL	32317	1.0
FL	32112	7.4	FL	32206	1.0	FL	32318	1.0
FL	32113	2.1	FL	32207	1.0	FL	32320	7.0
FL	32114	1.0	FL	32208	1.0	FL	32321	10.4
FL	32115	1.0	FL	32209	1.0	FL	32322	10.6
FL	32116	1.0	FL	32210	1.0	FL	32323	10.6
FL	32117	1.0	FL	32211	1.0	FL	32324	7.3
FL	32118	1.0	FL	32212	1.0	FL	32326	2.0
FL	32119	1.0	FL	32214	1.0	FL	32327	2.0
FL	32120	1.0	FL	32215	2.0	FL	32328	10.3
FL	32121	1.0	FL	32216	1.0	FL	32329	7.0
FL	32122	1.0	FL	32217	1.0	FL	32330	4.1
FL	32123	1.0	FL	32218	1.0	FL	32331	10.0
FL	32124	1.0	FL	32219	1.0	FL	32332	2.0
FL	32125	1.0	FL	32220	1.0	FL	32333	2.0
FL	32126	1.0	FL	32221	1.0	FL	32334	10.1
FL	32127	1.0	FL	32222	1.0	FL	32335	10.1
FL	32128	1.0	FL	32223	1.0	FL	32336	2.0
FL	32129	1.0	FL	32224	1.0	FL	32337	1.0
FL	32130	1.1	FL	32225	1.0	FL	32340	7.0
FL	32131	4.0	FL	32226	2.0	FL	32341	7.0
FL	32132	1.0	FL	32227	1.0	FL	32343	2.0
FL	32133	2.0	FL	32228	1.0	FL	32344	10.1
FL	32134	2.0	FL	32229	1.0	FL	32345	10.1
FL	32135	1.0	FL	32230	1.0	FL	32346	2.0
FL	32136	1.0	FL	32231	1.0	FL	32347	7.0
FL	32137	4.1	FL	32232	1.0	FL	32348	7.0
FL	32138	5.0	FL	32233	1.0	FL	32350	10.4
FL	32139	7.4	FL	32234	2.0	FL	32351	4.1
FL	32140	5.0	FL	32235	1.0	FL	32352	2.0
FL	32141	1.0	FL	32236	1.0	FL	32353	4.1
FL	32142	1.0	FL	32237	1.0	FL	32355	2.0
FL	32145	2.1	FL	32238	1.0	FL	32356	8.0
FL	32147	5.0	FL	32239	1.0	FL	32357	10.0
FL	32148	5.0	FL	32240	1.0	FL	32358	2.0
FL	32149	5.0	FL	32241	1.0	FL	32359	8.0
FL	32151	4.1	FL	32244	1.0	FL	32360	10.1
FL	32157	6.0	FL	32245	1.0	FL	32361	2.0
FL	32158	2.0	FL	32246	1.0	FL	32362	1.0
FL	32159	2.0	FL	32247	1.0	FL	32395	1.0
FL	32160	2.0	FL	32250	1.0	FL	32399	1.0
FL	32162	2.0	FL	32254	1.0	FL	32401	1.0
FL	32164	4.1	FL	32255	1.0	FL	32402	1.0
FL	32168	1.0	FL	32256	1.0	FL	32403	1.0
FL	32169	1.0	FL	32257	1.0	FL	32404	1.0
FL	32170	1.0	FL	32258	1.0	FL	32405	1.0
FL	32173	1.0	FL	32259	1.0	FL	32406	1.0
FL	32174	1.0	FL	32260	1.0	FL	32407	1.0
FL	32175	1.0	FL	32266	1.0	FL	32408	1.0
FL	32176	1.0	FL	32267	1.0	FL	32409	1.0
FL	32177	4.0	FL	32276	1.0	FL	32410	1.0
FL	32178	4.0	FL	32277	1.0	FL	32411	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
FL	32412	1.0	FL	32537	2.0	FL	32626	10.0
FL	32413	1.0	FL	32538	2.0	FL	32627	1.0
FL	32417	1.0	FL	32539	2.0	FL	32628	7.0
FL	32420	8.0	FL	32540	1.0	FL	32631	2.0
FL	32421	10.6	FL	32541	1.0	FL	32633	2.0
FL	32422	8.0	FL	32542	1.0	FL	32634	2.0
FL	32423	9.0	FL	32544	1.0	FL	32635	1.0
FL	32424	7.0	FL	32547	1.0	FL	32639	10.0
FL	32425	9.0	FL	32548	1.0	FL	32640	2.0
FL	32426	9.0	FL	32549	1.0	FL	32641	1.0
FL	32427	9.0	FL	32550	10.4	FL	32643	2.0
FL	32428	7.0	FL	32559	1.0	FL	32644	10.0
FL	32430	10.6	FL	32560	1.0	FL	32648	10.6
FL	32431	10.6	FL	32561	1.0	FL	32653	1.0
FL	32432	8.0	FL	32562	1.0	FL	32654	2.0
FL	32433	8.0	FL	32563	1.0	FL	32655	2.0
FL	32434	8.0	FL	32564	5.1	FL	32656	2.0
FL	32435	7.0	FL	32565	2.0	FL	32658	2.0
FL	32437	2.0	FL	32566	1.0	FL	32662	2.0
FL	32438	2.0	FL	32567	2.0	FL	32663	2.0
FL	32439	2.0	FL	32568	2.0	FL	32664	2.0
FL	32440	10.6	FL	32569	1.0	FL	32666	2.0
FL	32442	8.0	FL	32570	1.0	FL	32667	2.0
FL	32443	8.0	FL	32571	1.0	FL	32668	3.0
FL	32444	1.0	FL	32572	1.0	FL	32669	2.0
FL	32445	9.0	FL	32573	1.0	FL	32680	7.0
FL	32446	8.0	FL	32574	1.0	FL	32681	2.0
FL	32447	8.0	FL	32575	1.0	FL	32683	10.0
FL	32448	7.0	FL	32576	1.0	FL	32686	2.0
FL	32449	10.6	FL	32577	2.0	FL	32692	7.0
FL	32452	9.0	FL	32578	1.0	FL	32693	10.4
FL	32454	10.4	FL	32579	1.0	FL	32694	2.0
FL	32455	10.5	FL	32580	1.0	FL	32696	2.0
FL	32456	7.3	FL	32581	1.0	FL	32697	7.3
FL	32457	7.3	FL	32582	1.0	FL	32701	1.0
FL	32459	10.4	FL	32583	2.0	FL	32702	1.0
FL	32460	10.6	FL	32588	1.0	FL	32703	1.0
FL	32461	1.0	FL	32589	1.0	FL	32704	1.0
FL	32462	2.0	FL	32590	1.0	FL	32706	1.1
FL	32463	7.0	FL	32591	1.0	FL	32707	1.0
FL	32464	10.0	FL	32592	1.0	FL	32708	1.0
FL	32465	10.4	FL	32593	1.0	FL	32709	1.0
FL	32466	1.0	FL	32594	1.0	FL	32710	1.0
FL	32501	1.0	FL	32595	1.0	FL	32712	1.0
FL	32502	1.0	FL	32596	1.0	FL	32713	1.1
FL	32503	1.0	FL	32597	1.0	FL	32714	1.0
FL	32504	1.0	FL	32598	1.0	FL	32715	1.0
FL	32505	1.0	FL	32601	1.0	FL	32716	1.0
FL	32506	1.0	FL	32602	1.0	FL	32718	1.0
FL	32507	1.0	FL	32603	1.0	FL	32719	1.0
FL	32508	1.0	FL	32604	1.0	FL	32720	1.1
FL	32509	1.0	FL	32605	1.0	FL	32721	1.1
FL	32511	1.0	FL	32606	1.0	FL	32722	1.1
FL	32512	1.0	FL	32607	1.0	FL	32723	1.1
FL	32513	1.0	FL	32608	1.0	FL	32724	1.1
FL	32514	1.0	FL	32609	1.0	FL	32725	1.1
FL	32516	1.0	FL	32610	1.0	FL	32726	1.0
FL	32520	1.0	FL	32611	1.0	FL	32727	1.0
FL	32521	1.0	FL	32612	1.0	FL	32728	1.1
FL	32522	1.0	FL	32613	1.0	FL	32730	1.0
FL	32523	1.0	FL	32614	1.0	FL	32732	2.0
FL	32524	1.0	FL	32615	2.0	FL	32733	1.0
FL	32526	1.0	FL	32616	2.0	FL	32735	1.0
FL	32530	2.0	FL	32617	2.0	FL	32736	3.0
FL	32531	5.1	FL	32618	2.0	FL	32738	1.1
FL	32533	1.0	FL	32619	10.4	FL	32739	1.1
FL	32534	1.0	FL	32621	2.0	FL	32744	1.1
FL	32535	9.1	FL	32622	2.0	FL	32745	1.0
FL	32536	2.0	FL	32625	10.0	FL	32746	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
FL	32747	1.0
FL	32750	1.0
FL	32751	1.0
FL	32752	1.0
FL	32753	1.1
FL	32754	1.0
FL	32756	1.0
FL	32757	1.0
FL	32759	1.0
FL	32762	1.0
FL	32763	1.1
FL	32764	2.0
FL	32765	1.0
FL	32766	1.0
FL	32767	3.0
FL	32768	1.0
FL	32771	1.0
FL	32772	1.0
FL	32773	1.0
FL	32774	1.1
FL	32775	1.0
FL	32776	2.0
FL	32777	1.0
FL	32778	1.0
FL	32779	1.0
FL	32780	1.0
FL	32781	1.0
FL	32782	1.0
FL	32783	1.0
FL	32784	1.0
FL	32789	1.0
FL	32790	1.0
FL	32791	1.0
FL	32792	1.0
FL	32793	1.0
FL	32794	1.0
FL	32795	1.0
FL	32796	1.0
FL	32798	1.0
FL	32799	1.0
FL	32801	1.0
FL	32802	1.0
FL	32803	1.0
FL	32804	1.0
FL	32805	1.0
FL	32806	1.0
FL	32807	1.0
FL	32808	1.0
FL	32809	1.0
FL	32810	1.0
FL	32811	1.0
FL	32812	1.0
FL	32814	1.0
FL	32815	1.0
FL	32816	1.0
FL	32817	1.0
FL	32818	1.0
FL	32819	1.0
FL	32820	1.0
FL	32821	2.0
FL	32822	1.0
FL	32824	2.0
FL	32825	1.0
FL	32826	1.0
FL	32827	1.0
FL	32828	1.0
FL	32829	1.0
FL	32830	1.0
FL	32831	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
FL	32832	2.0
FL	32833	2.0
FL	32834	1.0
FL	32835	1.0
FL	32836	1.0
FL	32837	2.0
FL	32839	1.0
FL	32853	1.0
FL	32854	1.0
FL	32855	1.0
FL	32856	1.0
FL	32857	1.0
FL	32858	1.0
FL	32859	1.0
FL	32860	1.0
FL	32861	1.0
FL	32862	1.0
FL	32867	1.0
FL	32868	1.0
FL	32869	1.0
FL	32872	1.0
FL	32877	2.0
FL	32878	1.0
FL	32885	1.0
FL	32886	1.0
FL	32887	2.0
FL	32890	1.0
FL	32891	1.0
FL	32893	1.0
FL	32896	1.0
FL	32897	1.0
FL	32898	1.0
FL	32899	1.0
FL	32901	1.0
FL	32902	1.0
FL	32903	1.0
FL	32904	1.0
FL	32905	1.0
FL	32906	1.0
FL	32907	1.0
FL	32908	1.0
FL	32909	1.0
FL	32910	1.0
FL	32911	1.0
FL	32912	1.0
FL	32919	1.0
FL	32920	1.0
FL	32922	1.0
FL	32923	1.0
FL	32924	1.0
FL	32925	1.0
FL	32926	1.0
FL	32927	1.0
FL	32931	1.0
FL	32932	1.0
FL	32934	1.0
FL	32935	1.0
FL	32936	1.0
FL	32937	1.0
FL	32940	1.0
FL	32941	1.0
FL	32948	2.0
FL	32949	1.0
FL	32950	2.0
FL	32951	1.0
FL	32952	1.0
FL	32953	1.0
FL	32954	1.0
FL	32955	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
FL	32956	1.0
FL	32957	1.0
FL	32958	1.0
FL	32959	1.0
FL	32960	1.0
FL	32961	1.0
FL	32962	1.0
FL	32963	1.0
FL	32964	1.0
FL	32965	1.0
FL	32966	1.0
FL	32967	1.0
FL	32968	1.0
FL	32969	1.0
FL	32970	1.0
FL	32971	1.0
FL	32976	1.0
FL	32978	1.0
FL	33001	7.0
FL	33002	1.0
FL	33004	1.0
FL	33008	1.0
FL	33009	1.0
FL	33010	1.0
FL	33011	1.0
FL	33012	1.0
FL	33013	1.0
FL	33014	1.0
FL	33015	1.0
FL	33016	1.0
FL	33017	1.0
FL	33018	1.0
FL	33019	1.0
FL	33020	1.0
FL	33021	1.0
FL	33022	1.0
FL	33023	1.0
FL	33024	1.0
FL	33025	1.0
FL	33026	1.0
FL	33027	1.0
FL	33028	1.0
FL	33029	1.0
FL	33030	1.0
FL	33031	2.0
FL	33032	1.0
FL	33033	1.0
FL	33034	1.0
FL	33035	1.0
FL	33036	4.0
FL	33037	4.0
FL	33039	2.0
FL	33040	4.0
FL	33041	4.0
FL	33042	7.2
FL	33043	7.2
FL	33044	7.2
FL	33045	4.0
FL	33050	7.0
FL	33051	7.0
FL	33052	7.0
FL	33054	1.0
FL	33055	1.0
FL	33056	1.0
FL	33060	1.0
FL	33061	1.0
FL	33062	1.0
FL	33063	1.0
FL	33064	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
FL	33065	1.0
FL	33066	1.0
FL	33067	1.0
FL	33068	1.0
FL	33069	1.0
FL	33070	4.0
FL	33071	1.0
FL	33072	1.0
FL	33073	1.0
FL	33074	1.0
FL	33075	1.0
FL	33076	1.0
FL	33077	1.0
FL	33081	1.0
FL	33082	1.0
FL	33083	1.0
FL	33084	1.0
FL	33090	1.0
FL	33092	1.0
FL	33093	1.0
FL	33097	1.0
FL	33101	1.0
FL	33102	1.0
FL	33107	1.0
FL	33109	1.0
FL	33110	1.0
FL	33111	1.0
FL	33112	1.0
FL	33114	1.0
FL	33116	1.0
FL	33119	1.0
FL	33121	1.0
FL	33122	1.0
FL	33124	1.0
FL	33125	1.0
FL	33126	1.0
FL	33127	1.0
FL	33128	1.0
FL	33129	1.0
FL	33130	1.0
FL	33131	1.0
FL	33132	1.0
FL	33133	1.0
FL	33134	1.0
FL	33135	1.0
FL	33136	1.0
FL	33137	1.0
FL	33138	1.0
FL	33139	1.0
FL	33140	1.0
FL	33141	1.0
FL	33142	1.0
FL	33143	1.0
FL	33144	1.0
FL	33145	1.0
FL	33146	1.0
FL	33147	1.0
FL	33148	1.0
FL	33149	2.0
FL	33150	1.0
FL	33151	1.0
FL	33152	1.0
FL	33153	1.0
FL	33154	1.0
FL	33155	1.0
FL	33156	1.0
FL	33157	1.0
FL	33158	1.0
FL	33159	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
FL	33160	1.0
FL	33161	1.0
FL	33162	1.0
FL	33163	1.0
FL	33164	1.0
FL	33165	1.0
FL	33166	1.0
FL	33167	1.0
FL	33168	1.0
FL	33169	1.0
FL	33170	1.0
FL	33172	1.0
FL	33173	1.0
FL	33174	1.0
FL	33175	1.0
FL	33176	1.0
FL	33177	1.0
FL	33178	1.0
FL	33179	1.0
FL	33180	1.0
FL	33181	1.0
FL	33182	1.0
FL	33183	1.0
FL	33184	1.0
FL	33185	1.0
FL	33186	1.0
FL	33187	1.0
FL	33188	1.0
FL	33189	1.0
FL	33190	1.0
FL	33192	1.0
FL	33193	1.0
FL	33194	1.0
FL	33195	1.0
FL	33196	1.0
FL	33197	1.0
FL	33199	1.0
FL	33231	1.0
FL	33233	1.0
FL	33234	1.0
FL	33238	1.0
FL	33239	1.0
FL	33242	1.0
FL	33243	1.0
FL	33245	1.0
FL	33247	1.0
FL	33255	1.0
FL	33256	1.0
FL	33257	1.0
FL	33261	1.0
FL	33265	1.0
FL	33266	1.0
FL	33269	1.0
FL	33280	1.0
FL	33283	1.0
FL	33296	1.0
FL	33299	1.0
FL	33301	1.0
FL	33302	1.0
FL	33303	1.0
FL	33304	1.0
FL	33305	1.0
FL	33306	1.0
FL	33307	1.0
FL	33308	1.0
FL	33309	1.0
FL	33310	1.0
FL	33311	1.0
FL	33312	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
FL	33313	1.0
FL	33314	1.0
FL	33315	1.0
FL	33316	1.0
FL	33317	1.0
FL	33318	1.0
FL	33319	1.0
FL	33320	1.0
FL	33321	1.0
FL	33322	1.0
FL	33323	1.0
FL	33324	1.0
FL	33325	1.0
FL	33326	1.0
FL	33327	1.0
FL	33328	1.0
FL	33329	1.0
FL	33330	1.0
FL	33331	1.0
FL	33332	1.0
FL	33334	1.0
FL	33335	1.0
FL	33336	1.0
FL	33337	1.0
FL	33338	1.0
FL	33339	1.0
FL	33340	1.0
FL	33345	1.0
FL	33346	1.0
FL	33348	1.0
FL	33349	1.0
FL	33351	1.0
FL	33355	1.0
FL	33359	1.0
FL	33388	1.0
FL	33394	1.0
FL	33401	1.0
FL	33402	1.0
FL	33403	1.0
FL	33404	1.0
FL	33405	1.0
FL	33406	1.0
FL	33407	1.0
FL	33408	1.0
FL	33409	1.0
FL	33410	1.0
FL	33411	1.0
FL	33412	1.0
FL	33413	1.0
FL	33414	1.0
FL	33415	1.0
FL	33416	1.0
FL	33417	1.0
FL	33418	1.0
FL	33419	1.0
FL	33420	1.0
FL	33421	1.0
FL	33422	1.0
FL	33424	1.0
FL	33425	1.0
FL	33426	1.0
FL	33427	1.0
FL	33428	1.0
FL	33429	1.0
FL	33430	4.1
FL	33431	1.0
FL	33432	1.0
FL	33433	1.0
FL	33434	1.0

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
FL	33435	1.0	FL	33543	1.0	FL	33651	1.0
FL	33436	1.0	FL	33544	2.0	FL	33655	1.0
FL	33437	1.0	FL	33547	2.0	FL	33660	1.0
FL	33438	2.0	FL	33548	1.0	FL	33661	1.0
FL	33439	2.0	FL	33549	1.0	FL	33662	1.0
FL	33440	4.2	FL	33550	1.0	FL	33663	1.0
FL	33441	1.0	FL	33556	1.0	FL	33664	1.0
FL	33442	1.0	FL	33558	1.0	FL	33672	1.0
FL	33443	1.0	FL	33559	1.0	FL	33673	1.0
FL	33444	1.0	FL	33563	1.0	FL	33674	1.0
FL	33445	1.0	FL	33564	1.0	FL	33675	1.0
FL	33446	1.0	FL	33565	1.0	FL	33677	1.0
FL	33447	1.0	FL	33566	1.0	FL	33679	1.0
FL	33448	1.0	FL	33567	1.0	FL	33680	1.0
FL	33454	1.0	FL	33568	1.0	FL	33681	1.0
FL	33455	1.0	FL	33569	1.0	FL	33682	1.0
FL	33458	1.0	FL	33570	2.0	FL	33684	1.0
FL	33459	4.1	FL	33571	2.0	FL	33685	1.0
FL	33460	1.0	FL	33572	1.0	FL	33686	1.0
FL	33461	1.0	FL	33573	2.0	FL	33687	1.0
FL	33462	1.0	FL	33574	2.0	FL	33688	1.0
FL	33463	1.0	FL	33575	2.0	FL	33689	1.0
FL	33464	1.0	FL	33576	2.0	FL	33690	1.0
FL	33465	1.0	FL	33583	1.0	FL	33694	1.0
FL	33466	1.0	FL	33584	1.0	FL	33697	1.0
FL	33467	1.0	FL	33585	10.4	FL	33701	1.0
FL	33468	1.0	FL	33586	2.0	FL	33702	1.0
FL	33469	1.0	FL	33587	1.0	FL	33703	1.0
FL	33470	1.0	FL	33592	1.0	FL	33704	1.0
FL	33471	7.4	FL	33593	2.1	FL	33705	1.0
FL	33474	1.0	FL	33594	1.0	FL	33706	1.0
FL	33475	1.0	FL	33595	1.0	FL	33707	1.0
FL	33476	2.0	FL	33597	10.4	FL	33708	1.0
FL	33477	1.0	FL	33598	2.0	FL	33709	1.0
FL	33478	2.0	FL	33601	1.0	FL	33710	1.0
FL	33480	1.0	FL	33602	1.0	FL	33711	1.0
FL	33481	1.0	FL	33603	1.0	FL	33712	1.0
FL	33482	1.0	FL	33604	1.0	FL	33713	1.0
FL	33483	1.0	FL	33605	1.0	FL	33714	1.0
FL	33484	1.0	FL	33606	1.0	FL	33715	1.0
FL	33486	1.0	FL	33607	1.0	FL	33716	1.0
FL	33487	1.0	FL	33608	1.0	FL	33728	1.0
FL	33488	1.0	FL	33609	1.0	FL	33729	1.0
FL	33493	4.1	FL	33610	1.0	FL	33730	1.0
FL	33496	1.0	FL	33611	1.0	FL	33731	1.0
FL	33497	1.0	FL	33612	1.0	FL	33732	1.0
FL	33498	1.0	FL	33613	1.0	FL	33733	1.0
FL	33499	1.0	FL	33614	1.0	FL	33734	1.0
FL	33503	2.0	FL	33615	1.0	FL	33736	1.0
FL	33508	1.0	FL	33616	1.0	FL	33737	1.0
FL	33509	1.0	FL	33617	1.0	FL	33738	1.0
FL	33510	1.0	FL	33618	1.0	FL	33740	1.0
FL	33511	1.0	FL	33619	1.0	FL	33741	1.0
FL	33513	9.0	FL	33620	1.0	FL	33742	1.0
FL	33514	10.4	FL	33621	1.0	FL	33743	1.0
FL	33521	7.3	FL	33622	1.0	FL	33744	1.0
FL	33523	2.1	FL	33623	1.0	FL	33747	1.0
FL	33524	1.1	FL	33624	1.0	FL	33755	1.0
FL	33525	1.1	FL	33625	1.0	FL	33756	1.0
FL	33526	1.1	FL	33626	1.0	FL	33757	1.0
FL	33527	1.0	FL	33629	1.0	FL	33758	1.0
FL	33530	1.0	FL	33630	1.0	FL	33759	1.0
FL	33534	1.0	FL	33631	1.0	FL	33760	1.0
FL	33537	2.1	FL	33633	1.0	FL	33761	1.0
FL	33538	9.0	FL	33634	1.0	FL	33762	1.0
FL	33539	1.1	FL	33635	1.0	FL	33763	1.0
FL	33540	1.1	FL	33637	1.0	FL	33764	1.0
FL	33541	1.1	FL	33647	1.0	FL	33765	1.0
FL	33542	1.1	FL	33650	1.0	FL	33766	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
FL	33767	1.0
FL	33769	1.0
FL	33770	1.0
FL	33771	1.0
FL	33772	1.0
FL	33773	1.0
FL	33774	1.0
FL	33775	1.0
FL	33776	1.0
FL	33777	1.0
FL	33778	1.0
FL	33779	1.0
FL	33780	1.0
FL	33781	1.0
FL	33782	1.0
FL	33784	1.0
FL	33785	1.0
FL	33786	1.0
FL	33801	1.0
FL	33802	1.0
FL	33803	1.0
FL	33804	1.0
FL	33805	1.0
FL	33806	1.0
FL	33807	1.0
FL	33809	1.0
FL	33810	1.0
FL	33811	1.0
FL	33813	1.0
FL	33815	1.0
FL	33820	4.2
FL	33823	1.0
FL	33825	4.0
FL	33826	4.0
FL	33827	2.0
FL	33830	4.2
FL	33831	4.2
FL	33834	4.0
FL	33835	1.0
FL	33836	2.0
FL	33837	2.0
FL	33838	1.0
FL	33839	1.0
FL	33840	1.0
FL	33841	9.2
FL	33843	7.3
FL	33844	1.0
FL	33845	1.0
FL	33846	1.0
FL	33847	4.2
FL	33848	2.1
FL	33849	1.0
FL	33850	1.0
FL	33851	1.0
FL	33852	4.0
FL	33853	1.0
FL	33854	1.0
FL	33855	1.0
FL	33856	1.0
FL	33857	5.0
FL	33858	2.0
FL	33859	2.1
FL	33860	1.0
FL	33862	4.0
FL	33863	1.0
FL	33865	4.0
FL	33867	1.0
FL	33868	2.0
FL	33870	4.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
FL	33871	4.0
FL	33872	4.0
FL	33873	4.0
FL	33875	4.0
FL	33876	5.0
FL	33877	2.1
FL	33880	1.0
FL	33881	1.0
FL	33882	1.0
FL	33883	1.0
FL	33884	1.0
FL	33885	1.0
FL	33888	1.0
FL	33890	10.2
FL	33896	2.0
FL	33897	2.0
FL	33898	2.0
FL	33901	1.0
FL	33902	1.0
FL	33903	1.0
FL	33904	1.0
FL	33905	1.0
FL	33906	1.0
FL	33907	1.0
FL	33908	1.0
FL	33909	1.0
FL	33910	1.0
FL	33911	1.0
FL	33912	1.0
FL	33913	2.0
FL	33914	1.0
FL	33915	1.0
FL	33916	1.0
FL	33917	1.0
FL	33918	1.0
FL	33919	1.0
FL	33920	2.0
FL	33921	1.0
FL	33922	2.0
FL	33924	2.0
FL	33927	1.0
FL	33928	1.0
FL	33930	4.2
FL	33931	1.0
FL	33932	1.0
FL	33935	4.2
FL	33936	2.0
FL	33938	1.0
FL	33944	7.4
FL	33945	2.0
FL	33946	1.0
FL	33947	1.0
FL	33948	1.0
FL	33949	1.0
FL	33950	1.0
FL	33951	1.0
FL	33952	1.0
FL	33953	1.0
FL	33954	1.0
FL	33955	1.0
FL	33956	2.0
FL	33957	1.0
FL	33960	4.0
FL	33965	1.0
FL	33970	2.0
FL	33971	2.0
FL	33972	2.0
FL	33975	4.2
FL	33980	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
FL	33981	1.0
FL	33982	1.0
FL	33983	1.0
FL	33990	1.0
FL	33991	1.0
FL	33993	2.0
FL	33994	1.0
FL	34101	1.0
FL	34102	1.0
FL	34103	1.0
FL	34104	1.0
FL	34105	1.0
FL	34106	1.0
FL	34107	1.0
FL	34108	1.0
FL	34109	1.0
FL	34110	1.0
FL	34112	1.0
FL	34113	1.0
FL	34114	1.0
FL	34116	1.0
FL	34117	1.0
FL	34119	1.0
FL	34120	1.0
FL	34133	1.0
FL	34134	1.0
FL	34135	1.0
FL	34136	1.0
FL	34137	1.0
FL	34138	2.0
FL	34139	2.0
FL	34140	1.0
FL	34141	2.0
FL	34142	4.1
FL	34143	4.1
FL	34145	4.1
FL	34146	4.1
FL	34201	1.0
FL	34202	1.0
FL	34203	1.0
FL	34204	1.0
FL	34205	1.0
FL	34206	1.0
FL	34207	1.0
FL	34208	1.0
FL	34209	1.0
FL	34210	1.0
FL	34211	2.0
FL	34212	2.0
FL	34215	1.0
FL	34216	1.0
FL	34217	1.0
FL	34218	1.0
FL	34219	1.0
FL	34220	1.0
FL	34221	1.0
FL	34222	1.0
FL	34223	1.0
FL	34224	1.0
FL	34228	1.0
FL	34229	1.0
FL	34230	1.0
FL	34231	1.0
FL	34232	1.0
FL	34233	1.0
FL	34234	1.0
FL	34235	1.0
FL	34236	1.0
FL	34237	1.0

ADDENDUM I.—RUCAL RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
FL	34238	1.0
FL	34239	1.0
FL	34240	1.0
FL	34241	1.0
FL	34242	1.0
FL	34243	1.0
FL	34250	1.0
FL	34251	2.0
FL	34260	1.0
FL	34264	1.0
FL	34265	4.0
FL	34266	4.0
FL	34267	4.0
FL	34268	4.0
FL	34269	5.2
FL	34270	1.0
FL	34272	1.0
FL	34274	1.0
FL	34275	1.0
FL	34276	1.0
FL	34277	1.0
FL	34278	1.0
FL	34280	1.0
FL	34281	1.0
FL	34282	1.0
FL	34284	1.0
FL	34285	1.0
FL	34286	1.0
FL	34287	1.0
FL	34288	1.0
FL	34289	1.0
FL	34292	1.0
FL	34293	1.0
FL	34295	1.0
FL	34420	2.0
FL	34421	2.0
FL	34423	4.0
FL	34428	10.5
FL	34429	4.0
FL	34430	2.0
FL	34431	2.0
FL	34432	2.0
FL	34433	10.6
FL	34434	6.1
FL	34436	5.0
FL	34442	4.0
FL	34445	4.0
FL	34446	4.0
FL	34447	4.0
FL	34448	4.0
FL	34449	10.0
FL	34450	4.0
FL	34451	4.0
FL	34452	4.0
FL	34453	4.0
FL	34460	4.0
FL	34461	4.0
FL	34464	4.0
FL	34465	4.0
FL	34470	1.0
FL	34471	1.0
FL	34472	1.0
FL	34473	2.0
FL	34474	1.0
FL	34475	1.0
FL	34476	2.0
FL	34477	1.0
FL	34478	1.0
FL	34479	1.0

 ADDENDUM I.—RUCAL RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
FL	34480	1.0
FL	34481	2.0
FL	34482	1.0
FL	34483	1.0
FL	34484	9.0
FL	34487	4.0
FL	34488	2.0
FL	34489	2.0
FL	34491	2.0
FL	34492	2.0
FL	34498	10.0
FL	34601	1.0
FL	34602	2.1
FL	34603	1.0
FL	34604	1.0
FL	34605	1.0
FL	34606	1.0
FL	34607	1.0
FL	34608	1.0
FL	34609	1.0
FL	34610	1.0
FL	34611	1.0
FL	34613	1.0
FL	34614	2.1
FL	34636	1.0
FL	34637	1.0
FL	34638	1.0
FL	34639	1.0
FL	34652	1.0
FL	34653	1.0
FL	34654	1.0
FL	34655	1.0
FL	34656	1.0
FL	34660	1.0
FL	34661	1.0
FL	34667	1.0
FL	34668	1.0
FL	34669	1.0
FL	34673	1.0
FL	34674	1.0
FL	34677	1.0
FL	34679	1.0
FL	34680	1.0
FL	34681	1.0
FL	34682	1.0
FL	34683	1.0
FL	34684	1.0
FL	34685	1.0
FL	34688	1.0
FL	34689	1.0
FL	34690	1.0
FL	34691	1.0
FL	34692	1.0
FL	34695	1.0
FL	34697	1.0
FL	34698	1.0
FL	34705	1.0
FL	34711	2.0
FL	34712	2.0
FL	34713	2.0
FL	34714	2.0
FL	34715	2.0
FL	34729	2.0
FL	34731	1.0
FL	34734	1.0
FL	34736	2.0
FL	34737	1.0
FL	34739	2.1
FL	34740	1.0

 ADDENDUM I.—RUCAL RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
FL	34741	2.0
FL	34742	2.0
FL	34743	2.0
FL	34744	2.0
FL	34745	2.0
FL	34746	2.0
FL	34747	2.0
FL	34748	1.0
FL	34749	1.0
FL	34753	2.0
FL	34755	2.0
FL	34756	2.0
FL	34758	2.1
FL	34759	2.1
FL	34760	1.0
FL	34761	1.0
FL	34762	1.0
FL	34769	2.0
FL	34770	2.0
FL	34771	2.1
FL	34772	2.0
FL	34773	2.1
FL	34777	1.0
FL	34778	1.0
FL	34785	7.3
FL	34786	1.0
FL	34787	1.0
FL	34788	1.0
FL	34789	1.0
FL	34797	1.0
FL	34945	2.0
FL	34946	1.0
FL	34947	1.0
FL	34948	1.0
FL	34949	1.0
FL	34950	1.0
FL	34951	1.0
FL	34952	1.0
FL	34953	1.0
FL	34954	1.0
FL	34956	2.0
FL	34957	1.0
FL	34958	1.0
FL	34972	4.0
FL	34973	4.0
FL	34974	4.0
FL	34979	1.0
FL	34981	1.0
FL	34982	1.0
FL	34983	1.0
FL	34984	1.0
FL	34985	1.0
FL	34986	1.0
FL	34987	2.0
FL	34988	2.0
FL	34990	1.0
FL	34991	1.0
FL	34992	1.0
FL	34994	1.0
FL	34995	1.0
FL	34996	1.0
FL	34997	1.0
FL	96941	R
FL	96942	R
FL	96943	R
FL	96944	R
GA	30002	1.0
GA	30003	1.0
GA	30004	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
GA	30005	1.0
GA	30006	1.0
GA	30007	1.0
GA	30008	1.0
GA	30009	1.0
GA	30010	1.0
GA	30011	1.0
GA	30012	1.0
GA	30013	1.0
GA	30014	1.0
GA	30015	1.0
GA	30016	1.0
GA	30017	1.0
GA	30018	1.0
GA	30019	1.0
GA	30021	1.0
GA	30022	1.0
GA	30023	1.0
GA	30024	1.0
GA	30025	2.0
GA	30026	1.0
GA	30028	1.0
GA	30029	1.0
GA	30030	1.0
GA	30031	1.0
GA	30032	1.0
GA	30033	1.0
GA	30034	1.0
GA	30035	1.0
GA	30036	1.0
GA	30037	1.0
GA	30038	1.0
GA	30039	1.0
GA	30040	1.0
GA	30041	1.0
GA	30042	1.0
GA	30043	1.0
GA	30044	1.0
GA	30045	1.0
GA	30046	1.0
GA	30047	1.0
GA	30048	1.0
GA	30049	1.0
GA	30052	1.0
GA	30054	2.0
GA	30055	2.0
GA	30056	2.0
GA	30058	1.0
GA	30060	1.0
GA	30061	1.0
GA	30062	1.0
GA	30063	1.0
GA	30064	1.0
GA	30065	1.0
GA	30066	1.0
GA	30067	1.0
GA	30068	1.0
GA	30069	1.0
GA	30070	1.0
GA	30071	1.0
GA	30072	1.0
GA	30074	1.0
GA	30075	1.0
GA	30076	1.0
GA	30077	1.0
GA	30078	1.0
GA	30079	1.0
GA	30080	1.0
GA	30081	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
GA	30082	1.0
GA	30083	1.0
GA	30084	1.0
GA	30085	1.0
GA	30086	1.0
GA	30087	1.0
GA	30088	1.0
GA	30090	1.0
GA	30091	1.0
GA	30092	1.0
GA	30093	1.0
GA	30094	1.0
GA	30095	1.0
GA	30096	1.0
GA	30097	1.0
GA	30098	1.0
GA	30099	1.0
GA	30101	1.0
GA	30102	1.0
GA	30103	5.0
GA	30104	9.2
GA	30105	1.0
GA	30106	1.0
GA	30107	2.0
GA	30108	5.0
GA	30109	4.2
GA	30110	3.0
GA	30111	1.0
GA	30112	4.2
GA	30113	3.0
GA	30114	1.0
GA	30115	1.0
GA	30116	4.2
GA	30117	4.2
GA	30118	4.2
GA	30119	4.2
GA	30120	4.1
GA	30121	4.1
GA	30122	1.0
GA	30123	4.1
GA	30124	2.0
GA	30125	4.2
GA	30126	1.0
GA	30127	1.0
GA	30129	1.0
GA	30132	2.0
GA	30133	1.0
GA	30134	1.0
GA	30135	1.0
GA	30137	1.0
GA	30138	4.2
GA	30139	5.0
GA	30140	3.0
GA	30141	1.0
GA	30142	1.0
GA	30143	2.0
GA	30144	1.0
GA	30145	4.1
GA	30146	1.0
GA	30147	1.0
GA	30148	2.0
GA	30149	1.0
GA	30150	4.2
GA	30151	2.0
GA	30152	1.0
GA	30153	7.3
GA	30154	1.0
GA	30156	1.0
GA	30157	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
GA	30160	1.0
GA	30161	1.0
GA	30162	1.0
GA	30163	1.0
GA	30164	1.0
GA	30165	1.0
GA	30168	1.0
GA	30169	1.0
GA	30170	5.2
GA	30171	5.1
GA	30172	1.0
GA	30173	1.0
GA	30175	2.0
GA	30176	10.0
GA	30177	2.0
GA	30178	4.1
GA	30179	2.0
GA	30180	2.0
GA	30182	10.4
GA	30183	2.0
GA	30184	5.1
GA	30185	2.0
GA	30187	2.0
GA	30188	1.0
GA	30189	1.0
GA	30204	7.1
GA	30205	2.0
GA	30206	2.0
GA	30212	1.0
GA	30213	1.0
GA	30214	1.0
GA	30215	1.0
GA	30216	2.0
GA	30217	6.0
GA	30218	2.0
GA	30219	6.0
GA	30220	5.1
GA	30222	10.5
GA	30223	1.0
GA	30224	1.0
GA	30228	1.0
GA	30229	2.0
GA	30230	5.0
GA	30232	1.0
GA	30233	2.0
GA	30234	2.0
GA	30236	1.0
GA	30237	1.0
GA	30238	1.0
GA	30240	4.0
GA	30241	4.0
GA	30248	2.0
GA	30250	1.0
GA	30251	5.2
GA	30252	1.0
GA	30253	1.0
GA	30256	2.0
GA	30257	2.0
GA	30258	2.0
GA	30259	5.1
GA	30260	1.0
GA	30261	4.0
GA	30263	4.1
GA	30264	4.1
GA	30265	1.0
GA	30266	1.0
GA	30268	2.0
GA	30269	1.0
GA	30270	1.0

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
GA	30271	4.1
GA	30272	1.0
GA	30273	1.0
GA	30274	1.0
GA	30275	4.1
GA	30276	2.0
GA	30277	1.0
GA	30281	1.0
GA	30284	1.0
GA	30285	5.2
GA	30286	4.2
GA	30287	1.0
GA	30288	1.0
GA	30289	2.0
GA	30290	1.0
GA	30291	1.0
GA	30292	2.0
GA	30293	10.4
GA	30294	1.0
GA	30295	2.0
GA	30296	1.0
GA	30297	1.0
GA	30298	1.0
GA	30301	1.0
GA	30302	1.0
GA	30303	1.0
GA	30304	1.0
GA	30305	1.0
GA	30306	1.0
GA	30307	1.0
GA	30308	1.0
GA	30309	1.0
GA	30310	1.0
GA	30311	1.0
GA	30312	1.0
GA	30313	1.0
GA	30314	1.0
GA	30315	1.0
GA	30316	1.0
GA	30317	1.0
GA	30318	1.0
GA	30319	1.0
GA	30320	1.0
GA	30321	1.0
GA	30322	1.0
GA	30324	1.0
GA	30325	1.0
GA	30326	1.0
GA	30327	1.0
GA	30328	1.0
GA	30329	1.0
GA	30330	1.0
GA	30331	1.0
GA	30332	1.0
GA	30333	1.0
GA	30334	1.0
GA	30336	1.0
GA	30337	1.0
GA	30338	1.0
GA	30339	1.0
GA	30340	1.0
GA	30341	1.0
GA	30342	1.0
GA	30343	1.0
GA	30344	1.0
GA	30345	1.0
GA	30346	1.0
GA	30347	1.0
GA	30348	1.0

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
GA	30349	1.0
GA	30350	1.0
GA	30353	1.0
GA	30354	1.0
GA	30355	1.0
GA	30356	1.0
GA	30357	1.0
GA	30358	1.0
GA	30359	1.0
GA	30360	1.0
GA	30361	1.0
GA	30362	1.0
GA	30363	1.0
GA	30364	1.0
GA	30366	1.0
GA	30368	1.0
GA	30369	1.0
GA	30370	1.0
GA	30371	1.0
GA	30374	1.0
GA	30375	1.0
GA	30376	1.0
GA	30377	1.0
GA	30378	1.0
GA	30379	1.0
GA	30380	1.0
GA	30384	1.0
GA	30385	1.0
GA	30386	1.0
GA	30387	1.0
GA	30388	1.0
GA	30389	1.0
GA	30390	1.0
GA	30392	1.0
GA	30394	1.0
GA	30396	1.0
GA	30398	1.0
GA	30399	1.0
GA	30401	7.0
GA	30410	10.6
GA	30411	10.6
GA	30412	9.0
GA	30413	7.0
GA	30414	7.0
GA	30415	5.0
GA	30417	7.0
GA	30420	10.6
GA	30421	10.6
GA	30423	7.0
GA	30424	8.0
GA	30425	10.6
GA	30426	10.6
GA	30427	7.3
GA	30428	10.6
GA	30429	7.0
GA	30434	7.0
GA	30436	8.0
GA	30438	10.0
GA	30439	7.0
GA	30441	9.0
GA	30442	7.0
GA	30445	10.6
GA	30446	9.2
GA	30447	5.0
GA	30448	7.0
GA	30449	9.2
GA	30450	5.0
GA	30451	7.0
GA	30452	5.0

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
GA	30453	10.0
GA	30454	4.0
GA	30455	9.2
GA	30456	10.6
GA	30457	7.4
GA	30458	4.0
GA	30459	4.0
GA	30460	4.0
GA	30461	4.0
GA	30464	10.6
GA	30467	8.0
GA	30470	8.0
GA	30471	10.6
GA	30473	9.0
GA	30474	7.0
GA	30475	7.0
GA	30477	10.6
GA	30499	10.0
GA	30501	1.0
GA	30502	1.0
GA	30503	1.0
GA	30504	1.0
GA	30506	1.0
GA	30507	1.0
GA	30510	4.2
GA	30511	5.2
GA	30512	10.0
GA	30513	10.4
GA	30514	10.0
GA	30515	1.0
GA	30516	10.6
GA	30517	2.0
GA	30518	1.0
GA	30519	1.0
GA	30520	7.0
GA	30521	10.5
GA	30522	8.0
GA	30523	6.0
GA	30525	10.0
GA	30527	2.1
GA	30528	10.4
GA	30529	7.3
GA	30530	7.1
GA	30531	4.2
GA	30533	9.1
GA	30534	2.0
GA	30535	4.2
GA	30536	4.2
GA	30537	10.0
GA	30538	5.0
GA	30539	7.3
GA	30540	8.0
GA	30541	10.0
GA	30542	1.0
GA	30543	1.0
GA	30544	4.2
GA	30545	10.0
GA	30546	10.0
GA	30547	10.4
GA	30548	2.0
GA	30549	10.4
GA	30552	10.0
GA	30553	10.5
GA	30554	2.1
GA	30555	10.0
GA	30557	5.0
GA	30558	3.0
GA	30559	10.0
GA	30560	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
GA	30562	10.0
GA	30563	4.2
GA	30564	2.0
GA	30565	2.0
GA	30566	1.0
GA	30567	2.0
GA	30568	10.0
GA	30571	10.0
GA	30572	10.0
GA	30573	10.0
GA	30575	2.0
GA	30576	10.0
GA	30577	4.0
GA	30580	6.0
GA	30581	10.0
GA	30582	10.0
GA	30596	4.2
GA	30597	9.1
GA	30598	4.0
GA	30599	7.3
GA	30601	1.0
GA	30602	1.0
GA	30603	1.0
GA	30604	1.0
GA	30605	1.0
GA	30606	1.0
GA	30607	1.0
GA	30608	1.0
GA	30609	1.0
GA	30612	1.0
GA	30619	2.0
GA	30620	2.0
GA	30621	2.0
GA	30622	1.0
GA	30623	2.0
GA	30624	10.6
GA	30625	8.0
GA	30627	2.0
GA	30628	2.0
GA	30629	2.0
GA	30630	2.0
GA	30631	10.6
GA	30633	2.0
GA	30634	7.0
GA	30635	8.0
GA	30638	1.0
GA	30639	7.0
GA	30641	2.0
GA	30642	7.0
GA	30643	7.0
GA	30645	2.0
GA	30646	2.0
GA	30647	2.0
GA	30648	2.0
GA	30650	7.3
GA	30655	4.1
GA	30656	2.0
GA	30660	8.0
GA	30662	7.0
GA	30663	2.0
GA	30664	10.6
GA	30665	10.6
GA	30666	2.0
GA	30667	2.0
GA	30668	8.0
GA	30669	8.0
GA	30671	2.0
GA	30673	7.0
GA	30677	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
GA	30678	10.6
GA	30680	2.0
GA	30683	1.0
GA	30701	4.2
GA	30703	4.2
GA	30705	2.0
GA	30707	1.0
GA	30708	2.0
GA	30710	1.0
GA	30711	2.0
GA	30719	1.0
GA	30720	1.0
GA	30721	1.0
GA	30722	1.0
GA	30724	2.0
GA	30725	1.0
GA	30726	1.0
GA	30728	8.3
GA	30730	5.0
GA	30731	10.5
GA	30732	5.2
GA	30733	5.0
GA	30734	5.2
GA	30735	5.2
GA	30736	1.0
GA	30738	2.0
GA	30739	2.0
GA	30740	1.0
GA	30741	1.0
GA	30742	1.0
GA	30746	5.2
GA	30747	4.0
GA	30750	1.0
GA	30751	2.0
GA	30752	2.0
GA	30753	4.0
GA	30755	1.0
GA	30756	1.0
GA	30757	2.0
GA	30802	2.0
GA	30803	10.0
GA	30805	2.0
GA	30806	8.1
GA	30807	10.6
GA	30808	8.1
GA	30809	1.0
GA	30810	10.4
GA	30811	2.0
GA	30812	1.0
GA	30813	1.0
GA	30814	2.0
GA	30815	1.0
GA	30816	2.0
GA	30817	3.0
GA	30818	10.4
GA	30819	7.3
GA	30820	10.4
GA	30821	9.0
GA	30822	7.0
GA	30823	10.0
GA	30824	7.3
GA	30828	10.6
GA	30830	7.3
GA	30833	10.4
GA	30901	1.0
GA	30903	1.0
GA	30904	1.0
GA	30905	1.0
GA	30906	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
GA	30907	1.0
GA	30909	1.0
GA	30910	1.0
GA	30911	1.0
GA	30912	1.0
GA	30913	1.0
GA	30914	1.0
GA	30916	1.0
GA	30917	1.0
GA	30919	1.0
GA	30999	1.0
GA	31001	10.5
GA	31002	5.0
GA	31003	10.0
GA	31004	1.0
GA	31005	1.0
GA	31006	10.0
GA	31007	10.6
GA	31008	1.0
GA	31009	5.0
GA	31010	4.0
GA	31011	9.0
GA	31012	10.5
GA	31013	7.1
GA	31014	7.0
GA	31015	4.0
GA	31016	2.0
GA	31017	2.0
GA	31018	8.0
GA	31019	5.0
GA	31020	2.0
GA	31021	4.0
GA	31022	5.0
GA	31023	7.0
GA	31024	7.0
GA	31025	2.0
GA	31026	7.0
GA	31027	4.0
GA	31028	1.0
GA	31029	9.1
GA	31030	4.2
GA	31031	10.5
GA	31032	2.0
GA	31033	2.0
GA	31034	4.0
GA	31035	8.0
GA	31036	7.0
GA	31037	7.0
GA	31038	10.0
GA	31039	10.0
GA	31040	4.0
GA	31041	10.6
GA	31042	10.5
GA	31044	2.0
GA	31045	10.0
GA	31046	2.0
GA	31047	7.1
GA	31049	5.0
GA	31050	2.0
GA	31051	7.4
GA	31052	2.0
GA	31054	10.5
GA	31055	7.0
GA	31057	6.0
GA	31058	2.0
GA	31059	4.0
GA	31060	10.6
GA	31061	4.0
GA	31062	4.0

ADDENDUM I.—RUCR RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCR RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCR RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCR level	State	Zip code	RUCR level	State	Zip code	RUCR level
GA	31063	7.0	GA	31220	1.0	GA	31522	1.0
GA	31064	10.1	GA	31221	1.0	GA	31523	2.0
GA	31065	5.0	GA	31294	1.0	GA	31524	1.0
GA	31066	10.1	GA	31295	1.0	GA	31525	1.0
GA	31067	7.0	GA	31296	1.0	GA	31527	2.0
GA	31068	7.0	GA	31297	1.0	GA	31532	8.0
GA	31069	7.1	GA	31298	1.0	GA	31533	4.0
GA	31070	10.6	GA	31299	1.0	GA	31534	4.0
GA	31071	10.5	GA	31301	1.0	GA	31535	5.0
GA	31072	5.0	GA	31302	2.0	GA	31537	7.4
GA	31075	5.0	GA	31303	2.0	GA	31539	7.0
GA	31076	10.0	GA	31304	2.0	GA	31542	5.0
GA	31077	10.6	GA	31305	7.1	GA	31543	10.4
GA	31078	10.1	GA	31307	2.0	GA	31544	8.0
GA	31079	10.5	GA	31308	2.0	GA	31545	4.0
GA	31081	10.0	GA	31309	2.0	GA	31546	4.0
GA	31082	7.0	GA	31310	1.0	GA	31547	4.0
GA	31083	7.0	GA	31312	2.0	GA	31548	4.0
GA	31084	5.0	GA	31313	1.0	GA	31549	10.6
GA	31085	2.0	GA	31314	1.0	GA	31550	4.0
GA	31086	9.1	GA	31315	1.0	GA	31551	6.0
GA	31087	7.4	GA	31316	2.0	GA	31552	4.0
GA	31088	1.0	GA	31318	2.0	GA	31553	10.4
GA	31089	7.0	GA	31319	2.0	GA	31554	5.0
GA	31090	10.0	GA	31320	2.0	GA	31555	5.0
GA	31091	10.6	GA	31321	2.0	GA	31556	10.5
GA	31092	7.4	GA	31322	2.0	GA	31557	10.5
GA	31093	1.0	GA	31323	10.4	GA	31558	4.0
GA	31094	8.4	GA	31324	2.0	GA	31560	5.0
GA	31095	1.0	GA	31326	2.0	GA	31561	1.0
GA	31096	10.5	GA	31327	2.0	GA	31562	3.0
GA	31097	5.2	GA	31328	2.0	GA	31563	10.3
GA	31098	1.0	GA	31329	2.0	GA	31564	4.0
GA	31099	1.0	GA	31331	10.4	GA	31565	2.0
GA	31106	1.0	GA	31333	1.0	GA	31566	2.0
GA	31107	1.0	GA	31401	1.0	GA	31567	5.0
GA	31119	1.0	GA	31402	1.0	GA	31568	2.0
GA	31126	1.0	GA	31403	1.0	GA	31569	5.0
GA	31131	1.0	GA	31404	1.0	GA	31598	4.0
GA	31132	1.0	GA	31405	1.0	GA	31599	4.0
GA	31139	1.0	GA	31406	1.0	GA	31601	1.0
GA	31141	1.0	GA	31407	1.0	GA	31602	1.0
GA	31145	1.0	GA	31408	1.0	GA	31603	1.0
GA	31146	1.0	GA	31409	1.0	GA	31604	1.0
GA	31150	1.0	GA	31410	1.0	GA	31605	2.0
GA	31156	1.0	GA	31411	1.0	GA	31606	2.0
GA	31191	1.0	GA	31412	1.0	GA	31620	7.3
GA	31192	1.0	GA	31414	1.0	GA	31622	10.6
GA	31193	1.0	GA	31415	1.0	GA	31623	7.0
GA	31195	1.0	GA	31416	1.0	GA	31624	10.0
GA	31196	1.0	GA	31418	1.0	GA	31625	2.0
GA	31197	1.0	GA	31419	1.0	GA	31626	5.0
GA	31198	1.0	GA	31420	1.0	GA	31627	7.3
GA	31199	1.0	GA	31421	1.0	GA	31629	8.0
GA	31201	1.0	GA	31422	1.0	GA	31630	7.0
GA	31202	1.0	GA	31498	1.0	GA	31631	7.0
GA	31203	1.0	GA	31499	1.0	GA	31632	2.0
GA	31204	1.0	GA	31501	4.0	GA	31634	7.0
GA	31205	1.0	GA	31502	4.0	GA	31635	10.4
GA	31206	1.0	GA	31503	4.0	GA	31636	2.0
GA	31207	1.0	GA	31510	7.0	GA	31637	5.0
GA	31208	1.0	GA	31512	5.0	GA	31638	2.0
GA	31209	1.0	GA	31513	7.0	GA	31639	7.0
GA	31210	1.0	GA	31515	7.0	GA	31641	2.0
GA	31211	1.0	GA	31516	5.0	GA	31642	10.5
GA	31212	1.0	GA	31518	10.3	GA	31643	7.3
GA	31213	1.0	GA	31519	5.0	GA	31645	9.1
GA	31216	1.0	GA	31520	1.0	GA	31647	7.3
GA	31217	1.0	GA	31521	1.0	GA	31648	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
GA	31649	2.0
GA	31650	10.0
GA	31698	1.0
GA	31699	2.0
GA	31701	1.0
GA	31702	1.0
GA	31703	1.0
GA	31704	10.4
GA	31705	1.0
GA	31706	1.0
GA	31707	1.0
GA	31708	1.0
GA	31709	4.0
GA	31710	4.0
GA	31711	5.0
GA	31712	5.0
GA	31714	7.4
GA	31716	2.0
GA	31719	4.0
GA	31720	5.0
GA	31721	1.0
GA	31722	5.0
GA	31727	4.0
GA	31730	7.3
GA	31733	5.0
GA	31735	5.0
GA	31738	5.0
GA	31739	7.0
GA	31743	5.0
GA	31744	5.0
GA	31747	5.0
GA	31749	5.0
GA	31750	4.0
GA	31753	4.0
GA	31756	5.0
GA	31757	4.0
GA	31758	4.0
GA	31760	5.0
GA	31763	1.0
GA	31764	5.0
GA	31765	5.0
GA	31768	4.0
GA	31769	7.4
GA	31771	5.0
GA	31772	2.0
GA	31773	5.0
GA	31774	7.4
GA	31775	5.0
GA	31776	4.0
GA	31778	5.0
GA	31779	7.0
GA	31780	5.0
GA	31781	9.1
GA	31782	1.0
GA	31783	9.0
GA	31784	10.6
GA	31787	2.0
GA	31788	5.0
GA	31789	9.1
GA	31790	9.0
GA	31791	7.1
GA	31792	4.0
GA	31793	5.0
GA	31794	4.0
GA	31795	5.0
GA	31796	2.0
GA	31798	7.4
GA	31799	4.0
GA	31801	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
GA	31803	10.4
GA	31804	2.0
GA	31805	2.0
GA	31806	10.5
GA	31807	2.0
GA	31808	2.0
GA	31810	2.0
GA	31811	2.0
GA	31812	2.0
GA	31814	3.0
GA	31815	10.4
GA	31816	7.0
GA	31820	2.0
GA	31821	3.0
GA	31822	6.0
GA	31823	3.0
GA	31824	10.5
GA	31825	10.4
GA	31826	3.0
GA	31827	10.4
GA	31829	2.0
GA	31830	10.6
GA	31831	2.0
GA	31832	10.0
GA	31833	4.0
GA	31836	8.3
GA	31901	1.0
GA	31902	1.0
GA	31903	1.0
GA	31904	1.0
GA	31905	1.0
GA	31906	1.0
GA	31907	1.0
GA	31908	1.0
GA	31909	1.0
GA	31914	1.0
GA	31917	1.0
GA	31993	1.0
GA	31994	1.0
GA	31995	1.0
GA	31997	1.0
GA	31998	1.0
GA	31999	1.0
GA	39813	10.4
GA	39815	5.0
GA	39817	4.0
GA	39818	4.0
GA	39819	4.0
GA	39823	7.0
GA	39824	10.6
GA	39825	5.0
GA	39826	2.0
GA	39827	7.4
GA	39828	7.4
GA	39829	7.4
GA	39832	10.6
GA	39834	5.0
GA	39836	7.0
GA	39837	10.0
GA	39840	7.0
GA	39841	10.6
GA	39842	7.3
GA	39845	7.4
GA	39846	10.4
GA	39851	10.0
GA	39852	4.0
GA	39854	7.0
GA	39859	5.0
GA	39861	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
GA	39862	2.0
GA	39866	2.0
GA	39867	8.0
GA	39870	2.0
GA	39877	2.0
GA	39885	10.6
GA	39886	10.6
GA	39897	8.0
GA	39901	1.0
GA	96911	R
GA	96912	R
GA	96913	R
GA	96914	R
GA	96915	R
GA	96916	R
GA	96917	R
GA	96918	R
GA	96919	R
GA	96921	R
GA	96922	R
GA	96923	R
GA	96925	R
GA	96926	R
GA	96927	R
GA	96928	R
GA	96929	R
GA	96930	R
GA	96931	R
GA	96932	R
GA	96701	1.0
GA	96703	5.0
GA	96704	10.2
GA	96705	4.0
GA	96706	1.0
GA	96707	1.0
GA	96708	4.0
GA	96709	1.0
GA	96710	4.0
GA	96712	2.0
GA	96713	10.0
GA	96714	10.5
GA	96715	4.0
GA	96716	4.0
GA	96717	4.1
GA	96718	10.5
GA	96719	7.0
GA	96720	4.0
GA	96721	4.0
GA	96722	10.5
GA	96725	7.2
GA	96726	10.2
GA	96727	7.0
GA	96728	4.0
GA	96729	10.6
GA	96730	4.1
GA	96731	2.0
GA	96732	4.0
GA	96733	4.0
GA	96734	2.0
GA	96737	10.2
GA	96738	7.0
GA	96739	4.0
GA	96740	4.0
GA	96741	4.0
GA	96742	10.0
GA	96743	8.0
GA	96744	2.0
GA	96745	4.0
GA	96746	5.0

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
HI	96747	4.0
HI	96748	7.0
HI	96749	4.0
HI	96750	4.0
HI	96751	5.0
HI	96752	7.2
HI	96753	4.0
HI	96754	10.5
HI	96755	7.0
HI	96756	4.0
HI	96757	10.6
HI	96759	1.0
HI	96760	4.0
HI	96761	4.0
HI	96762	4.1
HI	96763	7.0
HI	96764	5.0
HI	96765	4.0
HI	96766	4.0
HI	96767	4.0
HI	96768	4.0
HI	96769	4.0
HI	96770	10.6
HI	96771	5.0
HI	96772	10.5
HI	96773	5.0
HI	96774	5.0
HI	96776	10.6
HI	96777	10.5
HI	96778	5.0
HI	96779	5.0
HI	96780	5.0
HI	96781	4.0
HI	96782	1.0
HI	96783	4.0
HI	96784	4.0
HI	96785	5.0
HI	96786	1.0
HI	96788	4.0
HI	96789	1.0
HI	96790	4.0
HI	96791	2.0
HI	96792	1.0
HI	96793	4.0
HI	96795	2.0
HI	96796	7.2
HI	96797	1.0
HI	96801	1.0
HI	96802	1.0
HI	96803	1.0
HI	96804	1.0
HI	96805	1.0
HI	96806	1.0
HI	96807	1.0
HI	96808	1.0
HI	96809	1.0
HI	96810	1.0
HI	96811	1.0
HI	96812	1.0
HI	96813	1.0
HI	96814	1.0
HI	96815	1.0
HI	96816	1.0
HI	96817	1.0
HI	96818	1.0
HI	96819	1.0
HI	96820	1.0
HI	96821	1.0
HI	96822	1.0

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
HI	96823	1.0
HI	96824	1.0
HI	96825	1.0
HI	96826	1.0
HI	96827	1.0
HI	96828	1.0
HI	96830	1.0
HI	96835	1.0
HI	96836	1.0
HI	96837	1.0
HI	96838	1.0
HI	96839	1.0
HI	96840	1.0
HI	96841	1.0
HI	96842	1.0
HI	96843	1.0
HI	96844	1.0
HI	96846	1.0
HI	96847	1.0
HI	96848	1.0
HI	96849	1.0
HI	96850	1.0
HI	96853	1.0
HI	96854	1.0
HI	96857	1.0
HI	96858	1.0
HI	96859	1.0
HI	96860	1.0
HI	96861	1.0
HI	96862	2.0
HI	96863	2.0
HI	96898	1.0
IA	50001	2.0
IA	50002	10.4
IA	50003	2.0
IA	50005	5.0
IA	50006	10.6
IA	50007	2.0
IA	50008	10.0
IA	50009	1.0
IA	50010	1.0
IA	50011	1.0
IA	50012	1.0
IA	50013	1.0
IA	50014	1.0
IA	50015	1.0
IA	50020	8.0
IA	50021	1.0
IA	50022	7.0
IA	50023	7.0
IA	50025	10.0
IA	50026	10.4
IA	50027	5.0
IA	50028	2.0
IA	50029	10.0
IA	50031	10.5
IA	50032	1.0
IA	50033	2.0
IA	50034	8.0
IA	50035	1.0
IA	50036	4.2
IA	50037	4.2
IA	50038	1.0
IA	50039	2.0
IA	50040	10.5
IA	50041	10.6
IA	50042	10.6
IA	50043	10.6
IA	50044	9.0

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
IA	50046	2.1
IA	50047	2.0
IA	50048	10.0
IA	50049	7.0
IA	50050	10.6
IA	50051	10.5
IA	50052	10.0
IA	50054	2.0
IA	50055	3.0
IA	50056	3.0
IA	50057	3.0
IA	50058	10.6
IA	50059	7.0
IA	50060	10.0
IA	50061	1.0
IA	50062	3.0
IA	50063	2.0
IA	50064	10.6
IA	50065	10.6
IA	50066	2.0
IA	50067	10.0
IA	50068	8.0
IA	50069	1.0
IA	50070	2.0
IA	50071	10.6
IA	50072	2.0
IA	50073	2.0
IA	50074	10.0
IA	50075	10.4
IA	50076	10.6
IA	50078	4.0
IA	50101	10.6
IA	50102	10.6
IA	50103	10.6
IA	50104	10.0
IA	50105	1.0
IA	50106	5.0
IA	50107	10.6
IA	50108	10.0
IA	50109	2.0
IA	50110	10.0
IA	50111	1.0
IA	50112	7.0
IA	50115	10.4
IA	50116	9.0
IA	50117	10.0
IA	50118	2.0
IA	50119	9.0
IA	50120	5.0
IA	50122	10.0
IA	50123	10.0
IA	50124	2.1
IA	50125	4.1
IA	50126	7.0
IA	50127	2.0
IA	50128	10.4
IA	50129	7.0
IA	50130	10.4
IA	50131	1.0
IA	50132	8.0
IA	50133	10.0
IA	50134	2.1
IA	50135	5.0
IA	50136	10.0
IA	50137	10.5
IA	50138	7.3
IA	50139	2.0
IA	50140	10.0
IA	50141	5.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IA	50142	4.0
IA	50143	10.5
IA	50144	10.6
IA	50145	2.0
IA	50146	2.0
IA	50147	10.0
IA	50148	5.0
IA	50149	8.0
IA	50150	9.0
IA	50151	8.0
IA	50152	2.0
IA	50153	10.5
IA	50154	2.0
IA	50155	2.0
IA	50156	2.0
IA	50157	10.6
IA	50158	4.0
IA	50160	2.0
IA	50161	3.0
IA	50162	5.0
IA	50163	3.0
IA	50164	10.4
IA	50165	10.0
IA	50166	2.0
IA	50167	2.0
IA	50168	2.0
IA	50169	2.0
IA	50170	6.1
IA	50171	10.6
IA	50173	10.6
IA	50174	8.0
IA	50177	7.0
IA	50197	7.3
IA	50198	7.3
IA	50201	2.0
IA	50206	10.0
IA	50207	10.5
IA	50208	4.0
IA	50210	2.0
IA	50211	1.0
IA	50212	10.5
IA	50213	7.3
IA	50214	10.4
IA	50216	10.4
IA	50217	10.6
IA	50218	2.0
IA	50219	7.0
IA	50220	7.3
IA	50222	2.0
IA	50223	10.5
IA	50225	10.4
IA	50226	2.0
IA	50227	10.6
IA	50228	2.0
IA	50229	2.0
IA	50230	10.6
IA	50231	10.4
IA	50232	6.1
IA	50233	2.0
IA	50234	5.0
IA	50235	10.6
IA	50236	2.0
IA	50237	2.0
IA	50238	8.0
IA	50239	10.5
IA	50240	2.0
IA	50241	2.0
IA	50242	8.0
IA	50243	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IA	50244	2.1
IA	50246	10.6
IA	50247	10.5
IA	50248	2.0
IA	50249	10.6
IA	50250	10.4
IA	50251	10.5
IA	50252	10.4
IA	50254	8.0
IA	50255	10.0
IA	50256	9.0
IA	50257	2.0
IA	50258	10.0
IA	50259	10.0
IA	50261	1.0
IA	50262	10.6
IA	50263	1.0
IA	50264	10.6
IA	50265	1.0
IA	50266	1.0
IA	50268	10.0
IA	50269	10.0
IA	50271	8.0
IA	50272	8.0
IA	50273	7.1
IA	50274	8.0
IA	50275	8.0
IA	50276	2.0
IA	50277	10.4
IA	50278	2.0
IA	50301	1.0
IA	50302	1.0
IA	50303	1.0
IA	50304	1.0
IA	50305	1.0
IA	50306	1.0
IA	50307	1.0
IA	50308	1.0
IA	50309	1.0
IA	50310	1.0
IA	50311	1.0
IA	50312	1.0
IA	50313	1.0
IA	50314	1.0
IA	50315	1.0
IA	50316	1.0
IA	50317	1.0
IA	50318	1.0
IA	50319	1.0
IA	50320	1.0
IA	50321	1.0
IA	50322	1.0
IA	50323	1.0
IA	50325	1.0
IA	50327	1.0
IA	50328	1.0
IA	50329	1.0
IA	50330	1.0
IA	50331	1.0
IA	50332	1.0
IA	50333	1.0
IA	50334	1.0
IA	50335	1.0
IA	50336	1.0
IA	50338	1.0
IA	50339	1.0
IA	50340	1.0
IA	50347	1.0
IA	50350	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IA	50359	1.0
IA	50360	1.0
IA	50361	1.0
IA	50362	1.0
IA	50363	1.0
IA	50364	1.0
IA	50367	1.0
IA	50368	1.0
IA	50369	1.0
IA	50380	1.0
IA	50381	1.0
IA	50391	1.0
IA	50392	1.0
IA	50393	1.0
IA	50394	1.0
IA	50395	1.0
IA	50396	1.0
IA	50397	1.0
IA	50398	1.0
IA	50401	4.0
IA	50402	4.0
IA	50420	10.6
IA	50421	10.0
IA	50423	10.6
IA	50424	10.6
IA	50426	10.6
IA	50427	10.6
IA	50428	7.2
IA	50430	10.0
IA	50431	10.6
IA	50432	10.6
IA	50433	5.0
IA	50434	10.0
IA	50435	8.0
IA	50436	7.0
IA	50438	7.4
IA	50439	10.6
IA	50440	5.0
IA	50441	7.0
IA	50444	10.0
IA	50446	10.0
IA	50447	10.0
IA	50448	5.0
IA	50449	10.6
IA	50450	10.6
IA	50451	10.0
IA	50452	10.6
IA	50453	10.6
IA	50454	10.6
IA	50455	10.6
IA	50456	5.0
IA	50457	5.0
IA	50458	5.0
IA	50459	10.5
IA	50460	10.6
IA	50461	7.4
IA	50464	5.0
IA	50465	10.6
IA	50466	10.6
IA	50467	5.0
IA	50468	10.5
IA	50469	5.0
IA	50470	10.6
IA	50471	5.0
IA	50472	10.6
IA	50473	10.6
IA	50475	10.6
IA	50476	10.6
IA	50477	5.0

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
IA	50478	10.6	IA	50583	10.0	IA	50667	1.0
IA	50479	5.0	IA	50585	10.5	IA	50668	10.1
IA	50480	10.6	IA	50586	10.5	IA	50669	2.0
IA	50481	10.6	IA	50588	4.0	IA	50670	2.0
IA	50482	7.2	IA	50590	10.0	IA	50671	10.6
IA	50483	10.6	IA	50591	10.6	IA	50672	10.6
IA	50484	10.0	IA	50592	4.0	IA	50673	10.1
IA	50501	4.0	IA	50593	10.0	IA	50674	10.0
IA	50510	10.5	IA	50594	5.0	IA	50675	10.4
IA	50511	7.0	IA	50595	7.0	IA	50676	9.0
IA	50514	10.0	IA	50597	10.6	IA	50677	7.3
IA	50515	10.5	IA	50598	8.0	IA	50680	10.4
IA	50516	5.0	IA	50599	10.6	IA	50681	10.6
IA	50517	10.6	IA	50601	10.6	IA	50682	10.6
IA	50518	5.0	IA	50602	10.0	IA	50701	1.0
IA	50519	8.0	IA	50603	10.6	IA	50702	1.0
IA	50520	8.0	IA	50604	10.1	IA	50703	1.0
IA	50521	5.0	IA	50605	10.0	IA	50704	1.0
IA	50522	10.6	IA	50606	10.0	IA	50706	2.0
IA	50523	5.0	IA	50607	10.6	IA	50707	1.0
IA	50524	5.0	IA	50608	10.0	IA	50799	1.0
IA	50525	7.0	IA	50609	10.5	IA	50801	7.0
IA	50526	7.0	IA	50611	10.0	IA	50830	8.0
IA	50527	10.6	IA	50612	10.4	IA	50831	8.0
IA	50528	10.6	IA	50613	1.0	IA	50833	10.6
IA	50529	7.4	IA	50614	1.0	IA	50835	10.0
IA	50530	5.0	IA	50616	7.0	IA	50836	10.6
IA	50531	8.0	IA	50619	10.6	IA	50837	10.0
IA	50532	5.0	IA	50620	7.0	IA	50839	10.0
IA	50533	7.0	IA	50621	10.5	IA	50840	10.6
IA	50535	10.5	IA	50622	2.0	IA	50841	10.0
IA	50536	7.0	IA	50623	1.0	IA	50842	7.0
IA	50538	10.5	IA	50624	2.0	IA	50843	10.6
IA	50539	10.6	IA	50625	10.0	IA	50845	10.0
IA	50540	10.0	IA	50626	2.0	IA	50846	10.0
IA	50541	8.0	IA	50627	10.0	IA	50847	8.0
IA	50542	10.6	IA	50628	10.6	IA	50848	8.0
IA	50543	5.0	IA	50629	10.4	IA	50849	10.0
IA	50544	5.0	IA	50630	10.6	IA	50851	10.6
IA	50545	10.6	IA	50631	10.0	IA	50853	10.6
IA	50546	10.0	IA	50632	10.2	IA	50854	10.0
IA	50548	7.4	IA	50633	10.6	IA	50857	10.0
IA	50551	10.5	IA	50634	1.0	IA	50858	10.0
IA	50552	10.5	IA	50635	10.2	IA	50859	10.0
IA	50554	10.0	IA	50636	10.0	IA	50860	10.0
IA	50556	10.0	IA	50638	10.4	IA	50861	8.0
IA	50557	5.0	IA	50641	10.4	IA	50862	10.6
IA	50558	10.6	IA	50642	10.4	IA	50863	10.0
IA	50559	10.6	IA	50643	2.0	IA	50864	10.3
IA	50560	10.6	IA	50644	7.3	IA	50936	1.0
IA	50561	10.5	IA	50645	10.6	IA	50940	1.0
IA	50562	10.6	IA	50647	2.0	IA	50947	1.0
IA	50563	10.5	IA	50648	2.0	IA	50950	1.0
IA	50565	10.5	IA	50649	10.6	IA	50980	1.0
IA	50566	5.0	IA	50650	10.6	IA	50981	1.0
IA	50567	10.5	IA	50651	2.0	IA	51001	10.6
IA	50568	5.0	IA	50652	10.4	IA	51002	5.0
IA	50569	5.0	IA	50653	10.5	IA	51003	7.0
IA	50570	8.0	IA	50654	8.0	IA	51004	10.1
IA	50571	10.0	IA	50655	10.6	IA	51005	10.6
IA	50573	10.0	IA	50657	2.0	IA	51006	10.0
IA	50574	10.0	IA	50658	10.6	IA	51007	2.0
IA	50575	10.5	IA	50659	7.0	IA	51008	7.3
IA	50576	10.5	IA	50660	2.0	IA	51009	10.0
IA	50577	10.6	IA	50661	7.0	IA	51010	10.4
IA	50578	10.0	IA	50662	7.0	IA	51011	10.6
IA	50579	10.5	IA	50664	10.4	IA	51012	7.0
IA	50581	10.0	IA	50665	10.1	IA	51014	10.6
IA	50582	8.0	IA	50666	10.6	IA	51015	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IA	51016	10.1
IA	51018	10.1
IA	51019	10.1
IA	51020	10.0
IA	51022	7.0
IA	51023	10.6
IA	51024	2.0
IA	51025	10.0
IA	51026	2.0
IA	51027	7.0
IA	51028	10.4
IA	51029	10.3
IA	51030	2.0
IA	51031	7.3
IA	51033	10.5
IA	51034	10.4
IA	51035	10.3
IA	51036	7.0
IA	51037	10.6
IA	51038	2.0
IA	51039	2.0
IA	51040	7.3
IA	51041	7.0
IA	51044	2.0
IA	51045	7.3
IA	51046	10.0
IA	51047	5.0
IA	51048	10.1
IA	51049	10.6
IA	51050	10.3
IA	51051	10.4
IA	51052	2.0
IA	51053	10.5
IA	51054	1.0
IA	51055	2.0
IA	51056	2.0
IA	51058	10.0
IA	51060	10.6
IA	51061	10.6
IA	51062	2.0
IA	51063	10.4
IA	51101	1.0
IA	51102	1.0
IA	51103	1.0
IA	51104	1.0
IA	51105	1.0
IA	51106	1.0
IA	51108	1.0
IA	51109	1.0
IA	51111	1.0
IA	51201	7.0
IA	51230	10.4
IA	51231	10.6
IA	51232	10.6
IA	51234	10.6
IA	51235	10.4
IA	51237	10.0
IA	51238	10.6
IA	51239	10.6
IA	51240	10.4
IA	51241	10.4
IA	51242	10.4
IA	51243	10.0
IA	51244	7.0
IA	51245	10.6
IA	51246	10.4
IA	51247	7.0
IA	51248	10.6
IA	51249	7.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IA	51250	7.0
IA	51301	4.0
IA	51331	4.0
IA	51333	5.0
IA	51334	7.4
IA	51338	5.0
IA	51340	4.0
IA	51341	5.0
IA	51342	10.6
IA	51343	5.0
IA	51344	7.4
IA	51345	10.6
IA	51346	10.5
IA	51347	5.0
IA	51349	10.6
IA	51350	10.6
IA	51351	4.0
IA	51354	10.6
IA	51355	4.0
IA	51357	5.0
IA	51358	10.5
IA	51360	4.0
IA	51363	4.0
IA	51364	4.0
IA	51365	8.0
IA	51366	5.0
IA	51401	7.0
IA	51430	8.0
IA	51431	10.0
IA	51432	10.3
IA	51433	10.0
IA	51436	8.0
IA	51439	8.0
IA	51440	10.6
IA	51441	8.0
IA	51442	7.0
IA	51443	8.0
IA	51444	8.0
IA	51445	10.0
IA	51446	10.6
IA	51447	10.6
IA	51448	8.0
IA	51449	10.6
IA	51450	10.0
IA	51451	8.0
IA	51452	8.0
IA	51453	10.5
IA	51454	10.3
IA	51455	10.6
IA	51458	10.0
IA	51459	8.0
IA	51460	8.0
IA	51461	8.0
IA	51462	10.6
IA	51463	10.6
IA	51465	8.0
IA	51466	10.0
IA	51467	8.0
IA	51501	1.0
IA	51502	1.0
IA	51503	1.0
IA	51510	1.0
IA	51520	8.0
IA	51521	10.1
IA	51523	10.4
IA	51525	2.0
IA	51526	2.0
IA	51527	10.6
IA	51528	8.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IA	51529	10.4
IA	51530	10.6
IA	51531	10.6
IA	51532	8.0
IA	51533	2.0
IA	51534	7.1
IA	51535	10.6
IA	51536	2.0
IA	51537	7.0
IA	51540	2.0
IA	51541	2.0
IA	51542	2.0
IA	51543	10.0
IA	51544	10.6
IA	51545	10.4
IA	51546	10.1
IA	51548	2.0
IA	51549	2.0
IA	51550	10.1
IA	51551	2.0
IA	51552	8.0
IA	51553	2.0
IA	51554	7.1
IA	51555	7.1
IA	51556	10.1
IA	51557	10.4
IA	51558	10.6
IA	51559	2.0
IA	51560	2.0
IA	51561	2.0
IA	51562	10.6
IA	51563	2.0
IA	51564	10.4
IA	51565	10.6
IA	51566	7.0
IA	51570	10.6
IA	51571	2.0
IA	51572	10.6
IA	51573	10.3
IA	51575	2.0
IA	51576	2.0
IA	51577	10.1
IA	51578	10.6
IA	51579	10.4
IA	51591	7.0
IA	51593	7.0
IA	51601	7.0
IA	51602	7.0
IA	51603	7.0
IA	51630	8.0
IA	51631	8.0
IA	51632	7.0
IA	51636	8.0
IA	51637	8.0
IA	51638	10.6
IA	51639	10.6
IA	51640	10.4
IA	51645	10.6
IA	51646	8.0
IA	51647	8.0
IA	51648	10.4
IA	51649	10.6
IA	51650	10.6
IA	51651	8.0
IA	51652	10.4
IA	51653	10.4
IA	51654	10.4
IA	51656	10.6
IA	52001	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IA	52002	1.0
IA	52003	1.0
IA	52004	1.0
IA	52030	3.0
IA	52031	7.3
IA	52032	10.1
IA	52033	9.0
IA	52035	10.6
IA	52036	10.6
IA	52037	10.6
IA	52038	8.0
IA	52039	2.0
IA	52040	7.3
IA	52041	10.6
IA	52042	8.0
IA	52043	10.0
IA	52044	10.0
IA	52045	2.0
IA	52046	2.0
IA	52047	10.6
IA	52048	10.0
IA	52049	10.0
IA	52050	10.6
IA	52052	10.0
IA	52053	2.0
IA	52054	3.0
IA	52056	10.0
IA	52057	7.0
IA	52060	7.0
IA	52064	10.5
IA	52065	10.4
IA	52066	10.0
IA	52068	2.0
IA	52069	10.5
IA	52070	10.5
IA	52071	3.0
IA	52072	10.0
IA	52073	2.0
IA	52074	10.5
IA	52075	7.3
IA	52076	10.6
IA	52077	10.6
IA	52078	10.4
IA	52079	8.3
IA	52099	1.0
IA	52101	7.0
IA	52132	10.3
IA	52133	8.0
IA	52134	10.6
IA	52135	10.0
IA	52136	7.0
IA	52140	10.6
IA	52141	10.0
IA	52142	10.0
IA	52144	10.3
IA	52146	10.6
IA	52147	10.0
IA	52149	7.0
IA	52151	10.4
IA	52154	10.6
IA	52155	10.3
IA	52156	10.0
IA	52157	10.6
IA	52158	10.6
IA	52159	10.0
IA	52160	10.6
IA	52161	8.0
IA	52162	10.0
IA	52163	10.3

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IA	52164	10.0
IA	52165	8.0
IA	52166	10.0
IA	52168	10.3
IA	52169	10.0
IA	52170	10.6
IA	52171	10.0
IA	52172	7.0
IA	52175	10.0
IA	52201	10.6
IA	52202	2.0
IA	52203	10.4
IA	52204	10.4
IA	52205	7.1
IA	52206	2.0
IA	52207	8.3
IA	52208	7.3
IA	52209	2.0
IA	52210	10.4
IA	52211	10.6
IA	52212	10.4
IA	52213	2.0
IA	52214	2.0
IA	52215	10.6
IA	52216	10.6
IA	52217	10.4
IA	52218	2.0
IA	52219	2.0
IA	52220	10.4
IA	52221	10.6
IA	52222	10.6
IA	52223	10.6
IA	52224	10.4
IA	52225	10.6
IA	52226	10.6
IA	52227	2.0
IA	52228	2.0
IA	52229	10.4
IA	52231	10.4
IA	52232	10.6
IA	52233	1.0
IA	52235	2.0
IA	52236	10.4
IA	52237	10.6
IA	52240	1.0
IA	52241	1.0
IA	52242	1.0
IA	52243	1.0
IA	52244	1.0
IA	52245	1.0
IA	52246	1.0
IA	52247	2.0
IA	52248	10.4
IA	52249	2.0
IA	52251	10.4
IA	52252	7.3
IA	52253	7.1
IA	52254	10.6
IA	52255	10.6
IA	52257	2.0
IA	52301	10.4
IA	52302	1.0
IA	52305	2.0
IA	52306	3.0
IA	52307	10.4
IA	52308	10.0
IA	52309	8.3
IA	52310	7.3
IA	52312	7.1

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IA	52313	10.4
IA	52314	7.1
IA	52315	2.0
IA	52316	10.0
IA	52317	1.0
IA	52318	2.0
IA	52319	1.0
IA	52320	2.0
IA	52321	10.4
IA	52322	1.0
IA	52323	10.4
IA	52324	1.0
IA	52325	10.4
IA	52326	10.4
IA	52327	2.0
IA	52328	1.0
IA	52329	10.4
IA	52330	10.6
IA	52332	2.0
IA	52333	2.1
IA	52334	10.4
IA	52335	10.0
IA	52336	2.0
IA	52337	3.0
IA	52338	2.0
IA	52339	7.0
IA	52340	1.0
IA	52341	1.0
IA	52342	7.0
IA	52344	2.0
IA	52345	2.0
IA	52346	10.4
IA	52347	10.0
IA	52348	10.6
IA	52349	7.3
IA	52350	2.0
IA	52351	2.0
IA	52352	2.0
IA	52353	7.3
IA	52354	2.0
IA	52355	10.0
IA	52356	10.6
IA	52358	2.0
IA	52359	10.6
IA	52361	10.4
IA	52362	10.4
IA	52401	1.0
IA	52402	1.0
IA	52403	1.0
IA	52404	1.0
IA	52405	1.0
IA	52406	1.0
IA	52407	1.0
IA	52408	1.0
IA	52409	1.0
IA	52410	1.0
IA	52411	1.0
IA	52497	1.0
IA	52498	1.0
IA	52499	1.0
IA	52501	4.0
IA	52530	5.0
IA	52531	7.0
IA	52533	8.0
IA	52534	5.0
IA	52535	10.6
IA	52536	5.0
IA	52537	10.5
IA	52538	10.5

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IA	52540	10.6
IA	52542	10.0
IA	52543	5.0
IA	52544	7.0
IA	52548	5.0
IA	52549	8.0
IA	52550	10.0
IA	52551	10.6
IA	52552	10.5
IA	52553	5.0
IA	52554	5.0
IA	52555	8.0
IA	52556	7.0
IA	52557	7.0
IA	52560	10.5
IA	52561	5.0
IA	52562	10.0
IA	52563	10.6
IA	52565	10.6
IA	52566	5.0
IA	52567	8.0
IA	52568	10.6
IA	52569	9.0
IA	52570	10.0
IA	52571	10.6
IA	52572	10.6
IA	52573	10.0
IA	52574	8.0
IA	52576	10.6
IA	52577	4.0
IA	52580	8.0
IA	52581	8.0
IA	52583	10.0
IA	52584	10.5
IA	52585	10.6
IA	52586	5.0
IA	52588	10.6
IA	52590	10.0
IA	52591	10.0
IA	52593	10.6
IA	52594	10.6
IA	52595	4.0
IA	52601	4.0
IA	52619	5.0
IA	52620	10.6
IA	52621	10.6
IA	52623	5.0
IA	52624	5.0
IA	52625	5.0
IA	52626	10.0
IA	52627	4.0
IA	52630	8.0
IA	52631	10.5
IA	52632	4.0
IA	52635	8.0
IA	52637	5.0
IA	52638	5.0
IA	52639	5.0
IA	52640	10.5
IA	52641	7.0
IA	52642	7.0
IA	52644	8.0
IA	52645	8.0
IA	52646	10.5
IA	52647	10.3
IA	52648	10.5
IA	52649	8.0
IA	52650	5.0
IA	52651	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IA	52652	7.0
IA	52653	10.5
IA	52654	10.3
IA	52655	4.0
IA	52656	10.5
IA	52657	10.5
IA	52658	5.0
IA	52659	10.3
IA	52660	5.0
IA	52701	5.0
IA	52720	5.0
IA	52721	10.4
IA	52722	1.0
IA	52726	2.0
IA	52727	5.0
IA	52728	1.0
IA	52729	3.0
IA	52730	4.0
IA	52731	5.0
IA	52732	4.0
IA	52733	4.0
IA	52736	4.0
IA	52737	10.4
IA	52738	10.4
IA	52739	5.0
IA	52742	7.3
IA	52745	2.0
IA	52746	2.0
IA	52747	10.4
IA	52748	2.0
IA	52749	4.0
IA	52750	5.0
IA	52751	3.0
IA	52752	10.5
IA	52753	1.0
IA	52754	5.0
IA	52755	1.0
IA	52756	2.0
IA	52757	7.3
IA	52758	2.0
IA	52759	4.0
IA	52760	5.0
IA	52761	4.0
IA	52765	2.0
IA	52766	7.3
IA	52767	1.0
IA	52768	2.0
IA	52769	5.2
IA	52771	4.0
IA	52772	7.3
IA	52773	2.0
IA	52774	3.0
IA	52776	7.3
IA	52777	3.0
IA	52778	5.0
IA	52801	1.0
IA	52802	1.0
IA	52803	1.0
IA	52804	1.0
IA	52805	1.0
IA	52806	1.0
IA	52807	1.0
IA	52808	1.0
IA	52809	1.0
IA	83201	1.0
IA	83202	1.0
IA	83203	2.0
IA	83204	1.0
IA	83205	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
ID	83206	1.0
ID	83209	1.0
ID	83210	10.5
ID	83211	7.3
ID	83212	10.1
ID	83213	10.4
ID	83214	2.0
ID	83215	4.2
ID	83217	10.6
ID	83218	2.0
ID	83220	8.0
ID	83221	4.2
ID	83223	8.0
ID	83226	10.0
ID	83227	10.0
ID	83228	10.6
ID	83229	7.0
ID	83230	7.0
ID	83232	10.6
ID	83233	7.0
ID	83234	2.0
ID	83235	10.3
ID	83236	10.4
ID	83237	7.3
ID	83238	7.0
ID	83239	7.0
ID	83241	10.6
ID	83243	10.0
ID	83244	10.4
ID	83245	2.0
ID	83246	2.0
ID	83250	2.0
ID	83251	10.0
ID	83252	10.0
ID	83253	10.3
ID	83254	7.0
ID	83255	10.4
ID	83256	4.2
ID	83261	8.0
ID	83262	5.0
ID	83263	7.3
ID	83271	10.1
ID	83272	8.0
ID	83274	2.0
ID	83276	7.0
ID	83277	5.0
ID	83278	10.0
ID	83281	2.0
ID	83283	10.6
ID	83285	2.0
ID	83286	10.6
ID	83287	8.0
ID	83301	4.0
ID	83302	5.0
ID	83303	4.0
ID	83311	10.5
ID	83312	10.5
ID	83313	7.0
ID	83314	7.0
ID	83316	10.6
ID	83318	4.0
ID	83320	7.0
ID	83321	10.6
ID	83322	10.6
ID	83323	5.0
ID	83324	10.6
ID	83325	10.5
ID	83327	10.6
ID	83328	5.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
ID	83330	7.0
ID	83332	10.6
ID	83333	7.0
ID	83334	5.0
ID	83335	10.5
ID	83336	4.0
ID	83337	10.6
ID	83338	7.4
ID	83340	7.0
ID	83341	5.0
ID	83342	10.5
ID	83343	10.6
ID	83344	10.5
ID	83346	10.2
ID	83347	10.2
ID	83348	7.0
ID	83349	10.6
ID	83350	7.2
ID	83352	10.6
ID	83353	7.0
ID	83354	7.0
ID	83355	10.6
ID	83401	1.0
ID	83402	1.0
ID	83403	1.0
ID	83404	1.0
ID	83405	1.0
ID	83406	1.0
ID	83415	1.0
ID	83420	10.5
ID	83421	10.5
ID	83422	10.5
ID	83423	10.0
ID	83424	10.5
ID	83425	10.4
ID	83427	2.0
ID	83428	2.0
ID	83429	10.0
ID	83431	2.0
ID	83433	10.0
ID	83434	2.0
ID	83435	10.4
ID	83436	10.5
ID	83438	7.4
ID	83440	4.0
ID	83441	4.0
ID	83442	2.0
ID	83443	2.0
ID	83444	10.4
ID	83445	7.4
ID	83446	10.0
ID	83447	10.5
ID	83448	5.0
ID	83449	2.0
ID	83450	10.4
ID	83451	10.5
ID	83452	10.5
ID	83454	1.0
ID	83455	10.5
ID	83460	4.0
ID	83462	7.0
ID	83463	7.0
ID	83464	10.3
ID	83465	10.3
ID	83466	7.0
ID	83467	7.0
ID	83468	10.3
ID	83469	7.0
ID	83501	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
ID	83520	7.0
ID	83522	10.6
ID	83523	10.4
ID	83524	2.0
ID	83525	10.0
ID	83526	10.6
ID	83530	7.0
ID	83531	7.0
ID	83533	10.0
ID	83535	10.5
ID	83536	10.0
ID	83537	10.5
ID	83539	10.0
ID	83540	2.0
ID	83541	2.0
ID	83542	10.0
ID	83543	10.4
ID	83544	7.0
ID	83545	2.0
ID	83546	10.3
ID	83547	10.0
ID	83548	2.0
ID	83549	10.0
ID	83552	10.0
ID	83553	10.3
ID	83554	7.0
ID	83555	10.4
ID	83601	10.5
ID	83602	2.0
ID	83604	10.5
ID	83605	1.1
ID	83606	1.1
ID	83607	1.1
ID	83610	10.6
ID	83611	10.4
ID	83612	10.0
ID	83615	10.0
ID	83616	1.0
ID	83617	7.1
ID	83619	4.0
ID	83622	2.0
ID	83623	10.5
ID	83624	10.5
ID	83626	1.1
ID	83627	10.5
ID	83628	7.1
ID	83629	2.0
ID	83630	1.1
ID	83631	2.0
ID	83632	10.0
ID	83633	10.5
ID	83634	2.0
ID	83635	10.0
ID	83636	7.1
ID	83637	2.0
ID	83638	10.0
ID	83639	2.0
ID	83641	2.0
ID	83642	1.0
ID	83643	10.0
ID	83644	2.1
ID	83645	10.6
ID	83647	4.2
ID	83648	7.2
ID	83650	10.5
ID	83651	1.1
ID	83652	1.1
ID	83653	1.1
ID	83654	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
ID	83655	5.0
ID	83656	1.1
ID	83657	10.3
ID	83660	10.1
ID	83661	4.0
ID	83666	2.0
ID	83669	2.0
ID	83670	10.3
ID	83671	10.0
ID	83672	7.4
ID	83676	2.0
ID	83677	10.4
ID	83680	1.0
ID	83686	1.1
ID	83687	1.1
ID	83701	1.0
ID	83702	1.0
ID	83703	1.0
ID	83704	1.0
ID	83705	1.0
ID	83706	1.0
ID	83707	1.0
ID	83708	1.0
ID	83709	1.0
ID	83711	1.0
ID	83712	1.0
ID	83713	1.0
ID	83714	1.0
ID	83715	1.0
ID	83716	1.0
ID	83717	1.0
ID	83719	1.0
ID	83720	1.0
ID	83721	1.0
ID	83722	1.0
ID	83723	1.0
ID	83724	1.0
ID	83725	1.0
ID	83726	1.0
ID	83727	1.0
ID	83728	1.0
ID	83729	1.0
ID	83730	1.0
ID	83731	1.0
ID	83732	1.0
ID	83733	1.0
ID	83735	1.0
ID	83744	1.0
ID	83756	1.0
ID	83757	1.0
ID	83799	1.0
ID	83801	2.0
ID	83802	10.6
ID	83803	2.0
ID	83804	10.4
ID	83805	7.0
ID	83806	5.0
ID	83808	10.6
ID	83809	9.0
ID	83810	2.0
ID	83811	10.3
ID	83812	10.6
ID	83813	9.0
ID	83814	1.0
ID	83815	1.0
ID	83816	1.0
ID	83821	10.0
ID	83822	10.4
ID	83823	5.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
ID	83824	10.3	IL	60026	1.0	IL	60108	1.0
ID	83825	7.0	IL	60029	1.0	IL	60109	2.0
ID	83826	10.0	IL	60030	2.0	IL	60110	1.0
ID	83827	10.3	IL	60031	2.0	IL	60111	2.1
ID	83830	7.0	IL	60033	7.3	IL	60112	1.0
ID	83832	10.5	IL	60034	2.0	IL	60113	4.2
ID	83833	2.0	IL	60035	1.0	IL	60115	1.0
ID	83834	10.5	IL	60037	1.0	IL	60116	1.0
ID	83835	1.0	IL	60038	1.0	IL	60117	1.0
ID	83836	10.3	IL	60039	1.0	IL	60118	1.0
ID	83837	7.0	IL	60040	1.0	IL	60119	1.0
ID	83839	10.6	IL	60041	2.0	IL	60120	1.0
ID	83840	7.0	IL	60042	1.0	IL	60121	1.0
ID	83841	7.0	IL	60043	1.0	IL	60122	1.0
ID	83842	2.0	IL	60044	1.0	IL	60123	1.0
ID	83843	4.0	IL	60045	1.0	IL	60125	1.0
ID	83844	4.0	IL	60046	2.0	IL	60126	1.0
ID	83845	10.0	IL	60047	1.0	IL	60128	1.0
ID	83846	10.6	IL	60048	1.0	IL	60129	2.1
ID	83847	7.0	IL	60049	1.0	IL	60130	1.0
ID	83848	10.0	IL	60050	2.0	IL	60131	1.0
ID	83849	10.6	IL	60051	2.0	IL	60132	1.0
ID	83850	10.6	IL	60053	1.0	IL	60133	1.0
ID	83851	10.3	IL	60055	1.0	IL	60134	1.0
ID	83852	7.0	IL	60056	1.0	IL	60135	2.0
ID	83853	10.0	IL	60060	1.0	IL	60136	1.0
ID	83854	1.0	IL	60061	1.0	IL	60137	1.0
ID	83855	10.5	IL	60062	1.0	IL	60138	1.0
ID	83856	10.6	IL	60064	1.0	IL	60139	1.0
ID	83857	10.5	IL	60065	1.0	IL	60140	2.0
ID	83858	2.1	IL	60067	1.0	IL	60141	1.0
ID	83860	8.0	IL	60068	1.0	IL	60142	1.0
ID	83861	7.0	IL	60069	1.0	IL	60143	1.0
ID	83864	7.0	IL	60070	1.0	IL	60144	1.0
ID	83865	7.0	IL	60071	2.0	IL	60145	2.0
ID	83866	7.0	IL	60072	2.0	IL	60146	2.0
ID	83867	10.6	IL	60073	2.0	IL	60147	1.0
ID	83868	10.6	IL	60074	1.0	IL	60148	1.0
ID	83869	2.1	IL	60075	1.0	IL	60150	2.1
ID	83870	10.3	IL	60076	1.0	IL	60151	2.0
ID	83871	5.0	IL	60077	1.0	IL	60152	2.0
ID	83872	10.5	IL	60078	1.0	IL	60153	1.0
ID	83873	10.6	IL	60079	1.0	IL	60154	1.0
ID	83874	7.0	IL	60081	2.0	IL	60155	1.0
ID	83876	10.4	IL	60082	1.0	IL	60156	1.0
ID	83877	1.0	IL	60083	1.0	IL	60157	1.0
ID	83888	7.0	IL	60084	1.0	IL	60159	1.0
IL	60001	7.3	IL	60085	1.0	IL	60160	1.0
IL	60002	2.0	IL	60086	1.0	IL	60161	1.0
IL	60004	1.0	IL	60087	1.0	IL	60162	1.0
IL	60005	1.0	IL	60088	1.0	IL	60163	1.0
IL	60006	1.0	IL	60089	1.0	IL	60164	1.0
IL	60007	1.0	IL	60090	1.0	IL	60165	1.0
IL	60008	1.0	IL	60091	1.0	IL	60168	1.0
IL	60009	1.0	IL	60092	1.0	IL	60170	1.0
IL	60010	1.0	IL	60093	1.0	IL	60171	1.0
IL	60011	1.0	IL	60094	1.0	IL	60172	1.0
IL	60012	1.0	IL	60095	1.0	IL	60173	1.0
IL	60013	1.0	IL	60096	1.0	IL	60174	1.0
IL	60014	1.0	IL	60097	2.0	IL	60175	1.0
IL	60015	1.0	IL	60098	2.0	IL	60176	1.0
IL	60016	1.0	IL	60099	1.0	IL	60177	1.0
IL	60017	1.0	IL	60101	1.0	IL	60178	1.0
IL	60018	1.0	IL	60102	1.0	IL	60179	1.0
IL	60019	1.0	IL	60103	1.0	IL	60180	2.0
IL	60020	2.0	IL	60104	1.0	IL	60181	1.0
IL	60021	1.0	IL	60105	1.0	IL	60183	1.0
IL	60022	1.0	IL	60106	1.0	IL	60184	1.0
IL	60025	1.0	IL	60107	1.0	IL	60185	1.0

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
IL	60186	1.0
IL	60187	1.0
IL	60188	1.0
IL	60189	1.0
IL	60190	1.0
IL	60191	1.0
IL	60192	1.0
IL	60193	1.0
IL	60194	1.0
IL	60195	1.0
IL	60196	1.0
IL	60197	1.0
IL	60199	1.0
IL	60201	1.0
IL	60202	1.0
IL	60203	1.0
IL	60204	1.0
IL	60208	1.0
IL	60209	1.0
IL	60296	1.0
IL	60297	1.0
IL	60301	1.0
IL	60302	1.0
IL	60303	1.0
IL	60304	1.0
IL	60305	1.0
IL	60398	1.0
IL	60399	1.0
IL	60401	1.0
IL	60402	1.0
IL	60406	1.0
IL	60407	2.0
IL	60408	2.0
IL	60409	1.0
IL	60410	1.0
IL	60411	1.0
IL	60412	1.0
IL	60415	1.0
IL	60416	2.0
IL	60417	1.0
IL	60419	1.0
IL	60420	7.3
IL	60421	2.0
IL	60422	1.0
IL	60423	1.0
IL	60424	2.0
IL	60425	1.0
IL	60426	1.0
IL	60428	1.0
IL	60429	1.0
IL	60430	1.0
IL	60431	1.0
IL	60432	1.0
IL	60433	1.0
IL	60434	1.0
IL	60435	1.0
IL	60436	1.0
IL	60437	3.0
IL	60438	1.0
IL	60439	1.0
IL	60440	1.0
IL	60441	1.0
IL	60442	1.0
IL	60443	1.0
IL	60444	3.0
IL	60445	1.0
IL	60446	1.0
IL	60447	1.0
IL	60448	1.0

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
IL	60449	2.0
IL	60450	4.1
IL	60451	1.0
IL	60452	1.0
IL	60453	1.0
IL	60454	1.0
IL	60455	1.0
IL	60456	1.0
IL	60457	1.0
IL	60458	1.0
IL	60459	1.0
IL	60460	10.5
IL	60461	1.0
IL	60462	1.0
IL	60463	1.0
IL	60464	1.0
IL	60465	1.0
IL	60466	1.0
IL	60467	1.0
IL	60468	2.0
IL	60469	1.0
IL	60470	9.1
IL	60471	1.0
IL	60472	1.0
IL	60473	1.0
IL	60474	2.0
IL	60475	1.0
IL	60476	1.0
IL	60477	1.0
IL	60478	1.0
IL	60479	3.0
IL	60480	1.0
IL	60481	2.0
IL	60482	1.0
IL	60490	1.0
IL	60491	1.0
IL	60499	1.0
IL	60501	1.0
IL	60502	1.0
IL	60503	1.0
IL	60504	1.0
IL	60505	1.0
IL	60506	1.0
IL	60507	1.0
IL	60510	1.0
IL	60511	2.0
IL	60512	1.0
IL	60513	1.0
IL	60514	1.0
IL	60515	1.0
IL	60516	1.0
IL	60517	1.0
IL	60518	3.0
IL	60519	1.0
IL	60520	2.0
IL	60521	1.0
IL	60522	1.0
IL	60523	1.0
IL	60525	1.0
IL	60526	1.0
IL	60527	1.0
IL	60530	10.4
IL	60531	2.0
IL	60532	1.0
IL	60534	1.0
IL	60536	2.0
IL	60537	2.0
IL	60538	1.0
IL	60539	1.0

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
IL	60540	1.0
IL	60541	2.0
IL	60542	1.0
IL	60543	1.0
IL	60544	1.0
IL	60545	2.0
IL	60546	1.0
IL	60548	2.0
IL	60549	2.0
IL	60550	2.0
IL	60551	2.0
IL	60552	2.0
IL	60553	10.4
IL	60554	1.0
IL	60555	1.0
IL	60556	2.0
IL	60557	4.0
IL	60558	1.0
IL	60559	1.0
IL	60560	1.0
IL	60561	1.0
IL	60563	1.0
IL	60564	1.0
IL	60565	1.0
IL	60566	1.0
IL	60567	1.0
IL	60568	1.0
IL	60570	1.0
IL	60572	1.0
IL	60585	1.0
IL	60586	1.0
IL	60597	1.0
IL	60598	1.0
IL	60599	1.0
IL	60601	1.0
IL	60602	1.0
IL	60603	1.0
IL	60604	1.0
IL	60605	1.0
IL	60606	1.0
IL	60607	1.0
IL	60608	1.0
IL	60609	1.0
IL	60610	1.0
IL	60611	1.0
IL	60612	1.0
IL	60613	1.0
IL	60614	1.0
IL	60615	1.0
IL	60616	1.0
IL	60617	1.0
IL	60618	1.0
IL	60619	1.0
IL	60620	1.0
IL	60621	1.0
IL	60622	1.0
IL	60623	1.0
IL	60624	1.0
IL	60625	1.0
IL	60626	1.0
IL	60628	1.0
IL	60629	1.0
IL	60630	1.0
IL	60631	1.0
IL	60632	1.0
IL	60633	1.0
IL	60634	1.0
IL	60636	1.0
IL	60637	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IL	60638	1.0
IL	60639	1.0
IL	60640	1.0
IL	60641	1.0
IL	60643	1.0
IL	60644	1.0
IL	60645	1.0
IL	60646	1.0
IL	60647	1.0
IL	60649	1.0
IL	60651	1.0
IL	60652	1.0
IL	60653	1.0
IL	60654	1.0
IL	60655	1.0
IL	60656	1.0
IL	60657	1.0
IL	60659	1.0
IL	60660	1.0
IL	60661	1.0
IL	60663	1.0
IL	60664	1.0
IL	60665	1.0
IL	60666	1.0
IL	60667	1.0
IL	60668	1.0
IL	60669	1.0
IL	60670	1.0
IL	60671	1.0
IL	60672	1.0
IL	60673	1.0
IL	60674	1.0
IL	60675	1.0
IL	60677	1.0
IL	60678	1.0
IL	60679	1.0
IL	60680	1.0
IL	60681	1.0
IL	60682	1.0
IL	60683	1.0
IL	60684	1.0
IL	60685	1.0
IL	60686	1.0
IL	60687	1.0
IL	60688	1.0
IL	60689	1.0
IL	60690	1.0
IL	60691	1.0
IL	60693	1.0
IL	60694	1.0
IL	60695	1.0
IL	60696	1.0
IL	60697	1.0
IL	60699	1.0
IL	60701	1.0
IL	60706	1.0
IL	60707	1.0
IL	60712	1.0
IL	60714	1.0
IL	60803	1.0
IL	60804	1.0
IL	60805	1.0
IL	60827	1.0
IL	60901	1.0
IL	60902	1.0
IL	60910	2.0
IL	60911	3.0
IL	60912	3.0
IL	60913	2.1

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IL	60914	1.0
IL	60915	1.0
IL	60917	2.1
IL	60918	10.6
IL	60919	10.4
IL	60920	7.3
IL	60921	10.6
IL	60922	2.0
IL	60924	10.6
IL	60926	10.6
IL	60927	2.0
IL	60928	3.0
IL	60929	10.5
IL	60930	3.0
IL	60931	3.0
IL	60932	3.0
IL	60933	7.3
IL	60934	10.5
IL	60935	2.1
IL	60936	7.3
IL	60938	7.0
IL	60939	10.6
IL	60940	2.0
IL	60941	2.0
IL	60942	7.3
IL	60944	2.0
IL	60945	7.0
IL	60946	10.4
IL	60948	10.6
IL	60949	4.1
IL	60950	2.0
IL	60951	3.0
IL	60952	9.0
IL	60953	10.6
IL	60954	7.1
IL	60955	7.0
IL	60956	2.0
IL	60957	7.3
IL	60959	10.4
IL	60960	3.0
IL	60961	2.1
IL	60962	10.6
IL	60963	3.0
IL	60964	2.0
IL	60966	7.0
IL	60967	10.6
IL	60968	10.6
IL	60969	2.0
IL	60970	7.0
IL	60973	10.6
IL	60974	7.0
IL	61001	10.6
IL	61006	10.4
IL	61007	10.5
IL	61008	1.0
IL	61010	2.0
IL	61011	1.0
IL	61012	1.0
IL	61013	4.0
IL	61014	10.5
IL	61015	2.0
IL	61016	1.0
IL	61018	5.2
IL	61019	5.2
IL	61020	2.0
IL	61021	4.0
IL	61024	2.0
IL	61025	1.0
IL	61027	7.4

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IL	61028	10.6
IL	61030	10.5
IL	61031	5.0
IL	61032	4.0
IL	61036	7.3
IL	61037	4.0
IL	61038	2.1
IL	61039	5.0
IL	61041	10.6
IL	61042	6.0
IL	61043	2.0
IL	61044	5.0
IL	61046	10.5
IL	61047	2.0
IL	61048	7.4
IL	61049	2.0
IL	61050	5.0
IL	61051	10.5
IL	61052	2.0
IL	61053	10.0
IL	61054	7.0
IL	61057	4.0
IL	61058	4.0
IL	61059	10.6
IL	61060	5.0
IL	61061	7.0
IL	61062	5.0
IL	61063	2.0
IL	61064	7.4
IL	61065	1.0
IL	61067	5.0
IL	61068	4.2
IL	61070	5.2
IL	61071	4.0
IL	61072	1.0
IL	61073	1.0
IL	61074	7.0
IL	61075	10.6
IL	61077	2.0
IL	61078	10.5
IL	61079	1.0
IL	61080	1.0
IL	61081	4.0
IL	61084	2.0
IL	61085	10.5
IL	61087	10.6
IL	61088	1.0
IL	61089	7.4
IL	61091	7.4
IL	61101	1.0
IL	61102	1.0
IL	61103	1.0
IL	61104	1.0
IL	61105	1.0
IL	61106	1.0
IL	61107	1.0
IL	61108	1.0
IL	61109	1.0
IL	61110	1.0
IL	61111	1.0
IL	61112	1.0
IL	61114	1.0
IL	61115	1.0
IL	61125	1.0
IL	61126	1.0
IL	61130	1.0
IL	61131	1.0
IL	61132	1.0
IL	61201	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IL	61204	1.0
IL	61230	5.0
IL	61231	7.3
IL	61232	1.0
IL	61233	10.1
IL	61234	10.5
IL	61235	9.1
IL	61236	1.0
IL	61237	2.0
IL	61238	10.1
IL	61239	1.0
IL	61240	1.0
IL	61241	1.0
IL	61242	2.0
IL	61243	5.0
IL	61244	1.0
IL	61250	3.0
IL	61251	3.0
IL	61252	4.0
IL	61254	7.3
IL	61256	1.0
IL	61257	2.0
IL	61258	10.5
IL	61259	2.0
IL	61260	9.0
IL	61261	3.0
IL	61262	2.0
IL	61263	2.0
IL	61264	1.0
IL	61265	1.0
IL	61266	1.0
IL	61270	7.4
IL	61272	9.0
IL	61273	2.0
IL	61274	10.1
IL	61275	2.0
IL	61276	2.0
IL	61277	10.5
IL	61278	2.0
IL	61279	2.0
IL	61281	2.0
IL	61282	1.0
IL	61283	5.0
IL	61284	1.0
IL	61285	10.5
IL	61299	1.0
IL	61301	4.0
IL	61310	7.4
IL	61311	4.0
IL	61312	10.5
IL	61313	4.0
IL	61314	10.6
IL	61315	7.0
IL	61316	4.0
IL	61317	10.5
IL	61318	3.0
IL	61319	10.2
IL	61320	4.0
IL	61321	6.0
IL	61322	7.0
IL	61323	7.0
IL	61324	4.0
IL	61325	6.0
IL	61326	5.0
IL	61327	10.5
IL	61328	10.5
IL	61329	4.0
IL	61330	10.5
IL	61331	7.4

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IL	61332	6.0
IL	61333	10.2
IL	61334	6.0
IL	61335	10.5
IL	61336	10.5
IL	61337	7.0
IL	61338	10.6
IL	61340	5.0
IL	61341	9.1
IL	61342	7.4
IL	61344	10.6
IL	61345	10.6
IL	61346	10.6
IL	61348	4.0
IL	61349	10.5
IL	61350	4.0
IL	61353	3.0
IL	61354	4.0
IL	61356	7.0
IL	61358	6.0
IL	61359	7.0
IL	61360	9.1
IL	61361	10.6
IL	61362	4.0
IL	61363	5.0
IL	61364	4.0
IL	61367	3.0
IL	61368	8.0
IL	61369	10.4
IL	61370	6.0
IL	61371	7.4
IL	61372	7.4
IL	61373	6.0
IL	61374	10.5
IL	61375	10.4
IL	61376	10.6
IL	61377	10.4
IL	61378	3.0
IL	61379	8.0
IL	61401	4.0
IL	61402	4.0
IL	61410	5.0
IL	61411	5.0
IL	61412	5.0
IL	61413	3.0
IL	61414	5.0
IL	61415	10.5
IL	61416	4.0
IL	61417	10.5
IL	61418	5.0
IL	61419	7.4
IL	61420	5.0
IL	61421	10.4
IL	61422	7.4
IL	61423	5.0
IL	61424	10.4
IL	61425	5.0
IL	61426	10.4
IL	61427	6.0
IL	61428	5.0
IL	61430	4.0
IL	61431	10.5
IL	61432	2.0
IL	61433	2.0
IL	61434	7.4
IL	61435	5.0
IL	61436	2.0
IL	61437	5.0
IL	61438	5.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IL	61439	4.0
IL	61440	5.0
IL	61441	10.5
IL	61442	9.0
IL	61443	4.0
IL	61447	6.0
IL	61448	4.0
IL	61449	10.4
IL	61450	10.6
IL	61451	2.0
IL	61452	10.6
IL	61453	6.0
IL	61454	10.2
IL	61455	4.0
IL	61458	2.0
IL	61459	10.5
IL	61460	10.2
IL	61462	4.0
IL	61465	2.0
IL	61466	2.0
IL	61467	5.0
IL	61468	2.0
IL	61469	5.0
IL	61470	7.4
IL	61471	10.2
IL	61472	5.0
IL	61473	10.5
IL	61474	5.0
IL	61475	5.0
IL	61476	9.0
IL	61477	10.5
IL	61478	10.5
IL	61479	10.4
IL	61480	10.2
IL	61482	10.5
IL	61483	10.4
IL	61484	10.5
IL	61485	5.0
IL	61486	2.0
IL	61488	5.0
IL	61489	2.0
IL	61490	3.0
IL	61491	10.4
IL	61501	10.5
IL	61516	10.4
IL	61517	2.0
IL	61519	3.0
IL	61520	4.2
IL	61523	2.0
IL	61524	3.0
IL	61525	1.0
IL	61526	2.0
IL	61528	1.0
IL	61529	2.0
IL	61530	7.1
IL	61531	2.0
IL	61532	2.0
IL	61533	2.0
IL	61534	2.0
IL	61535	1.0
IL	61536	2.0
IL	61537	7.3
IL	61539	2.0
IL	61540	10.1
IL	61541	10.4
IL	61542	10.5
IL	61543	3.0
IL	61544	10.5
IL	61545	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IL	61546	2.0
IL	61547	2.0
IL	61548	2.0
IL	61550	1.0
IL	61552	1.0
IL	61553	2.0
IL	61554	1.0
IL	61555	1.0
IL	61558	1.0
IL	61559	2.0
IL	61560	10.5
IL	61561	10.4
IL	61562	2.0
IL	61563	6.0
IL	61564	1.0
IL	61565	2.0
IL	61567	8.3
IL	61568	2.0
IL	61569	2.0
IL	61570	2.0
IL	61571	1.0
IL	61572	2.0
IL	61601	1.0
IL	61602	1.0
IL	61603	1.0
IL	61604	1.0
IL	61605	1.0
IL	61606	1.0
IL	61607	1.0
IL	61610	1.0
IL	61611	1.0
IL	61612	1.0
IL	61613	1.0
IL	61614	1.0
IL	61615	1.0
IL	61616	1.0
IL	61625	1.0
IL	61628	1.0
IL	61629	1.0
IL	61630	1.0
IL	61632	1.0
IL	61633	1.0
IL	61634	1.0
IL	61635	1.0
IL	61636	1.0
IL	61637	1.0
IL	61638	1.0
IL	61639	1.0
IL	61640	1.0
IL	61641	1.0
IL	61643	1.0
IL	61644	1.0
IL	61650	1.0
IL	61651	1.0
IL	61652	1.0
IL	61653	1.0
IL	61654	1.0
IL	61655	1.0
IL	61656	1.0
IL	61701	1.0
IL	61702	1.0
IL	61704	1.0
IL	61709	1.0
IL	61710	1.0
IL	61720	2.0
IL	61721	3.0
IL	61722	2.0
IL	61723	5.2
IL	61724	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IL	61725	2.0
IL	61726	2.0
IL	61727	7.3
IL	61728	2.0
IL	61729	2.1
IL	61730	2.0
IL	61731	2.0
IL	61732	2.0
IL	61733	2.0
IL	61734	2.0
IL	61735	10.4
IL	61736	2.0
IL	61737	2.0
IL	61738	7.1
IL	61739	7.4
IL	61740	10.2
IL	61741	10.5
IL	61742	2.1
IL	61743	10.2
IL	61744	1.0
IL	61745	2.0
IL	61747	3.0
IL	61748	1.0
IL	61749	8.3
IL	61750	7.3
IL	61751	4.2
IL	61752	2.0
IL	61753	2.0
IL	61754	2.0
IL	61755	2.0
IL	61756	2.0
IL	61758	1.0
IL	61759	3.0
IL	61760	10.4
IL	61761	1.0
IL	61764	4.0
IL	61769	10.5
IL	61770	2.0
IL	61771	7.1
IL	61772	2.0
IL	61773	9.0
IL	61774	2.0
IL	61775	10.6
IL	61776	1.0
IL	61777	10.4
IL	61778	8.3
IL	61790	1.0
IL	61791	1.0
IL	61799	1.0
IL	61801	1.0
IL	61802	1.0
IL	61803	1.0
IL	61810	2.1
IL	61811	2.0
IL	61812	2.0
IL	61813	10.4
IL	61814	2.0
IL	61815	1.0
IL	61816	2.0
IL	61817	1.0
IL	61818	2.0
IL	61820	1.0
IL	61821	1.0
IL	61822	1.0
IL	61824	1.0
IL	61825	1.0
IL	61826	1.0
IL	61830	2.0
IL	61831	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IL	61832	1.0
IL	61833	1.0
IL	61834	1.0
IL	61839	2.0
IL	61840	2.0
IL	61841	2.1
IL	61842	10.4
IL	61843	2.0
IL	61844	2.1
IL	61845	2.0
IL	61846	1.0
IL	61847	4.1
IL	61848	3.0
IL	61849	2.0
IL	61850	2.1
IL	61851	2.0
IL	61852	2.0
IL	61853	2.0
IL	61854	2.0
IL	61855	2.0
IL	61856	7.1
IL	61857	2.1
IL	61858	2.1
IL	61859	2.0
IL	61862	4.1
IL	61863	2.0
IL	61864	2.0
IL	61865	2.0
IL	61866	4.1
IL	61870	2.0
IL	61871	2.0
IL	61872	2.0
IL	61873	2.0
IL	61874	1.0
IL	61875	2.0
IL	61876	2.1
IL	61877	2.0
IL	61878	4.1
IL	61880	2.0
IL	61882	10.4
IL	61883	1.0
IL	61884	2.0
IL	61910	7.0
IL	61911	10.0
IL	61912	5.0
IL	61913	10.0
IL	61914	8.3
IL	61917	10.6
IL	61919	2.0
IL	61920	4.0
IL	61924	10.6
IL	61925	2.0
IL	61928	10.5
IL	61929	10.4
IL	61930	10.4
IL	61931	10.5
IL	61932	10.6
IL	61933	8.0
IL	61936	2.0
IL	61937	2.0
IL	61938	4.0
IL	61940	10.6
IL	61941	2.0
IL	61942	10.4
IL	61943	10.5
IL	61944	7.0
IL	61949	7.0
IL	61951	7.3
IL	61953	7.3

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IL	61955	7.0
IL	61956	2.0
IL	61957	10.5
IL	62001	2.0
IL	62002	1.1
IL	62006	2.0
IL	62009	7.3
IL	62010	1.1
IL	62011	8.0
IL	62012	2.1
IL	62013	2.0
IL	62014	3.0
IL	62015	8.0
IL	62016	10.6
IL	62017	9.0
IL	62018	1.1
IL	62019	9.0
IL	62021	2.0
IL	62022	2.0
IL	62023	10.4
IL	62024	1.1
IL	62025	1.0
IL	62026	1.0
IL	62027	10.6
IL	62028	2.0
IL	62030	7.3
IL	62031	7.3
IL	62032	9.0
IL	62033	7.3
IL	62034	1.0
IL	62035	1.1
IL	62036	2.0
IL	62037	2.0
IL	62040	1.0
IL	62044	10.5
IL	62045	10.4
IL	62046	1.0
IL	62047	10.4
IL	62048	1.0
IL	62049	7.0
IL	62050	10.6
IL	62051	9.0
IL	62052	7.3
IL	62053	10.4
IL	62054	10.5
IL	62056	7.0
IL	62058	2.0
IL	62059	1.0
IL	62060	1.0
IL	62061	2.0
IL	62062	1.0
IL	62063	10.6
IL	62065	10.4
IL	62067	2.0
IL	62069	10.4
IL	62070	10.4
IL	62071	1.0
IL	62074	2.0
IL	62075	7.3
IL	62076	7.3
IL	62077	9.0
IL	62078	10.6
IL	62079	2.1
IL	62080	8.0
IL	62081	10.5
IL	62082	7.4
IL	62083	4.2
IL	62084	1.1
IL	62085	7.3

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IL	62086	9.1
IL	62087	1.0
IL	62088	9.1
IL	62089	7.0
IL	62090	1.0
IL	62091	8.0
IL	62092	7.4
IL	62093	7.3
IL	62094	9.0
IL	62095	1.1
IL	62097	2.0
IL	62098	7.4
IL	62201	1.0
IL	62202	1.0
IL	62203	1.0
IL	62204	1.0
IL	62205	1.0
IL	62206	1.0
IL	62207	1.0
IL	62208	1.0
IL	62214	2.0
IL	62215	2.0
IL	62216	2.0
IL	62217	3.0
IL	62218	2.0
IL	62219	7.4
IL	62220	1.0
IL	62221	1.0
IL	62222	1.0
IL	62223	1.0
IL	62224	1.0
IL	62225	1.0
IL	62226	1.0
IL	62230	7.3
IL	62231	7.4
IL	62232	1.0
IL	62233	7.0
IL	62234	1.0
IL	62236	1.0
IL	62237	9.0
IL	62238	10.6
IL	62239	1.0
IL	62240	1.0
IL	62241	8.0
IL	62242	3.0
IL	62243	2.0
IL	62244	2.0
IL	62245	2.0
IL	62246	7.0
IL	62247	8.3
IL	62248	2.0
IL	62249	7.1
IL	62250	4.0
IL	62252	7.4
IL	62253	3.0
IL	62254	1.0
IL	62255	2.0
IL	62256	2.0
IL	62257	2.0
IL	62258	1.0
IL	62259	7.0
IL	62260	2.0
IL	62261	3.0
IL	62262	8.3
IL	62263	7.0
IL	62264	2.0
IL	62265	2.0
IL	62266	2.0
IL	62268	9.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IL	62269	1.0
IL	62271	2.0
IL	62272	7.0
IL	62273	3.0
IL	62274	7.0
IL	62275	3.0
IL	62277	3.0
IL	62278	7.3
IL	62279	3.0
IL	62280	8.0
IL	62281	2.0
IL	62282	1.0
IL	62284	8.3
IL	62285	2.0
IL	62286	7.3
IL	62288	7.0
IL	62289	1.0
IL	62292	7.3
IL	62293	2.0
IL	62294	1.0
IL	62295	2.0
IL	62297	3.0
IL	62298	2.0
IL	62301	4.0
IL	62305	4.0
IL	62306	4.0
IL	62310	10.6
IL	62311	10.6
IL	62312	10.5
IL	62313	10.6
IL	62314	10.6
IL	62316	10.6
IL	62319	10.6
IL	62320	5.0
IL	62321	7.0
IL	62323	10.6
IL	62324	5.0
IL	62325	5.0
IL	62326	5.0
IL	62329	10.5
IL	62330	10.6
IL	62334	10.5
IL	62336	7.0
IL	62338	5.0
IL	62339	5.0
IL	62340	10.6
IL	62341	4.0
IL	62343	10.5
IL	62344	10.6
IL	62345	10.5
IL	62346	5.0
IL	62347	5.0
IL	62348	5.0
IL	62349	5.0
IL	62351	5.0
IL	62352	9.0
IL	62353	7.0
IL	62354	10.5
IL	62355	9.0
IL	62356	10.6
IL	62357	10.6
IL	62358	10.5
IL	62359	5.0
IL	62360	5.0
IL	62361	9.0
IL	62362	10.6
IL	62363	7.0
IL	62365	5.0
IL	62366	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IL	62367	10.6
IL	62370	10.6
IL	62373	5.0
IL	62374	5.0
IL	62375	8.0
IL	62376	5.0
IL	62378	8.0
IL	62379	5.0
IL	62380	10.6
IL	62401	4.0
IL	62410	8.0
IL	62411	10.2
IL	62413	8.0
IL	62414	5.0
IL	62415	8.0
IL	62417	7.4
IL	62418	8.0
IL	62419	8.0
IL	62420	7.0
IL	62421	8.0
IL	62422	9.0
IL	62423	3.0
IL	62424	5.0
IL	62425	8.0
IL	62426	5.0
IL	62427	8.0
IL	62428	10.6
IL	62431	9.0
IL	62432	9.0
IL	62433	8.0
IL	62434	6.0
IL	62435	5.0
IL	62436	10.5
IL	62438	9.0
IL	62439	7.4
IL	62440	5.0
IL	62441	7.3
IL	62442	7.0
IL	62443	5.0
IL	62444	5.0
IL	62445	4.0
IL	62446	8.0
IL	62447	6.0
IL	62448	7.4
IL	62449	8.0
IL	62450	7.0
IL	62451	7.0
IL	62452	8.0
IL	62454	7.0
IL	62458	5.0
IL	62459	8.0
IL	62460	10.6
IL	62461	5.0
IL	62462	5.0
IL	62463	5.0
IL	62464	7.0
IL	62465	10.5
IL	62466	10.6
IL	62467	4.0
IL	62468	10.5
IL	62469	5.0
IL	62471	7.0
IL	62473	5.0
IL	62474	9.0
IL	62475	8.0
IL	62476	10.0
IL	62477	3.0
IL	62478	8.0
IL	62479	8.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IL	62480	8.0
IL	62481	9.0
IL	62501	2.0
IL	62510	4.2
IL	62512	5.2
IL	62513	2.0
IL	62514	2.0
IL	62515	2.0
IL	62517	2.0
IL	62518	10.5
IL	62519	4.2
IL	62520	2.0
IL	62521	1.0
IL	62522	1.0
IL	62523	1.0
IL	62524	1.0
IL	62525	1.0
IL	62526	1.0
IL	62530	2.0
IL	62531	2.0
IL	62532	1.0
IL	62533	3.0
IL	62534	2.0
IL	62535	1.0
IL	62536	1.0
IL	62537	1.0
IL	62538	3.0
IL	62539	2.0
IL	62540	4.2
IL	62541	10.5
IL	62543	10.5
IL	62544	2.0
IL	62545	2.0
IL	62546	5.0
IL	62547	2.0
IL	62548	10.5
IL	62549	1.0
IL	62550	2.0
IL	62551	2.0
IL	62553	9.0
IL	62554	1.0
IL	62555	4.2
IL	62556	5.0
IL	62557	7.4
IL	62558	2.0
IL	62560	3.0
IL	62561	1.0
IL	62563	1.0
IL	62565	7.0
IL	62567	3.0
IL	62568	4.2
IL	62570	4.2
IL	62571	8.0
IL	62572	3.0
IL	62573	2.0
IL	62601	2.0
IL	62610	5.0
IL	62611	10.5
IL	62612	2.0
IL	62613	2.0
IL	62615	2.0
IL	62617	9.0
IL	62618	7.0
IL	62621	5.0
IL	62622	7.0
IL	62624	8.0
IL	62625	1.0
IL	62626	7.0
IL	62627	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IL	62628	5.0
IL	62629	1.0
IL	62630	10.6
IL	62631	5.0
IL	62633	10.4
IL	62634	4.2
IL	62635	5.0
IL	62638	2.0
IL	62639	8.0
IL	62640	2.0
IL	62642	2.0
IL	62643	5.0
IL	62644	7.0
IL	62649	10.4
IL	62650	4.2
IL	62651	4.2
IL	62655	9.0
IL	62656	4.2
IL	62659	2.0
IL	62660	4.2
IL	62661	2.0
IL	62662	2.0
IL	62663	5.0
IL	62664	3.0
IL	62665	5.0
IL	62666	4.2
IL	62667	10.4
IL	62668	5.2
IL	62670	2.0
IL	62671	5.0
IL	62672	10.6
IL	62673	2.0
IL	62674	10.4
IL	62675	2.0
IL	62677	2.0
IL	62681	7.0
IL	62682	10.4
IL	62683	10.4
IL	62684	1.0
IL	62685	2.1
IL	62688	2.0
IL	62689	2.0
IL	62690	2.0
IL	62691	10.5
IL	62692	2.0
IL	62693	1.0
IL	62694	5.0
IL	62695	4.2
IL	62701	1.0
IL	62702	1.0
IL	62703	1.0
IL	62704	1.0
IL	62705	1.0
IL	62706	1.0
IL	62707	1.0
IL	62708	1.0
IL	62711	1.0
IL	62712	1.0
IL	62713	1.0
IL	62715	1.0
IL	62716	1.0
IL	62719	1.0
IL	62721	1.0
IL	62722	1.0
IL	62723	1.0
IL	62726	1.0
IL	62736	1.0
IL	62739	1.0
IL	62746	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IL	62756	1.0
IL	62757	1.0
IL	62761	1.0
IL	62762	1.0
IL	62763	1.0
IL	62764	1.0
IL	62765	1.0
IL	62766	1.0
IL	62767	1.0
IL	62769	1.0
IL	62776	1.0
IL	62777	1.0
IL	62781	1.0
IL	62786	1.0
IL	62791	1.0
IL	62794	1.0
IL	62796	1.0
IL	62801	4.0
IL	62803	10.5
IL	62805	9.0
IL	62806	10.0
IL	62807	8.0
IL	62808	9.0
IL	62809	8.0
IL	62810	5.0
IL	62811	7.0
IL	62812	7.0
IL	62814	5.0
IL	62815	10.0
IL	62816	5.0
IL	62817	8.0
IL	62818	10.0
IL	62819	9.0
IL	62820	9.0
IL	62821	7.0
IL	62822	9.0
IL	62823	10.6
IL	62824	8.0
IL	62825	7.0
IL	62827	10.6
IL	62828	5.0
IL	62829	8.0
IL	62830	5.0
IL	62831	9.0
IL	62832	7.0
IL	62833	10.0
IL	62834	7.0
IL	62835	9.0
IL	62836	9.0
IL	62837	7.0
IL	62838	10.6
IL	62839	7.0
IL	62840	7.0
IL	62841	4.0
IL	62842	10.6
IL	62843	8.0
IL	62844	10.6
IL	62845	10.6
IL	62846	5.0
IL	62847	6.0
IL	62848	10.5
IL	62849	8.0
IL	62850	10.6
IL	62851	10.6
IL	62852	7.0
IL	62853	8.0
IL	62854	8.0
IL	62855	8.0
IL	62856	7.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IL	62857	10.6
IL	62858	6.0
IL	62859	7.4
IL	62860	8.0
IL	62861	7.0
IL	62862	9.0
IL	62863	7.0
IL	62864	4.0
IL	62865	9.0
IL	62866	5.0
IL	62867	10.4
IL	62868	8.0
IL	62869	10.6
IL	62870	7.4
IL	62871	10.4
IL	62872	5.0
IL	62874	7.0
IL	62875	9.0
IL	62876	9.0
IL	62877	10.5
IL	62878	10.6
IL	62879	6.0
IL	62880	10.6
IL	62881	7.4
IL	62882	5.0
IL	62883	5.0
IL	62884	9.0
IL	62885	8.0
IL	62886	10.6
IL	62887	8.4
IL	62888	9.0
IL	62889	5.0
IL	62890	9.0
IL	62891	9.0
IL	62892	9.0
IL	62893	5.0
IL	62894	5.0
IL	62895	10.6
IL	62896	7.0
IL	62897	7.0
IL	62898	5.0
IL	62899	8.0
IL	62901	4.0
IL	62902	5.0
IL	62903	4.0
IL	62905	9.2
IL	62906	7.0
IL	62907	10.5
IL	62908	10.0
IL	62909	10.0
IL	62910	5.0
IL	62912	10.5
IL	62914	7.0
IL	62915	4.0
IL	62916	10.5
IL	62917	4.0
IL	62918	4.0
IL	62919	10.0
IN	46001	1.0
IN	46011	1.0
IN	46012	1.0
IN	46013	1.0
IN	46014	1.0
IN	46015	1.0
IN	46016	1.0
IN	46017	1.0
IN	46018	1.0
IN	46030	1.0
IN	46031	1.0
IN	46032	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IL	62933	4.0
IL	62934	10.0
IL	62935	10.5
IL	62938	10.5
IL	62939	10.5
IL	62940	6.0
IL	62941	10.0
IL	62942	6.0
IL	62943	9.0
IL	62944	10.5
IL	62946	4.0
IL	62947	10.0
IL	62948	4.0
IL	62949	4.0
IL	62950	6.0
IL	62951	6.0
IL	62952	7.0
IL	62953	8.0
IL	62954	10.0
IL	62955	10.5
IL	62956	10.0
IL	62957	5.0
IL	62958	5.0
IL	62959	4.0
IL	62960	7.4
IL	62961	8.0
IL	62962	5.0
IL	62963	10.0
IL	62964	10.6
IL	62965	4.0
IL	62966	5.0
IL	62967	9.0
IL	62969	5.0
IL	62970	10.0
IL	62971	5.0
IL	62972	9.0
IL	62973	10.6
IL	62974	5.0
IL	62975	6.0
IL	62976	10.6
IL	62977	8.4
IL	62979	10.4
IL	62982	10.5
IL	62983	10.5
IL	62984	10.0
IL	62985	9.0
IL	62987	5.0
IL	62988	5.0
IL	62990	5.0
IL	62992	10.6
IL	62993	5.0
IL	62994	10.5
IL	62995	10.0
IL	62996	10.6
IL	62997	10.6
IL	62998	9.2
IL	62999	10.5
IN	46001	1.0
IN	46011	1.0
IN	46012	1.0
IN	46013	1.0
IN	46014	1.0
IN	46015	1.0
IN	46016	1.0
IN	46017	1.0
IN	46018	1.0
IN	46030	1.0
IN	46031	1.0
IN	46032	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IN	46033	1.0
IN	46034	1.0
IN	46035	10.5
IN	46036	4.2
IN	46037	1.0
IN	46038	1.0
IN	46039	3.0
IN	46040	1.0
IN	46041	4.0
IN	46044	2.1
IN	46045	7.3
IN	46047	7.3
IN	46048	1.0
IN	46049	9.1
IN	46050	3.0
IN	46051	2.0
IN	46052	4.1
IN	46055	1.0
IN	46056	2.1
IN	46057	6.0
IN	46058	2.0
IN	46060	1.0
IN	46061	1.0
IN	46062	1.0
IN	46063	1.0
IN	46064	1.0
IN	46065	2.0
IN	46067	4.0
IN	46068	2.0
IN	46069	2.0
IN	46070	2.0
IN	46071	2.0
IN	46072	7.3
IN	46074	1.0
IN	46075	2.0
IN	46076	9.1
IN	46077	1.0
IN	46082	1.0
IN	46102	2.0
IN	46103	2.0
IN	46104	3.0
IN	46105	2.0
IN	46106	1.0
IN	46107	1.0
IN	46110	2.0
IN	46111	1.0
IN	46112	1.0
IN	46113	1.0
IN	46115	3.0
IN	46117	2.0
IN	46118	2.0
IN	46120	2.0
IN	46121	2.0
IN	46122	1.0
IN	46123	1.0
IN	46124	1.0
IN	46125	4.1
IN	46126	2.0
IN	46127	9.0
IN	46128	2.0
IN	46129	2.0
IN	46130	2.0
IN	46131	1.0
IN	46133	9.0
IN	46135	7.3
IN	46140	2.0
IN	46142	1.0
IN	46143	1.0
IN	46144	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IN	46146	9.0
IN	46147	2.0
IN	46148	2.0
IN	46149	2.0
IN	46150	9.0
IN	46151	4.1
IN	46154	2.0
IN	46155	7.4
IN	46156	9.0
IN	46157	2.0
IN	46158	1.0
IN	46160	2.0
IN	46161	2.0
IN	46162	2.0
IN	46163	1.0
IN	46164	2.0
IN	46165	2.0
IN	46166	2.0
IN	46167	1.0
IN	46168	1.0
IN	46170	7.3
IN	46171	8.3
IN	46172	2.0
IN	46173	7.4
IN	46175	2.0
IN	46176	4.2
IN	46180	2.0
IN	46181	2.0
IN	46182	5.2
IN	46183	1.0
IN	46184	1.0
IN	46186	2.0
IN	46201	1.0
IN	46202	1.0
IN	46203	1.0
IN	46204	1.0
IN	46205	1.0
IN	46206	1.0
IN	46207	1.0
IN	46208	1.0
IN	46209	1.0
IN	46211	1.0
IN	46214	1.0
IN	46216	1.0
IN	46217	1.0
IN	46218	1.0
IN	46219	1.0
IN	46220	1.0
IN	46221	1.0
IN	46222	1.0
IN	46223	1.0
IN	46224	1.0
IN	46225	1.0
IN	46226	1.0
IN	46227	1.0
IN	46228	1.0
IN	46229	1.0
IN	46230	1.0
IN	46231	1.0
IN	46234	1.0
IN	46235	1.0
IN	46236	1.0
IN	46237	1.0
IN	46239	1.0
IN	46240	1.0
IN	46241	1.0
IN	46242	1.0
IN	46244	1.0
IN	46247	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IN	46249	1.0
IN	46250	1.0
IN	46251	1.0
IN	46253	1.0
IN	46254	1.0
IN	46255	1.0
IN	46256	1.0
IN	46259	1.0
IN	46260	1.0
IN	46266	1.0
IN	46268	1.0
IN	46274	1.0
IN	46275	1.0
IN	46277	1.0
IN	46278	1.0
IN	46280	1.0
IN	46282	1.0
IN	46283	1.0
IN	46285	1.0
IN	46290	1.0
IN	46291	1.0
IN	46295	1.0
IN	46296	1.0
IN	46298	1.0
IN	46301	1.0
IN	46302	1.0
IN	46303	1.0
IN	46304	1.0
IN	46307	1.0
IN	46308	1.0
IN	46310	2.0
IN	46311	1.0
IN	46312	1.0
IN	46319	1.0
IN	46320	1.0
IN	46321	1.0
IN	46322	1.0
IN	46323	1.0
IN	46324	1.0
IN	46325	1.0
IN	46327	1.0
IN	46340	2.0
IN	46341	2.0
IN	46342	1.0
IN	46345	1.0
IN	46346	1.0
IN	46347	2.0
IN	46348	2.0
IN	46349	2.0
IN	46350	1.0
IN	46352	1.0
IN	46355	1.0
IN	46356	2.0
IN	46360	1.0
IN	46361	1.0
IN	46365	2.1
IN	46366	7.3
IN	46368	1.0
IN	46371	2.0
IN	46372	2.0
IN	46373	1.0
IN	46374	7.3
IN	46375	1.0
IN	46376	2.0
IN	46377	2.0
IN	46379	2.0
IN	46380	2.0
IN	46381	10.4
IN	46382	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IN	46383	1.0
IN	46384	1.0
IN	46385	1.0
IN	46390	2.0
IN	46391	2.0
IN	46392	2.0
IN	46393	1.0
IN	46394	1.0
IN	46401	1.0
IN	46402	1.0
IN	46403	1.0
IN	46404	1.0
IN	46405	1.0
IN	46406	1.0
IN	46407	1.0
IN	46408	1.0
IN	46409	1.0
IN	46410	1.0
IN	46411	1.0
IN	46501	10.5
IN	46502	4.0
IN	46504	10.5
IN	46506	7.3
IN	46507	1.0
IN	46508	5.0
IN	46510	5.0
IN	46511	10.5
IN	46513	4.0
IN	46514	1.0
IN	46515	1.0
IN	46516	1.0
IN	46517	1.0
IN	46524	5.0
IN	46526	1.0
IN	46527	1.0
IN	46528	1.0
IN	46530	1.0
IN	46531	9.0
IN	46532	9.0
IN	46534	9.0
IN	46536	2.0
IN	46537	4.0
IN	46538	5.0
IN	46539	5.0
IN	46540	10.1
IN	46542	10.4
IN	46543	2.0
IN	46544	1.0
IN	46545	1.0
IN	46546	1.0
IN	46550	9.0
IN	46552	2.0
IN	46553	1.0
IN	46554	2.0
IN	46555	6.0
IN	46556	1.0
IN	46561	1.0
IN	46562	5.0
IN	46563	4.0
IN	46565	10.0
IN	46566	5.0
IN	46567	7.3
IN	46570	10.5
IN	46571	10.4
IN	46572	4.0
IN	46573	2.0
IN	46574	7.3
IN	46580	4.0
IN	46581	4.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IN	46582	4.0
IN	46590	4.0
IN	46595	7.3
IN	46601	1.0
IN	46604	1.0
IN	46612	1.0
IN	46613	1.0
IN	46614	1.0
IN	46615	1.0
IN	46616	1.0
IN	46617	1.0
IN	46619	1.0
IN	46620	1.0
IN	46624	1.0
IN	46626	1.0
IN	46628	1.0
IN	46629	1.0
IN	46634	1.0
IN	46635	1.0
IN	46637	1.0
IN	46660	1.0
IN	46680	1.0
IN	46699	1.0
IN	46701	10.5
IN	46702	5.0
IN	46703	4.0
IN	46704	1.0
IN	46705	6.0
IN	46706	4.2
IN	46710	3.0
IN	46711	7.0
IN	46713	4.2
IN	46714	7.3
IN	46720	9.2
IN	46721	7.4
IN	46723	2.0
IN	46725	7.3
IN	46730	6.0
IN	46731	8.3
IN	46732	9.0
IN	46733	4.2
IN	46737	5.2
IN	46738	4.2
IN	46740	10.6
IN	46741	1.0
IN	46742	6.0
IN	46743	2.0
IN	46745	2.0
IN	46746	10.6
IN	46747	5.0
IN	46748	1.0
IN	46750	4.2
IN	46755	4.0
IN	46759	8.0
IN	46760	9.0
IN	46761	7.0
IN	46763	3.0
IN	46764	10.6
IN	46765	1.0
IN	46766	8.0
IN	46767	7.3
IN	46769	7.0
IN	46770	2.0
IN	46771	10.6
IN	46772	10.5
IN	46773	2.0
IN	46774	1.0
IN	46776	5.0
IN	46777	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IN	46778	8.0
IN	46779	6.0
IN	46780	4.2
IN	46781	8.0
IN	46782	4.2
IN	46783	2.0
IN	46784	6.0
IN	46785	5.2
IN	46786	9.0
IN	46787	10.6
IN	46788	2.0
IN	46789	9.0
IN	46791	2.0
IN	46792	10.5
IN	46793	4.2
IN	46794	9.2
IN	46795	9.0
IN	46796	9.0
IN	46797	2.0
IN	46798	2.0
IN	46799	2.0
IN	46801	1.0
IN	46802	1.0
IN	46803	1.0
IN	46804	1.0
IN	46805	1.0
IN	46806	1.0
IN	46807	1.0
IN	46808	1.0
IN	46809	1.0
IN	46814	1.0
IN	46815	1.0
IN	46816	1.0
IN	46818	1.0
IN	46819	1.0
IN	46825	1.0
IN	46835	1.0
IN	46845	1.0
IN	46850	1.0
IN	46851	1.0
IN	46852	1.0
IN	46853	1.0
IN	46854	1.0
IN	46855	1.0
IN	46856	1.0
IN	46857	1.0
IN	46858	1.0
IN	46859	1.0
IN	46860	1.0
IN	46861	1.0
IN	46862	1.0
IN	46863	1.0
IN	46864	1.0
IN	46865	1.0
IN	46866	1.0
IN	46867	1.0
IN	46868	1.0
IN	46869	1.0
IN	46885	1.0
IN	46895	1.0
IN	46896	1.0
IN	46897	1.0
IN	46898	1.0
IN	46899	1.0
IN	46901	1.0
IN	46902	1.0
IN	46903	1.0
IN	46904	1.0
IN	46910	9.0

ADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IN	46911	3.0
IN	46912	7.0
IN	46913	2.0
IN	46914	2.0
IN	46915	2.0
IN	46916	10.4
IN	46917	10.4
IN	46919	3.0
IN	46920	2.0
IN	46921	10.5
IN	46922	7.0
IN	46923	7.3
IN	46926	10.5
IN	46928	5.0
IN	46929	10.4
IN	46930	4.0
IN	46931	7.0
IN	46932	2.0
IN	46933	4.0
IN	46935	10.6
IN	46936	2.0
IN	46937	1.0
IN	46938	4.0
IN	46939	10.6
IN	46940	6.0
IN	46941	5.0
IN	46942	4.0
IN	46943	7.0
IN	46945	7.0
IN	46946	7.0
IN	46947	4.0
IN	46950	5.0
IN	46951	10.5
IN	46952	4.0
IN	46953	4.0
IN	46957	7.4
IN	46958	4.2
IN	46959	2.0
IN	46960	8.0
IN	46961	4.0
IN	46962	7.0
IN	46965	1.0
IN	46967	5.0
IN	46968	8.0
IN	46970	4.2
IN	46971	4.2
IN	46974	5.0
IN	46975	7.0
IN	46977	7.3
IN	46978	5.0
IN	46979	2.0
IN	46980	7.0
IN	46982	5.0
IN	46984	6.0
IN	46985	8.0
IN	46986	5.0
IN	46987	4.0
IN	46988	5.0
IN	46989	7.4
IN	46990	5.0
IN	46991	5.0
IN	46992	4.0
IN	46994	5.0
IN	46995	2.0
IN	46996	7.0
IN	46998	2.0
IN	47001	2.0
IN	47003	6.0
IN	47006	7.0

ADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IN	47010	2.0
IN	47011	10.0
IN	47012	2.0
IN	47016	2.0
IN	47017	10.4
IN	47018	5.1
IN	47019	10.5
IN	47020	10.4
IN	47021	10.6
IN	47022	2.0
IN	47023	10.0
IN	47024	9.2
IN	47025	4.1
IN	47030	3.0
IN	47031	10.4
IN	47032	2.0
IN	47033	7.0
IN	47034	10.5
IN	47035	2.0
IN	47036	7.0
IN	47037	10.5
IN	47038	10.4
IN	47039	10.4
IN	47040	10.5
IN	47041	9.0
IN	47042	10.6
IN	47043	10.4
IN	47060	2.0
IN	47102	4.0
IN	47104	2.0
IN	47106	2.0
IN	47107	2.0
IN	47108	8.0
IN	47110	2.0
IN	47111	2.0
IN	47112	2.0
IN	47114	2.0
IN	47115	2.0
IN	47116	10.5
IN	47117	2.0
IN	47118	10.5
IN	47119	1.0
IN	47120	2.0
IN	47122	1.0
IN	47123	10.5
IN	47124	2.0
IN	47125	10.6
IN	47126	2.0
IN	47129	1.0
IN	47130	1.0
IN	47131	1.0
IN	47132	1.0
IN	47133	1.0
IN	47134	1.0
IN	47135	2.0
IN	47136	2.0
IN	47137	10.4
IN	47138	5.0
IN	47139	4.0
IN	47140	2.0
IN	47141	2.0
IN	47142	2.0
IN	47143	2.0
IN	47144	1.0
IN	47145	2.0
IN	47146	1.0
IN	47147	2.0
IN	47150	1.0
IN	47151	1.0

ADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IN	47160	2.0
IN	47161	2.0
IN	47162	2.0
IN	47163	2.0
IN	47164	2.0
IN	47165	2.0
IN	47166	2.0
IN	47167	7.3
IN	47170	4.0
IN	47172	1.0
IN	47174	10.4
IN	47175	10.5
IN	47177	2.0
IN	47190	1.0
IN	47199	1.0
IN	47201	1.0
IN	47202	1.0
IN	47203	1.0
IN	47220	5.0
IN	47223	5.0
IN	47224	5.0
IN	47225	7.4
IN	47226	1.0
IN	47227	5.0
IN	47228	4.0
IN	47229	5.0
IN	47230	5.0
IN	47231	5.0
IN	47232	2.0
IN	47234	5.2
IN	47235	5.0
IN	47236	2.0
IN	47240	4.0
IN	47243	7.2
IN	47244	2.0
IN	47245	4.2
IN	47246	2.0
IN	47247	1.0
IN	47249	5.0
IN	47250	4.0
IN	47260	5.0
IN	47261	4.0
IN	47263	4.0
IN	47264	5.0
IN	47265	4.2
IN	47270	5.0
IN	47272	5.0
IN	47273	4.2
IN	47274	4.0
IN	47280	1.0
IN	47281	5.0
IN	47282	5.0
IN	47283	5.2
IN	47302	1.0
IN	47303	1.0
IN	47304	1.0
IN	47305	1.0
IN	47306	1.0
IN	47307	1.0
IN	47308	1.0
IN	47320	2.0
IN	47322	4.0
IN	47324	4.0
IN	47325	10.5
IN	47326	8.0
IN	47327	5.0
IN	47330	4.0
IN	47331	4.0
IN	47334	1.0

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
IN	47335	5.0
IN	47336	7.3
IN	47337	5.0
IN	47338	2.0
IN	47339	5.0
IN	47340	2.0
IN	47341	5.0
IN	47342	2.0
IN	47344	2.0
IN	47345	5.0
IN	47346	5.0
IN	47348	7.0
IN	47351	6.1
IN	47352	5.0
IN	47353	10.5
IN	47354	3.0
IN	47355	6.0
IN	47356	2.0
IN	47357	5.0
IN	47358	3.0
IN	47359	10.6
IN	47360	5.2
IN	47361	4.0
IN	47362	4.0
IN	47366	5.0
IN	47367	1.0
IN	47368	2.0
IN	47369	8.0
IN	47370	5.0
IN	47371	7.0
IN	47373	9.1
IN	47374	4.0
IN	47375	4.0
IN	47380	2.0
IN	47381	8.0
IN	47382	8.0
IN	47383	1.0
IN	47384	6.1
IN	47385	5.0
IN	47386	5.2
IN	47387	5.0
IN	47388	2.0
IN	47390	7.4
IN	47392	5.0
IN	47393	5.0
IN	47394	7.3
IN	47396	1.0
IN	47401	1.0
IN	47402	1.0
IN	47403	1.0
IN	47404	1.0
IN	47405	1.0
IN	47406	1.0
IN	47407	2.0
IN	47408	1.0
IN	47420	6.1
IN	47421	4.2
IN	47424	7.1
IN	47426	1.0
IN	47427	10.0
IN	47429	1.0
IN	47430	4.2
IN	47431	2.0
IN	47432	7.0
IN	47433	3.0
IN	47434	1.0
IN	47435	10.0
IN	47436	5.0
IN	47437	5.0

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
IN	47438	9.1
IN	47439	2.0
IN	47441	7.0
IN	47443	10.6
IN	47445	7.0
IN	47446	5.0
IN	47448	10.0
IN	47449	10.6
IN	47451	6.1
IN	47452	10.5
IN	47453	2.0
IN	47454	9.0
IN	47455	10.0
IN	47456	2.0
IN	47457	7.1
IN	47458	1.0
IN	47459	2.0
IN	47460	3.0
IN	47462	6.1
IN	47463	1.0
IN	47464	1.0
IN	47465	10.6
IN	47467	4.2
IN	47468	2.0
IN	47469	10.0
IN	47470	5.0
IN	47471	10.4
IN	47490	1.0
IN	47501	4.0
IN	47512	5.0
IN	47513	5.0
IN	47514	10.6
IN	47515	10.6
IN	47516	5.0
IN	47519	10.5
IN	47520	7.0
IN	47521	5.0
IN	47522	10.6
IN	47523	10.5
IN	47524	4.0
IN	47525	10.6
IN	47527	5.0
IN	47528	5.0
IN	47529	10.0
IN	47531	10.0
IN	47532	10.5
IN	47535	5.0
IN	47536	10.5
IN	47537	10.4
IN	47541	10.5
IN	47542	7.2
IN	47545	4.0
IN	47546	4.0
IN	47547	4.0
IN	47549	4.0
IN	47550	10.0
IN	47551	10.6
IN	47552	10.5
IN	47553	7.4
IN	47556	10.5
IN	47557	5.0
IN	47558	10.5
IN	47561	5.0
IN	47562	10.0
IN	47564	5.0
IN	47567	7.0
IN	47568	5.0
IN	47573	5.0
IN	47574	8.0

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
IN	47575	5.0
IN	47576	10.6
IN	47577	10.5
IN	47578	5.0
IN	47579	10.5
IN	47580	5.0
IN	47581	10.5
IN	47584	9.1
IN	47585	5.0
IN	47586	7.0
IN	47588	8.0
IN	47590	5.0
IN	47591	4.0
IN	47596	5.0
IN	47597	5.0
IN	47598	3.0
IN	47601	2.0
IN	47610	1.0
IN	47611	10.4
IN	47612	2.0
IN	47613	2.0
IN	47614	2.0
IN	47615	10.0
IN	47616	2.0
IN	47617	2.0
IN	47618	2.0
IN	47619	2.0
IN	47620	7.1
IN	47629	1.0
IN	47630	1.0
IN	47631	3.0
IN	47633	2.0
IN	47634	2.0
IN	47635	10.4
IN	47637	2.0
IN	47638	2.0
IN	47639	2.0
IN	47640	8.0
IN	47647	9.1
IN	47648	2.0
IN	47649	8.0
IN	47654	2.0
IN	47660	9.1
IN	47665	3.0
IN	47666	8.0
IN	47670	7.3
IN	47683	2.0
IN	47701	1.0
IN	47702	1.0
IN	47703	1.0
IN	47704	1.0
IN	47705	1.0
IN	47706	1.0
IN	47708	1.0
IN	47710	1.0
IN	47711	1.0
IN	47712	1.0
IN	47713	1.0
IN	47714	1.0
IN	47715	1.0
IN	47716	1.0
IN	47719	1.0
IN	47720	2.0
IN	47721	1.0
IN	47722	1.0
IN	47724	1.0
IN	47725	2.0
IN	47727	1.0
IN	47728	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IN	47730	1.0
IN	47731	1.0
IN	47732	1.0
IN	47733	1.0
IN	47734	1.0
IN	47735	1.0
IN	47736	1.0
IN	47737	1.0
IN	47739	1.0
IN	47740	1.0
IN	47741	1.0
IN	47744	1.0
IN	47747	1.0
IN	47750	1.0
IN	47801	1.0
IN	47802	1.0
IN	47803	1.0
IN	47804	1.0
IN	47805	1.0
IN	47807	1.0
IN	47808	1.0
IN	47809	1.0
IN	47811	1.0
IN	47812	1.0
IN	47813	1.0
IN	47814	1.0
IN	47830	7.1
IN	47831	7.1
IN	47832	10.6
IN	47833	10.0
IN	47834	4.2
IN	47836	3.0
IN	47837	5.2
IN	47838	9.0
IN	47840	3.0
IN	47841	3.0
IN	47842	7.1
IN	47845	9.1
IN	47846	3.0
IN	47847	10.4
IN	47848	9.0
IN	47849	2.0
IN	47850	2.0
IN	47851	4.2
IN	47852	7.3
IN	47853	4.2
IN	47854	10.4
IN	47855	2.0
IN	47856	7.1
IN	47857	4.2
IN	47858	2.0
IN	47859	10.6
IN	47860	7.1
IN	47861	2.0
IN	47862	2.0
IN	47863	1.0
IN	47864	7.3
IN	47865	9.0
IN	47866	2.0
IN	47868	2.0
IN	47869	1.0
IN	47870	1.0
IN	47871	1.0
IN	47872	7.1
IN	47874	2.0
IN	47875	7.1
IN	47876	1.0
IN	47878	1.0
IN	47879	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IN	47880	7.1
IN	47881	4.2
IN	47882	7.3
IN	47884	7.1
IN	47885	1.0
IN	47901	1.0
IN	47902	1.0
IN	47903	1.0
IN	47904	1.0
IN	47905	1.0
IN	47906	1.0
IN	47907	1.0
IN	47909	1.0
IN	47916	4.0
IN	47917	10.4
IN	47918	7.3
IN	47920	2.0
IN	47921	10.4
IN	47922	10.0
IN	47923	2.0
IN	47924	1.0
IN	47925	7.3
IN	47926	8.0
IN	47928	2.0
IN	47929	3.0
IN	47930	2.0
IN	47932	7.3
IN	47933	4.0
IN	47934	4.0
IN	47935	4.0
IN	47936	4.0
IN	47937	4.0
IN	47938	4.0
IN	47939	4.0
IN	47940	5.2
IN	47941	1.0
IN	47942	10.4
IN	47943	3.0
IN	47944	10.4
IN	47946	10.6
IN	47948	10.0
IN	47949	10.5
IN	47950	8.0
IN	47951	10.0
IN	47952	10.5
IN	47954	5.2
IN	47955	6.1
IN	47957	10.6
IN	47958	10.5
IN	47959	10.6
IN	47960	7.3
IN	47962	1.0
IN	47963	10.4
IN	47964	10.4
IN	47965	4.0
IN	47966	2.0
IN	47967	6.1
IN	47968	5.2
IN	47969	7.3
IN	47970	2.0
IN	47971	2.0
IN	47974	2.0
IN	47975	2.0
IN	47977	10.6
IN	47978	7.0
IN	47980	3.0
IN	47981	2.0
IN	47982	7.3
IN	47983	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
IN	47984	10.4
IN	47986	10.4
IN	47987	10.5
IN	47988	10.5
IN	47989	5.0
IN	47990	5.0
IN	47991	3.0
IN	47992	2.0
IN	47993	2.0
IN	47994	6.1
IN	47995	10.4
IN	47996	1.0
IN	47997	7.3
IN	66002	4.0
IN	66006	7.3
IN	66007	2.0
IN	66008	10.4
IN	66010	10.4
IN	66012	1.0
IN	66013	2.0
IN	66014	10.1
IN	66015	10.6
IN	66016	5.0
IN	66017	10.0
IN	66018	2.0
IN	66019	2.0
IN	66020	5.0
IN	66021	2.0
IN	66023	5.0
IN	66024	2.0
IN	66025	2.1
IN	66026	2.0
IN	66027	4.2
IN	66030	2.0
IN	66031	2.0
IN	66032	7.0
IN	66033	7.0
IN	66035	10.0
IN	66036	7.1
IN	66039	10.6
IN	66040	10.1
IN	66041	5.0
IN	66042	5.2
IN	66043	4.2
IN	66044	1.0
IN	66045	1.0
IN	66046	1.0
IN	66047	1.0
IN	66048	4.2
IN	66049	1.0
IN	66050	2.0
IN	66051	1.0
IN	66052	2.0
IN	66053	2.0
IN	66054	3.0
IN	66056	10.4
IN	66058	5.0
IN	66060	10.4
IN	66061	1.0
IN	66062	1.0
IN	66063	1.0
IN	66064	7.1
IN	66066	3.0
IN	66067	4.2
IN	66070	2.0
IN	66071	7.1
IN	66072	10.1
IN	66073	2.0
IN	66075	10.4

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
KS	66076	3.0	KS	66402	2.0	KS	66541	10.3
KS	66077	4.0	KS	66403	10.3	KS	66542	1.0
KS	66078	5.2	KS	66404	10.0	KS	66543	2.0
KS	66079	5.2	KS	66406	10.3	KS	66544	10.6
KS	66080	5.2	KS	66407	10.4	KS	66546	2.0
KS	66083	2.0	KS	66408	10.0	KS	66547	7.4
KS	66085	2.0	KS	66409	2.0	KS	66548	10.6
KS	66086	2.0	KS	66411	10.6	KS	66549	10.5
KS	66087	10.4	KS	66412	10.3	KS	66550	10.0
KS	66088	10.4	KS	66413	2.0	KS	66552	2.0
KS	66090	2.0	KS	66414	2.0	KS	66554	4.0
KS	66091	10.6	KS	66415	10.0	KS	66555	7.0
KS	66092	3.0	KS	66416	2.0	KS	66601	1.0
KS	66093	10.6	KS	66417	10.0	KS	66603	1.0
KS	66094	10.0	KS	66418	2.0	KS	66604	1.0
KS	66095	5.2	KS	66419	2.0	KS	66605	1.0
KS	66097	10.4	KS	66420	1.0	KS	66606	1.0
KS	66101	1.0	KS	66422	10.4	KS	66607	1.0
KS	66102	1.0	KS	66423	2.0	KS	66608	1.0
KS	66103	1.0	KS	66424	10.6	KS	66609	1.0
KS	66104	1.0	KS	66425	10.0	KS	66610	1.0
KS	66105	1.0	KS	66426	10.5	KS	66611	1.0
KS	66106	1.0	KS	66427	10.6	KS	66612	1.0
KS	66109	1.0	KS	66428	10.0	KS	66614	1.0
KS	66110	1.0	KS	66429	2.0	KS	66615	2.0
KS	66111	1.0	KS	66431	2.0	KS	66616	1.0
KS	66112	1.0	KS	66432	10.5	KS	66617	1.0
KS	66113	1.0	KS	66434	7.0	KS	66618	1.0
KS	66115	1.0	KS	66436	7.3	KS	66619	1.0
KS	66117	1.0	KS	66438	10.3	KS	66620	1.0
KS	66118	1.0	KS	66439	10.6	KS	66621	1.0
KS	66119	1.0	KS	66440	2.0	KS	66622	1.0
KS	66160	1.0	KS	66441	4.0	KS	66624	1.0
KS	66201	1.0	KS	66442	4.0	KS	66625	1.0
KS	66202	1.0	KS	66449	4.0	KS	66626	1.0
KS	66203	1.0	KS	66451	2.0	KS	66628	1.0
KS	66204	1.0	KS	66501	10.4	KS	66629	1.0
KS	66205	1.0	KS	66502	4.0	KS	66634	1.0
KS	66206	1.0	KS	66503	4.0	KS	66636	1.0
KS	66207	1.0	KS	66505	4.0	KS	66637	1.0
KS	66208	1.0	KS	66506	4.0	KS	66638	1.0
KS	66209	1.0	KS	66507	10.4	KS	66642	1.0
KS	66210	1.0	KS	66508	7.0	KS	66647	1.0
KS	66211	1.0	KS	66509	2.0	KS	66652	1.0
KS	66212	1.0	KS	66510	10.4	KS	66653	1.0
KS	66213	1.0	KS	66512	2.0	KS	66658	1.0
KS	66214	1.0	KS	66514	5.0	KS	66667	1.0
KS	66215	1.0	KS	66515	10.0	KS	66675	1.0
KS	66216	1.0	KS	66516	2.0	KS	66683	1.0
KS	66217	1.0	KS	66517	4.0	KS	66686	1.0
KS	66218	1.0	KS	66518	10.3	KS	66692	1.0
KS	66219	1.0	KS	66520	10.5	KS	66699	1.0
KS	66220	1.0	KS	66521	10.5	KS	66701	7.0
KS	66221	1.0	KS	66522	10.0	KS	66710	9.0
KS	66222	1.0	KS	66523	10.4	KS	66711	5.0
KS	66223	1.0	KS	66524	2.0	KS	66712	5.0
KS	66224	1.0	KS	66526	10.4	KS	66713	7.3
KS	66225	1.0	KS	66527	10.0	KS	66714	9.0
KS	66226	1.0	KS	66528	2.0	KS	66716	8.0
KS	66227	1.0	KS	66531	4.0	KS	66717	9.0
KS	66250	1.0	KS	66532	10.6	KS	66720	7.0
KS	66251	1.0	KS	66533	2.0	KS	66724	5.0
KS	66276	1.0	KS	66534	10.0	KS	66725	7.3
KS	66279	1.0	KS	66535	5.0	KS	66728	2.0
KS	66282	1.0	KS	66536	10.4	KS	66732	10.6
KS	66283	1.0	KS	66537	2.0	KS	66733	10.6
KS	66285	1.0	KS	66538	10.0	KS	66734	5.0
KS	66286	1.0	KS	66539	2.0	KS	66735	5.0
KS	66401	10.4	KS	66540	2.0	KS	66736	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
KS	66738	8.0
KS	66739	2.0
KS	66740	9.0
KS	66741	5.0
KS	66742	7.0
KS	66743	7.2
KS	66746	5.0
KS	66748	10.6
KS	66749	7.0
KS	66751	8.0
KS	66753	5.0
KS	66754	8.0
KS	66755	10.6
KS	66756	5.0
KS	66757	7.4
KS	66758	10.0
KS	66759	10.0
KS	66760	4.0
KS	66761	10.0
KS	66762	4.0
KS	66763	4.0
KS	66767	10.4
KS	66769	8.0
KS	66770	2.0
KS	66771	10.6
KS	66772	10.6
KS	66773	5.0
KS	66775	10.6
KS	66776	9.0
KS	66777	10.0
KS	66778	9.0
KS	66779	8.0
KS	66780	5.0
KS	66781	5.0
KS	66782	5.0
KS	66783	10.6
KS	66801	4.0
KS	66830	5.0
KS	66833	5.0
KS	66834	10.4
KS	66835	5.0
KS	66838	10.0
KS	66839	7.0
KS	66840	10.5
KS	66842	3.0
KS	66843	10.5
KS	66845	10.5
KS	66846	10.0
KS	66849	10.0
KS	66850	10.5
KS	66851	10.5
KS	66852	10.6
KS	66853	10.6
KS	66854	5.0
KS	66855	10.6
KS	66856	10.6
KS	66857	10.6
KS	66858	10.0
KS	66859	10.0
KS	66860	10.6
KS	66861	10.6
KS	66862	10.5
KS	66863	10.6
KS	66864	5.0
KS	66865	5.0
KS	66866	10.5
KS	66868	5.0
KS	66869	10.5
KS	66870	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
KS	66871	10.6
KS	66872	10.0
KS	66873	10.0
KS	66901	7.0
KS	66930	10.0
KS	66932	10.0
KS	66933	10.0
KS	66935	10.0
KS	66936	10.0
KS	66937	10.0
KS	66938	10.3
KS	66939	10.0
KS	66940	10.0
KS	66941	10.0
KS	66942	10.0
KS	66943	10.0
KS	66944	10.0
KS	66945	10.0
KS	66946	10.0
KS	66948	10.3
KS	66949	10.6
KS	66951	10.0
KS	66952	10.0
KS	66953	10.0
KS	66955	10.0
KS	66956	10.6
KS	66958	10.0
KS	66959	10.0
KS	66960	10.0
KS	66961	10.0
KS	66962	10.0
KS	66963	10.6
KS	66964	10.0
KS	66966	10.0
KS	66967	10.0
KS	66968	10.0
KS	66970	10.0
KS	67001	2.0
KS	67002	1.0
KS	67003	10.0
KS	67004	2.0
KS	67005	4.0
KS	67008	10.5
KS	67009	10.0
KS	67010	2.0
KS	67012	3.0
KS	67013	2.0
KS	67016	2.0
KS	67017	2.0
KS	67018	10.0
KS	67019	10.5
KS	67020	2.0
KS	67021	10.3
KS	67022	10.6
KS	67023	10.5
KS	67024	10.0
KS	67025	2.0
KS	67026	1.0
KS	67028	10.3
KS	67029	10.0
KS	67030	2.0
KS	67031	2.0
KS	67035	10.6
KS	67036	10.4
KS	67037	1.0
KS	67038	10.5
KS	67039	2.0
KS	67041	4.2
KS	67042	4.2

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
KS	67045	7.0
KS	67047	10.6
KS	67049	10.4
KS	67050	2.0
KS	67051	10.4
KS	67052	2.0
KS	67053	10.5
KS	67054	10.0
KS	67055	1.0
KS	67056	2.0
KS	67057	10.0
KS	67058	10.4
KS	67059	10.0
KS	67060	1.0
KS	67061	10.0
KS	67062	7.4
KS	67063	7.0
KS	67065	10.0
KS	67066	10.3
KS	67067	1.0
KS	67068	7.3
KS	67070	10.0
KS	67071	10.0
KS	67072	3.0
KS	67073	7.0
KS	67074	3.0
KS	67101	1.0
KS	67102	10.5
KS	67103	2.0
KS	67104	10.0
KS	67105	2.0
KS	67106	2.0
KS	67107	10.5
KS	67108	2.0
KS	67109	10.0
KS	67110	1.0
KS	67111	2.0
KS	67112	10.6
KS	67114	4.2
KS	67117	4.2
KS	67118	2.0
KS	67119	10.4
KS	67120	2.0
KS	67122	10.6
KS	67123	2.0
KS	67124	7.0
KS	67127	10.0
KS	67128	10.6
KS	67131	2.0
KS	67132	3.0
KS	67133	2.0
KS	67134	10.3
KS	67135	2.0
KS	67137	10.6
KS	67138	10.0
KS	67140	10.6
KS	67142	10.6
KS	67143	10.0
KS	67144	2.0
KS	67146	2.0
KS	67147	1.0
KS	67149	2.0
KS	67150	10.0
KS	67151	7.4
KS	67152	7.3
KS	67154	2.0
KS	67155	10.0
KS	67156	4.0
KS	67159	10.6

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
KS	67201	1.0	KS	67410	7.0	KS	67520	10.5
KS	67202	1.0	KS	67416	5.0	KS	67521	10.0
KS	67203	1.0	KS	67417	10.3	KS	67522	5.0
KS	67204	1.0	KS	67418	10.0	KS	67523	10.6
KS	67205	1.0	KS	67420	7.0	KS	67524	10.6
KS	67206	1.0	KS	67422	5.0	KS	67525	10.2
KS	67207	1.0	KS	67423	10.0	KS	67526	10.2
KS	67208	1.0	KS	67425	5.0	KS	67529	10.6
KS	67209	1.0	KS	67427	10.6	KS	67530	4.0
KS	67210	1.0	KS	67428	5.0	KS	67543	5.0
KS	67211	1.0	KS	67430	10.3	KS	67544	5.0
KS	67212	1.0	KS	67431	10.6	KS	67545	10.0
KS	67213	1.0	KS	67432	7.0	KS	67546	10.5
KS	67214	1.0	KS	67436	10.5	KS	67547	10.0
KS	67215	1.0	KS	67437	10.0	KS	67548	10.5
KS	67216	1.0	KS	67438	10.0	KS	67550	7.0
KS	67217	1.0	KS	67439	7.0	KS	67552	10.0
KS	67218	1.0	KS	67441	10.6	KS	67553	10.0
KS	67219	1.0	KS	67442	5.0	KS	67554	7.0
KS	67220	1.0	KS	67443	5.0	KS	67556	10.0
KS	67221	1.0	KS	67444	10.6	KS	67557	10.0
KS	67223	1.0	KS	67445	10.3	KS	67559	10.0
KS	67226	1.0	KS	67446	10.3	KS	67560	10.0
KS	67227	1.0	KS	67447	10.6	KS	67561	5.0
KS	67228	1.0	KS	67448	5.0	KS	67563	10.0
KS	67230	1.0	KS	67449	10.5	KS	67564	5.0
KS	67231	1.0	KS	67450	10.3	KS	67565	10.5
KS	67232	2.0	KS	67451	10.6	KS	67566	5.0
KS	67233	2.0	KS	67452	10.3	KS	67567	5.0
KS	67235	1.0	KS	67454	10.3	KS	67568	5.0
KS	67236	1.0	KS	67455	10.0	KS	67570	6.0
KS	67251	1.0	KS	67456	7.4	KS	67572	10.0
KS	67256	1.0	KS	67457	10.6	KS	67573	7.0
KS	67257	1.0	KS	67458	10.6	KS	67574	10.6
KS	67259	1.0	KS	67459	10.3	KS	67575	10.0
KS	67260	1.0	KS	67460	4.0	KS	67576	10.0
KS	67275	1.0	KS	67464	10.5	KS	67578	10.0
KS	67276	1.0	KS	67466	10.3	KS	67579	7.0
KS	67277	1.0	KS	67467	10.5	KS	67581	5.0
KS	67278	1.0	KS	67468	10.6	KS	67583	5.0
KS	67301	4.0	KS	67470	5.0	KS	67584	10.0
KS	67330	5.0	KS	67473	10.0	KS	67585	5.0
KS	67332	10.5	KS	67474	10.0	KS	67601	4.0
KS	67333	10.5	KS	67475	10.0	KS	67621	10.3
KS	67334	10.0	KS	67476	5.0	KS	67622	7.0
KS	67335	5.0	KS	67478	7.0	KS	67623	10.0
KS	67336	10.5	KS	67480	10.5	KS	67625	10.0
KS	67337	4.0	KS	67481	10.0	KS	67626	10.6
KS	67340	4.0	KS	67482	10.6	KS	67627	5.0
KS	67341	5.0	KS	67483	10.0	KS	67628	10.0
KS	67342	10.5	KS	67484	10.5	KS	67629	7.0
KS	67344	5.0	KS	67485	10.3	KS	67631	10.0
KS	67345	10.4	KS	67487	10.6	KS	67632	10.5
KS	67346	10.4	KS	67490	7.0	KS	67634	10.6
KS	67347	5.0	KS	67491	10.5	KS	67635	10.0
KS	67349	10.4	KS	67492	10.6	KS	67637	5.0
KS	67351	5.0	KS	67501	4.0	KS	67638	10.0
KS	67352	10.4	KS	67502	4.0	KS	67639	10.3
KS	67353	10.4	KS	67504	4.0	KS	67640	10.6
KS	67354	5.0	KS	67505	4.0	KS	67642	10.0
KS	67355	10.0	KS	67510	5.0	KS	67643	10.0
KS	67356	10.5	KS	67511	5.0	KS	67644	10.3
KS	67357	4.0	KS	67512	7.0	KS	67645	7.0
KS	67360	10.0	KS	67513	10.0	KS	67646	10.6
KS	67361	10.0	KS	67514	5.0	KS	67647	10.6
KS	67363	4.0	KS	67515	10.0	KS	67648	10.6
KS	67364	10.5	KS	67516	10.0	KS	67649	10.6
KS	67401	4.0	KS	67518	10.0	KS	67650	10.0
KS	67402	4.0	KS	67519	10.0	KS	67651	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
KS	67653	10.0
KS	67654	7.0
KS	67656	10.0
KS	67657	10.5
KS	67658	10.6
KS	67659	10.0
KS	67660	5.0
KS	67661	7.0
KS	67663	10.5
KS	67664	10.6
KS	67665	7.0
KS	67667	4.0
KS	67669	10.0
KS	67671	5.0
KS	67672	10.0
KS	67673	10.6
KS	67674	5.0
KS	67675	10.0
KS	67701	7.0
KS	67730	10.0
KS	67731	10.0
KS	67732	10.3
KS	67733	8.0
KS	67734	10.3
KS	67735	7.0
KS	67736	10.0
KS	67737	10.0
KS	67738	10.0
KS	67739	10.0
KS	67740	10.0
KS	67741	8.0
KS	67743	10.3
KS	67744	10.0
KS	67745	10.0
KS	67747	10.0
KS	67748	10.0
KS	67749	10.0
KS	67751	10.0
KS	67752	10.0
KS	67753	10.3
KS	67756	10.0
KS	67757	10.0
KS	67758	10.0
KS	67761	10.0
KS	67762	10.0
KS	67764	10.0
KS	67801	4.0
KS	67831	10.5
KS	67834	5.0
KS	67835	10.5
KS	67836	10.0
KS	67837	10.5
KS	67838	10.5
KS	67839	10.0
KS	67840	10.5
KS	67841	10.5
KS	67842	5.0
KS	67843	4.0
KS	67844	10.5
KS	67846	4.0
KS	67849	10.5
KS	67850	10.0
KS	67851	5.0
KS	67853	10.5
KS	67854	10.5
KS	67855	10.0
KS	67857	10.0
KS	67859	5.0
KS	67860	10.5

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
KS	67861	10.0
KS	67862	10.0
KS	67863	7.0
KS	67864	10.0
KS	67865	10.5
KS	67867	10.5
KS	67868	5.0
KS	67869	10.5
KS	67870	10.0
KS	67871	7.0
KS	67876	5.0
KS	67877	10.0
KS	67878	10.0
KS	67879	10.0
KS	67880	7.0
KS	67882	5.0
KS	67901	4.0
KS	67905	4.0
KS	67950	10.0
KS	67951	7.0
KS	67952	10.6
KS	67953	10.0
KS	67954	10.0
KY	40003	5.0
KY	40004	4.2
KY	40006	3.0
KY	40007	10.0
KY	40008	6.1
KY	40009	8.0
KY	40010	2.0
KY	40011	3.0
KY	40012	6.1
KY	40013	5.1
KY	40014	1.0
KY	40018	1.0
KY	40019	2.0
KY	40020	5.1
KY	40022	2.0
KY	40023	1.0
KY	40025	1.0
KY	40026	1.0
KY	40027	1.0
KY	40031	2.0
KY	40032	2.0
KY	40033	7.0
KY	40036	10.0
KY	40037	10.5
KY	40040	10.0
KY	40041	1.0
KY	40045	6.0
KY	40046	2.0
KY	40047	1.0
KY	40048	4.2
KY	40049	10.5
KY	40050	10.4
KY	40051	5.0
KY	40052	5.0
KY	40055	2.0
KY	40056	1.0
KY	40057	10.0
KY	40058	3.0
KY	40059	1.0
KY	40060	8.0
KY	40061	10.5
KY	40062	8.0
KY	40063	7.0
KY	40065	4.2
KY	40066	4.2
KY	40067	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
KY	40068	2.0
KY	40069	10.5
KY	40070	10.4
KY	40071	2.0
KY	40075	3.0
KY	40076	5.0
KY	40077	2.0
KY	40078	10.0
KY	40104	3.0
KY	40107	5.2
KY	40108	10.1
KY	40109	1.0
KY	40110	1.0
KY	40111	10.0
KY	40115	3.0
KY	40117	2.0
KY	40118	1.0
KY	40119	10.0
KY	40121	1.0
KY	40129	1.0
KY	40140	10.4
KY	40142	10.1
KY	40143	10.0
KY	40144	10.0
KY	40145	3.0
KY	40146	10.4
KY	40150	2.0
KY	40152	3.0
KY	40153	10.0
KY	40155	1.0
KY	40157	3.0
KY	40159	1.0
KY	40160	1.0
KY	40161	3.0
KY	40162	2.1
KY	40164	3.0
KY	40165	1.0
KY	40170	10.0
KY	40171	10.4
KY	40175	2.0
KY	40176	3.0
KY	40177	1.0
KY	40178	3.0
KY	40201	1.0
KY	40202	1.0
KY	40203	1.0
KY	40204	1.0
KY	40205	1.0
KY	40206	1.0
KY	40207	1.0
KY	40208	1.0
KY	40209	1.0
KY	40210	1.0
KY	40211	1.0
KY	40212	1.0
KY	40213	1.0
KY	40214	1.0
KY	40215	1.0
KY	40216	1.0
KY	40217	1.0
KY	40218	1.0
KY	40219	1.0
KY	40220	1.0
KY	40221	1.0
KY	40222	1.0
KY	40223	1.0
KY	40224	1.0
KY	40225	1.0
KY	40228	1.0

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
KY	40229	1.0	KY	40359	10.5	KY	40513	1.0
KY	40231	1.0	KY	40360	10.5	KY	40514	1.0
KY	40232	1.0	KY	40361	4.2	KY	40515	1.0
KY	40233	1.0	KY	40362	4.2	KY	40516	2.0
KY	40241	1.0	KY	40363	10.5	KY	40517	1.0
KY	40242	1.0	KY	40366	10.5	KY	40522	1.0
KY	40243	1.0	KY	40370	5.2	KY	40523	1.0
KY	40245	1.0	KY	40371	10.6	KY	40524	1.0
KY	40250	1.0	KY	40372	9.1	KY	40526	1.0
KY	40251	1.0	KY	40374	10.5	KY	40533	1.0
KY	40252	1.0	KY	40376	7.4	KY	40536	1.0
KY	40253	1.0	KY	40379	5.2	KY	40544	1.0
KY	40255	1.0	KY	40380	7.4	KY	40546	1.0
KY	40256	1.0	KY	40383	4.1	KY	40550	1.0
KY	40257	1.0	KY	40384	4.1	KY	40555	1.0
KY	40258	1.0	KY	40385	5.2	KY	40574	1.0
KY	40259	1.0	KY	40386	4.1	KY	40575	1.0
KY	40261	1.0	KY	40387	10.5	KY	40576	1.0
KY	40266	1.0	KY	40390	7.3	KY	40577	1.0
KY	40268	1.0	KY	40391	4.2	KY	40578	1.0
KY	40269	1.0	KY	40392	4.2	KY	40579	1.0
KY	40270	1.0	KY	40402	10.5	KY	40580	1.0
KY	40272	1.0	KY	40403	4.0	KY	40581	1.0
KY	40280	1.0	KY	40404	4.0	KY	40582	1.0
KY	40281	1.0	KY	40405	4.0	KY	40583	1.0
KY	40282	1.0	KY	40409	7.4	KY	40584	1.0
KY	40283	1.0	KY	40410	7.4	KY	40585	1.0
KY	40285	1.0	KY	40419	10.5	KY	40586	1.0
KY	40287	1.0	KY	40421	10.0	KY	40587	1.0
KY	40289	1.0	KY	40422	4.0	KY	40588	1.0
KY	40290	1.0	KY	40423	4.0	KY	40589	1.0
KY	40291	1.0	KY	40434	10.0	KY	40590	1.0
KY	40292	1.0	KY	40437	5.0	KY	40591	1.0
KY	40293	1.0	KY	40440	4.0	KY	40592	1.0
KY	40294	1.0	KY	40442	10.5	KY	40593	1.0
KY	40295	1.0	KY	40444	7.4	KY	40594	1.0
KY	40296	1.0	KY	40445	7.4	KY	40595	1.0
KY	40297	1.0	KY	40446	7.4	KY	40596	1.0
KY	40298	1.0	KY	40447	10.0	KY	40598	1.0
KY	40299	1.0	KY	40448	7.2	KY	40601	4.0
KY	40310	7.4	KY	40452	4.0	KY	40602	4.0
KY	40311	10.5	KY	40456	7.4	KY	40603	4.0
KY	40312	9.0	KY	40460	10.6	KY	40604	4.0
KY	40313	7.0	KY	40461	6.0	KY	40618	4.0
KY	40316	10.5	KY	40464	4.0	KY	40619	4.0
KY	40317	8.0	KY	40467	10.5	KY	40620	4.0
KY	40319	8.0	KY	40468	5.0	KY	40621	4.0
KY	40320	4.2	KY	40472	7.3	KY	40622	4.0
KY	40322	10.5	KY	40473	7.4	KY	40701	4.0
KY	40324	4.2	KY	40475	4.2	KY	40702	4.0
KY	40328	8.0	KY	40476	4.2	KY	40724	5.0
KY	40329	8.0	KY	40481	10.0	KY	40729	5.0
KY	40330	7.4	KY	40484	7.2	KY	40730	7.4
KY	40334	5.0	KY	40486	10.5	KY	40734	10.2
KY	40336	7.3	KY	40488	10.0	KY	40737	5.0
KY	40337	5.0	KY	40489	10.5	KY	40740	4.0
KY	40339	4.1	KY	40492	7.4	KY	40741	5.0
KY	40340	2.0	KY	40495	7.3	KY	40742	5.0
KY	40342	7.4	KY	40502	1.0	KY	40743	5.0
KY	40346	6.0	KY	40503	1.0	KY	40744	5.0
KY	40347	3.0	KY	40504	1.0	KY	40745	5.0
KY	40348	4.2	KY	40505	1.0	KY	40751	5.0
KY	40350	10.5	KY	40506	1.0	KY	40754	8.0
KY	40351	8.0	KY	40507	1.0	KY	40755	5.0
KY	40353	4.2	KY	40508	1.0	KY	40759	10.6
KY	40355	10.4	KY	40509	1.0	KY	40763	8.0
KY	40356	2.0	KY	40510	1.0	KY	40769	7.4
KY	40357	4.2	KY	40511	1.0	KY	40771	4.0
KY	40358	10.6	KY	40512	1.0	KY	40801	8.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
KY	40803	10.0
KY	40806	7.0
KY	40807	7.0
KY	40808	9.0
KY	40810	9.0
KY	40813	10.2
KY	40815	8.0
KY	40816	10.0
KY	40818	8.0
KY	40819	7.0
KY	40820	8.0
KY	40823	7.0
KY	40824	7.0
KY	40826	10.0
KY	40827	10.0
KY	40828	8.0
KY	40829	7.0
KY	40830	7.0
KY	40831	7.0
KY	40840	10.0
KY	40843	8.0
KY	40844	10.0
KY	40845	10.5
KY	40847	8.0
KY	40849	8.0
KY	40854	7.0
KY	40855	7.0
KY	40856	10.5
KY	40858	10.0
KY	40862	10.0
KY	40863	8.0
KY	40865	8.0
KY	40868	10.0
KY	40870	8.0
KY	40873	7.0
KY	40874	10.0
KY	40902	6.0
KY	40903	10.3
KY	40906	7.4
KY	40913	6.0
KY	40914	8.0
KY	40915	10.3
KY	40921	10.6
KY	40923	9.0
KY	40927	8.0
KY	40930	8.4
KY	40931	8.0
KY	40932	7.0
KY	40935	10.3
KY	40939	10.5
KY	40940	10.5
KY	40941	7.0
KY	40943	9.0
KY	40944	8.0
KY	40946	9.0
KY	40949	10.3
KY	40951	7.0
KY	40953	10.3
KY	40955	10.5
KY	40958	6.0
KY	40962	7.0
KY	40964	7.0
KY	40965	4.0
KY	40972	10.6
KY	40977	10.5
KY	40979	10.0
KY	40981	10.6
KY	40982	8.4
KY	40983	9.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
KY	40988	6.0
KY	40995	10.6
KY	40997	8.4
KY	40999	9.0
KY	41001	1.0
KY	41002	10.4
KY	41003	8.0
KY	41004	2.0
KY	41005	1.0
KY	41006	2.0
KY	41007	2.0
KY	41008	7.0
KY	41010	2.0
KY	41011	1.0
KY	41012	1.0
KY	41014	1.0
KY	41015	1.0
KY	41016	1.0
KY	41017	1.0
KY	41018	1.0
KY	41019	1.0
KY	41022	1.0
KY	41030	2.0
KY	41031	7.3
KY	41033	2.0
KY	41034	5.0
KY	41035	2.0
KY	41037	8.0
KY	41039	8.0
KY	41040	10.1
KY	41041	7.0
KY	41042	1.0
KY	41043	2.0
KY	41044	2.0
KY	41045	8.0
KY	41046	2.0
KY	41048	1.0
KY	41049	10.6
KY	41051	1.0
KY	41052	2.0
KY	41053	2.0
KY	41054	2.0
KY	41055	10.2
KY	41056	4.0
KY	41059	1.0
KY	41061	2.0
KY	41062	4.0
KY	41063	2.0
KY	41064	10.6
KY	41065	10.6
KY	41071	1.0
KY	41072	1.0
KY	41073	1.0
KY	41074	1.0
KY	41075	1.0
KY	41076	1.0
KY	41080	2.0
KY	41081	10.6
KY	41083	8.0
KY	41085	1.0
KY	41086	2.0
KY	41091	1.0
KY	41092	2.0
KY	41093	10.6
KY	41094	1.0
KY	41095	2.0
KY	41096	4.0
KY	41097	2.0
KY	41098	8.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
KY	41099	1.0
KY	41101	1.0
KY	41102	1.0
KY	41105	1.0
KY	41114	1.0
KY	41121	1.0
KY	41124	10.6
KY	41128	10.6
KY	41129	2.0
KY	41132	8.3
KY	41135	10.0
KY	41137	10.0
KY	41139	1.0
KY	41141	10.0
KY	41142	10.6
KY	41143	7.3
KY	41144	2.0
KY	41146	8.3
KY	41149	10.6
KY	41156	2.0
KY	41159	10.6
KY	41160	10.6
KY	41164	10.6
KY	41166	10.0
KY	41168	2.0
KY	41169	1.0
KY	41171	10.6
KY	41173	10.6
KY	41174	4.0
KY	41175	4.0
KY	41179	10.5
KY	41180	9.1
KY	41181	7.3
KY	41183	1.0
KY	41189	10.0
KY	41201	8.0
KY	41203	10.0
KY	41204	8.0
KY	41214	10.0
KY	41216	10.6
KY	41219	8.0
KY	41222	8.0
KY	41224	10.0
KY	41226	8.0
KY	41230	7.3
KY	41231	10.6
KY	41232	8.0
KY	41234	7.0
KY	41238	8.0
KY	41240	7.0
KY	41250	10.6
KY	41254	10.0
KY	41255	8.0
KY	41256	7.0
KY	41257	8.0
KY	41260	8.0
KY	41262	10.0
KY	41263	8.0
KY	41264	8.0
KY	41265	7.0
KY	41267	10.0
KY	41268	8.0
KY	41271	8.0
KY	41274	7.0
KY	41301	10.0
KY	41307	8.0
KY	41310	8.0
KY	41311	10.0
KY	41313	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
KY	41314	10.0
KY	41317	8.0
KY	41332	8.0
KY	41333	10.0
KY	41338	10.0
KY	41339	8.0
KY	41342	10.0
KY	41344	10.0
KY	41347	10.0
KY	41348	8.0
KY	41351	10.0
KY	41352	8.0
KY	41360	10.0
KY	41362	10.0
KY	41364	10.0
KY	41365	10.0
KY	41366	8.0
KY	41367	8.0
KY	41368	10.0
KY	41385	8.0
KY	41386	10.0
KY	41390	8.0
KY	41397	10.0
KY	41408	8.0
KY	41410	10.0
KY	41413	7.0
KY	41419	10.0
KY	41421	7.0
KY	41422	10.0
KY	41425	8.0
KY	41426	10.0
KY	41433	10.0
KY	41451	7.0
KY	41459	7.0
KY	41464	10.0
KY	41465	10.0
KY	41472	7.0
KY	41477	7.0
KY	41501	9.0
KY	41502	9.0
KY	41503	10.6
KY	41512	9.0
KY	41513	10.6
KY	41514	10.6
KY	41517	10.0
KY	41519	10.0
KY	41520	10.0
KY	41522	9.0
KY	41524	10.0
KY	41526	9.0
KY	41527	10.6
KY	41528	10.0
KY	41531	10.0
KY	41534	9.0
KY	41535	10.0
KY	41537	10.0
KY	41538	10.0
KY	41539	9.0
KY	41540	10.0
KY	41542	9.0
KY	41543	10.0
KY	41544	10.0
KY	41546	10.0
KY	41547	10.0
KY	41548	10.0
KY	41549	10.0
KY	41553	10.0
KY	41554	10.0
KY	41555	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
KY	41557	9.0
KY	41558	10.0
KY	41559	10.6
KY	41560	9.0
KY	41561	9.0
KY	41562	10.3
KY	41563	9.0
KY	41564	10.0
KY	41566	10.0
KY	41567	10.0
KY	41568	10.0
KY	41571	10.0
KY	41572	8.0
KY	41601	10.6
KY	41602	10.6
KY	41603	10.0
KY	41604	10.0
KY	41605	10.0
KY	41606	10.0
KY	41607	10.6
KY	41612	10.0
KY	41615	10.0
KY	41616	10.6
KY	41619	10.6
KY	41621	10.6
KY	41622	10.6
KY	41630	10.6
KY	41631	10.6
KY	41632	10.0
KY	41635	10.6
KY	41636	10.6
KY	41640	10.6
KY	41642	10.0
KY	41643	10.6
KY	41645	10.6
KY	41647	10.6
KY	41649	10.6
KY	41650	10.0
KY	41651	10.6
KY	41653	10.6
KY	41655	10.6
KY	41659	10.0
KY	41660	10.6
KY	41663	10.0
KY	41666	10.6
KY	41667	10.0
KY	41669	10.0
KY	41701	8.0
KY	41702	8.0
KY	41712	8.0
KY	41713	8.0
KY	41714	10.0
KY	41719	8.0
KY	41721	10.6
KY	41722	8.0
KY	41723	8.0
KY	41725	9.0
KY	41727	8.0
KY	41729	8.0
KY	41730	10.0
KY	41731	10.3
KY	41735	10.3
KY	41736	8.0
KY	41739	8.0
KY	41740	9.0
KY	41743	8.0
KY	41745	10.6
KY	41746	8.0
KY	41747	8.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
KY	41749	10.0
KY	41751	8.0
KY	41754	8.0
KY	41759	10.6
KY	41760	8.0
KY	41762	10.0
KY	41763	10.3
KY	41764	10.0
KY	41766	10.0
KY	41772	9.0
KY	41773	8.0
KY	41774	8.0
KY	41775	10.0
KY	41776	10.0
KY	41777	10.0
KY	41778	8.0
KY	41804	10.0
KY	41810	10.0
KY	41812	10.0
KY	41815	10.0
KY	41817	10.0
KY	41819	10.0
KY	41821	10.0
KY	41822	10.6
KY	41824	10.0
KY	41825	10.0
KY	41826	10.0
KY	41828	10.0
KY	41831	10.6
KY	41832	10.0
KY	41833	10.0
KY	41834	10.6
KY	41835	10.0
KY	41836	10.6
KY	41837	10.0
KY	41838	10.0
KY	41839	10.0
KY	41840	10.0
KY	41843	10.6
KY	41844	10.0
KY	41845	10.0
KY	41847	10.6
KY	41848	10.0
KY	41849	10.0
KY	41855	10.0
KY	41858	10.0
KY	41859	10.0
KY	41861	10.0
KY	41862	10.0
KY	41901	1.0
KY	41902	1.0
KY	41903	1.0
KY	41904	1.0
KY	41905	1.0
KY	41906	1.0
KY	42001	4.0
KY	42002	4.0
KY	42003	4.0
KY	42020	5.0
KY	42021	10.5
KY	42022	10.2
KY	42023	10.5
KY	42024	10.5
KY	42025	7.4
KY	42027	5.0
KY	42028	10.5
KY	42029	10.5
KY	42031	10.6
KY	42032	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
KY	42033	7.0
KY	42035	5.0
KY	42036	5.0
KY	42037	7.0
KY	42038	10.6
KY	42039	5.0
KY	42040	5.0
KY	42041	7.4
KY	42044	10.0
KY	42045	5.0
KY	42047	10.5
KY	42048	9.0
KY	42049	5.0
KY	42050	10.5
KY	42051	5.0
KY	42053	5.0
KY	42054	5.0
KY	42055	10.6
KY	42056	10.2
KY	42058	5.0
KY	42060	5.0
KY	42061	5.0
KY	42063	5.0
KY	42064	7.0
KY	42066	4.0
KY	42069	5.0
KY	42070	10.5
KY	42071	4.0
KY	42076	5.0
KY	42078	10.5
KY	42079	5.0
KY	42081	5.0
KY	42082	5.0
KY	42083	5.0
KY	42084	7.0
KY	42085	5.0
KY	42086	5.0
KY	42087	10.5
KY	42088	5.0
KY	42101	1.0
KY	42102	1.0
KY	42103	1.0
KY	42104	1.0
KY	42120	8.3
KY	42122	2.0
KY	42123	5.0
KY	42124	5.0
KY	42127	7.4
KY	42128	2.0
KY	42129	10.5
KY	42130	5.0
KY	42131	5.0
KY	42133	10.0
KY	42134	7.3
KY	42135	7.3
KY	42140	10.0
KY	42141	4.0
KY	42142	4.0
KY	42150	7.3
KY	42151	10.0
KY	42152	4.0
KY	42153	8.3
KY	42154	6.0
KY	42156	5.0
KY	42157	10.0
KY	42159	2.0
KY	42160	5.0
KY	42163	2.0
KY	42164	7.3

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
KY	42166	5.0
KY	42167	10.0
KY	42170	2.0
KY	42171	2.0
KY	42201	10.4
KY	42202	10.4
KY	42203	10.0
KY	42204	10.4
KY	42206	10.6
KY	42207	2.0
KY	42209	10.4
KY	42210	2.0
KY	42211	7.4
KY	42214	6.0
KY	42215	5.0
KY	42216	10.5
KY	42217	5.0
KY	42219	10.4
KY	42220	10.5
KY	42221	1.0
KY	42223	1.0
KY	42232	5.2
KY	42234	10.4
KY	42235	1.0
KY	42236	5.0
KY	42240	4.2
KY	42241	4.2
KY	42251	10.4
KY	42252	10.4
KY	42254	5.0
KY	42256	8.0
KY	42257	2.0
KY	42259	10.4
KY	42261	10.4
KY	42262	1.0
KY	42265	7.0
KY	42266	1.0
KY	42267	10.4
KY	42270	1.0
KY	42273	10.4
KY	42274	2.0
KY	42275	10.4
KY	42276	7.0
KY	42280	10.0
KY	42283	10.6
KY	42285	2.0
KY	42286	10.4
KY	42287	10.4
KY	42288	10.4
KY	42301	1.0
KY	42302	1.0
KY	42303	1.0
KY	42304	1.0
KY	42320	7.3
KY	42321	6.0
KY	42322	10.4
KY	42323	6.0
KY	42324	9.0
KY	42325	6.0
KY	42326	6.0
KY	42327	10.4
KY	42328	8.0
KY	42330	4.0
KY	42332	4.0
KY	42333	7.3
KY	42334	1.0
KY	42337	6.0
KY	42338	7.3
KY	42339	9.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
KY	42343	2.0
KY	42344	10.5
KY	42345	10.5
KY	42347	7.3
KY	42348	7.0
KY	42349	8.0
KY	42350	3.0
KY	42351	10.4
KY	42352	2.0
KY	42354	8.0
KY	42355	2.0
KY	42356	1.0
KY	42361	8.0
KY	42364	7.0
KY	42366	2.0
KY	42367	10.5
KY	42368	10.4
KY	42369	8.0
KY	42370	8.0
KY	42371	10.4
KY	42372	3.0
KY	42374	4.0
KY	42375	1.0
KY	42376	2.0
KY	42377	1.0
KY	42378	2.0
KY	42402	1.0
KY	42403	10.5
KY	42404	10.5
KY	42406	2.0
KY	42408	7.2
KY	42409	10.4
KY	42410	4.0
KY	42411	8.0
KY	42413	5.0
KY	42419	1.0
KY	42420	1.0
KY	42431	4.0
KY	42436	5.0
KY	42437	7.0
KY	42440	4.0
KY	42441	5.0
KY	42442	5.0
KY	42444	10.4
KY	42445	7.0
KY	42450	7.4
KY	42451	2.0
KY	42452	2.0
KY	42453	5.0
KY	42455	10.4
KY	42456	10.4
KY	42457	2.0
KY	42458	2.0
KY	42459	10.6
KY	42460	10.6
KY	42461	8.0
KY	42462	7.0
KY	42463	10.5
KY	42464	5.0
KY	42501	4.0
KY	42502	4.0
KY	42503	4.0
KY	42516	10.0
KY	42518	5.0
KY	42519	5.0
KY	42528	10.5
KY	42533	4.0
KY	42539	10.5
KY	42541	10.0

ADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
KY	42544	5.0	LA	70010	1.0	LA	70127	1.0
KY	42553	5.0	LA	70011	1.0	LA	70128	1.0
KY	42558	5.0	LA	70030	5.1	LA	70129	1.0
KY	42564	4.0	LA	70031	2.0	LA	70130	1.0
KY	42565	10.5	LA	70032	1.0	LA	70131	1.0
KY	42566	10.0	LA	70033	1.0	LA	70139	1.0
KY	42567	5.0	LA	70036	2.0	LA	70140	1.0
KY	42602	10.0	LA	70037	1.0	LA	70141	1.0
KY	42603	8.0	LA	70038	7.3	LA	70142	1.0
KY	42629	10.0	LA	70039	2.0	LA	70143	1.0
KY	42631	10.5	LA	70040	2.0	LA	70145	1.0
KY	42633	7.0	LA	70041	7.3	LA	70146	1.0
KY	42634	6.0	LA	70043	1.0	LA	70148	1.0
KY	42635	10.0	LA	70044	1.0	LA	70149	1.0
KY	42638	10.5	LA	70047	2.0	LA	70150	1.0
KY	42642	10.0	LA	70049	2.0	LA	70151	1.0
KY	42647	10.5	LA	70050	7.3	LA	70152	1.0
KY	42649	10.0	LA	70051	4.1	LA	70153	1.0
KY	42653	10.5	LA	70052	7.4	LA	70154	1.0
KY	42701	1.0	LA	70053	1.0	LA	70156	1.0
KY	42702	1.0	LA	70054	1.0	LA	70157	1.0
KY	42711	10.0	LA	70055	1.0	LA	70158	1.0
KY	42712	8.3	LA	70056	1.0	LA	70159	1.0
KY	42713	10.0	LA	70057	2.0	LA	70160	1.0
KY	42715	8.0	LA	70058	1.0	LA	70161	1.0
KY	42716	3.0	LA	70059	1.0	LA	70162	1.0
KY	42717	10.0	LA	70060	1.0	LA	70163	1.0
KY	42718	4.0	LA	70062	1.0	LA	70164	1.0
KY	42719	4.0	LA	70063	1.0	LA	70165	1.0
KY	42720	7.0	LA	70064	1.0	LA	70166	1.0
KY	42721	8.0	LA	70065	1.0	LA	70167	1.0
KY	42722	10.6	LA	70067	2.0	LA	70170	1.0
KY	42724	2.0	LA	70068	4.1	LA	70172	1.0
KY	42726	8.0	LA	70069	4.1	LA	70174	1.0
KY	42728	7.0	LA	70070	2.0	LA	70175	1.0
KY	42729	10.6	LA	70071	7.4	LA	70176	1.0
KY	42731	10.5	LA	70072	1.0	LA	70177	1.0
KY	42732	2.0	LA	70073	1.0	LA	70178	1.0
KY	42733	5.0	LA	70075	1.0	LA	70179	1.0
KY	42735	7.0	LA	70076	4.1	LA	70181	1.0
KY	42740	2.0	LA	70078	2.0	LA	70182	1.0
KY	42741	8.0	LA	70079	2.0	LA	70183	1.0
KY	42742	8.0	LA	70080	5.1	LA	70184	1.0
KY	42743	10.5	LA	70081	2.0	LA	70185	1.0
KY	42746	10.6	LA	70082	2.0	LA	70186	1.0
KY	42748	7.3	LA	70083	7.3	LA	70187	1.0
KY	42749	7.4	LA	70084	4.1	LA	70189	1.0
KY	42753	9.2	LA	70085	1.0	LA	70190	1.0
KY	42754	7.0	LA	70086	10.4	LA	70195	1.0
KY	42755	7.0	LA	70087	1.0	LA	70301	1.0
KY	42757	10.0	LA	70090	9.2	LA	70302	1.0
KY	42758	4.0	LA	70091	7.3	LA	70310	1.0
KY	42759	10.0	LA	70092	1.0	LA	70339	7.3
KY	42762	7.0	LA	70094	1.0	LA	70340	4.0
KY	42764	3.0	LA	70096	1.0	LA	70341	4.2
KY	42765	10.6	LA	70112	1.0	LA	70342	4.0
KY	42776	2.0	LA	70113	1.0	LA	70343	1.0
KY	42782	10.0	LA	70114	1.0	LA	70344	1.0
KY	42783	2.0	LA	70115	1.0	LA	70345	4.2
KY	42784	2.0	LA	70116	1.0	LA	70346	4.2
KY	42786	10.0	LA	70117	1.0	LA	70352	1.0
KY	42788	2.0	LA	70118	1.0	LA	70353	2.0
LA	70001	1.0	LA	70119	1.0	LA	70354	4.2
LA	70002	1.0	LA	70121	1.0	LA	70355	2.0
LA	70003	1.0	LA	70122	1.0	LA	70356	2.0
LA	70004	1.0	LA	70123	1.0	LA	70357	4.2
LA	70005	1.0	LA	70124	1.0	LA	70358	2.0
LA	70006	1.0	LA	70125	1.0	LA	70359	1.0
LA	70009	1.0	LA	70126	1.0	LA	70360	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
LA	70361	1.0
LA	70363	1.0
LA	70364	1.0
LA	70371	1.0
LA	70372	1.0
LA	70373	4.2
LA	70374	1.0
LA	70375	2.0
LA	70377	1.0
LA	70380	4.0
LA	70381	4.0
LA	70390	4.2
LA	70391	4.2
LA	70392	4.0
LA	70393	4.2
LA	70394	1.0
LA	70395	1.0
LA	70397	2.0
LA	70401	4.0
LA	70402	4.0
LA	70403	4.0
LA	70404	4.0
LA	70420	2.1
LA	70421	4.0
LA	70422	7.2
LA	70426	5.0
LA	70427	4.2
LA	70429	4.2
LA	70431	2.1
LA	70433	1.1
LA	70434	1.1
LA	70435	2.1
LA	70436	7.2
LA	70437	2.0
LA	70438	6.0
LA	70441	10.4
LA	70442	10.5
LA	70443	5.0
LA	70444	10.5
LA	70445	1.1
LA	70446	5.0
LA	70447	2.1
LA	70448	1.1
LA	70449	2.0
LA	70450	10.0
LA	70451	4.0
LA	70452	1.1
LA	70453	3.0
LA	70454	4.0
LA	70455	5.0
LA	70456	7.2
LA	70457	2.1
LA	70458	1.1
LA	70459	1.1
LA	70460	1.1
LA	70461	1.1
LA	70462	2.0
LA	70463	4.2
LA	70464	2.1
LA	70465	10.5
LA	70466	4.0
LA	70467	5.0
LA	70469	1.1
LA	70470	1.1
LA	70471	1.1
LA	70501	1.0
LA	70502	1.0
LA	70503	1.0
LA	70504	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
LA	70505	1.0
LA	70506	1.0
LA	70507	1.0
LA	70508	1.0
LA	70509	1.0
LA	70510	4.2
LA	70511	4.2
LA	70512	2.0
LA	70513	4.2
LA	70514	4.0
LA	70515	10.5
LA	70516	6.1
LA	70517	2.0
LA	70518	1.0
LA	70519	7.1
LA	70520	1.0
LA	70521	2.0
LA	70522	4.0
LA	70523	9.2
LA	70524	4.0
LA	70525	7.3
LA	70526	4.2
LA	70527	4.2
LA	70528	4.2
LA	70529	1.0
LA	70531	6.1
LA	70532	10.5
LA	70533	4.2
LA	70534	6.0
LA	70535	4.0
LA	70537	6.1
LA	70538	4.0
LA	70540	4.0
LA	70541	4.2
LA	70542	10.6
LA	70543	6.1
LA	70544	9.2
LA	70546	4.0
LA	70548	7.4
LA	70549	9.2
LA	70550	4.2
LA	70551	4.2
LA	70552	5.0
LA	70554	7.0
LA	70555	2.0
LA	70556	6.0
LA	70558	1.0
LA	70559	6.0
LA	70560	4.2
LA	70562	4.2
LA	70563	4.2
LA	70569	4.2
LA	70570	4.2
LA	70571	4.2
LA	70575	4.2
LA	70576	7.0
LA	70577	5.0
LA	70578	7.1
LA	70580	7.0
LA	70581	7.3
LA	70582	7.1
LA	70583	1.0
LA	70584	2.0
LA	70585	7.0
LA	70586	7.0
LA	70589	5.0
LA	70591	7.3
LA	70592	1.0
LA	70593	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
LA	70596	1.0
LA	70598	1.0
LA	70601	1.0
LA	70602	1.0
LA	70605	1.0
LA	70606	1.0
LA	70607	1.0
LA	70609	1.0
LA	70611	1.0
LA	70612	1.0
LA	70615	1.0
LA	70616	1.0
LA	70629	1.0
LA	70630	2.0
LA	70631	10.4
LA	70632	2.0
LA	70633	2.0
LA	70634	4.0
LA	70637	10.5
LA	70638	7.0
LA	70639	8.0
LA	70640	10.4
LA	70643	2.0
LA	70644	10.4
LA	70645	10.4
LA	70646	2.0
LA	70647	2.0
LA	70648	10.4
LA	70650	2.0
LA	70651	10.4
LA	70652	2.0
LA	70653	6.0
LA	70654	10.4
LA	70655	10.0
LA	70656	10.5
LA	70657	2.0
LA	70658	10.4
LA	70659	7.3
LA	70660	2.0
LA	70661	2.0
LA	70662	10.5
LA	70663	1.0
LA	70664	1.0
LA	70665	1.0
LA	70668	2.0
LA	70669	1.0
LA	70704	1.0
LA	70706	1.0
LA	70707	1.0
LA	70710	4.1
LA	70711	2.0
LA	70712	10.0
LA	70714	1.0
LA	70715	10.6
LA	70718	1.0
LA	70719	4.1
LA	70721	2.0
LA	70722	2.0
LA	70723	10.6
LA	70725	1.0
LA	70726	1.0
LA	70727	1.0
LA	70728	1.0
LA	70729	2.0
LA	70730	2.0
LA	70732	2.0
LA	70733	2.0
LA	70734	1.0
LA	70736	8.3

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
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 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
LA	70737	1.0	LA	70827	1.0	LA	71075	7.0
LA	70738	1.0	LA	70831	1.0	LA	71078	2.0
LA	70739	1.0	LA	70833	1.0	LA	71079	9.0
LA	70740	4.1	LA	70835	1.0	LA	71080	9.0
LA	70743	7.4	LA	70836	1.0	LA	71082	7.1
LA	70744	2.0	LA	70837	1.0	LA	71101	1.0
LA	70747	10.6	LA	70874	1.0	LA	71102	1.0
LA	70748	2.0	LA	70879	1.0	LA	71103	1.0
LA	70749	7.1	LA	70883	1.0	LA	71104	1.0
LA	70750	10.4	LA	70884	1.0	LA	71105	1.0
LA	70752	8.3	LA	70892	1.0	LA	71106	1.0
LA	70753	10.6	LA	70893	1.0	LA	71107	1.0
LA	70754	2.0	LA	70894	1.0	LA	71108	1.0
LA	70755	2.0	LA	70895	1.0	LA	71109	1.0
LA	70756	2.0	LA	70896	1.0	LA	71110	1.0
LA	70757	2.0	LA	70898	1.0	LA	71111	1.0
LA	70759	8.3	LA	71001	7.4	LA	71112	1.0
LA	70760	7.1	LA	71002	3.0	LA	71113	1.0
LA	70761	3.0	LA	71003	9.0	LA	71115	1.0
LA	70762	8.3	LA	71004	2.0	LA	71118	1.0
LA	70763	7.4	LA	71006	2.0	LA	71119	1.0
LA	70764	4.1	LA	71007	2.0	LA	71120	1.0
LA	70765	4.1	LA	71008	10.5	LA	71129	1.0
LA	70767	1.0	LA	71009	1.0	LA	71130	1.0
LA	70769	1.0	LA	71016	3.0	LA	71133	1.0
LA	70770	1.0	LA	71018	9.0	LA	71134	1.0
LA	70772	2.0	LA	71019	8.0	LA	71135	1.0
LA	70773	7.1	LA	71021	9.0	LA	71136	1.0
LA	70774	1.0	LA	71023	2.0	LA	71137	1.0
LA	70775	10.1	LA	71024	5.2	LA	71138	1.0
LA	70776	7.0	LA	71025	8.0	LA	71148	1.0
LA	70777	2.0	LA	71027	2.0	LA	71149	1.0
LA	70778	1.0	LA	71028	9.0	LA	71151	1.0
LA	70780	2.0	LA	71029	2.0	LA	71152	1.0
LA	70782	10.1	LA	71030	2.0	LA	71153	1.0
LA	70783	7.1	LA	71031	5.0	LA	71154	1.0
LA	70784	10.1	LA	71032	2.0	LA	71156	1.0
LA	70785	1.0	LA	71033	2.0	LA	71161	1.0
LA	70786	1.0	LA	71034	8.0	LA	71162	1.0
LA	70787	10.1	LA	71036	8.0	LA	71163	1.0
LA	70788	5.2	LA	71037	1.0	LA	71164	1.0
LA	70789	3.0	LA	71038	8.0	LA	71165	1.0
LA	70791	1.0	LA	71039	5.2	LA	71166	1.0
LA	70792	10.6	LA	71040	7.0	LA	71171	1.0
LA	70801	1.0	LA	71043	2.0	LA	71172	1.0
LA	70802	1.0	LA	71044	2.0	LA	71201	1.0
LA	70803	1.0	LA	71045	3.0	LA	71202	1.0
LA	70804	1.0	LA	71046	2.0	LA	71203	1.0
LA	70805	1.0	LA	71047	2.0	LA	71207	1.0
LA	70806	1.0	LA	71048	9.0	LA	71208	1.0
LA	70807	1.0	LA	71049	2.0	LA	71209	1.0
LA	70808	1.0	LA	71050	2.0	LA	71210	1.0
LA	70809	1.0	LA	71051	1.0	LA	71211	1.0
LA	70810	1.0	LA	71052	7.3	LA	71212	1.0
LA	70811	1.0	LA	71055	4.2	LA	71213	1.0
LA	70812	1.0	LA	71058	4.2	LA	71218	2.0
LA	70813	1.0	LA	71060	2.0	LA	71219	9.0
LA	70814	1.0	LA	71061	2.0	LA	71220	4.2
LA	70815	1.0	LA	71063	8.3	LA	71221	4.2
LA	70816	1.0	LA	71064	2.0	LA	71222	10.5
LA	70817	1.0	LA	71065	9.0	LA	71223	5.0
LA	70818	1.0	LA	71066	4.0	LA	71225	2.0
LA	70819	1.0	LA	71067	2.0	LA	71226	3.0
LA	70820	1.0	LA	71068	2.0	LA	71227	5.2
LA	70821	1.0	LA	71069	2.0	LA	71229	5.2
LA	70822	1.0	LA	71070	10.5	LA	71230	8.0
LA	70823	1.0	LA	71071	9.0	LA	71232	7.0
LA	70825	1.0	LA	71072	9.2	LA	71233	4.0
LA	70826	1.0	LA	71073	5.2	LA	71234	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
LA	71235	5.0	LA	71350	9.0	LA	71460	9.0
LA	71237	10.6	LA	71351	7.0	LA	71461	7.4
LA	71238	2.0	LA	71353	6.0	LA	71462	9.0
LA	71240	1.0	LA	71354	10.5	LA	71463	7.0
LA	71241	2.0	LA	71355	9.0	LA	71465	10.6
LA	71242	10.0	LA	71356	6.0	LA	71466	2.0
LA	71243	8.0	LA	71357	10.0	LA	71467	2.0
LA	71245	4.0	LA	71358	5.0	LA	71468	5.0
LA	71247	7.0	LA	71359	1.0	LA	71469	5.0
LA	71249	8.0	LA	71360	1.0	LA	71471	4.0
LA	71250	5.0	LA	71361	1.0	LA	71472	2.0
LA	71251	7.0	LA	71362	9.0	LA	71473	8.0
LA	71253	10.0	LA	71363	10.0	LA	71474	7.3
LA	71254	7.0	LA	71365	1.0	LA	71475	7.3
LA	71256	10.5	LA	71366	10.0	LA	71477	1.0
LA	71259	2.0	LA	71367	10.6	LA	71479	10.6
LA	71260	10.6	LA	71368	10.0	LA	71480	10.6
LA	71261	5.2	LA	71369	10.6	LA	71483	7.0
LA	71263	10.0	LA	71371	8.0	LA	71485	2.0
LA	71264	5.2	LA	71373	4.0	LA	71486	9.0
LA	71266	10.6	LA	71375	10.0	LA	71496	7.3
LA	71268	6.0	LA	71377	10.0	LA	71497	4.0
LA	71269	7.1	LA	71378	10.6	MA	01001	1.0
LA	71270	4.0	LA	71401	10.0	MA	01002	4.1
LA	71272	4.0	LA	71403	9.0	MA	01003	4.1
LA	71273	4.0	LA	71404	8.0	MA	01004	4.1
LA	71275	5.0	LA	71405	1.0	MA	01005	2.0
LA	71276	10.3	LA	71406	8.0	MA	01007	4.1
LA	71277	10.5	LA	71407	2.0	MA	01008	2.0
LA	71279	7.1	LA	71409	2.0	MA	01009	1.0
LA	71280	2.0	LA	71410	7.0	MA	01010	2.1
LA	71281	1.0	LA	71411	5.0	MA	01011	2.0
LA	71282	4.0	LA	71414	4.0	MA	01012	2.0
LA	71284	4.0	LA	71415	10.0	MA	01013	1.0
LA	71286	10.3	LA	71416	5.0	MA	01014	1.0
LA	71291	1.0	LA	71417	10.1	MA	01020	1.0
LA	71292	2.0	LA	71418	2.0	MA	01021	1.0
LA	71294	1.0	LA	71419	9.0	MA	01022	1.0
LA	71295	8.0	LA	71422	8.0	MA	01026	2.0
LA	71301	1.0	LA	71423	2.0	MA	01027	1.0
LA	71302	1.0	LA	71424	2.0	MA	01028	1.0
LA	71303	1.0	LA	71425	10.0	MA	01029	10.4
LA	71306	1.0	LA	71426	9.0	MA	01030	1.0
LA	71307	1.0	LA	71427	2.0	MA	01031	2.1
LA	71309	1.0	LA	71428	5.0	MA	01032	2.0
LA	71315	1.0	LA	71429	9.0	MA	01033	1.0
LA	71316	10.5	LA	71430	10.1	MA	01034	2.0
LA	71320	9.0	LA	71431	2.0	MA	01035	1.0
LA	71322	7.3	LA	71432	10.4	MA	01036	1.0
LA	71323	2.0	LA	71433	10.1	MA	01037	2.0
LA	71324	8.0	LA	71434	5.0	MA	01038	1.0
LA	71325	2.0	LA	71435	10.0	MA	01039	2.0
LA	71326	10.0	LA	71438	2.0	MA	01040	1.0
LA	71327	9.0	LA	71439	9.0	MA	01041	1.0
LA	71328	2.0	LA	71440	7.0	MA	01050	2.0
LA	71329	9.0	LA	71441	10.0	MA	01053	1.0
LA	71330	7.0	LA	71443	7.3	MA	01054	6.1
LA	71331	2.0	LA	71446	7.3	MA	01056	1.0
LA	71333	9.0	LA	71447	2.0	MA	01057	2.0
LA	71334	7.4	LA	71448	10.1	MA	01059	4.1
LA	71336	8.0	LA	71449	8.0	MA	01060	1.0
LA	71339	10.6	LA	71450	5.0	MA	01061	1.0
LA	71340	10.0	LA	71452	5.0	MA	01062	1.0
LA	71341	9.0	LA	71454	10.4	MA	01063	1.0
LA	71342	7.0	LA	71455	2.0	MA	01066	1.0
LA	71343	10.0	LA	71456	5.0	MA	01068	1.0
LA	71345	5.0	LA	71457	4.0	MA	01069	1.0
LA	71346	2.0	LA	71458	4.0	MA	01070	2.0
LA	71348	1.0	LA	71459	4.0	MA	01071	2.0

ADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MA	01072	6.1
MA	01073	2.0
MA	01074	2.0
MA	01075	1.0
MA	01077	1.0
MA	01079	1.0
MA	01080	1.0
MA	01081	2.1
MA	01082	2.0
MA	01083	2.0
MA	01084	2.0
MA	01085	1.0
MA	01086	1.0
MA	01088	1.0
MA	01089	1.0
MA	01090	1.0
MA	01092	2.0
MA	01093	3.0
MA	01094	2.1
MA	01095	1.0
MA	01096	2.0
MA	01097	1.0
MA	01098	2.0
MA	01101	1.0
MA	01102	1.0
MA	01103	1.0
MA	01104	1.0
MA	01105	1.0
MA	01106	1.0
MA	01107	1.0
MA	01108	1.0
MA	01109	1.0
MA	01111	1.0
MA	01114	1.0
MA	01115	1.0
MA	01116	1.0
MA	01118	1.0
MA	01119	1.0
MA	01128	1.0
MA	01129	1.0
MA	01133	1.0
MA	01138	1.0
MA	01139	1.0
MA	01144	1.0
MA	01151	1.0
MA	01152	1.0
MA	01195	1.0
MA	01199	1.0
MA	01201	1.0
MA	01202	1.0
MA	01203	1.0
MA	01220	4.2
MA	01222	10.6
MA	01223	2.0
MA	01224	1.0
MA	01225	2.0
MA	01226	1.0
MA	01227	1.0
MA	01229	3.0
MA	01230	7.3
MA	01235	2.0
MA	01236	7.3
MA	01237	1.0
MA	01238	7.3
MA	01240	7.3
MA	01242	7.3
MA	01243	2.0
MA	01244	7.3
MA	01245	10.6

ADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MA	01247	4.2
MA	01252	7.3
MA	01253	10.4
MA	01254	2.0
MA	01255	10.4
MA	01256	5.2
MA	01257	10.6
MA	01258	9.0
MA	01259	9.0
MA	01260	7.3
MA	01262	9.0
MA	01263	9.0
MA	01264	7.3
MA	01266	3.0
MA	01267	4.2
MA	01270	2.0
MA	01301	4.2
MA	01302	4.2
MA	01330	10.5
MA	01331	4.2
MA	01337	5.0
MA	01338	10.5
MA	01339	6.0
MA	01340	6.0
MA	01341	10.5
MA	01342	3.0
MA	01343	5.2
MA	01344	6.0
MA	01346	6.0
MA	01347	4.2
MA	01349	4.2
MA	01350	6.0
MA	01351	4.2
MA	01354	5.0
MA	01355	6.1
MA	01360	5.0
MA	01364	4.2
MA	01366	3.0
MA	01367	6.0
MA	01368	2.1
MA	01370	10.5
MA	01373	3.0
MA	01375	4.1
MA	01376	4.2
MA	01378	6.0
MA	01379	6.0
MA	01380	6.0
MA	01420	1.0
MA	01430	2.1
MA	01431	2.1
MA	01432	1.0
MA	01434	1.0
MA	01436	1.0
MA	01438	1.0
MA	01440	1.0
MA	01441	1.0
MA	01450	1.0
MA	01451	2.0
MA	01452	2.1
MA	01453	1.0
MA	01460	1.0
MA	01462	1.0
MA	01463	2.0
MA	01464	1.0
MA	01467	2.0
MA	01468	1.0
MA	01469	1.0
MA	01470	1.0
MA	01471	1.0

ADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MA	01472	1.0
MA	01473	1.0
MA	01474	1.0
MA	01475	2.0
MA	01477	2.0
MA	01501	1.0
MA	01503	2.0
MA	01504	1.0
MA	01505	1.0
MA	01506	2.0
MA	01507	2.0
MA	01508	2.0
MA	01509	2.0
MA	01510	1.0
MA	01515	2.0
MA	01516	1.0
MA	01517	2.1
MA	01518	1.0
MA	01519	1.0
MA	01520	1.0
MA	01521	2.1
MA	01522	1.0
MA	01523	1.0
MA	01524	1.0
MA	01525	1.0
MA	01526	1.0
MA	01527	1.0
MA	01529	1.0
MA	01531	2.1
MA	01532	1.0
MA	01534	1.0
MA	01535	2.0
MA	01536	1.0
MA	01537	1.0
MA	01538	1.0
MA	01540	1.0
MA	01541	2.1
MA	01542	1.0
MA	01543	1.0
MA	01545	1.0
MA	01546	1.0
MA	01550	1.0
MA	01560	1.0
MA	01561	1.0
MA	01562	1.0
MA	01564	1.0
MA	01566	1.0
MA	01568	1.0
MA	01569	1.0
MA	01570	1.0
MA	01571	1.0
MA	01580	1.0
MA	01581	1.0
MA	01582	1.0
MA	01583	1.0
MA	01585	2.0
MA	01586	1.0
MA	01588	1.0
MA	01590	1.0
MA	01601	1.0
MA	01602	1.0
MA	01603	1.0
MA	01604	1.0
MA	01605	1.0
MA	01606	1.0
MA	01607	1.0
MA	01608	1.0
MA	01609	1.0
MA	01610	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MA	01611	1.0
MA	01612	1.0
MA	01613	1.0
MA	01614	1.0
MA	01615	1.0
MA	01653	1.0
MA	01654	1.0
MA	01655	1.0
MA	01701	1.0
MA	01702	1.0
MA	01703	1.0
MA	01704	1.0
MA	01705	1.0
MA	01718	1.0
MA	01719	1.0
MA	01720	1.0
MA	01721	1.0
MA	01730	1.0
MA	01731	1.0
MA	01740	2.0
MA	01741	2.0
MA	01742	1.0
MA	01745	1.0
MA	01746	1.0
MA	01747	1.0
MA	01748	1.0
MA	01749	1.0
MA	01752	1.0
MA	01754	1.0
MA	01756	1.0
MA	01757	1.0
MA	01760	1.0
MA	01770	1.0
MA	01772	1.0
MA	01773	1.0
MA	01775	1.0
MA	01776	1.0
MA	01778	1.0
MA	01784	1.0
MA	01801	1.0
MA	01803	1.0
MA	01805	1.0
MA	01806	1.0
MA	01807	1.0
MA	01808	1.0
MA	01810	1.0
MA	01812	1.0
MA	01813	1.0
MA	01815	1.0
MA	01821	1.0
MA	01822	1.0
MA	01824	1.0
MA	01826	1.0
MA	01827	2.0
MA	01830	1.0
MA	01831	1.0
MA	01832	1.0
MA	01833	1.0
MA	01834	1.0
MA	01835	1.0
MA	01840	1.0
MA	01841	1.0
MA	01842	1.0
MA	01843	1.0
MA	01844	1.0
MA	01845	1.0
MA	01850	1.0
MA	01851	1.0
MA	01852	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MA	01853	1.0
MA	01854	1.0
MA	01860	1.0
MA	01862	1.0
MA	01863	1.0
MA	01864	1.0
MA	01865	1.0
MA	01866	1.0
MA	01867	1.0
MA	01876	1.0
MA	01879	1.0
MA	01880	1.0
MA	01885	1.0
MA	01886	1.0
MA	01887	1.0
MA	01888	1.0
MA	01889	1.0
MA	01890	1.0
MA	01899	1.0
MA	01901	1.0
MA	01902	1.0
MA	01903	1.0
MA	01904	1.0
MA	01905	1.0
MA	01906	1.0
MA	01907	1.0
MA	01908	1.0
MA	01910	1.0
MA	01913	1.0
MA	01915	1.0
MA	01921	1.0
MA	01922	1.0
MA	01923	1.0
MA	01929	1.0
MA	01930	1.0
MA	01931	1.0
MA	01936	1.0
MA	01937	1.0
MA	01938	1.0
MA	01940	1.0
MA	01944	1.0
MA	01945	1.0
MA	01949	1.0
MA	01950	1.0
MA	01951	1.0
MA	01952	1.0
MA	01960	1.0
MA	01961	1.0
MA	01965	1.0
MA	01966	1.0
MA	01969	1.0
MA	01970	1.0
MA	01971	1.0
MA	01982	1.0
MA	01983	1.0
MA	01984	1.0
MA	01985	1.0
MA	02018	1.0
MA	02019	1.0
MA	02020	1.0
MA	02021	1.0
MA	02025	1.0
MA	02026	1.0
MA	02027	1.0
MA	02030	1.0
MA	02031	1.0
MA	02032	1.0
MA	02035	1.0
MA	02038	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MA	02040	1.0
MA	02041	1.0
MA	02043	1.0
MA	02044	1.0
MA	02045	1.0
MA	02047	1.0
MA	02048	1.0
MA	02050	1.0
MA	02051	1.0
MA	02052	1.0
MA	02053	1.0
MA	02054	1.0
MA	02055	1.0
MA	02056	1.0
MA	02059	1.0
MA	02060	1.0
MA	02061	1.0
MA	02062	1.0
MA	02065	1.0
MA	02066	1.0
MA	02067	1.0
MA	02070	1.0
MA	02071	1.0
MA	02072	1.0
MA	02081	1.0
MA	02090	1.0
MA	02093	1.0
MA	02101	1.0
MA	02102	1.0
MA	02103	1.0
MA	02104	1.0
MA	02105	1.0
MA	02106	1.0
MA	02107	1.0
MA	02108	1.0
MA	02109	1.0
MA	02110	1.0
MA	02111	1.0
MA	02112	1.0
MA	02113	1.0
MA	02114	1.0
MA	02115	1.0
MA	02116	1.0
MA	02117	1.0
MA	02118	1.0
MA	02119	1.0
MA	02120	1.0
MA	02121	1.0
MA	02122	1.0
MA	02123	1.0
MA	02124	1.0
MA	02125	1.0
MA	02126	1.0
MA	02127	1.0
MA	02128	1.0
MA	02129	1.0
MA	02130	1.0
MA	02131	1.0
MA	02132	1.0
MA	02133	1.0
MA	02134	1.0
MA	02135	1.0
MA	02136	1.0
MA	02137	1.0
MA	02138	1.0
MA	02139	1.0
MA	02140	1.0
MA	02141	1.0
MA	02142	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
MA	02143	1.0	MA	02339	1.0	MA	02537	1.0
MA	02144	1.0	MA	02340	1.0	MA	02538	1.0
MA	02145	1.0	MA	02341	1.0	MA	02539	10.6
MA	02148	1.0	MA	02343	1.0	MA	02540	1.0
MA	02149	1.0	MA	02344	1.0	MA	02541	1.0
MA	02150	1.0	MA	02345	1.0	MA	02542	1.0
MA	02151	1.0	MA	02346	1.0	MA	02543	1.0
MA	02152	1.0	MA	02347	1.0	MA	02552	10.6
MA	02153	1.0	MA	02348	1.0	MA	02553	1.0
MA	02155	1.0	MA	02349	1.0	MA	02554	7.0
MA	02156	1.0	MA	02350	1.0	MA	02556	1.0
MA	02163	1.0	MA	02351	1.0	MA	02557	7.0
MA	02169	1.0	MA	02355	1.0	MA	02558	1.0
MA	02170	1.0	MA	02356	1.0	MA	02559	1.0
MA	02171	1.0	MA	02357	1.0	MA	02561	1.0
MA	02176	1.0	MA	02358	1.0	MA	02562	1.0
MA	02180	1.0	MA	02359	1.0	MA	02563	1.0
MA	02184	1.0	MA	02360	1.0	MA	02564	7.0
MA	02185	1.0	MA	02361	1.0	MA	02565	1.0
MA	02186	1.0	MA	02362	1.0	MA	02568	7.0
MA	02187	1.0	MA	02364	1.0	MA	02571	1.0
MA	02188	1.0	MA	02366	1.0	MA	02573	7.0
MA	02189	1.0	MA	02367	2.0	MA	02574	1.0
MA	02190	1.0	MA	02368	1.0	MA	02575	10.6
MA	02191	1.0	MA	02370	1.0	MA	02576	1.0
MA	02196	1.0	MA	02375	1.0	MA	02584	7.0
MA	02199	1.0	MA	02379	1.0	MA	02601	1.0
MA	02201	1.0	MA	02381	1.0	MA	02630	1.0
MA	02203	1.0	MA	02382	1.0	MA	02631	1.0
MA	02204	1.0	MA	02420	1.0	MA	02632	1.0
MA	02205	1.0	MA	02421	1.0	MA	02633	1.0
MA	02206	1.0	MA	02445	1.0	MA	02634	1.0
MA	02207	1.0	MA	02446	1.0	MA	02635	1.0
MA	02208	1.0	MA	02447	1.0	MA	02636	1.0
MA	02209	1.0	MA	02451	1.0	MA	02637	1.0
MA	02210	1.0	MA	02452	1.0	MA	02638	1.0
MA	02211	1.0	MA	02453	1.0	MA	02639	1.0
MA	02212	1.0	MA	02454	1.0	MA	02641	1.0
MA	02215	1.0	MA	02455	1.0	MA	02642	1.0
MA	02216	1.0	MA	02456	1.0	MA	02643	1.0
MA	02217	1.0	MA	02457	1.0	MA	02644	1.0
MA	02222	1.0	MA	02458	1.0	MA	02645	1.0
MA	02228	1.0	MA	02459	1.0	MA	02646	1.0
MA	02238	1.0	MA	02460	1.0	MA	02647	1.0
MA	02239	1.0	MA	02461	1.0	MA	02648	1.0
MA	02241	1.0	MA	02462	1.0	MA	02649	1.0
MA	02266	1.0	MA	02464	1.0	MA	02650	1.0
MA	02269	1.0	MA	02465	1.0	MA	02651	1.0
MA	02283	1.0	MA	02466	1.0	MA	02652	2.0
MA	02284	1.0	MA	02467	1.0	MA	02653	1.0
MA	02293	1.0	MA	02468	1.0	MA	02655	1.0
MA	02295	1.0	MA	02471	1.0	MA	02657	7.3
MA	02297	1.0	MA	02472	1.0	MA	02659	1.0
MA	02301	1.0	MA	02474	1.0	MA	02660	1.0
MA	02302	1.0	MA	02475	1.0	MA	02661	1.0
MA	02303	1.0	MA	02476	1.0	MA	02662	1.0
MA	02304	1.0	MA	02477	1.0	MA	02663	2.0
MA	02305	1.0	MA	02478	1.0	MA	02664	1.0
MA	02322	1.0	MA	02479	1.0	MA	02666	2.0
MA	02324	1.0	MA	02481	1.0	MA	02667	2.0
MA	02325	1.0	MA	02482	1.0	MA	02668	1.0
MA	02327	1.0	MA	02492	1.0	MA	02669	1.0
MA	02330	1.0	MA	02493	1.0	MA	02670	1.0
MA	02331	1.0	MA	02494	1.0	MA	02671	1.0
MA	02332	1.0	MA	02495	1.0	MA	02672	1.0
MA	02333	1.0	MA	02532	1.0	MA	02673	1.0
MA	02334	1.0	MA	02534	1.0	MA	02675	1.0
MA	02337	1.0	MA	02535	10.6	MA	02702	1.0
MA	02338	1.0	MA	02536	1.0	MA	02703	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MA	02712	1.0
MA	02713	10.6
MA	02714	1.0
MA	02715	1.0
MA	02717	1.0
MA	02718	1.0
MA	02719	1.0
MA	02720	1.0
MA	02721	1.0
MA	02722	1.0
MA	02723	1.0
MA	02724	1.0
MA	02725	1.0
MA	02726	1.0
MA	02738	1.0
MA	02739	1.0
MA	02740	1.0
MA	02741	1.0
MA	02742	1.0
MA	02743	1.0
MA	02744	1.0
MA	02745	1.0
MA	02746	1.0
MA	02747	1.0
MA	02748	1.0
MA	02760	1.0
MA	02761	1.0
MA	02762	1.0
MA	02763	1.0
MA	02764	1.0
MA	02766	1.0
MA	02767	1.0
MA	02768	1.0
MA	02769	2.1
MA	02770	2.1
MA	02771	1.0
MA	02777	1.0
MA	02779	1.0
MA	02780	1.0
MA	02783	1.0
MA	02790	1.0
MA	02791	1.0
MA	05501	1.0
MA	05544	1.0
MD	20601	2.0
MD	20602	2.0
MD	20603	2.0
MD	20604	2.0
MD	20606	6.0
MD	20607	1.0
MD	20608	2.0
MD	20609	6.0
MD	20610	2.0
MD	20611	3.0
MD	20612	2.0
MD	20613	1.0
MD	20615	3.0
MD	20616	2.0
MD	20617	2.0
MD	20618	6.0
MD	20619	4.2
MD	20620	5.0
MD	20621	3.0
MD	20622	2.0
MD	20623	1.0
MD	20624	3.0
MD	20625	2.0
MD	20626	6.0
MD	20627	5.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MD	20628	5.0
MD	20629	4.2
MD	20630	5.0
MD	20632	3.0
MD	20634	4.2
MD	20635	2.0
MD	20636	5.0
MD	20637	2.0
MD	20639	2.0
MD	20640	2.0
MD	20643	2.0
MD	20645	2.0
MD	20646	2.0
MD	20650	5.0
MD	20653	4.2
MD	20656	5.0
MD	20657	4.2
MD	20658	2.0
MD	20659	2.0
MD	20660	2.0
MD	20661	2.0
MD	20662	2.1
MD	20664	2.0
MD	20667	4.2
MD	20670	4.2
MD	20674	5.0
MD	20675	2.0
MD	20676	3.0
MD	20677	2.0
MD	20678	2.0
MD	20680	5.0
MD	20682	6.0
MD	20684	5.0
MD	20685	3.0
MD	20686	4.2
MD	20687	5.0
MD	20688	4.2
MD	20689	2.0
MD	20690	5.0
MD	20692	5.0
MD	20693	2.0
MD	20695	2.0
MD	20697	1.0
MD	20701	1.0
MD	20703	1.0
MD	20704	1.0
MD	20705	1.0
MD	20706	1.0
MD	20707	1.0
MD	20708	1.0
MD	20709	1.0
MD	20710	1.0
MD	20711	2.0
MD	20712	1.0
MD	20714	2.0
MD	20715	1.0
MD	20716	1.0
MD	20717	1.0
MD	20718	1.0
MD	20719	1.0
MD	20720	1.0
MD	20721	1.0
MD	20722	1.0
MD	20723	1.0
MD	20724	1.0
MD	20725	1.0
MD	20726	1.0
MD	20731	1.0
MD	20732	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MD	20733	2.1
MD	20735	1.0
MD	20736	2.0
MD	20737	1.0
MD	20738	1.0
MD	20740	1.0
MD	20741	1.0
MD	20742	1.0
MD	20743	1.0
MD	20744	1.0
MD	20745	1.0
MD	20746	1.0
MD	20747	1.0
MD	20748	1.0
MD	20749	1.0
MD	20750	1.0
MD	20751	2.1
MD	20752	1.0
MD	20753	1.0
MD	20754	2.0
MD	20755	1.0
MD	20757	1.0
MD	20758	2.0
MD	20759	1.0
MD	20762	1.0
MD	20763	1.0
MD	20764	2.1
MD	20765	2.0
MD	20768	1.0
MD	20769	1.0
MD	20770	1.0
MD	20771	1.0
MD	20772	1.0
MD	20773	1.0
MD	20774	1.0
MD	20775	1.0
MD	20776	2.0
MD	20777	2.1
MD	20778	2.1
MD	20779	2.0
MD	20781	1.0
MD	20782	1.0
MD	20783	1.0
MD	20784	1.0
MD	20785	1.0
MD	20787	1.0
MD	20788	1.0
MD	20790	1.0
MD	20791	1.0
MD	20792	1.0
MD	20794	1.0
MD	20797	1.0
MD	20799	1.0
MD	20810	1.0
MD	20811	1.0
MD	20812	1.0
MD	20813	1.0
MD	20814	1.0
MD	20815	1.0
MD	20816	1.0
MD	20817	1.0
MD	20818	1.0
MD	20824	1.0
MD	20825	1.0
MD	20827	1.0
MD	20830	1.0
MD	20832	1.0
MD	20833	1.0
MD	20837	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MD	20838	2.0
MD	20839	2.0
MD	20841	1.0
MD	20842	2.0
MD	20847	1.0
MD	20848	1.0
MD	20849	1.0
MD	20850	1.0
MD	20851	1.0
MD	20852	1.0
MD	20853	1.0
MD	20854	1.0
MD	20855	1.0
MD	20857	1.0
MD	20859	1.0
MD	20860	1.0
MD	20861	1.0
MD	20862	1.0
MD	20866	1.0
MD	20868	1.0
MD	20871	2.0
MD	20872	1.0
MD	20874	1.0
MD	20875	1.0
MD	20876	1.0
MD	20877	1.0
MD	20878	1.0
MD	20879	1.0
MD	20880	1.0
MD	20882	1.0
MD	20883	1.0
MD	20884	1.0
MD	20885	1.0
MD	20886	1.0
MD	20889	1.0
MD	20891	1.0
MD	20892	1.0
MD	20894	1.0
MD	20895	1.0
MD	20896	1.0
MD	20897	1.0
MD	20898	1.0
MD	20899	1.0
MD	20901	1.0
MD	20902	1.0
MD	20903	1.0
MD	20904	1.0
MD	20905	1.0
MD	20906	1.0
MD	20907	1.0
MD	20908	1.0
MD	20910	1.0
MD	20911	1.0
MD	20912	1.0
MD	20913	1.0
MD	20914	1.0
MD	20915	1.0
MD	20916	1.0
MD	20918	1.0
MD	20993	1.0
MD	20997	1.0
MD	21001	1.1
MD	21005	1.1
MD	21009	1.1
MD	21010	2.0
MD	21012	1.0
MD	21013	1.0
MD	21014	1.1
MD	21015	1.1

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MD	21017	1.1
MD	21018	1.1
MD	21020	2.0
MD	21022	1.0
MD	21023	1.0
MD	21027	1.0
MD	21028	1.1
MD	21029	1.0
MD	21030	1.0
MD	21031	10.1
MD	21032	1.0
MD	21034	2.1
MD	21035	2.0
MD	21036	2.1
MD	21037	1.0
MD	21040	1.1
MD	21041	1.0
MD	21042	1.0
MD	21043	1.0
MD	21044	1.0
MD	21045	1.0
MD	21046	1.0
MD	21047	1.1
MD	21048	2.0
MD	21050	1.1
MD	21051	1.0
MD	21052	1.0
MD	21053	2.0
MD	21054	1.0
MD	21055	1.0
MD	21056	1.0
MD	21057	2.0
MD	21060	1.0
MD	21061	1.0
MD	21062	1.0
MD	21065	10.1
MD	21071	1.0
MD	21074	2.0
MD	21075	1.0
MD	21076	1.0
MD	21077	1.0
MD	21078	1.1
MD	21082	1.0
MD	21084	1.0
MD	21085	1.1
MD	21087	1.1
MD	21088	2.0
MD	21090	1.0
MD	21092	2.0
MD	21093	1.0
MD	21094	1.0
MD	21098	1.0
MD	21102	2.0
MD	21104	2.0
MD	21105	2.0
MD	21106	1.0
MD	21108	1.0
MD	21111	2.0
MD	21113	1.0
MD	21114	1.0
MD	21117	1.0
MD	21120	2.0
MD	21122	1.0
MD	21123	1.0
MD	21128	1.0
MD	21130	1.1
MD	21131	2.0
MD	21132	2.1
MD	21133	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MD	21136	1.0
MD	21139	1.0
MD	21140	1.0
MD	21144	1.0
MD	21146	1.0
MD	21150	1.0
MD	21152	1.0
MD	21153	1.0
MD	21154	2.1
MD	21155	2.0
MD	21156	1.1
MD	21157	2.0
MD	21158	2.0
MD	21160	2.1
MD	21161	2.0
MD	21162	1.0
MD	21163	1.0
MD	21201	1.0
MD	21202	1.0
MD	21203	1.0
MD	21204	1.0
MD	21205	1.0
MD	21206	1.0
MD	21207	1.0
MD	21208	1.0
MD	21209	1.0
MD	21210	1.0
MD	21211	1.0
MD	21212	1.0
MD	21213	1.0
MD	21214	1.0
MD	21215	1.0
MD	21216	1.0
MD	21217	1.0
MD	21218	1.0
MD	21219	1.0
MD	21220	1.0
MD	21221	1.0
MD	21222	1.0
MD	21223	1.0
MD	21224	1.0
MD	21225	1.0
MD	21226	1.0
MD	21227	1.0
MD	21228	1.0
MD	21229	1.0
MD	21230	1.0
MD	21231	1.0
MD	21233	1.0
MD	21234	1.0
MD	21235	1.0
MD	21236	1.0
MD	21237	1.0
MD	21239	1.0
MD	21240	1.0
MD	21241	1.0
MD	21244	1.0
MD	21250	1.0
MD	21251	1.0
MD	21252	1.0
MD	21263	1.0
MD	21264	1.0
MD	21265	1.0
MD	21268	1.0
MD	21270	1.0
MD	21273	1.0
MD	21274	1.0
MD	21275	1.0
MD	21278	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MD	21279	1.0
MD	21280	1.0
MD	21281	1.0
MD	21282	1.0
MD	21283	1.0
MD	21284	1.0
MD	21285	1.0
MD	21286	1.0
MD	21287	1.0
MD	21288	1.0
MD	21289	1.0
MD	21290	1.0
MD	21297	1.0
MD	21298	1.0
MD	21401	1.0
MD	21402	1.0
MD	21403	1.0
MD	21404	1.0
MD	21405	1.0
MD	21409	1.0
MD	21411	1.0
MD	21412	1.0
MD	21501	4.0
MD	21502	4.0
MD	21503	4.0
MD	21504	4.0
MD	21505	4.0
MD	21520	10.6
MD	21521	5.0
MD	21522	10.5
MD	21523	8.4
MD	21524	4.0
MD	21528	5.0
MD	21529	4.0
MD	21530	5.0
MD	21531	10.6
MD	21532	5.0
MD	21536	10.5
MD	21538	8.4
MD	21539	5.0
MD	21540	4.0
MD	21541	8.0
MD	21542	5.0
MD	21543	5.0
MD	21545	5.0
MD	21550	7.0
MD	21555	5.0
MD	21556	4.0
MD	21557	4.0
MD	21560	4.0
MD	21561	8.0
MD	21562	4.0
MD	21601	4.0
MD	21606	4.0
MD	21607	10.6
MD	21609	5.0
MD	21610	8.0
MD	21612	10.2
MD	21613	4.0
MD	21617	10.4
MD	21619	2.0
MD	21620	7.0
MD	21622	5.0
MD	21623	7.0
MD	21624	10.2
MD	21625	5.0
MD	21626	5.0
MD	21627	5.0
MD	21628	8.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MD	21629	7.4
MD	21631	5.0
MD	21632	7.4
MD	21634	5.0
MD	21635	9.1
MD	21636	10.5
MD	21638	9.1
MD	21639	10.5
MD	21640	3.0
MD	21641	7.4
MD	21643	6.0
MD	21644	10.6
MD	21645	8.0
MD	21647	5.0
MD	21648	5.0
MD	21649	3.0
MD	21650	9.1
MD	21651	8.0
MD	21652	10.2
MD	21653	10.2
MD	21654	5.0
MD	21655	5.0
MD	21656	7.0
MD	21657	10.0
MD	21658	2.0
MD	21659	6.0
MD	21660	10.4
MD	21661	10.6
MD	21662	5.0
MD	21663	10.2
MD	21664	5.0
MD	21665	5.0
MD	21666	2.1
MD	21667	8.0
MD	21668	10.6
MD	21669	5.0
MD	21670	3.0
MD	21671	5.0
MD	21672	5.0
MD	21673	5.0
MD	21675	5.0
MD	21676	5.0
MD	21677	5.0
MD	21678	8.0
MD	21679	5.0
MD	21681	10.4
MD	21682	10.4
MD	21683	10.4
MD	21684	10.4
MD	21685	10.4
MD	21686	10.4
MD	21687	10.4
MD	21688	10.4
MD	21690	7.0
MD	21701	1.1
MD	21702	1.1
MD	21703	1.1
MD	21704	1.1
MD	21705	1.1
MD	21709	1.1
MD	21710	1.1
MD	21711	2.0
MD	21713	2.0
MD	21714	1.1
MD	21715	2.1
MD	21716	2.1
MD	21717	1.1
MD	21718	1.1
MD	21719	4.2

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MD	21720	1.0
MD	21721	1.0
MD	21722	2.0
MD	21723	2.1
MD	21727	9.1
MD	21733	1.0
MD	21734	1.0
MD	21737	2.1
MD	21738	2.1
MD	21740	1.0
MD	21741	1.0
MD	21742	1.0
MD	21746	1.0
MD	21747	1.0
MD	21748	1.0
MD	21749	1.0
MD	21750	2.0
MD	21754	1.1
MD	21755	1.1
MD	21756	3.0
MD	21757	2.1
MD	21758	2.1
MD	21759	2.1
MD	21762	1.1
MD	21765	2.1
MD	21766	5.0
MD	21767	1.0
MD	21769	1.1
MD	21770	1.1
MD	21771	2.0
MD	21773	2.1
MD	21774	1.1
MD	21775	2.1
MD	21776	2.1
MD	21777	1.1
MD	21778	2.0
MD	21779	3.0
MD	21780	2.0
MD	21781	1.0
MD	21782	2.0
MD	21783	1.0
MD	21784	2.0
MD	21787	3.0
MD	21788	2.0
MD	21790	1.1
MD	21791	2.1
MD	21792	2.1
MD	21793	1.1
MD	21794	2.1
MD	21795	1.0
MD	21797	2.0
MD	21798	2.0
MD	21801	1.0
MD	21802	1.0
MD	21803	1.0
MD	21804	1.0
MD	21810	2.0
MD	21811	4.2
MD	21813	5.0
MD	21814	2.0
MD	21817	7.0
MD	21821	2.0
MD	21822	2.0
MD	21824	2.0
MD	21826	1.0
MD	21829	3.0
MD	21830	1.0
MD	21835	5.0
MD	21836	7.3

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
MD	21837	2.0	ME	04016	10.6	ME	04105	1.0
MD	21838	10.6	ME	04017	1.0	ME	04106	1.0
MD	21840	2.0	ME	04019	2.0	ME	04107	1.0
MD	21841	10.4	ME	04020	2.0	ME	04108	2.0
MD	21842	4.2	ME	04021	1.0	ME	04109	2.0
MD	21843	4.2	ME	04022	10.0	ME	04110	1.0
MD	21849	1.0	ME	04024	2.0	ME	04112	1.0
MD	21850	2.0	ME	04027	2.0	ME	04116	1.0
MD	21851	7.3	ME	04028	2.0	ME	04122	1.0
MD	21852	2.0	ME	04029	2.0	ME	04123	1.0
MD	21853	7.3	ME	04030	2.0	ME	04124	1.0
MD	21856	2.0	ME	04032	1.0	ME	04210	1.0
MD	21857	7.3	ME	04033	1.0	ME	04211	1.0
MD	21861	2.0	ME	04034	1.0	ME	04212	1.0
MD	21862	4.2	ME	04037	10.0	ME	04216	10.0
MD	21863	10.5	ME	04038	1.0	ME	04217	10.6
MD	21864	3.0	ME	04039	2.0	ME	04219	10.0
MD	21865	2.0	ME	04040	3.0	ME	04220	2.0
MD	21866	2.0	ME	04041	2.0	ME	04221	10.6
MD	21867	7.3	ME	04042	2.0	ME	04222	2.0
MD	21869	6.0	ME	04043	7.1	ME	04223	1.0
MD	21870	2.0	ME	04046	7.1	ME	04224	10.6
MD	21871	7.3	ME	04047	2.0	ME	04225	10.0
MD	21872	5.0	ME	04048	2.0	ME	04226	10.0
MD	21874	2.0	ME	04049	2.0	ME	04227	10.3
MD	21875	1.0	ME	04050	2.0	ME	04228	9.1
MD	21890	7.3	ME	04051	10.6	ME	04230	2.1
MD	21901	2.0	ME	04053	4.2	ME	04231	10.6
MD	21902	1.1	ME	04054	3.0	ME	04234	10.3
MD	21903	1.1	ME	04055	2.0	ME	04236	2.0
MD	21904	1.1	ME	04056	6.1	ME	04237	10.6
MD	21911	2.0	ME	04057	3.0	ME	04238	2.0
MD	21912	2.0	ME	04061	2.0	ME	04239	10.6
MD	21913	2.0	ME	04062	1.0	ME	04240	1.0
MD	21914	2.0	ME	04063	1.0	ME	04241	1.0
MD	21915	2.0	ME	04064	1.0	ME	04243	1.0
MD	21916	1.0	ME	04066	5.2	ME	04250	2.0
MD	21917	2.0	ME	04068	2.0	ME	04252	2.0
MD	21918	2.1	ME	04069	2.0	ME	04253	3.0
MD	21919	2.0	ME	04070	1.0	ME	04254	9.1
MD	21920	1.0	ME	04071	2.0	ME	04255	10.0
MD	21921	1.0	ME	04072	1.0	ME	04256	2.0
MD	21922	1.0	ME	04073	4.2	ME	04257	7.0
MD	21930	2.0	ME	04074	1.0	ME	04258	2.0
ME	03901	1.0	ME	04075	2.0	ME	04259	6.1
ME	03902	3.0	ME	04076	6.1	ME	04260	2.0
ME	03903	1.0	ME	04077	2.0	ME	04261	10.0
ME	03904	1.0	ME	04078	1.0	ME	04262	10.6
ME	03905	1.0	ME	04079	5.2	ME	04263	2.0
ME	03906	10.4	ME	04082	1.0	ME	04265	6.1
ME	03907	10.4	ME	04083	4.2	ME	04266	2.0
ME	03908	1.0	ME	04084	2.0	ME	04267	10.6
ME	03909	3.0	ME	04085	2.0	ME	04268	7.0
ME	03910	3.0	ME	04086	4.2	ME	04270	10.6
ME	03911	3.0	ME	04087	2.0	ME	04271	7.0
ME	04001	6.1	ME	04088	10.6	ME	04274	2.1
ME	04002	2.0	ME	04090	3.0	ME	04275	7.0
ME	04003	5.2	ME	04091	2.0	ME	04276	7.0
ME	04004	2.0	ME	04092	1.0	ME	04278	10.0
ME	04005	1.0	ME	04093	2.0	ME	04280	1.0
ME	04006	1.0	ME	04094	7.1	ME	04281	7.0
ME	04007	1.0	ME	04095	6.1	ME	04282	2.0
ME	04008	5.2	ME	04096	1.0	ME	04283	2.0
ME	04009	10.4	ME	04097	2.0	ME	04284	6.1
ME	04010	10.0	ME	04098	1.0	ME	04285	10.0
ME	04011	4.2	ME	04101	1.0	ME	04286	10.6
ME	04013	1.0	ME	04102	1.0	ME	04287	5.2
ME	04014	7.1	ME	04103	1.0	ME	04288	2.0
ME	04015	2.0	ME	04104	1.0	ME	04289	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
ME	04290	9.1
ME	04291	2.1
ME	04292	9.1
ME	04294	10.3
ME	04330	4.0
ME	04332	4.0
ME	04333	4.0
ME	04336	4.0
ME	04338	4.0
ME	04341	5.0
ME	04342	10.5
ME	04343	5.0
ME	04344	4.0
ME	04345	4.0
ME	04346	5.0
ME	04347	4.0
ME	04348	5.0
ME	04349	6.1
ME	04350	6.1
ME	04351	5.0
ME	04352	5.0
ME	04353	5.0
ME	04354	10.5
ME	04355	5.0
ME	04357	5.0
ME	04358	5.0
ME	04359	4.0
ME	04360	5.0
ME	04363	5.0
ME	04364	5.0
ME	04401	1.0
ME	04402	1.0
ME	04406	10.0
ME	04408	10.0
ME	04410	2.0
ME	04411	1.0
ME	04412	1.0
ME	04413	10.0
ME	04414	10.0
ME	04415	10.0
ME	04416	10.4
ME	04417	2.0
ME	04418	2.0
ME	04419	2.0
ME	04420	10.0
ME	04421	10.0
ME	04422	2.0
ME	04423	1.0
ME	04424	10.0
ME	04426	10.4
ME	04427	2.0
ME	04428	2.0
ME	04429	2.0
ME	04430	10.6
ME	04431	10.0
ME	04434	2.0
ME	04435	2.0
ME	04438	10.6
ME	04441	10.0
ME	04442	10.0
ME	04443	10.0
ME	04444	1.0
ME	04448	2.0
ME	04449	2.0
ME	04450	2.0
ME	04451	9.1
ME	04453	2.0
ME	04454	10.0
ME	04455	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
ME	04456	2.0
ME	04457	10.4
ME	04459	9.1
ME	04460	10.6
ME	04461	1.0
ME	04462	7.0
ME	04463	10.4
ME	04464	10.0
ME	04467	2.0
ME	04468	1.0
ME	04469	1.0
ME	04471	8.0
ME	04472	10.0
ME	04473	1.0
ME	04474	2.0
ME	04475	2.0
ME	04476	10.0
ME	04478	10.0
ME	04479	10.0
ME	04481	10.4
ME	04485	10.0
ME	04487	9.1
ME	04488	2.0
ME	04489	1.0
ME	04490	10.0
ME	04491	10.0
ME	04492	10.0
ME	04493	2.0
ME	04495	2.0
ME	04496	2.0
ME	04497	8.0
ME	04530	4.2
ME	04535	10.0
ME	04536	10.0
ME	04537	10.0
ME	04538	10.0
ME	04539	10.0
ME	04541	10.0
ME	04543	10.0
ME	04544	10.0
ME	04547	10.2
ME	04548	5.0
ME	04549	10.0
ME	04551	10.0
ME	04553	10.0
ME	04554	10.0
ME	04555	10.0
ME	04556	10.0
ME	04558	10.0
ME	04562	5.0
ME	04563	10.2
ME	04564	10.0
ME	04565	5.0
ME	04567	5.0
ME	04568	10.0
ME	04570	10.0
ME	04571	10.0
ME	04572	10.5
ME	04573	10.0
ME	04574	10.5
ME	04575	10.0
ME	04576	10.0
ME	04578	10.5
ME	04579	5.0
ME	04605	10.0
ME	04606	10.0
ME	04607	10.0
ME	04609	7.0
ME	04611	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
ME	04612	10.0
ME	04613	10.0
ME	04614	10.0
ME	04615	10.0
ME	04616	10.0
ME	04617	10.0
ME	04619	7.0
ME	04622	10.0
ME	04623	10.0
ME	04624	10.0
ME	04625	10.6
ME	04626	10.0
ME	04627	10.0
ME	04628	10.6
ME	04629	10.0
ME	04630	10.0
ME	04631	10.0
ME	04634	10.0
ME	04635	10.0
ME	04637	10.6
ME	04640	10.0
ME	04642	10.0
ME	04643	10.0
ME	04644	7.0
ME	04645	10.0
ME	04646	10.6
ME	04648	10.0
ME	04649	10.0
ME	04650	10.0
ME	04652	10.0
ME	04653	10.0
ME	04654	10.0
ME	04655	10.0
ME	04656	10.6
ME	04657	10.6
ME	04658	10.0
ME	04660	10.6
ME	04662	7.0
ME	04664	10.0
ME	04666	10.6
ME	04667	10.6
ME	04668	10.6
ME	04669	10.0
ME	04671	10.6
ME	04672	7.0
ME	04673	10.0
ME	04674	10.6
ME	04675	7.0
ME	04676	10.0
ME	04677	10.0
ME	04679	10.6
ME	04680	10.0
ME	04681	10.0
ME	04683	10.0
ME	04684	10.0
ME	04685	10.0
ME	04686	10.0
ME	04691	10.0
ME	04693	10.0
ME	04694	10.6
ME	04730	7.0
ME	04732	10.6
ME	04733	8.0
ME	04734	8.0
ME	04735	8.0
ME	04736	7.0
ME	04737	10.0
ME	04738	8.0
ME	04739	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
ME	04740	10.3
ME	04741	10.0
ME	04742	10.3
ME	04743	10.0
ME	04744	10.0
ME	04745	10.3
ME	04746	10.6
ME	04747	10.6
ME	04750	10.6
ME	04751	10.6
ME	04756	7.0
ME	04757	8.0
ME	04758	8.0
ME	04759	10.6
ME	04760	8.0
ME	04761	8.0
ME	04762	9.0
ME	04763	8.0
ME	04764	8.0
ME	04765	9.0
ME	04766	8.0
ME	04768	10.6
ME	04769	7.0
ME	04770	10.0
ME	04772	10.3
ME	04773	7.0
ME	04774	10.0
ME	04775	10.6
ME	04776	10.6
ME	04777	9.0
ME	04779	9.0
ME	04780	10.6
ME	04781	10.0
ME	04783	9.0
ME	04785	10.6
ME	04786	8.0
ME	04787	8.0
ME	04788	10.0
ME	04841	4.0
ME	04843	7.4
ME	04846	4.0
ME	04847	10.5
ME	04848	10.6
ME	04849	10.6
ME	04850	10.6
ME	04851	10.0
ME	04852	10.0
ME	04853	10.0
ME	04854	5.0
ME	04855	10.5
ME	04856	10.5
ME	04857	10.5
ME	04858	5.0
ME	04859	10.5
ME	04860	10.5
ME	04861	4.0
ME	04862	10.5
ME	04863	10.0
ME	04864	4.0
ME	04865	10.5
ME	04901	4.0
ME	04903	4.0
ME	04910	5.0
ME	04911	10.6
ME	04912	10.6
ME	04915	7.0
ME	04917	5.0
ME	04918	5.0
ME	04920	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
ME	04921	8.0
ME	04922	10.5
ME	04923	10.0
ME	04924	9.0
ME	04925	10.0
ME	04926	5.0
ME	04927	5.0
ME	04928	3.0
ME	04929	10.6
ME	04930	10.4
ME	04932	2.0
ME	04933	2.0
ME	04935	5.0
ME	04936	10.0
ME	04937	4.0
ME	04938	7.0
ME	04939	2.0
ME	04940	7.0
ME	04941	9.0
ME	04942	10.6
ME	04943	10.6
ME	04944	4.0
ME	04945	10.0
ME	04947	10.0
ME	04949	9.0
ME	04950	7.0
ME	04951	8.0
ME	04952	9.0
ME	04953	2.0
ME	04954	10.0
ME	04955	10.6
ME	04956	10.3
ME	04957	10.6
ME	04958	10.6
ME	04961	10.0
ME	04962	5.0
ME	04963	4.0
ME	04964	10.0
ME	04965	10.6
ME	04966	10.0
ME	04967	7.0
ME	04969	2.0
ME	04970	10.0
ME	04971	10.0
ME	04972	10.6
ME	04973	9.0
ME	04974	10.6
ME	04975	4.0
ME	04976	7.4
ME	04978	10.5
ME	04979	10.6
ME	04981	10.6
ME	04982	10.0
ME	04983	10.3
ME	04984	10.3
ME	04985	10.0
ME	04986	10.5
ME	04987	10.5
ME	04988	10.5
ME	04989	5.0
ME	04992	7.0
ME	96960	R
ME	96970	R
ME	48001	1.0
ME	48002	2.0
ME	48003	2.0
ME	48004	1.0
ME	48005	2.0
ME	48006	2.1

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MI	48007	1.0
MI	48009	1.0
MI	48012	1.0
MI	48014	2.0
MI	48015	1.0
MI	48017	1.0
MI	48021	1.0
MI	48022	2.0
MI	48023	1.0
MI	48025	1.0
MI	48026	1.0
MI	48027	2.0
MI	48028	2.0
MI	48030	1.0
MI	48032	2.1
MI	48034	1.0
MI	48035	1.0
MI	48036	1.0
MI	48037	1.0
MI	48038	1.0
MI	48039	1.0
MI	48040	1.0
MI	48041	2.0
MI	48042	1.0
MI	48043	1.0
MI	48044	1.0
MI	48045	1.0
MI	48046	1.0
MI	48047	1.0
MI	48048	1.0
MI	48049	1.0
MI	48050	2.0
MI	48051	1.0
MI	48054	1.0
MI	48059	1.0
MI	48060	1.0
MI	48061	1.0
MI	48062	2.0
MI	48063	2.0
MI	48064	1.0
MI	48065	1.0
MI	48066	1.0
MI	48067	1.0
MI	48068	1.0
MI	48069	1.0
MI	48070	1.0
MI	48071	1.0
MI	48072	1.0
MI	48073	1.0
MI	48074	1.0
MI	48075	1.0
MI	48076	1.0
MI	48079	1.0
MI	48080	1.0
MI	48081	1.0
MI	48082	1.0
MI	48083	1.0
MI	48084	1.0
MI	48085	1.0
MI	48086	1.0
MI	48088	1.0
MI	48089	1.0
MI	48090	1.0
MI	48091	1.0
MI	48092	1.0
MI	48093	1.0
MI	48094	1.0
MI	48095	1.0
MI	48096	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
MI	48097	2.0	MI	48179	1.0	MI	48275	1.0
MI	48098	1.0	MI	48180	1.0	MI	48277	1.0
MI	48099	1.0	MI	48182	1.0	MI	48278	1.0
MI	48101	1.0	MI	48183	1.0	MI	48279	1.0
MI	48102	1.0	MI	48184	1.0	MI	48288	1.0
MI	48103	1.0	MI	48185	1.0	MI	48301	1.0
MI	48104	1.0	MI	48186	1.0	MI	48302	1.0
MI	48105	1.0	MI	48187	1.0	MI	48303	1.0
MI	48106	1.0	MI	48188	1.0	MI	48304	1.0
MI	48107	1.0	MI	48189	2.0	MI	48306	1.0
MI	48108	1.0	MI	48190	2.0	MI	48307	1.0
MI	48109	1.0	MI	48191	2.1	MI	48308	1.0
MI	48110	2.0	MI	48192	1.0	MI	48309	1.0
MI	48111	1.0	MI	48193	1.0	MI	48310	1.0
MI	48112	1.0	MI	48195	1.0	MI	48311	1.0
MI	48113	1.0	MI	48197	1.0	MI	48312	1.0
MI	48114	2.0	MI	48198	1.0	MI	48313	1.0
MI	48115	1.0	MI	48201	1.0	MI	48314	1.0
MI	48116	2.0	MI	48202	1.0	MI	48315	1.0
MI	48117	2.0	MI	48203	1.0	MI	48316	1.0
MI	48118	2.0	MI	48204	1.0	MI	48317	1.0
MI	48120	1.0	MI	48205	1.0	MI	48318	1.0
MI	48121	1.0	MI	48206	1.0	MI	48320	1.0
MI	48122	1.0	MI	48207	1.0	MI	48321	1.0
MI	48123	1.0	MI	48208	1.0	MI	48322	1.0
MI	48124	1.0	MI	48209	1.0	MI	48323	1.0
MI	48125	1.0	MI	48210	1.0	MI	48324	1.0
MI	48126	1.0	MI	48211	1.0	MI	48325	1.0
MI	48127	1.0	MI	48212	1.0	MI	48326	1.0
MI	48128	1.0	MI	48213	1.0	MI	48327	1.0
MI	48130	2.1	MI	48214	1.0	MI	48328	1.0
MI	48131	3.0	MI	48215	1.0	MI	48329	1.0
MI	48133	1.0	MI	48216	1.0	MI	48330	1.0
MI	48134	1.0	MI	48217	1.0	MI	48331	1.0
MI	48135	1.0	MI	48218	1.0	MI	48332	1.0
MI	48136	1.0	MI	48219	1.0	MI	48333	1.0
MI	48137	2.0	MI	48220	1.0	MI	48334	1.0
MI	48138	1.0	MI	48221	1.0	MI	48335	1.0
MI	48139	2.0	MI	48222	1.0	MI	48336	1.0
MI	48140	2.0	MI	48223	1.0	MI	48340	1.0
MI	48141	1.0	MI	48224	1.0	MI	48341	1.0
MI	48143	2.0	MI	48225	1.0	MI	48342	1.0
MI	48144	1.0	MI	48226	1.0	MI	48343	1.0
MI	48145	1.0	MI	48227	1.0	MI	48346	1.0
MI	48146	1.0	MI	48228	1.0	MI	48347	1.0
MI	48150	1.0	MI	48229	1.0	MI	48348	1.0
MI	48151	1.0	MI	48230	1.0	MI	48350	1.0
MI	48152	1.0	MI	48231	1.0	MI	48353	1.0
MI	48153	1.0	MI	48232	1.0	MI	48356	1.0
MI	48154	1.0	MI	48233	1.0	MI	48357	1.0
MI	48157	2.0	MI	48234	1.0	MI	48359	1.0
MI	48158	2.0	MI	48235	1.0	MI	48360	1.0
MI	48159	2.0	MI	48236	1.0	MI	48361	1.0
MI	48160	2.0	MI	48237	1.0	MI	48362	1.0
MI	48161	1.0	MI	48238	1.0	MI	48363	2.0
MI	48162	1.0	MI	48239	1.0	MI	48366	2.0
MI	48164	1.0	MI	48240	1.0	MI	48367	2.0
MI	48165	2.0	MI	48242	1.0	MI	48370	2.0
MI	48166	1.0	MI	48243	1.0	MI	48371	1.0
MI	48167	1.0	MI	48244	1.0	MI	48374	1.0
MI	48168	1.0	MI	48255	1.0	MI	48375	1.0
MI	48169	2.0	MI	48260	1.0	MI	48376	1.0
MI	48170	1.0	MI	48264	1.0	MI	48377	1.0
MI	48173	1.0	MI	48265	1.0	MI	48380	2.0
MI	48174	1.0	MI	48266	1.0	MI	48381	1.0
MI	48175	1.0	MI	48267	1.0	MI	48382	1.0
MI	48176	1.0	MI	48268	1.0	MI	48383	1.0
MI	48177	1.0	MI	48269	1.0	MI	48386	1.0
MI	48178	2.0	MI	48272	1.0	MI	48387	1.0

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
MI	48390	1.0
MI	48391	1.0
MI	48393	1.0
MI	48397	1.0
MI	48398	1.0
MI	48401	3.0
MI	48410	9.0
MI	48411	1.0
MI	48412	2.0
MI	48413	7.0
MI	48414	3.0
MI	48415	3.0
MI	48416	10.4
MI	48417	2.1
MI	48418	3.0
MI	48419	10.6
MI	48420	1.0
MI	48421	3.0
MI	48422	2.0
MI	48423	1.0
MI	48426	9.0
MI	48427	10.6
MI	48428	2.0
MI	48429	2.0
MI	48430	1.0
MI	48432	10.6
MI	48433	1.0
MI	48434	10.0
MI	48435	3.0
MI	48436	2.1
MI	48437	1.0
MI	48438	2.1
MI	48439	1.0
MI	48440	2.0
MI	48441	10.6
MI	48442	2.0
MI	48444	2.0
MI	48445	9.0
MI	48446	4.1
MI	48449	2.0
MI	48450	1.0
MI	48451	2.1
MI	48453	10.6
MI	48454	3.0
MI	48455	2.0
MI	48456	10.0
MI	48457	2.0
MI	48458	1.0
MI	48460	2.0
MI	48461	3.0
MI	48462	2.0
MI	48463	2.1
MI	48464	3.0
MI	48465	10.0
MI	48466	3.0
MI	48467	10.6
MI	48468	10.6
MI	48469	3.0
MI	48470	10.6
MI	48471	7.0
MI	48472	9.0
MI	48473	1.0
MI	48475	10.6
MI	48476	2.0
MI	48480	2.0
MI	48501	1.0
MI	48502	1.0
MI	48503	1.0
MI	48504	1.0

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
MI	48505	1.0
MI	48506	1.0
MI	48507	1.0
MI	48509	1.0
MI	48519	1.0
MI	48529	1.0
MI	48531	1.0
MI	48532	1.0
MI	48550	1.0
MI	48551	1.0
MI	48552	1.0
MI	48553	1.0
MI	48554	1.0
MI	48555	1.0
MI	48556	1.0
MI	48557	1.0
MI	48559	1.0
MI	48601	1.0
MI	48602	1.0
MI	48603	1.0
MI	48604	1.0
MI	48605	1.0
MI	48606	1.0
MI	48607	1.0
MI	48608	1.0
MI	48609	1.0
MI	48610	10.0
MI	48611	4.0
MI	48612	6.0
MI	48613	3.0
MI	48614	6.1
MI	48615	6.0
MI	48616	10.4
MI	48617	7.4
MI	48618	6.0
MI	48619	10.0
MI	48620	4.0
MI	48621	10.0
MI	48622	9.2
MI	48623	1.0
MI	48624	9.0
MI	48625	7.0
MI	48626	2.0
MI	48627	9.0
MI	48628	5.0
MI	48629	7.0
MI	48630	7.0
MI	48631	2.1
MI	48632	6.0
MI	48633	6.0
MI	48634	2.1
MI	48635	10.0
MI	48636	10.0
MI	48637	2.0
MI	48638	2.0
MI	48640	4.0
MI	48641	4.0
MI	48642	4.0
MI	48647	10.0
MI	48649	6.1
MI	48650	10.4
MI	48651	7.0
MI	48652	5.0
MI	48653	9.0
MI	48654	10.0
MI	48655	2.0
MI	48656	9.0
MI	48657	4.0
MI	48658	10.4

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
MI	48659	10.0
MI	48661	10.0
MI	48662	6.0
MI	48663	1.0
MI	48667	4.0
MI	48670	4.0
MI	48674	4.0
MI	48686	4.0
MI	48701	10.4
MI	48703	10.0
MI	48705	10.0
MI	48706	1.0
MI	48707	1.0
MI	48708	1.0
MI	48710	2.1
MI	48720	10.0
MI	48721	10.0
MI	48722	2.0
MI	48723	9.0
MI	48724	1.0
MI	48725	10.0
MI	48726	7.0
MI	48727	3.0
MI	48728	10.0
MI	48729	9.0
MI	48730	7.0
MI	48731	10.6
MI	48732	1.0
MI	48733	10.4
MI	48734	7.1
MI	48735	7.0
MI	48736	10.4
MI	48737	10.0
MI	48738	8.0
MI	48739	10.6
MI	48740	10.0
MI	48741	3.0
MI	48742	10.0
MI	48743	8.0
MI	48744	10.4
MI	48745	10.0
MI	48746	2.0
MI	48747	1.0
MI	48748	8.0
MI	48749	10.0
MI	48750	7.0
MI	48754	10.0
MI	48755	10.0
MI	48756	10.0
MI	48757	2.0
MI	48758	9.1
MI	48759	10.0
MI	48760	3.0
MI	48761	10.0
MI	48762	6.0
MI	48763	7.0
MI	48764	7.0
MI	48765	10.0
MI	48766	10.0
MI	48767	10.4
MI	48768	9.1
MI	48769	9.1
MI	48770	10.6
MI	48787	7.1
MI	48801	4.0
MI	48802	4.0
MI	48804	4.0
MI	48805	1.0
MI	48806	3.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MI	48807	3.0
MI	48808	2.0
MI	48809	3.0
MI	48811	7.0
MI	48812	6.0
MI	48813	2.0
MI	48815	2.0
MI	48816	2.1
MI	48817	4.2
MI	48818	9.0
MI	48819	2.0
MI	48820	1.0
MI	48821	1.0
MI	48822	2.0
MI	48823	1.0
MI	48824	1.0
MI	48825	1.0
MI	48826	1.0
MI	48827	2.0
MI	48829	10.0
MI	48830	5.0
MI	48831	10.4
MI	48832	5.0
MI	48833	2.0
MI	48834	7.0
MI	48835	2.0
MI	48836	2.1
MI	48837	1.0
MI	48838	7.3
MI	48840	1.0
MI	48841	5.2
MI	48842	1.0
MI	48843	2.0
MI	48844	2.0
MI	48845	6.1
MI	48846	4.2
MI	48847	7.4
MI	48848	2.0
MI	48849	9.1
MI	48850	10.6
MI	48851	6.1
MI	48852	10.0
MI	48853	2.0
MI	48854	2.0
MI	48855	2.1
MI	48856	10.4
MI	48857	2.0
MI	48858	4.0
MI	48859	4.0
MI	48860	6.1
MI	48861	2.0
MI	48862	7.4
MI	48863	2.1
MI	48864	1.0
MI	48865	2.0
MI	48866	3.0
MI	48867	4.2
MI	48870	7.0
MI	48871	10.4
MI	48872	2.0
MI	48873	6.1
MI	48874	10.4
MI	48875	2.0
MI	48876	2.0
MI	48877	5.0
MI	48878	5.0
MI	48879	2.0
MI	48880	4.0
MI	48881	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MI	48882	2.0
MI	48883	5.0
MI	48884	9.0
MI	48885	8.3
MI	48886	9.0
MI	48887	3.0
MI	48888	9.0
MI	48889	5.0
MI	48890	2.0
MI	48891	6.0
MI	48892	2.0
MI	48893	5.0
MI	48894	2.0
MI	48895	2.0
MI	48896	4.0
MI	48897	9.0
MI	48901	1.0
MI	48906	1.0
MI	48907	1.0
MI	48908	1.0
MI	48909	1.0
MI	48910	1.0
MI	48911	1.0
MI	48912	1.0
MI	48913	1.0
MI	48915	1.0
MI	48916	1.0
MI	48917	1.0
MI	48918	1.0
MI	48919	1.0
MI	48921	1.0
MI	48922	1.0
MI	48924	1.0
MI	48929	1.0
MI	48930	1.0
MI	48933	1.0
MI	48937	1.0
MI	48950	1.0
MI	48951	1.0
MI	48956	1.0
MI	48980	1.0
MI	49001	1.0
MI	49002	1.0
MI	49003	1.0
MI	49004	1.0
MI	49005	1.0
MI	49006	1.0
MI	49007	1.0
MI	49008	1.0
MI	49009	1.0
MI	49010	8.0
MI	49011	2.0
MI	49012	2.0
MI	49013	9.0
MI	49014	1.0
MI	49015	1.0
MI	49016	1.0
MI	49017	1.0
MI	49018	1.0
MI	49019	1.0
MI	49020	1.0
MI	49021	3.0
MI	49022	1.0
MI	49023	1.0
MI	49024	1.0
MI	49026	2.0
MI	49027	9.0
MI	49028	5.0
MI	49029	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MI	49030	5.0
MI	49031	3.0
MI	49032	10.5
MI	49033	2.0
MI	49034	2.0
MI	49035	3.0
MI	49036	4.0
MI	49038	2.0
MI	49039	2.0
MI	49040	10.5
MI	49041	1.0
MI	49042	9.0
MI	49043	3.0
MI	49045	3.0
MI	49046	3.0
MI	49047	7.3
MI	49048	1.0
MI	49050	2.0
MI	49051	2.0
MI	49052	2.0
MI	49053	1.0
MI	49055	2.0
MI	49056	9.0
MI	49057	3.0
MI	49058	7.3
MI	49060	2.0
MI	49061	10.4
MI	49062	2.0
MI	49063	9.0
MI	49064	10.5
MI	49065	2.0
MI	49066	10.4
MI	49067	3.0
MI	49068	7.3
MI	49069	7.3
MI	49070	3.0
MI	49071	2.0
MI	49072	10.4
MI	49073	9.0
MI	49074	1.0
MI	49075	4.0
MI	49076	3.0
MI	49077	1.0
MI	49078	4.2
MI	49079	2.0
MI	49080	4.2
MI	49081	1.0
MI	49082	5.0
MI	49083	2.0
MI	49084	2.0
MI	49085	1.0
MI	49087	1.0
MI	49088	2.0
MI	49089	10.5
MI	49090	7.0
MI	49091	4.0
MI	49092	9.1
MI	49093	7.3
MI	49094	10.5
MI	49095	3.0
MI	49096	2.0
MI	49097	2.0
MI	49098	2.0
MI	49099	9.0
MI	49101	2.0
MI	49102	3.0
MI	49103	7.3
MI	49104	7.3
MI	49106	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MI	49107	1.0
MI	49111	2.0
MI	49112	2.1
MI	49113	2.0
MI	49115	3.0
MI	49116	2.0
MI	49117	7.3
MI	49119	2.0
MI	49120	1.0
MI	49121	1.0
MI	49125	2.0
MI	49126	1.0
MI	49127	1.0
MI	49128	3.0
MI	49129	7.3
MI	49130	2.0
MI	49201	1.0
MI	49202	1.0
MI	49203	1.0
MI	49204	1.0
MI	49220	6.0
MI	49221	4.2
MI	49224	7.3
MI	49227	10.0
MI	49228	9.2
MI	49229	2.0
MI	49230	2.0
MI	49232	10.0
MI	49233	2.0
MI	49234	2.0
MI	49235	5.0
MI	49236	2.0
MI	49237	2.0
MI	49238	6.1
MI	49239	7.0
MI	49240	2.0
MI	49241	2.0
MI	49242	7.0
MI	49245	10.0
MI	49246	2.0
MI	49247	5.0
MI	49248	5.2
MI	49249	2.0
MI	49250	10.6
MI	49251	2.0
MI	49252	10.0
MI	49253	6.0
MI	49254	1.0
MI	49255	5.0
MI	49256	5.0
MI	49257	10.6
MI	49258	10.6
MI	49259	2.0
MI	49261	1.0
MI	49262	10.6
MI	49263	2.0
MI	49264	2.0
MI	49265	6.1
MI	49266	9.0
MI	49267	2.0
MI	49268	5.0
MI	49269	2.0
MI	49270	3.0
MI	49271	9.0
MI	49272	2.1
MI	49274	10.0
MI	49275	2.0
MI	49276	6.1
MI	49277	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MI	49278	5.0
MI	49279	5.2
MI	49280	5.0
MI	49281	2.0
MI	49282	2.0
MI	49283	1.0
MI	49284	2.0
MI	49285	3.0
MI	49286	4.2
MI	49287	6.1
MI	49288	10.0
MI	49289	4.2
MI	49301	2.0
MI	49302	1.0
MI	49303	2.0
MI	49304	10.0
MI	49305	10.5
MI	49306	1.0
MI	49307	4.0
MI	49309	6.1
MI	49310	4.0
MI	49311	2.0
MI	49312	6.1
MI	49314	2.0
MI	49315	1.0
MI	49316	2.0
MI	49317	1.0
MI	49318	2.0
MI	49319	2.0
MI	49320	5.0
MI	49321	1.0
MI	49322	2.0
MI	49323	2.0
MI	49325	2.0
MI	49326	2.0
MI	49327	2.0
MI	49328	2.0
MI	49329	2.0
MI	49330	2.0
MI	49331	2.0
MI	49332	6.0
MI	49333	2.0
MI	49335	2.0
MI	49336	3.0
MI	49337	2.0
MI	49338	5.0
MI	49339	2.0
MI	49340	6.0
MI	49341	1.0
MI	49342	5.0
MI	49343	2.0
MI	49344	2.0
MI	49345	2.0
MI	49346	5.1
MI	49347	2.0
MI	49348	2.0
MI	49349	10.4
MI	49351	1.0
MI	49355	2.0
MI	49356	2.0
MI	49357	2.0
MI	49401	1.0
MI	49402	8.0
MI	49403	2.0
MI	49404	2.0
MI	49405	8.0
MI	49406	2.0
MI	49408	2.0
MI	49409	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MI	49410	9.0
MI	49411	9.0
MI	49412	7.0
MI	49413	7.0
MI	49415	1.0
MI	49416	2.0
MI	49417	1.0
MI	49418	1.0
MI	49419	2.0
MI	49420	10.0
MI	49421	10.4
MI	49422	1.0
MI	49423	1.0
MI	49424	1.0
MI	49425	2.0
MI	49426	1.0
MI	49427	1.0
MI	49428	1.0
MI	49429	1.0
MI	49430	2.0
MI	49431	7.0
MI	49434	1.0
MI	49435	2.0
MI	49436	10.0
MI	49437	7.1
MI	49440	1.0
MI	49441	1.0
MI	49442	1.0
MI	49443	1.0
MI	49444	1.0
MI	49445	1.0
MI	49446	10.6
MI	49448	2.1
MI	49449	10.0
MI	49450	3.0
MI	49451	2.1
MI	49452	10.6
MI	49453	2.0
MI	49454	8.0
MI	49455	10.6
MI	49456	1.0
MI	49457	2.0
MI	49458	8.0
MI	49459	10.4
MI	49460	2.0
MI	49461	7.1
MI	49463	7.1
MI	49464	1.0
MI	49468	1.0
MI	49501	1.0
MI	49502	1.0
MI	49503	1.0
MI	49504	1.0
MI	49505	1.0
MI	49506	1.0
MI	49507	1.0
MI	49508	1.0
MI	49509	1.0
MI	49510	1.0
MI	49512	1.0
MI	49514	1.0
MI	49515	1.0
MI	49516	1.0
MI	49518	1.0
MI	49519	1.0
MI	49523	1.0
MI	49525	1.0
MI	49528	1.0
MI	49530	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MI	49534	1.0
MI	49544	1.0
MI	49546	1.0
MI	49548	1.0
MI	49550	1.0
MI	49555	1.0
MI	49560	1.0
MI	49588	1.0
MI	49599	1.0
MI	49601	5.0
MI	49610	4.0
MI	49611	10.0
MI	49612	10.5
MI	49613	10.6
MI	49614	10.6
MI	49615	10.0
MI	49616	10.0
MI	49617	6.0
MI	49618	5.0
MI	49619	8.0
MI	49620	5.0
MI	49621	5.0
MI	49622	10.0
MI	49623	9.0
MI	49625	10.5
MI	49626	7.0
MI	49627	10.0
MI	49628	10.0
MI	49629	5.0
MI	49630	10.5
MI	49631	10.6
MI	49632	10.5
MI	49633	5.0
MI	49634	7.0
MI	49635	10.0
MI	49636	10.5
MI	49637	4.0
MI	49638	5.0
MI	49639	10.0
MI	49640	6.0
MI	49642	9.0
MI	49643	5.0
MI	49644	9.0
MI	49645	10.5
MI	49646	9.2
MI	49648	5.0
MI	49649	5.0
MI	49650	5.0
MI	49651	5.0
MI	49653	10.5
MI	49654	10.5
MI	49655	5.0
MI	49656	9.0
MI	49657	5.0
MI	49659	10.0
MI	49660	7.0
MI	49663	5.0
MI	49664	5.0
MI	49665	10.5
MI	49666	5.0
MI	49667	10.5
MI	49668	5.0
MI	49670	10.5
MI	49673	4.0
MI	49674	10.2
MI	49675	10.6
MI	49676	9.2
MI	49677	7.4
MI	49679	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MI	49680	5.0
MI	49682	10.2
MI	49683	5.0
MI	49684	4.0
MI	49685	4.0
MI	49686	4.0
MI	49688	5.0
MI	49689	10.6
MI	49690	4.0
MI	49696	4.0
MI	49701	9.0
MI	49705	10.6
MI	49706	8.0
MI	49707	4.0
MI	49709	10.0
MI	49710	5.0
MI	49711	9.0
MI	49712	7.0
MI	49713	10.6
MI	49715	5.0
MI	49716	8.0
MI	49717	8.0
MI	49718	9.0
MI	49719	10.0
MI	49720	9.0
MI	49721	7.0
MI	49722	8.0
MI	49723	10.3
MI	49724	5.0
MI	49725	10.0
MI	49726	10.0
MI	49727	9.0
MI	49728	10.6
MI	49729	10.0
MI	49730	8.0
MI	49733	9.0
MI	49734	8.0
MI	49735	8.0
MI	49736	5.0
MI	49737	10.3
MI	49738	7.0
MI	49739	7.0
MI	49740	10.3
MI	49743	10.6
MI	49744	5.0
MI	49745	10.0
MI	49746	10.5
MI	49747	5.0
MI	49748	10.6
MI	49749	9.0
MI	49751	8.0
MI	49752	5.0
MI	49753	5.0
MI	49755	8.0
MI	49756	10.0
MI	49757	10.6
MI	49759	10.6
MI	49760	10.6
MI	49761	7.0
MI	49762	10.0
MI	49764	8.0
MI	49765	10.0
MI	49766	4.0
MI	49768	10.6
MI	49769	8.0
MI	49770	8.0
MI	49774	5.0
MI	49775	7.0
MI	49776	6.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MI	49777	5.0
MI	49778	5.0
MI	49779	7.0
MI	49780	5.0
MI	49781	7.0
MI	49782	10.0
MI	49783	4.0
MI	49784	4.0
MI	49785	5.0
MI	49786	5.0
MI	49788	5.0
MI	49790	5.0
MI	49791	9.0
MI	49792	10.6
MI	49793	5.0
MI	49795	8.0
MI	49796	7.0
MI	49797	8.0
MI	49799	10.6
MI	49801	4.0
MI	49802	4.0
MI	49805	7.2
MI	49806	10.0
MI	49807	5.0
MI	49808	4.0
MI	49812	10.5
MI	49814	6.0
MI	49815	5.0
MI	49816	10.0
MI	49817	8.0
MI	49818	5.0
MI	49819	5.0
MI	49820	10.6
MI	49821	5.0
MI	49822	10.0
MI	49825	10.0
MI	49826	10.0
MI	49827	10.6
MI	49829	4.0
MI	49831	5.0
MI	49833	5.0
MI	49834	5.0
MI	49835	10.5
MI	49836	10.3
MI	49837	4.0
MI	49838	10.6
MI	49839	10.0
MI	49840	10.3
MI	49841	5.0
MI	49845	10.5
MI	49847	10.0
MI	49848	5.0
MI	49849	4.0
MI	49852	5.0
MI	49853	8.0
MI	49854	7.0
MI	49855	4.0
MI	49858	4.0
MI	49861	4.0
MI	49862	10.0
MI	49863	10.5
MI	49864	5.0
MI	49865	4.0
MI	49866	4.0
MI	49868	7.0
MI	49870	5.0
MI	49871	4.0
MI	49872	5.0
MI	49873	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
MI	49874	10.0	MN	55006	2.0	MN	55092	2.0
MI	49876	5.0	MN	55007	10.4	MN	55101	1.0
MI	49877	5.0	MN	55008	7.3	MN	55102	1.0
MI	49878	5.0	MN	55009	7.1	MN	55103	1.0
MI	49879	6.0	MN	55010	2.0	MN	55104	1.0
MI	49880	5.0	MN	55011	2.0	MN	55105	1.0
MI	49881	5.0	MN	55012	2.0	MN	55106	1.0
MI	49883	10.3	MN	55013	2.0	MN	55107	1.0
MI	49884	10.0	MN	55014	1.0	MN	55108	1.0
MI	49885	5.0	MN	55016	1.0	MN	55109	1.0
MI	49886	10.0	MN	55017	2.0	MN	55110	1.0
MI	49887	5.0	MN	55018	2.0	MN	55111	1.0
MI	49891	10.0	MN	55019	4.2	MN	55112	1.0
MI	49892	5.0	MN	55020	2.0	MN	55113	1.0
MI	49893	5.0	MN	55021	4.2	MN	55114	1.0
MI	49894	4.0	MN	55024	1.0	MN	55115	1.0
MI	49895	10.0	MN	55025	2.0	MN	55116	1.0
MI	49896	10.5	MN	55026	5.0	MN	55117	1.0
MI	49901	7.2	MN	55027	5.0	MN	55118	1.0
MI	49902	10.6	MN	55029	7.3	MN	55119	1.0
MI	49903	10.6	MN	55030	8.3	MN	55120	1.0
MI	49905	5.0	MN	55031	2.0	MN	55121	1.0
MI	49908	10.0	MN	55032	2.0	MN	55122	1.0
MI	49910	10.0	MN	55033	2.0	MN	55123	1.0
MI	49911	10.6	MN	55036	3.0	MN	55124	1.0
MI	49912	10.0	MN	55037	10.4	MN	55125	1.0
MI	49913	7.2	MN	55038	1.0	MN	55126	1.0
MI	49915	7.0	MN	55040	2.0	MN	55127	1.0
MI	49916	5.0	MN	55041	7.4	MN	55128	1.0
MI	49917	7.2	MN	55042	1.0	MN	55129	1.0
MI	49918	10.5	MN	55043	2.0	MN	55133	1.0
MI	49919	10.0	MN	55044	1.0	MN	55144	1.0
MI	49920	10.6	MN	55045	2.0	MN	55145	1.0
MI	49921	4.0	MN	55046	2.0	MN	55146	1.0
MI	49922	4.0	MN	55047	2.0	MN	55150	1.0
MI	49925	10.0	MN	55049	5.0	MN	55155	1.0
MI	49927	7.0	MN	55051	8.3	MN	55161	1.0
MI	49929	10.0	MN	55052	5.2	MN	55164	1.0
MI	49930	4.0	MN	55053	5.0	MN	55165	1.0
MI	49931	4.0	MN	55054	2.0	MN	55166	1.0
MI	49934	5.0	MN	55055	1.0	MN	55168	1.0
MI	49935	7.0	MN	55056	2.0	MN	55169	1.0
MI	49938	7.0	MN	55057	4.2	MN	55170	1.0
MI	49942	7.2	MN	55060	4.0	MN	55171	1.0
MI	49945	5.0	MN	55063	3.0	MN	55172	1.0
MI	49946	10.0	MN	55065	2.0	MN	55175	1.0
MI	49947	10.0	MN	55066	4.0	MN	55177	1.0
MI	49948	10.0	MN	55067	3.0	MN	55182	1.0
MI	49950	10.5	MN	55068	1.0	MN	55187	1.0
MI	49952	5.0	MN	55069	2.0	MN	55188	1.0
MI	49953	10.0	MN	55070	2.0	MN	55190	1.0
MI	49955	5.0	MN	55071	1.0	MN	55191	1.0
MI	49958	10.0	MN	55072	10.0	MN	55199	1.0
MI	49959	10.6	MN	55073	2.0	MN	55301	2.0
MI	49960	10.0	MN	55074	2.0	MN	55302	3.0
MI	49961	10.0	MN	55075	1.0	MN	55303	1.0
MI	49962	10.0	MN	55076	1.0	MN	55304	1.0
MI	49963	5.0	MN	55077	1.0	MN	55305	1.0
MI	49964	7.0	MN	55078	2.0	MN	55306	1.0
MI	49965	5.0	MN	55079	2.0	MN	55307	10.4
MI	49967	10.0	MN	55080	2.0	MN	55308	2.0
MI	49968	10.6	MN	55082	2.0	MN	55309	2.0
MI	49969	10.0	MN	55083	2.0	MN	55310	10.0
MI	49970	10.0	MN	55084	2.0	MN	55311	1.0
MI	49971	10.0	MN	55085	2.0	MN	55312	6.0
MN	55001	2.0	MN	55087	5.0	MN	55313	2.0
MN	55002	2.0	MN	55088	2.0	MN	55314	10.5
MN	55003	2.0	MN	55089	5.0	MN	55315	2.0
MN	55005	2.0	MN	55090	1.0	MN	55316	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MN	55317	1.0
MN	55318	1.0
MN	55319	2.1
MN	55320	3.0
MN	55321	7.3
MN	55322	2.0
MN	55323	1.0
MN	55324	9.0
MN	55325	10.5
MN	55327	1.0
MN	55328	2.0
MN	55329	9.0
MN	55330	2.0
MN	55331	1.0
MN	55332	10.6
MN	55333	10.6
MN	55334	10.0
MN	55335	10.0
MN	55336	7.3
MN	55337	1.0
MN	55338	2.0
MN	55339	2.0
MN	55340	2.0
MN	55341	2.0
MN	55342	10.5
MN	55343	1.0
MN	55344	1.0
MN	55345	1.0
MN	55346	1.0
MN	55347	1.0
MN	55348	1.0
MN	55349	2.0
MN	55350	4.0
MN	55352	2.0
MN	55353	2.0
MN	55354	3.0
MN	55355	7.0
MN	55356	1.0
MN	55357	2.0
MN	55358	2.0
MN	55359	1.0
MN	55360	2.0
MN	55361	1.0
MN	55362	2.0
MN	55363	2.0
MN	55364	1.0
MN	55365	2.0
MN	55366	2.0
MN	55367	2.0
MN	55368	2.0
MN	55369	1.0
MN	55370	3.0
MN	55371	2.0
MN	55372	1.0
MN	55373	2.0
MN	55374	2.0
MN	55375	1.0
MN	55376	2.0
MN	55377	2.1
MN	55378	1.0
MN	55379	1.0
MN	55380	2.0
MN	55381	10.4
MN	55382	2.0
MN	55383	2.0
MN	55384	1.0
MN	55385	6.0
MN	55386	1.0
MN	55387	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MN	55388	2.0
MN	55389	9.0
MN	55390	2.0
MN	55391	1.0
MN	55392	1.0
MN	55393	1.0
MN	55394	2.0
MN	55395	10.4
MN	55396	10.0
MN	55397	2.0
MN	55398	2.0
MN	55399	2.0
MN	55401	1.0
MN	55402	1.0
MN	55403	1.0
MN	55404	1.0
MN	55405	1.0
MN	55406	1.0
MN	55407	1.0
MN	55408	1.0
MN	55409	1.0
MN	55410	1.0
MN	55411	1.0
MN	55412	1.0
MN	55413	1.0
MN	55414	1.0
MN	55415	1.0
MN	55416	1.0
MN	55417	1.0
MN	55418	1.0
MN	55419	1.0
MN	55420	1.0
MN	55421	1.0
MN	55422	1.0
MN	55423	1.0
MN	55424	1.0
MN	55425	1.0
MN	55426	1.0
MN	55427	1.0
MN	55428	1.0
MN	55429	1.0
MN	55430	1.0
MN	55431	1.0
MN	55432	1.0
MN	55433	1.0
MN	55434	1.0
MN	55435	1.0
MN	55436	1.0
MN	55437	1.0
MN	55438	1.0
MN	55439	1.0
MN	55440	1.0
MN	55441	1.0
MN	55442	1.0
MN	55443	1.0
MN	55444	1.0
MN	55445	1.0
MN	55446	1.0
MN	55447	1.0
MN	55448	1.0
MN	55449	1.0
MN	55450	1.0
MN	55454	1.0
MN	55455	1.0
MN	55458	1.0
MN	55459	1.0
MN	55460	1.0
MN	55467	1.0
MN	55468	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MN	55470	1.0
MN	55472	1.0
MN	55473	2.0
MN	55474	1.0
MN	55478	1.0
MN	55479	1.0
MN	55480	1.0
MN	55483	1.0
MN	55484	1.0
MN	55485	1.0
MN	55486	1.0
MN	55487	1.0
MN	55488	1.0
MN	55550	2.0
MN	55551	2.0
MN	55552	2.0
MN	55553	2.0
MN	55554	2.0
MN	55555	2.0
MN	55556	2.0
MN	55557	2.0
MN	55558	2.0
MN	55559	2.0
MN	55560	2.0
MN	55561	2.0
MN	55562	2.0
MN	55563	2.0
MN	55564	2.0
MN	55565	2.0
MN	55566	2.0
MN	55567	2.0
MN	55568	2.0
MN	55569	1.0
MN	55570	1.0
MN	55571	1.0
MN	55572	1.0
MN	55573	2.0
MN	55574	1.0
MN	55575	2.0
MN	55576	1.0
MN	55577	1.0
MN	55578	1.0
MN	55579	1.0
MN	55580	2.0
MN	55581	2.0
MN	55582	2.0
MN	55583	2.0
MN	55584	2.0
MN	55585	2.0
MN	55586	2.0
MN	55587	2.0
MN	55588	2.0
MN	55589	2.0
MN	55590	2.0
MN	55591	2.0
MN	55592	1.0
MN	55593	1.0
MN	55594	2.0
MN	55595	2.0
MN	55596	2.0
MN	55597	2.0
MN	55598	2.0
MN	55599	2.0
MN	55601	10.6
MN	55602	3.0
MN	55603	8.3
MN	55604	10.0
MN	55605	10.0
MN	55606	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MN	55607	8.3
MN	55609	7.3
MN	55612	10.0
MN	55613	10.0
MN	55614	10.6
MN	55615	10.0
MN	55616	7.3
MN	55701	1.0
MN	55702	3.0
MN	55703	6.0
MN	55704	10.0
MN	55705	10.5
MN	55706	10.6
MN	55707	10.5
MN	55708	5.0
MN	55709	8.0
MN	55710	5.0
MN	55711	3.0
MN	55712	10.0
MN	55713	7.4
MN	55716	8.0
MN	55717	3.0
MN	55718	4.2
MN	55719	7.4
MN	55720	4.2
MN	55721	8.0
MN	55722	8.0
MN	55723	6.0
MN	55724	3.0
MN	55725	10.5
MN	55726	6.0
MN	55730	7.0
MN	55731	7.0
MN	55732	5.0
MN	55733	2.0
MN	55734	4.0
MN	55735	10.0
MN	55736	3.0
MN	55738	6.1
MN	55741	5.0
MN	55742	8.0
MN	55744	7.0
MN	55745	7.0
MN	55746	4.0
MN	55747	4.0
MN	55748	10.6
MN	55749	4.2
MN	55750	5.0
MN	55751	5.0
MN	55752	10.0
MN	55753	10.5
MN	55756	10.0
MN	55757	6.0
MN	55758	7.4
MN	55760	10.4
MN	55763	3.0
MN	55764	8.0
MN	55765	6.1
MN	55766	3.0
MN	55767	10.5
MN	55768	4.0
MN	55769	10.5
MN	55771	10.5
MN	55772	10.5
MN	55775	8.0
MN	55777	4.0
MN	55779	2.0
MN	55780	5.0
MN	55781	6.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MN	55782	9.0
MN	55783	10.0
MN	55784	8.0
MN	55785	10.6
MN	55786	8.0
MN	55787	10.4
MN	55790	9.0
MN	55791	2.0
MN	55792	4.0
MN	55793	8.0
MN	55795	10.0
MN	55796	7.0
MN	55797	4.2
MN	55798	6.0
MN	55801	2.0
MN	55802	1.0
MN	55803	1.0
MN	55804	1.0
MN	55805	1.0
MN	55806	1.0
MN	55807	1.0
MN	55808	1.0
MN	55810	1.0
MN	55811	1.0
MN	55812	1.0
MN	55814	1.0
MN	55815	1.0
MN	55816	1.0
MN	55901	1.0
MN	55902	1.0
MN	55903	1.0
MN	55904	1.0
MN	55905	1.0
MN	55906	1.0
MN	55909	10.5
MN	55910	5.0
MN	55912	4.0
MN	55917	10.2
MN	55918	5.0
MN	55919	2.0
MN	55920	2.0
MN	55921	7.3
MN	55922	10.4
MN	55923	2.0
MN	55924	10.4
MN	55925	5.2
MN	55926	10.4
MN	55927	10.4
MN	55929	2.0
MN	55931	7.3
MN	55932	2.0
MN	55933	10.5
MN	55934	2.0
MN	55935	2.0
MN	55936	2.0
MN	55939	10.4
MN	55940	2.0
MN	55941	2.0
MN	55942	4.0
MN	55943	10.5
MN	55944	2.0
MN	55945	10.0
MN	55946	10.4
MN	55947	1.0
MN	55949	10.0
MN	55950	4.0
MN	55951	10.5
MN	55952	10.5
MN	55953	10.5

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MN	55954	10.0
MN	55955	2.0
MN	55956	2.0
MN	55957	2.0
MN	55959	5.0
MN	55960	2.0
MN	55961	10.1
MN	55962	10.5
MN	55963	2.0
MN	55964	7.1
MN	55965	10.4
MN	55967	2.0
MN	55968	10.0
MN	55969	5.0
MN	55970	5.0
MN	55971	10.5
MN	55972	2.0
MN	55973	10.4
MN	55974	10.6
MN	55975	10.1
MN	55976	2.0
MN	55977	10.5
MN	55979	10.5
MN	55981	10.0
MN	55982	10.4
MN	55983	7.3
MN	55985	10.4
MN	55987	4.0
MN	55988	4.0
MN	55990	2.0
MN	55991	2.0
MN	55992	7.3
MN	56001	4.0
MN	56002	4.0
MN	56003	4.0
MN	56006	4.0
MN	56007	4.0
MN	56009	5.0
MN	56010	10.2
MN	56011	2.0
MN	56013	7.0
MN	56014	10.6
MN	56016	5.0
MN	56017	5.0
MN	56019	10.0
MN	56020	5.0
MN	56021	5.0
MN	56022	10.5
MN	56023	10.6
MN	56024	4.0
MN	56025	10.0
MN	56026	10.2
MN	56027	8.0
MN	56028	10.6
MN	56029	5.0
MN	56030	4.0
MN	56031	4.0
MN	56032	5.0
MN	56033	10.6
MN	56034	5.0
MN	56035	6.0
MN	56036	5.0
MN	56037	10.2
MN	56039	5.0
MN	56041	5.0
MN	56042	5.0
MN	56043	5.0
MN	56044	2.0
MN	56045	6.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
MN	56046	5.0	MN	56146	10.4	MN	56245	10.6
MN	56047	8.0	MN	56147	10.4	MN	56248	10.0
MN	56048	6.0	MN	56149	10.5	MN	56249	7.0
MN	56050	5.0	MN	56150	10.6	MN	56251	5.0
MN	56051	10.6	MN	56151	10.0	MN	56252	10.2
MN	56052	7.3	MN	56152	10.0	MN	56253	5.0
MN	56054	5.0	MN	56153	10.5	MN	56255	10.5
MN	56055	5.0	MN	56155	10.5	MN	56256	10.0
MN	56056	7.0	MN	56156	7.0	MN	56257	10.0
MN	56057	10.5	MN	56157	5.0	MN	56258	4.0
MN	56058	7.3	MN	56158	10.4	MN	56260	7.0
MN	56060	10.6	MN	56159	10.6	MN	56262	10.6
MN	56062	10.5	MN	56160	10.6	MN	56263	10.5
MN	56063	4.0	MN	56161	10.5	MN	56264	10.2
MN	56065	10.2	MN	56162	10.6	MN	56265	7.0
MN	56068	10.0	MN	56164	7.0	MN	56266	10.6
MN	56069	7.3	MN	56165	5.0	MN	56267	7.0
MN	56071	2.0	MN	56166	10.0	MN	56270	10.6
MN	56072	10.6	MN	56167	10.2	MN	56271	10.2
MN	56073	4.0	MN	56168	5.0	MN	56273	5.0
MN	56074	5.0	MN	56169	5.0	MN	56274	10.0
MN	56075	5.0	MN	56170	8.0	MN	56276	10.0
MN	56078	10.2	MN	56171	10.2	MN	56277	10.0
MN	56080	5.0	MN	56172	10.0	MN	56278	10.6
MN	56081	7.0	MN	56173	10.4	MN	56279	4.0
MN	56082	4.0	MN	56174	10.6	MN	56280	10.5
MN	56083	10.0	MN	56175	10.5	MN	56281	5.0
MN	56084	4.0	MN	56176	10.5	MN	56282	5.0
MN	56085	7.4	MN	56177	7.0	MN	56283	7.0
MN	56087	10.0	MN	56178	10.5	MN	56284	10.6
MN	56088	10.5	MN	56180	10.5	MN	56285	10.0
MN	56089	5.0	MN	56181	5.0	MN	56287	10.6
MN	56090	10.2	MN	56183	10.6	MN	56288	5.0
MN	56091	10.6	MN	56185	10.5	MN	56289	5.0
MN	56093	7.4	MN	56186	10.6	MN	56291	10.2
MN	56096	10.6	MN	56187	4.0	MN	56292	10.5
MN	56097	10.0	MN	56201	4.0	MN	56293	10.6
MN	56098	10.6	MN	56207	8.0	MN	56294	10.6
MN	56101	7.0	MN	56208	7.0	MN	56295	10.6
MN	56110	10.5	MN	56209	5.0	MN	56296	10.0
MN	56111	8.0	MN	56210	10.0	MN	56297	10.6
MN	56113	10.5	MN	56211	10.0	MN	56301	1.0
MN	56114	10.0	MN	56212	10.0	MN	56302	1.0
MN	56115	5.0	MN	56214	10.6	MN	56303	1.0
MN	56116	10.4	MN	56215	7.0	MN	56304	1.0
MN	56117	10.2	MN	56216	5.0	MN	56307	10.1
MN	56118	7.0	MN	56218	10.6	MN	56308	4.0
MN	56119	5.0	MN	56219	10.0	MN	56309	10.5
MN	56120	10.6	MN	56220	10.0	MN	56310	2.0
MN	56121	5.0	MN	56221	8.0	MN	56311	10.0
MN	56122	10.0	MN	56222	10.5	MN	56312	10.0
MN	56123	10.0	MN	56223	10.5	MN	56313	10.4
MN	56125	10.0	MN	56224	10.6	MN	56314	10.4
MN	56127	5.0	MN	56225	10.0	MN	56315	5.0
MN	56128	10.6	MN	56226	10.3	MN	56316	10.0
MN	56129	10.2	MN	56227	10.0	MN	56317	10.4
MN	56131	10.0	MN	56228	10.6	MN	56318	9.0
MN	56132	5.0	MN	56229	10.2	MN	56319	4.0
MN	56134	10.4	MN	56230	10.0	MN	56320	2.0
MN	56136	10.5	MN	56231	10.3	MN	56321	1.0
MN	56137	10.5	MN	56232	10.6	MN	56323	10.6
MN	56138	10.4	MN	56235	8.0	MN	56324	5.0
MN	56139	8.0	MN	56236	10.0	MN	56325	10.0
MN	56140	8.0	MN	56237	10.6	MN	56326	5.0
MN	56141	10.0	MN	56239	5.0	MN	56327	5.0
MN	56142	10.5	MN	56240	10.0	MN	56328	8.0
MN	56143	7.0	MN	56241	7.0	MN	56329	2.0
MN	56144	8.0	MN	56243	10.6	MN	56330	10.4
MN	56145	10.6	MN	56244	7.0	MN	56331	10.6

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
MN	56332	5.0
MN	56333	2.0
MN	56334	10.5
MN	56335	7.3
MN	56336	10.6
MN	56338	10.6
MN	56339	10.0
MN	56340	2.0
MN	56341	5.0
MN	56342	10.4
MN	56343	5.0
MN	56344	10.4
MN	56345	7.3
MN	56347	7.0
MN	56349	10.0
MN	56350	10.0
MN	56352	7.3
MN	56353	10.4
MN	56354	5.0
MN	56355	4.0
MN	56356	7.3
MN	56357	2.0
MN	56358	9.1
MN	56359	10.0
MN	56360	5.0
MN	56361	10.5
MN	56362	10.4
MN	56363	10.4
MN	56364	10.4
MN	56367	1.0
MN	56368	3.0
MN	56369	1.0
MN	56371	3.0
MN	56372	1.0
MN	56373	8.3
MN	56374	1.0
MN	56375	2.0
MN	56376	10.4
MN	56377	1.0
MN	56378	7.0
MN	56379	1.0
MN	56381	10.0
MN	56382	10.4
MN	56384	10.4
MN	56385	10.0
MN	56386	10.4
MN	56387	1.0
MN	56388	1.0
MN	56389	10.6
MN	56393	1.0
MN	56395	1.0
MN	56396	1.0
MN	56397	1.0
MN	56398	1.0
MN	56399	1.0
MN	56401	4.0
MN	56425	4.0
MN	56430	10.0
MN	56431	10.0
MN	56433	8.0
MN	56434	10.6
MN	56435	10.0
MN	56436	5.0
MN	56437	10.6
MN	56438	10.6
MN	56440	10.6
MN	56441	7.4
MN	56442	10.5
MN	56443	10.5

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
MN	56444	5.0
MN	56446	10.6
MN	56447	10.5
MN	56448	10.5
MN	56449	5.0
MN	56450	10.0
MN	56452	10.0
MN	56453	10.6
MN	56455	5.0
MN	56456	10.5
MN	56458	8.0
MN	56459	5.0
MN	56461	5.0
MN	56464	10.6
MN	56465	5.0
MN	56466	10.5
MN	56467	8.0
MN	56468	5.0
MN	56469	10.6
MN	56470	8.0
MN	56472	5.0
MN	56473	5.0
MN	56474	10.5
MN	56475	8.0
MN	56477	10.6
MN	56478	10.6
MN	56479	7.0
MN	56481	10.6
MN	56482	7.0
MN	56484	10.0
MN	56501	7.0
MN	56502	7.0
MN	56510	10.4
MN	56511	8.0
MN	56514	2.0
MN	56515	6.0
MN	56516	10.0
MN	56517	8.0
MN	56518	10.0
MN	56519	10.4
MN	56520	4.0
MN	56521	10.6
MN	56522	5.0
MN	56523	8.3
MN	56524	10.5
MN	56525	2.0
MN	56527	10.6
MN	56528	6.0
MN	56529	1.0
MN	56531	10.5
MN	56533	5.0
MN	56534	6.0
MN	56535	10.6
MN	56536	2.0
MN	56537	4.0
MN	56538	4.0
MN	56540	8.0
MN	56541	10.0
MN	56542	10.0
MN	56543	5.0
MN	56544	8.0
MN	56545	10.0
MN	56546	2.0
MN	56547	2.0
MN	56548	10.4
MN	56549	2.0
MN	56550	10.4
MN	56551	10.6
MN	56552	2.0

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
MN	56553	5.0
MN	56554	3.0
MN	56556	10.6
MN	56557	10.0
MN	56560	1.0
MN	56561	1.0
MN	56562	1.0
MN	56563	1.0
MN	56565	5.0
MN	56566	10.0
MN	56567	10.0
MN	56568	8.3
MN	56569	10.6
MN	56570	8.0
MN	56571	10.0
MN	56572	10.0
MN	56573	10.0
MN	56574	10.4
MN	56575	10.6
MN	56576	10.0
MN	56577	8.0
MN	56578	8.0
MN	56579	5.0
MN	56580	2.0
MN	56581	10.4
MN	56583	10.0
MN	56584	10.0
MN	56585	2.0
MN	56586	10.2
MN	56587	10.0
MN	56588	10.5
MN	56589	10.0
MN	56590	10.5
MN	56591	10.6
MN	56592	10.6
MN	56593	8.0
MN	56594	5.0
MN	56601	4.0
MN	56619	4.0
MN	56621	10.5
MN	56623	10.0
MN	56626	10.0
MN	56627	8.0
MN	56628	10.6
MN	56629	8.0
MN	56630	10.2
MN	56631	8.0
MN	56633	10.0
MN	56634	10.0
MN	56636	8.0
MN	56637	10.6
MN	56639	10.6
MN	56641	10.0
MN	56644	10.0
MN	56646	10.0
MN	56647	10.2
MN	56649	7.0
MN	56650	10.0
MN	56651	10.0
MN	56652	10.0
MN	56653	8.0
MN	56654	8.0
MN	56655	10.0
MN	56657	9.0
MN	56658	8.0
MN	56659	10.0
MN	56660	8.0
MN	56661	8.0
MN	56662	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MN	56663	10.2
MN	56666	10.0
MN	56667	10.2
MN	56668	8.0
MN	56669	8.0
MN	56670	10.0
MN	56671	10.0
MN	56672	10.6
MN	56673	10.3
MN	56676	10.5
MN	56678	5.0
MN	56679	7.0
MN	56680	10.6
MN	56681	10.0
MN	56682	10.3
MN	56683	5.0
MN	56684	10.0
MN	56685	10.0
MN	56686	10.0
MN	56687	4.0
MN	56688	10.6
MN	56701	7.0
MN	56710	10.4
MN	56711	10.0
MN	56713	10.4
MN	56714	8.0
MN	56715	10.6
MN	56716	7.0
MN	56720	10.0
MN	56721	1.0
MN	56722	2.0
MN	56723	8.3
MN	56724	10.3
MN	56725	8.0
MN	56726	10.3
MN	56727	10.3
MN	56728	10.0
MN	56729	10.0
MN	56731	10.0
MN	56732	10.0
MN	56733	10.0
MN	56734	10.0
MN	56735	10.0
MN	56736	10.6
MN	56737	10.3
MN	56738	8.0
MN	56740	10.0
MN	56741	10.0
MN	56742	10.6
MN	56744	10.4
MN	56748	10.6
MN	56750	10.6
MN	56751	7.0
MN	56754	8.0
MN	56755	10.0
MN	56756	10.3
MN	56757	10.4
MN	56758	8.0
MN	56759	10.3
MN	56760	8.0
MN	56761	10.3
MN	56762	10.4
MN	56763	10.6
MO	63001	2.0
MO	63005	1.0
MO	63006	1.0
MO	63010	1.0
MO	63011	1.0
MO	63012	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MO	63013	6.1
MO	63014	10.5
MO	63015	2.0
MO	63016	2.0
MO	63017	1.0
MO	63019	1.0
MO	63020	2.0
MO	63021	1.0
MO	63022	1.0
MO	63023	2.0
MO	63024	1.0
MO	63025	2.0
MO	63026	1.0
MO	63028	1.0
MO	63030	2.0
MO	63031	1.0
MO	63032	1.0
MO	63033	1.0
MO	63034	1.0
MO	63036	3.0
MO	63037	3.0
MO	63038	2.0
MO	63039	2.0
MO	63040	1.0
MO	63041	2.0
MO	63042	1.0
MO	63043	1.0
MO	63044	1.0
MO	63045	1.0
MO	63047	1.0
MO	63048	1.0
MO	63049	1.0
MO	63050	2.0
MO	63051	1.0
MO	63052	1.0
MO	63053	1.0
MO	63055	2.0
MO	63056	6.1
MO	63057	1.0
MO	63060	2.0
MO	63061	2.0
MO	63065	2.0
MO	63066	2.0
MO	63068	10.5
MO	63069	2.0
MO	63070	1.0
MO	63071	3.0
MO	63072	2.0
MO	63073	2.0
MO	63074	1.0
MO	63077	2.0
MO	63079	7.3
MO	63080	7.3
MO	63084	7.3
MO	63087	3.0
MO	63088	1.0
MO	63089	2.0
MO	63090	4.2
MO	63091	8.0
MO	63099	1.0
MO	63101	1.0
MO	63102	1.0
MO	63103	1.0
MO	63104	1.0
MO	63105	1.0
MO	63106	1.0
MO	63107	1.0
MO	63108	1.0
MO	63109	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MO	63110	1.0
MO	63111	1.0
MO	63112	1.0
MO	63113	1.0
MO	63114	1.0
MO	63115	1.0
MO	63116	1.0
MO	63117	1.0
MO	63118	1.0
MO	63119	1.0
MO	63120	1.0
MO	63121	1.0
MO	63122	1.0
MO	63123	1.0
MO	63124	1.0
MO	63125	1.0
MO	63126	1.0
MO	63127	1.0
MO	63128	1.0
MO	63129	1.0
MO	63130	1.0
MO	63131	1.0
MO	63132	1.0
MO	63133	1.0
MO	63134	1.0
MO	63135	1.0
MO	63136	1.0
MO	63137	1.0
MO	63138	1.0
MO	63139	1.0
MO	63140	1.0
MO	63141	1.0
MO	63143	1.0
MO	63144	1.0
MO	63145	1.0
MO	63146	1.0
MO	63147	1.0
MO	63150	1.0
MO	63151	1.0
MO	63155	1.0
MO	63156	1.0
MO	63157	1.0
MO	63158	1.0
MO	63160	1.0
MO	63163	1.0
MO	63164	1.0
MO	63166	1.0
MO	63167	1.0
MO	63169	1.0
MO	63171	1.0
MO	63177	1.0
MO	63178	1.0
MO	63179	1.0
MO	63180	1.0
MO	63182	1.0
MO	63188	1.0
MO	63190	1.0
MO	63195	1.0
MO	63196	1.0
MO	63197	1.0
MO	63198	1.0
MO	63199	1.0
MO	63301	1.0
MO	63302	1.0
MO	63303	1.0
MO	63304	1.0
MO	63330	10.4
MO	63332	2.0
MO	63333	10.4

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
MO	63334	7.0
MO	63336	10.4
MO	63338	1.0
MO	63339	7.0
MO	63341	2.0
MO	63342	2.0
MO	63343	2.0
MO	63344	10.4
MO	63345	5.0
MO	63346	1.0
MO	63347	2.0
MO	63348	2.0
MO	63349	2.0
MO	63350	10.4
MO	63351	10.4
MO	63352	5.0
MO	63353	7.0
MO	63357	2.0
MO	63359	10.0
MO	63361	10.0
MO	63362	2.0
MO	63363	10.6
MO	63365	1.0
MO	63366	1.0
MO	63367	1.0
MO	63368	1.0
MO	63369	2.0
MO	63370	2.0
MO	63373	2.0
MO	63376	1.0
MO	63377	2.0
MO	63378	2.0
MO	63379	2.0
MO	63381	7.1
MO	63382	7.4
MO	63383	7.1
MO	63384	10.0
MO	63385	1.0
MO	63386	2.0
MO	63387	2.0
MO	63388	5.0
MO	63389	2.0
MO	63390	2.0
MO	63401	4.0
MO	63430	5.0
MO	63431	8.0
MO	63432	10.0
MO	63433	10.6
MO	63434	10.0
MO	63435	10.5
MO	63436	5.0
MO	63437	10.6
MO	63438	10.2
MO	63439	10.0
MO	63440	10.2
MO	63441	10.6
MO	63442	10.0
MO	63443	10.0
MO	63445	10.5
MO	63446	10.0
MO	63447	10.5
MO	63448	5.0
MO	63450	10.6
MO	63451	10.6
MO	63452	10.5
MO	63453	10.0
MO	63454	5.0
MO	63456	10.0
MO	63457	10.2

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
MO	63458	10.0
MO	63459	5.0
MO	63460	10.0
MO	63461	7.4
MO	63462	10.0
MO	63463	10.0
MO	63464	10.0
MO	63465	5.0
MO	63466	5.0
MO	63467	4.0
MO	63468	10.0
MO	63469	10.0
MO	63471	5.0
MO	63472	5.0
MO	63473	10.5
MO	63474	10.0
MO	63501	4.0
MO	63530	10.5
MO	63531	10.5
MO	63532	8.0
MO	63533	5.0
MO	63534	10.6
MO	63535	5.0
MO	63536	10.5
MO	63537	10.5
MO	63538	10.6
MO	63539	10.6
MO	63540	5.0
MO	63541	5.0
MO	63543	10.0
MO	63544	10.0
MO	63545	10.0
MO	63546	5.0
MO	63547	10.5
MO	63548	10.5
MO	63549	10.5
MO	63551	10.0
MO	63552	7.0
MO	63555	10.0
MO	63556	10.0
MO	63557	8.0
MO	63558	10.6
MO	63559	5.0
MO	63560	10.0
MO	63561	5.0
MO	63563	10.0
MO	63565	10.0
MO	63566	8.0
MO	63567	10.0
MO	63601	4.0
MO	63620	10.0
MO	63621	9.0
MO	63622	10.6
MO	63623	10.0
MO	63624	6.0
MO	63625	10.0
MO	63626	2.0
MO	63627	2.0
MO	63628	3.0
MO	63629	10.0
MO	63630	2.0
MO	63631	10.6
MO	63632	10.0
MO	63633	10.0
MO	63636	10.0
MO	63637	5.0
MO	63638	10.0
MO	63640	4.0
MO	63645	8.0

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
MO	63648	9.0
MO	63650	7.4
MO	63651	4.0
MO	63653	4.0
MO	63654	10.0
MO	63655	8.0
MO	63656	10.0
MO	63660	9.0
MO	63661	7.3
MO	63662	5.0
MO	63663	7.4
MO	63664	7.1
MO	63665	10.0
MO	63666	10.0
MO	63670	7.3
MO	63673	8.0
MO	63674	2.0
MO	63675	10.0
MO	63701	4.0
MO	63702	4.0
MO	63703	4.0
MO	63705	4.0
MO	63730	10.5
MO	63732	8.0
MO	63735	10.5
MO	63736	5.0
MO	63737	8.0
MO	63738	10.5
MO	63739	5.0
MO	63740	5.0
MO	63742	5.0
MO	63743	5.0
MO	63744	5.0
MO	63745	4.0
MO	63746	8.0
MO	63747	5.0
MO	63748	8.0
MO	63750	6.0
MO	63751	10.2
MO	63752	4.0
MO	63755	4.0
MO	63758	5.0
MO	63760	10.2
MO	63763	6.0
MO	63764	10.2
MO	63766	5.0
MO	63767	5.0
MO	63769	5.0
MO	63770	5.0
MO	63771	10.5
MO	63772	10.5
MO	63774	10.5
MO	63775	8.0
MO	63776	8.0
MO	63779	4.0
MO	63780	5.0
MO	63781	5.0
MO	63782	6.0
MO	63783	8.0
MO	63784	4.0
MO	63785	5.0
MO	63787	6.0
MO	63801	4.0
MO	63820	7.4
MO	63821	10.5
MO	63822	10.6
MO	63823	6.0
MO	63824	4.0
MO	63825	8.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
MO	63826	7.4	MO	63964	10.0	MO	64096	10.4
MO	63827	10.6	MO	63965	10.0	MO	64097	2.0
MO	63828	5.0	MO	63966	6.0	MO	64098	2.0
MO	63829	10.5	MO	63967	5.0	MO	64101	1.0
MO	63830	7.0	MO	64001	7.3	MO	64102	1.0
MO	63833	10.6	MO	64011	2.0	MO	64105	1.0
MO	63834	7.4	MO	64012	1.0	MO	64106	1.0
MO	63837	6.0	MO	64013	1.0	MO	64108	1.0
MO	63839	7.4	MO	64014	1.0	MO	64109	1.0
MO	63840	10.6	MO	64015	1.0	MO	64110	1.0
MO	63841	7.0	MO	64016	2.0	MO	64111	1.0
MO	63845	7.4	MO	64017	2.0	MO	64112	1.0
MO	63846	9.0	MO	64018	2.0	MO	64113	1.0
MO	63847	6.0	MO	64019	4.2	MO	64114	1.0
MO	63848	10.6	MO	64020	10.4	MO	64116	1.0
MO	63849	10.6	MO	64021	7.3	MO	64117	1.0
MO	63850	9.0	MO	64022	9.1	MO	64118	1.0
MO	63851	7.0	MO	64024	2.0	MO	64119	1.0
MO	63852	6.0	MO	64028	2.0	MO	64120	1.0
MO	63853	7.4	MO	64029	1.0	MO	64121	1.0
MO	63855	10.5	MO	64030	1.0	MO	64123	1.0
MO	63857	4.0	MO	64034	1.0	MO	64124	1.0
MO	63860	7.0	MO	64035	2.0	MO	64125	1.0
MO	63862	10.0	MO	64036	2.0	MO	64126	1.0
MO	63863	7.0	MO	64037	7.3	MO	64127	1.0
MO	63866	10.6	MO	64040	2.0	MO	64128	1.0
MO	63867	5.0	MO	64048	2.0	MO	64129	1.0
MO	63868	5.0	MO	64050	1.0	MO	64130	1.0
MO	63869	7.0	MO	64051	1.0	MO	64131	1.0
MO	63870	10.6	MO	64052	1.0	MO	64132	1.0
MO	63873	7.0	MO	64053	1.0	MO	64133	1.0
MO	63874	10.6	MO	64054	1.0	MO	64134	1.0
MO	63875	10.5	MO	64055	1.0	MO	64136	1.0
MO	63876	10.5	MO	64056	1.0	MO	64137	1.0
MO	63877	7.4	MO	64057	1.0	MO	64138	1.0
MO	63878	7.0	MO	64058	1.0	MO	64139	1.0
MO	63879	10.6	MO	64060	2.0	MO	64141	1.0
MO	63880	6.0	MO	64061	2.0	MO	64142	1.0
MO	63881	7.4	MO	64062	2.0	MO	64144	1.0
MO	63882	7.4	MO	64063	2.0	MO	64145	1.0
MO	63901	4.0	MO	64064	1.0	MO	64146	1.0
MO	63902	4.0	MO	64065	1.0	MO	64147	1.0
MO	63931	10.0	MO	64066	2.0	MO	64148	1.0
MO	63932	5.0	MO	64067	9.1	MO	64149	1.0
MO	63933	10.6	MO	64068	1.0	MO	64150	1.0
MO	63934	6.0	MO	64069	1.0	MO	64151	1.0
MO	63935	10.5	MO	64070	2.0	MO	64152	1.0
MO	63936	10.6	MO	64071	7.3	MO	64153	1.0
MO	63937	10.2	MO	64072	1.0	MO	64154	1.0
MO	63938	5.0	MO	64073	1.0	MO	64155	1.0
MO	63939	5.0	MO	64074	2.0	MO	64156	1.0
MO	63940	5.0	MO	64075	2.0	MO	64157	2.0
MO	63941	10.0	MO	64076	2.0	MO	64158	1.0
MO	63942	10.0	MO	64077	2.0	MO	64160	1.0
MO	63943	10.2	MO	64078	2.0	MO	64161	1.0
MO	63944	10.0	MO	64079	2.0	MO	64163	2.0
MO	63945	5.0	MO	64080	2.0	MO	64164	2.0
MO	63950	6.0	MO	64081	2.0	MO	64165	2.0
MO	63951	6.0	MO	64082	1.0	MO	64166	2.0
MO	63952	5.0	MO	64083	1.0	MO	64167	2.0
MO	63953	10.0	MO	64084	2.0	MO	64168	1.0
MO	63954	5.0	MO	64085	7.1	MO	64170	1.0
MO	63955	10.0	MO	64086	2.0	MO	64171	1.0
MO	63956	10.0	MO	64087	1.0	MO	64172	1.0
MO	63957	10.0	MO	64088	2.0	MO	64173	1.0
MO	63960	10.6	MO	64089	2.0	MO	64179	1.0
MO	63961	5.0	MO	64090	2.0	MO	64180	1.0
MO	63962	5.0	MO	64092	1.0	MO	64183	1.0
MO	63963	6.0	MO	64093	4.2	MO	64184	1.0

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
MO	64185	1.0
MO	64187	1.0
MO	64188	1.0
MO	64189	1.0
MO	64190	1.0
MO	64191	1.0
MO	64192	1.0
MO	64193	1.0
MO	64194	1.0
MO	64195	1.0
MO	64196	1.0
MO	64197	1.0
MO	64198	1.0
MO	64199	1.0
MO	64401	2.1
MO	64402	10.0
MO	64420	10.5
MO	64421	2.0
MO	64422	2.0
MO	64423	5.0
MO	64424	7.0
MO	64426	10.6
MO	64427	2.0
MO	64428	5.0
MO	64429	7.3
MO	64430	2.0
MO	64431	5.0
MO	64432	5.0
MO	64433	5.0
MO	64434	5.0
MO	64436	1.0
MO	64437	10.4
MO	64438	10.0
MO	64439	2.0
MO	64440	2.0
MO	64441	10.5
MO	64442	10.6
MO	64443	2.0
MO	64444	2.0
MO	64445	5.0
MO	64446	10.0
MO	64447	7.3
MO	64448	2.1
MO	64449	2.0
MO	64451	10.4
MO	64453	10.4
MO	64454	3.0
MO	64455	5.0
MO	64456	10.5
MO	64457	5.0
MO	64458	8.0
MO	64459	2.0
MO	64461	5.0
MO	64463	10.4
MO	64465	2.0
MO	64466	10.4
MO	64467	8.0
MO	64468	4.0
MO	64469	7.3
MO	64470	10.4
MO	64471	8.0
MO	64473	10.4
MO	64474	2.0
MO	64475	5.0
MO	64476	5.0
MO	64477	2.0
MO	64478	5.0
MO	64479	5.0
MO	64480	2.0

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
MO	64481	10.6
MO	64482	10.0
MO	64483	2.0
MO	64484	2.0
MO	64485	2.0
MO	64486	10.5
MO	64487	5.0
MO	64489	10.4
MO	64490	2.0
MO	64491	10.0
MO	64492	3.0
MO	64493	2.0
MO	64494	2.0
MO	64496	10.0
MO	64497	7.3
MO	64498	10.0
MO	64499	10.5
MO	64501	1.0
MO	64502	1.0
MO	64503	1.0
MO	64504	1.0
MO	64505	1.0
MO	64506	1.0
MO	64507	1.0
MO	64508	1.0
MO	64601	7.0
MO	64620	10.4
MO	64622	10.6
MO	64623	10.6
MO	64624	10.4
MO	64625	10.4
MO	64628	7.0
MO	64630	10.6
MO	64631	8.0
MO	64632	10.6
MO	64633	7.0
MO	64635	8.0
MO	64636	10.4
MO	64637	10.4
MO	64638	8.0
MO	64639	10.6
MO	64640	10.4
MO	64641	8.0
MO	64642	10.6
MO	64643	10.6
MO	64644	10.4
MO	64645	10.0
MO	64646	10.0
MO	64647	10.4
MO	64648	10.4
MO	64649	10.4
MO	64650	10.4
MO	64651	7.0
MO	64652	8.0
MO	64653	10.6
MO	64654	10.4
MO	64655	10.0
MO	64656	8.0
MO	64657	10.0
MO	64658	10.6
MO	64659	10.6
MO	64660	10.6
MO	64661	10.0
MO	64664	8.0
MO	64667	10.0
MO	64668	10.6
MO	64670	10.4
MO	64671	10.4
MO	64672	10.0

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
MO	64673	10.6
MO	64674	10.6
MO	64676	10.6
MO	64679	8.0
MO	64680	10.6
MO	64681	10.6
MO	64682	10.6
MO	64683	7.0
MO	64686	8.0
MO	64688	8.0
MO	64689	10.4
MO	64701	7.1
MO	64720	3.0
MO	64722	3.0
MO	64723	3.0
MO	64724	10.6
MO	64725	2.0
MO	64726	8.3
MO	64728	8.0
MO	64730	7.3
MO	64733	6.1
MO	64734	2.0
MO	64735	7.0
MO	64738	10.6
MO	64739	2.0
MO	64740	8.0
MO	64741	8.0
MO	64742	2.0
MO	64743	7.1
MO	64744	7.0
MO	64745	3.0
MO	64746	2.0
MO	64747	2.0
MO	64748	8.0
MO	64750	8.0
MO	64752	3.0
MO	64755	2.0
MO	64756	10.0
MO	64759	7.0
MO	64761	6.1
MO	64762	10.6
MO	64763	10.6
MO	64765	8.0
MO	64766	7.0
MO	64767	8.0
MO	64769	10.6
MO	64770	8.0
MO	64771	8.0
MO	64772	7.0
MO	64776	10.6
MO	64777	7.3
MO	64778	8.0
MO	64779	10.6
MO	64780	10.6
MO	64781	10.6
MO	64783	8.0
MO	64784	8.0
MO	64788	8.3
MO	64789	10.6
MO	64790	8.0
MO	64801	1.0
MO	64802	1.0
MO	64803	1.0
MO	64804	1.0
MO	64830	2.0
MO	64831	10.4
MO	64832	2.0
MO	64833	5.2
MO	64834	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
MO	64835	1.0	MO	65059	2.0	MO	65264	5.0
MO	64836	4.2	MO	65061	8.0	MO	65265	4.0
MO	64840	2.0	MO	65062	8.0	MO	65270	4.2
MO	64841	1.0	MO	65063	2.0	MO	65274	7.3
MO	64842	10.0	MO	65064	9.1	MO	65275	10.0
MO	64843	10.0	MO	65065	10.0	MO	65276	10.6
MO	64844	6.1	MO	65066	7.0	MO	65278	5.2
MO	64847	10.4	MO	65067	5.0	MO	65279	2.0
MO	64848	2.0	MO	65068	9.1	MO	65280	5.0
MO	64849	2.0	MO	65069	10.6	MO	65281	10.5
MO	64850	4.0	MO	65072	10.0	MO	65282	10.0
MO	64853	10.0	MO	65074	2.0	MO	65283	10.0
MO	64854	10.4	MO	65075	10.4	MO	65284	2.0
MO	64855	2.0	MO	65076	2.0	MO	65285	10.5
MO	64856	10.4	MO	65077	5.0	MO	65286	10.0
MO	64857	2.0	MO	65078	10.0	MO	65287	9.1
MO	64858	4.0	MO	65079	10.0	MO	65299	1.0
MO	64859	5.2	MO	65080	2.0	MO	65301	4.0
MO	64861	2.0	MO	65081	7.0	MO	65302	4.0
MO	64862	5.2	MO	65082	10.0	MO	65305	7.4
MO	64863	10.4	MO	65083	10.0	MO	65320	5.0
MO	64864	1.0	MO	65084	10.0	MO	65321	10.5
MO	64865	3.0	MO	65085	2.0	MO	65322	10.6
MO	64866	10.0	MO	65101	1.0	MO	65323	8.0
MO	64867	2.0	MO	65102	1.0	MO	65324	10.6
MO	64868	10.0	MO	65103	1.0	MO	65325	10.5
MO	64869	2.0	MO	65104	1.0	MO	65326	10.0
MO	64870	1.0	MO	65105	1.0	MO	65327	10.5
MO	64873	2.0	MO	65106	1.0	MO	65329	10.0
MO	64874	8.0	MO	65107	1.0	MO	65330	10.2
MO	64944	1.0	MO	65108	1.0	MO	65332	5.0
MO	64999	1.0	MO	65109	1.0	MO	65333	5.0
MO	65001	2.0	MO	65110	1.0	MO	65334	5.0
MO	65010	2.0	MO	65111	1.0	MO	65335	10.5
MO	65011	10.0	MO	65201	1.0	MO	65336	7.4
MO	65013	10.4	MO	65202	1.0	MO	65337	5.0
MO	65014	8.0	MO	65203	1.0	MO	65338	10.5
MO	65016	2.0	MO	65205	1.0	MO	65339	5.0
MO	65017	10.0	MO	65211	1.0	MO	65340	4.0
MO	65018	7.1	MO	65212	1.0	MO	65344	5.0
MO	65020	10.0	MO	65215	1.0	MO	65345	4.0
MO	65022	2.0	MO	65216	1.0	MO	65347	5.0
MO	65023	2.0	MO	65217	1.0	MO	65348	10.6
MO	65024	2.0	MO	65218	1.0	MO	65349	10.2
MO	65025	3.0	MO	65230	10.4	MO	65350	4.0
MO	65026	7.0	MO	65231	3.0	MO	65351	10.5
MO	65031	7.0	MO	65232	5.0	MO	65354	10.0
MO	65032	2.0	MO	65233	7.3	MO	65355	10.0
MO	65034	10.0	MO	65236	10.0	MO	65360	7.0
MO	65035	10.1	MO	65237	10.6	MO	65401	4.0
MO	65036	7.0	MO	65239	5.0	MO	65402	4.0
MO	65037	10.0	MO	65240	7.1	MO	65409	4.0
MO	65038	10.0	MO	65243	5.2	MO	65436	6.0
MO	65039	2.0	MO	65244	5.0	MO	65438	10.0
MO	65040	2.0	MO	65246	10.0	MO	65439	10.0
MO	65041	7.0	MO	65247	8.0	MO	65440	8.0
MO	65042	3.0	MO	65248	7.3	MO	65441	10.6
MO	65043	2.0	MO	65250	7.3	MO	65443	6.0
MO	65046	2.0	MO	65251	4.0	MO	65444	10.0
MO	65047	10.0	MO	65254	10.4	MO	65446	9.0
MO	65048	2.0	MO	65255	2.0	MO	65449	10.6
MO	65049	10.0	MO	65256	2.0	MO	65452	10.5
MO	65050	3.0	MO	65257	5.2	MO	65453	7.0
MO	65051	10.1	MO	65258	10.5	MO	65456	9.0
MO	65052	10.0	MO	65259	5.0	MO	65457	4.0
MO	65053	2.0	MO	65260	5.0	MO	65459	10.5
MO	65054	2.0	MO	65261	10.0	MO	65461	6.0
MO	65055	7.1	MO	65262	3.0	MO	65462	6.0
MO	65058	10.1	MO	65263	10.5	MO	65463	5.0

ADDENDUM I.—RUCa RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCa level
MO	65464	10.0
MO	65466	10.0
MO	65468	10.0
MO	65470	5.0
MO	65473	4.0
MO	65479	10.0
MO	65483	10.0
MO	65484	10.0
MO	65486	10.4
MO	65501	8.0
MO	65529	6.0
MO	65532	4.0
MO	65534	5.0
MO	65535	9.0
MO	65536	5.0
MO	65541	10.3
MO	65542	10.5
MO	65543	5.0
MO	65546	10.0
MO	65548	10.5
MO	65550	5.0
MO	65552	10.5
MO	65555	10.0
MO	65556	5.0
MO	65557	10.5
MO	65559	7.4
MO	65560	7.0
MO	65564	10.0
MO	65565	10.6
MO	65566	10.0
MO	65567	10.5
MO	65570	10.5
MO	65571	10.0
MO	65572	5.0
MO	65580	6.0
MO	65582	10.1
MO	65583	4.0
MO	65584	4.0
MO	65586	10.6
MO	65588	10.0
MO	65589	10.0
MO	65590	2.0
MO	65591	10.5
MO	65601	7.1
MO	65603	10.0
MO	65604	2.0
MO	65605	7.0
MO	65606	10.5
MO	65607	10.0
MO	65608	7.3
MO	65609	10.0
MO	65610	2.0
MO	65611	5.0
MO	65612	2.0
MO	65613	7.1
MO	65614	5.0
MO	65615	4.0
MO	65616	4.0
MO	65617	7.1
MO	65618	10.0
MO	65619	1.0
MO	65620	2.0
MO	65622	2.0
MO	65623	10.6
MO	65624	10.4
MO	65625	7.0
MO	65626	5.0
MO	65627	5.0
MO	65629	2.0

 ADDENDUM I.—RUCa RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCa level
MO	65630	2.0
MO	65631	2.0
MO	65632	5.0
MO	65633	2.0
MO	65634	10.0
MO	65635	10.4
MO	65636	2.0
MO	65637	10.0
MO	65638	10.6
MO	65640	8.0
MO	65641	9.0
MO	65644	2.0
MO	65645	2.0
MO	65646	10.4
MO	65647	10.6
MO	65648	2.0
MO	65649	8.0
MO	65650	7.1
MO	65652	2.0
MO	65653	5.0
MO	65654	8.0
MO	65655	10.5
MO	65656	10.4
MO	65657	2.0
MO	65658	10.0
MO	65660	10.5
MO	65661	10.4
MO	65662	10.5
MO	65663	7.1
MO	65664	2.0
MO	65666	10.0
MO	65667	10.4
MO	65668	10.4
MO	65669	2.0
MO	65672	4.0
MO	65673	4.0
MO	65674	8.0
MO	65675	2.0
MO	65676	10.5
MO	65679	5.0
MO	65680	5.0
MO	65681	5.0
MO	65682	10.0
MO	65685	7.3
MO	65686	10.5
MO	65688	5.0
MO	65689	10.6
MO	65690	10.6
MO	65692	7.4
MO	65701	5.0
MO	65702	10.4
MO	65704	10.4
MO	65705	3.0
MO	65706	7.1
MO	65707	2.0
MO	65708	7.0
MO	65710	7.1
MO	65711	7.0
MO	65712	7.3
MO	65713	2.0
MO	65714	1.0
MO	65715	10.5
MO	65717	10.4
MO	65720	2.0
MO	65721	1.0
MO	65722	5.0
MO	65723	7.0
MO	65724	10.6
MO	65725	7.1

 ADDENDUM I.—RUCa RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCa level
MO	65726	4.0
MO	65727	7.1
MO	65728	2.0
MO	65729	10.5
MO	65730	2.0
MO	65731	5.0
MO	65732	10.0
MO	65733	5.0
MO	65734	8.0
MO	65735	10.0
MO	65737	10.5
MO	65738	2.0
MO	65739	4.0
MO	65740	5.0
MO	65741	10.0
MO	65742	2.0
MO	65744	5.0
MO	65745	10.6
MO	65746	2.0
MO	65747	9.2
MO	65752	10.0
MO	65753	2.0
MO	65754	2.0
MO	65755	8.0
MO	65756	8.0
MO	65757	2.0
MO	65759	5.0
MO	65760	10.0
MO	65761	10.5
MO	65762	10.5
MO	65764	10.6
MO	65765	1.0
MO	65766	10.0
MO	65767	10.6
MO	65768	10.6
MO	65769	8.0
MO	65770	2.0
MO	65771	5.0
MO	65772	10.6
MO	65773	10.0
MO	65774	10.6
MO	65775	5.0
MO	65776	5.0
MO	65777	5.0
MO	65778	10.6
MO	65779	10.6
MO	65781	2.0
MO	65783	10.6
MO	65784	10.0
MO	65785	10.0
MO	65786	10.0
MO	65787	10.6
MO	65788	5.0
MO	65789	5.0
MO	65790	5.0
MO	65791	7.4
MO	65793	10.5
MO	65801	1.0
MO	65802	1.0
MO	65803	1.0
MO	65804	1.0
MO	65805	1.0
MO	65806	1.0
MO	65807	1.0
MO	65808	1.0
MO	65809	1.0
MO	65810	1.0
MO	65814	1.0
MO	65817	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
MO	65890	1.0	MS	38686	1.0	MS	38847	9.2
MO	65898	1.0	MS	38701	4.0	MS	38848	9.0
MO	65899	1.0	MS	38702	4.0	MS	38849	5.0
MP	96950	R	MS	38703	4.0	MS	38850	8.0
MP	96951	R	MS	38704	4.0	MS	38851	7.0
MP	96952	R	MS	38720	5.0	MS	38852	6.0
MS	38601	5.0	MS	38721	10.0	MS	38854	7.0
MS	38602	9.1	MS	38722	4.0	MS	38855	5.0
MS	38603	10.4	MS	38723	7.4	MS	38856	9.2
MS	38606	7.0	MS	38725	5.0	MS	38857	5.0
MS	38609	7.0	MS	38726	5.0	MS	38858	5.0
MS	38610	10.6	MS	38730	4.0	MS	38859	9.2
MS	38611	2.0	MS	38731	5.0	MS	38860	5.0
MS	38614	4.0	MS	38732	4.0	MS	38862	5.0
MS	38617	6.0	MS	38733	4.0	MS	38863	7.4
MS	38618	9.1	MS	38736	10.2	MS	38864	8.0
MS	38619	10.6	MS	38737	7.4	MS	38865	5.0
MS	38620	8.0	MS	38738	7.4	MS	38866	5.0
MS	38621	10.6	MS	38739	4.0	MS	38868	5.0
MS	38622	7.0	MS	38740	9.2	MS	38869	5.0
MS	38623	10.6	MS	38744	5.0	MS	38870	8.0
MS	38625	10.6	MS	38745	10.0	MS	38871	9.0
MS	38626	10.3	MS	38746	9.2	MS	38873	10.0
MS	38627	8.0	MS	38748	7.4	MS	38874	9.0
MS	38628	10.6	MS	38749	4.0	MS	38875	7.0
MS	38629	10.0	MS	38751	4.0	MS	38876	8.4
MS	38630	4.0	MS	38753	4.0	MS	38877	7.0
MS	38631	4.0	MS	38754	7.0	MS	38878	10.6
MS	38632	2.0	MS	38756	5.0	MS	38879	4.0
MS	38633	10.6	MS	38758	4.0	MS	38880	8.0
MS	38634	7.3	MS	38759	5.0	MS	38901	4.0
MS	38635	7.3	MS	38760	4.0	MS	38902	4.0
MS	38637	1.0	MS	38761	7.2	MS	38912	5.0
MS	38638	7.3	MS	38762	5.0	MS	38913	10.0
MS	38639	6.0	MS	38764	4.0	MS	38914	9.0
MS	38641	1.0	MS	38765	10.0	MS	38915	10.0
MS	38642	2.0	MS	38767	4.0	MS	38916	7.0
MS	38643	7.0	MS	38768	7.4	MS	38917	5.0
MS	38644	6.0	MS	38769	5.0	MS	38920	8.0
MS	38645	4.0	MS	38771	7.4	MS	38921	7.4
MS	38646	7.0	MS	38772	5.0	MS	38922	10.6
MS	38647	10.4	MS	38773	5.0	MS	38923	5.0
MS	38649	7.3	MS	38774	9.2	MS	38924	9.2
MS	38650	8.4	MS	38776	4.0	MS	38925	5.0
MS	38651	2.0	MS	38778	5.0	MS	38926	4.0
MS	38652	7.0	MS	38780	5.0	MS	38927	8.0
MS	38654	1.0	MS	38781	5.0	MS	38928	10.2
MS	38655	5.0	MS	38782	4.0	MS	38929	5.0
MS	38658	8.0	MS	38801	4.0	MS	38930	4.0
MS	38659	9.1	MS	38802	4.0	MS	38935	4.0
MS	38661	2.0	MS	38803	4.0	MS	38940	5.0
MS	38663	10.6	MS	38804	4.0	MS	38941	7.2
MS	38664	10.3	MS	38820	7.4	MS	38943	5.0
MS	38665	9.1	MS	38821	7.4	MS	38944	10.2
MS	38666	7.0	MS	38824	6.0	MS	38945	4.0
MS	38668	7.3	MS	38825	7.4	MS	38946	7.2
MS	38669	4.0	MS	38826	4.0	MS	38947	5.0
MS	38670	10.6	MS	38827	10.0	MS	38948	9.2
MS	38671	1.0	MS	38828	9.2	MS	38949	5.0
MS	38672	2.0	MS	38829	8.0	MS	38950	6.0
MS	38673	5.0	MS	38633	6.0	MS	38951	9.0
MS	38674	10.0	MS	38834	4.0	MS	38952	10.2
MS	38675	5.0	MS	38835	4.0	MS	38953	9.2
MS	38676	10.3	MS	38838	10.0	MS	38954	4.0
MS	38677	5.0	MS	38839	7.0	MS	38955	7.0
MS	38679	2.0	MS	38841	5.0	MS	38957	10.5
MS	38680	1.0	MS	38843	7.4	MS	38958	7.4
MS	38683	10.0	MS	38844	9.0	MS	38959	7.2
MS	38685	9.1	MS	38846	5.0	MS	38960	4.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MS	38961	9.2
MS	38962	7.4
MS	38963	10.5
MS	38964	7.0
MS	38965	7.0
MS	38966	10.5
MS	38967	7.0
MS	39038	7.0
MS	39039	4.2
MS	39040	5.2
MS	39041	2.0
MS	39042	1.0
MS	39043	1.0
MS	39044	2.0
MS	39045	2.0
MS	39046	2.0
MS	39047	2.0
MS	39051	8.0
MS	39054	10.0
MS	39056	1.0
MS	39057	9.0
MS	39058	1.0
MS	39059	2.0
MS	39060	1.0
MS	39061	10.0
MS	39062	10.1
MS	39063	7.0
MS	39066	2.0
MS	39067	8.0
MS	39069	9.0
MS	39071	2.0
MS	39072	2.0
MS	39073	2.0
MS	39074	8.0
MS	39077	2.0
MS	39078	2.0
MS	39079	9.1
MS	39080	8.0
MS	39081	9.0
MS	39082	2.0
MS	39083	7.3
MS	39086	9.0
MS	39087	3.0
MS	39088	5.0
MS	39090	7.0
MS	39092	8.0
MS	39094	9.1
MS	39095	7.0
MS	39096	9.0
MS	39097	8.0
MS	39098	3.0
MS	39107	8.0
MS	39108	8.0
MS	39109	8.0
MS	39110	1.0
MS	39111	7.3
MS	39112	10.1
MS	39113	10.0
MS	39114	10.1
MS	39115	8.0
MS	39116	10.0
MS	39117	3.0
MS	39119	10.0
MS	39120	4.0
MS	39121	4.0
MS	39122	4.0
MS	39130	1.0
MS	39140	10.0
MS	39144	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MS	39145	2.0
MS	39146	9.1
MS	39148	2.0
MS	39149	9.0
MS	39150	10.6
MS	39151	1.0
MS	39152	8.0
MS	39153	10.0
MS	39154	2.0
MS	39156	5.0
MS	39157	1.0
MS	39158	1.0
MS	39159	10.0
MS	39160	8.0
MS	39161	2.0
MS	39162	5.0
MS	39163	2.0
MS	39165	4.0
MS	39166	8.0
MS	39167	2.0
MS	39168	10.5
MS	39169	9.2
MS	39170	2.0
MS	39171	8.0
MS	39173	4.2
MS	39174	1.0
MS	39175	2.0
MS	39176	5.0
MS	39177	10.0
MS	39179	4.2
MS	39180	4.0
MS	39181	4.0
MS	39182	4.0
MS	39183	4.0
MS	39189	9.0
MS	39190	4.0
MS	39191	6.0
MS	39192	8.0
MS	39193	1.0
MS	39194	4.2
MS	39201	1.0
MS	39202	1.0
MS	39203	1.0
MS	39204	1.0
MS	39205	1.0
MS	39206	1.0
MS	39207	1.0
MS	39208	1.0
MS	39209	1.0
MS	39210	1.0
MS	39211	1.0
MS	39212	1.0
MS	39213	1.0
MS	39215	1.0
MS	39216	1.0
MS	39217	1.0
MS	39218	2.0
MS	39225	1.0
MS	39232	1.0
MS	39235	1.0
MS	39236	1.0
MS	39250	1.0
MS	39269	1.0
MS	39271	1.0
MS	39272	1.0
MS	39282	1.0
MS	39283	1.0
MS	39284	1.0
MS	39286	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MS	39288	1.0
MS	39289	1.0
MS	39296	1.0
MS	39298	1.0
MS	39301	4.0
MS	39302	4.0
MS	39303	4.0
MS	39304	4.0
MS	39305	4.0
MS	39307	4.0
MS	39309	5.0
MS	39320	5.0
MS	39322	8.0
MS	39323	9.0
MS	39324	8.0
MS	39325	5.0
MS	39326	5.0
MS	39327	9.0
MS	39328	6.0
MS	39330	10.5
MS	39332	9.0
MS	39335	5.0
MS	39336	9.0
MS	39337	6.0
MS	39338	10.0
MS	39339	8.0
MS	39341	10.6
MS	39342	5.0
MS	39345	7.0
MS	39346	8.0
MS	39347	10.0
MS	39348	5.0
MS	39350	8.0
MS	39352	10.5
MS	39354	6.0
MS	39355	10.5
MS	39356	10.0
MS	39358	10.5
MS	39359	8.0
MS	39360	10.0
MS	39361	10.6
MS	39362	10.0
MS	39363	10.5
MS	39364	5.0
MS	39365	10.6
MS	39366	5.0
MS	39367	8.0
MS	39401	1.0
MS	39402	1.0
MS	39403	1.0
MS	39404	1.0
MS	39406	1.0
MS	39407	1.0
MS	39421	10.4
MS	39422	10.5
MS	39423	10.4
MS	39425	2.0
MS	39426	6.1
MS	39427	10.4
MS	39428	10.0
MS	39429	8.0
MS	39436	2.0
MS	39437	4.0
MS	39439	5.0
MS	39440	4.0
MS	39441	4.0
MS	39442	4.0
MS	39443	5.0
MS	39451	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MS	39452	10.4
MS	39455	3.0
MS	39456	10.0
MS	39457	6.1
MS	39459	3.0
MS	39460	5.0
MS	39461	10.0
MS	39462	10.4
MS	39463	4.2
MS	39464	5.2
MS	39465	2.0
MS	39466	4.2
MS	39470	10.0
MS	39474	10.0
MS	39475	2.0
MS	39476	10.1
MS	39477	5.0
MS	39478	10.0
MS	39479	3.0
MS	39480	5.0
MS	39481	10.5
MS	39482	2.0
MS	39483	8.0
MS	39501	1.0
MS	39502	1.0
MS	39503	1.0
MS	39505	1.0
MS	39506	1.0
MS	39507	1.0
MS	39520	1.0
MS	39521	1.0
MS	39522	2.0
MS	39525	2.0
MS	39529	2.0
MS	39530	1.0
MS	39531	1.0
MS	39532	1.0
MS	39533	1.0
MS	39534	1.0
MS	39535	1.0
MS	39540	1.0
MS	39552	1.0
MS	39553	1.0
MS	39555	1.0
MS	39556	2.0
MS	39558	1.0
MS	39560	1.0
MS	39561	9.1
MS	39562	1.0
MS	39563	1.0
MS	39564	1.0
MS	39565	2.1
MS	39566	1.0
MS	39567	1.0
MS	39568	1.0
MS	39569	1.0
MS	39571	2.0
MS	39572	2.1
MS	39573	9.1
MS	39574	2.0
MS	39576	1.0
MS	39577	9.1
MS	39581	1.0
MS	39595	1.0
MS	39601	5.0
MS	39602	5.0
MS	39603	5.0
MS	39629	5.0
MS	39630	10.5

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MS	39631	10.0
MS	39632	5.0
MS	39633	10.0
MS	39635	4.0
MS	39638	10.0
MS	39641	10.0
MS	39643	8.0
MS	39645	10.5
MS	39647	10.5
MS	39648	4.0
MS	39649	4.0
MS	39652	5.0
MS	39653	10.5
MS	39654	10.5
MS	39656	10.0
MS	39657	5.0
MS	39661	10.5
MS	39662	5.0
MS	39663	10.0
MS	39664	10.5
MS	39665	10.5
MS	39666	5.0
MS	39667	10.0
MS	39668	9.0
MS	39669	10.0
MS	39701	4.0
MS	39702	4.0
MS	39703	4.0
MS	39704	4.0
MS	39705	4.0
MS	39710	5.0
MS	39730	7.4
MS	39735	10.0
MS	39736	4.0
MS	39737	10.0
MS	39739	10.6
MS	39740	5.0
MS	39741	8.0
MS	39743	5.0
MS	39744	10.0
MS	39745	10.0
MS	39746	9.0
MS	39747	8.0
MS	39750	5.0
MS	39751	6.0
MS	39752	6.0
MS	39753	4.0
MS	39754	8.0
MS	39755	8.0
MS	39756	9.2
MS	39759	4.0
MS	39760	4.0
MS	39762	4.0
MS	39766	5.0
MS	39767	10.0
MS	39769	5.0
MS	39771	10.0
MS	39772	10.0
MS	39773	8.0
MS	39776	8.4
MS	59001	10.0
MS	59002	2.0
MS	59003	10.0
MS	59004	10.0
MS	59006	2.0
MS	59007	10.0
MS	59008	10.0
MS	59010	10.0
MS	59011	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
MT	59012	10.0
MT	59013	2.0
MT	59014	10.4
MT	59015	2.0
MT	59016	10.0
MT	59018	10.3
MT	59019	10.0
MT	59020	10.0
MT	59022	10.6
MT	59024	2.0
MT	59025	10.5
MT	59026	2.0
MT	59027	8.0
MT	59028	10.0
MT	59029	10.4
MT	59030	10.0
MT	59031	10.6
MT	59032	10.6
MT	59033	10.0
MT	59034	7.0
MT	59035	10.0
MT	59036	10.0
MT	59037	2.0
MT	59038	10.0
MT	59039	10.0
MT	59041	2.0
MT	59043	10.0
MT	59044	2.0
MT	59046	10.4
MT	59047	7.0
MT	59050	10.0
MT	59052	10.0
MT	59053	10.0
MT	59054	10.0
MT	59055	10.0
MT	59057	2.0
MT	59058	10.0
MT	59059	10.0
MT	59061	10.0
MT	59062	10.0
MT	59063	2.0
MT	59064	2.0
MT	59065	8.0
MT	59066	10.0
MT	59067	10.4
MT	59068	10.0
MT	59069	10.4
MT	59070	10.0
MT	59071	10.0
MT	59072	10.4
MT	59073	10.4
MT	59074	10.4
MT	59075	10.4
MT	59076	10.0
MT	59077	10.0
MT	59078	10.0
MT	59079	2.0
MT	59081	10.0
MT	59082	7.0
MT	59083	10.0
MT	59084	10.0
MT	59085	10.0
MT	59086	10.3
MT	59087	10.0
MT	59088	2.0
MT	59089	10.0
MT	59101	1.0
MT	59102	1.0
MT	59103	1.0

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
MT	59104	1.0	MT	59333	10.0	MT	59477	2.0
MT	59105	1.0	MT	59336	8.0	MT	59479	10.6
MT	59106	2.0	MT	59337	10.0	MT	59480	2.0
MT	59107	1.0	MT	59338	8.0	MT	59482	10.6
MT	59108	1.0	MT	59339	10.6	MT	59483	2.0
MT	59111	1.0	MT	59341	10.6	MT	59484	10.6
MT	59112	1.0	MT	59343	10.0	MT	59485	2.0
MT	59114	1.0	MT	59344	10.0	MT	59486	10.6
MT	59115	1.0	MT	59345	10.0	MT	59487	2.0
MT	59116	1.0	MT	59347	10.0	MT	59489	10.6
MT	59117	1.0	MT	59349	10.6	MT	59501	4.0
MT	59201	7.0	MT	59351	8.0	MT	59520	10.0
MT	59211	10.0	MT	59353	10.0	MT	59521	5.0
MT	59212	10.0	MT	59354	10.0	MT	59522	10.0
MT	59213	10.6	MT	59401	1.0	MT	59523	10.5
MT	59214	10.6	MT	59402	1.0	MT	59524	10.0
MT	59215	10.6	MT	59403	1.0	MT	59525	10.5
MT	59217	10.6	MT	59404	1.0	MT	59526	10.0
MT	59218	10.0	MT	59405	1.0	MT	59527	10.0
MT	59219	10.0	MT	59406	1.0	MT	59528	10.5
MT	59221	10.6	MT	59410	10.2	MT	59529	10.0
MT	59222	10.0	MT	59411	8.0	MT	59530	10.5
MT	59223	10.6	MT	59412	2.0	MT	59531	10.0
MT	59225	10.6	MT	59414	2.0	MT	59532	10.5
MT	59226	10.0	MT	59416	7.0	MT	59535	10.5
MT	59230	7.0	MT	59417	7.0	MT	59537	10.0
MT	59231	7.0	MT	59418	10.6	MT	59538	10.0
MT	59240	10.6	MT	59419	10.0	MT	59540	10.5
MT	59241	10.6	MT	59420	10.4	MT	59542	10.0
MT	59242	10.0	MT	59421	2.0	MT	59544	10.0
MT	59243	10.6	MT	59422	10.0	MT	59545	10.0
MT	59244	10.6	MT	59424	10.6	MT	59546	10.0
MT	59247	10.0	MT	59425	7.0	MT	59547	10.5
MT	59248	10.6	MT	59427	7.0	MT	59601	4.0
MT	59250	10.6	MT	59430	10.6	MT	59602	4.0
MT	59252	10.0	MT	59432	10.6	MT	59604	4.0
MT	59253	10.0	MT	59433	10.4	MT	59620	4.0
MT	59254	10.0	MT	59434	8.0	MT	59623	4.0
MT	59255	7.0	MT	59435	7.0	MT	59624	4.0
MT	59256	10.0	MT	59436	10.4	MT	59625	4.0
MT	59257	10.0	MT	59440	2.0	MT	59626	4.0
MT	59258	10.0	MT	59441	10.6	MT	59631	5.0
MT	59259	10.6	MT	59442	10.4	MT	59632	5.0
MT	59260	10.6	MT	59443	2.0	MT	59633	5.0
MT	59261	10.0	MT	59444	7.0	MT	59634	5.0
MT	59262	10.6	MT	59445	10.6	MT	59635	4.0
MT	59263	10.0	MT	59446	10.0	MT	59636	4.0
MT	59270	7.0	MT	59447	10.6	MT	59638	5.0
MT	59273	10.6	MT	59448	10.6	MT	59639	10.2
MT	59274	10.6	MT	59450	10.0	MT	59640	5.0
MT	59275	10.0	MT	59451	10.6	MT	59641	10.0
MT	59276	10.0	MT	59452	10.6	MT	59642	10.0
MT	59301	7.0	MT	59453	10.0	MT	59643	10.0
MT	59311	10.0	MT	59454	10.6	MT	59644	10.0
MT	59312	10.0	MT	59456	7.0	MT	59645	10.0
MT	59313	10.0	MT	59457	7.0	MT	59647	10.0
MT	59314	10.0	MT	59460	10.0	MT	59648	5.0
MT	59315	10.6	MT	59461	10.0	MT	59701	4.0
MT	59316	10.0	MT	59462	10.6	MT	59702	4.0
MT	59317	10.0	MT	59463	2.0	MT	59703	4.0
MT	59318	10.0	MT	59464	10.6	MT	59707	4.0
MT	59319	10.0	MT	59465	2.0	MT	59710	10.0
MT	59322	10.0	MT	59466	10.6	MT	59711	7.4
MT	59323	10.0	MT	59467	10.4	MT	59713	10.5
MT	59324	10.0	MT	59468	10.4	MT	59714	5.0
MT	59326	10.6	MT	59469	10.6	MT	59715	4.0
MT	59327	10.0	MT	59471	10.6	MT	59716	10.5
MT	59330	7.0	MT	59472	2.0	MT	59717	4.0
MT	59332	10.0	MT	59474	7.0	MT	59718	5.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
MT	59719	5.0	MT	59847	2.0	NC	27024	6.0
MT	59720	10.0	MT	59848	10.0	NC	27025	2.0
MT	59721	10.0	MT	59851	1.0	NC	27027	7.3
MT	59722	7.0	MT	59853	10.0	NC	27028	7.3
MT	59724	10.0	MT	59854	10.5	NC	27030	4.2
MT	59725	7.0	MT	59855	10.0	NC	27031	4.2
MT	59727	5.0	MT	59856	10.0	NC	27040	1.0
MT	59728	10.5	MT	59858	10.0	NC	27041	2.0
MT	59729	10.0	MT	59859	10.0	NC	27042	10.4
MT	59730	10.5	MT	59860	7.0	NC	27043	2.0
MT	59731	10.5	MT	59863	10.4	NC	27045	1.0
MT	59732	7.0	MT	59864	10.0	NC	27046	10.4
MT	59733	10.5	MT	59865	10.0	NC	27047	3.0
MT	59735	10.0	MT	59866	10.0	NC	27048	6.0
MT	59736	10.0	MT	59867	10.0	NC	27049	4.2
MT	59739	10.0	MT	59868	2.0	NC	27050	1.0
MT	59740	10.0	MT	59870	10.1	NC	27051	1.0
MT	59741	10.2	MT	59871	10.6	NC	27052	2.0
MT	59743	5.0	MT	59872	10.4	NC	27053	2.0
MT	59745	10.0	MT	59873	10.0	NC	27054	5.0
MT	59746	7.0	MT	59874	10.0	NC	27055	7.1
MT	59747	10.0	MT	59875	10.6	NC	27094	1.0
MT	59748	5.0	MT	59901	4.0	NC	27098	1.0
MT	59749	10.0	MT	59902	4.0	NC	27099	1.0
MT	59750	5.0	MT	59903	4.0	NC	27101	1.0
MT	59751	10.0	MT	59904	4.0	NC	27102	1.0
MT	59752	10.5	MT	59910	8.0	NC	27103	1.0
MT	59754	10.0	MT	59911	10.2	NC	27104	1.0
MT	59755	10.0	MT	59912	7.4	NC	27105	1.0
MT	59756	8.0	MT	59913	4.0	NC	27106	1.0
MT	59758	10.5	MT	59914	8.0	NC	27107	1.0
MT	59759	10.5	MT	59915	8.0	NC	27108	1.0
MT	59760	10.5	MT	59916	6.0	NC	27109	1.0
MT	59761	10.0	MT	59917	10.0	NC	27110	1.0
MT	59762	10.0	MT	59918	10.0	NC	27111	1.0
MT	59771	4.0	MT	59919	4.0	NC	27113	1.0
MT	59772	4.0	MT	59920	5.0	NC	27114	1.0
MT	59773	5.0	MT	59921	6.0	NC	27115	1.0
MT	59801	1.0	MT	59922	5.0	NC	27116	1.0
MT	59802	1.0	MT	59923	7.0	NC	27117	1.0
MT	59803	1.0	MT	59925	5.0	NC	27120	1.0
MT	59804	1.0	MT	59926	4.0	NC	27127	1.0
MT	59806	1.0	MT	59927	7.4	NC	27130	1.0
MT	59807	1.0	MT	59928	6.0	NC	27150	1.0
MT	59808	1.0	MT	59929	6.0	NC	27151	1.0
MT	59812	1.0	MT	59930	10.0	NC	27152	1.0
MT	59820	2.0	MT	59931	6.0	NC	27155	1.0
MT	59821	10.4	MT	59932	5.0	NC	27156	1.0
MT	59823	2.0	MT	59933	10.0	NC	27157	1.0
MT	59824	10.0	MT	59934	10.0	NC	27198	1.0
MT	59825	1.0	MT	59935	10.6	NC	27199	1.0
MT	59826	2.0	MT	59936	4.0	NC	27201	1.0
MT	59827	10.6	MT	59937	7.4	NC	27202	1.0
MT	59828	10.3	NC	27006	1.0	NC	27203	4.0
MT	59829	10.3	NC	27007	3.0	NC	27204	4.0
MT	59830	10.0	NC	27009	1.0	NC	27205	5.0
MT	59831	10.0	NC	27010	1.0	NC	27207	8.0
MT	59832	10.0	NC	27011	9.1	NC	27208	8.0
MT	59833	2.0	NC	27012	1.0	NC	27209	10.6
MT	59834	2.0	NC	27013	5.0	NC	27212	10.4
MT	59835	7.0	NC	27014	7.3	NC	27213	8.0
MT	59837	10.0	NC	27016	2.0	NC	27214	2.0
MT	59840	7.0	NC	27017	10.5	NC	27215	1.0
MT	59841	7.0	NC	27018	2.0	NC	27216	1.0
MT	59842	10.0	NC	27019	2.0	NC	27217	1.0
MT	59843	10.5	NC	27020	9.1	NC	27220	1.0
MT	59844	10.0	NC	27021	1.0	NC	27228	2.0
MT	59845	10.0	NC	27022	2.0	NC	27229	10.0
MT	59846	2.0	NC	27023	1.0	NC	27230	5.0

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
NC	27231	2.0	NC	27358	2.0	NC	27528	1.0
NC	27233	2.0	NC	27359	1.0	NC	27529	1.0
NC	27235	2.1	NC	27360	1.0	NC	27530	1.0
NC	27237	4.0	NC	27361	1.0	NC	27531	1.0
NC	27239	3.0	NC	27370	1.0	NC	27532	1.0
NC	27242	5.0	NC	27371	7.0	NC	27533	1.0
NC	27243	1.0	NC	27373	1.0	NC	27534	1.0
NC	27244	1.0	NC	27374	5.2	NC	27536	4.0
NC	27247	10.6	NC	27375	4.1	NC	27537	5.0
NC	27248	5.0	NC	27376	5.0	NC	27539	1.0
NC	27249	1.0	NC	27377	2.0	NC	27540	1.0
NC	27252	6.0	NC	27379	10.4	NC	27541	2.0
NC	27253	1.0	NC	27395	1.0	NC	27542	6.0
NC	27256	6.0	NC	27401	1.0	NC	27543	1.0
NC	27258	1.0	NC	27402	1.0	NC	27544	5.2
NC	27259	10.0	NC	27403	1.0	NC	27545	1.0
NC	27260	1.0	NC	27404	1.0	NC	27546	7.3
NC	27261	1.0	NC	27405	1.0	NC	27549	7.1
NC	27262	1.0	NC	27406	1.0	NC	27551	10.0
NC	27263	1.0	NC	27407	1.0	NC	27552	7.3
NC	27264	1.0	NC	27408	1.0	NC	27553	10.5
NC	27265	1.0	NC	27409	1.0	NC	27555	4.2
NC	27278	1.0	NC	27410	1.0	NC	27556	5.0
NC	27281	5.0	NC	27411	1.0	NC	27557	2.0
NC	27282	1.0	NC	27412	1.0	NC	27559	2.1
NC	27283	2.0	NC	27413	1.0	NC	27560	1.0
NC	27284	1.0	NC	27415	1.0	NC	27562	2.1
NC	27285	1.0	NC	27416	1.0	NC	27563	10.5
NC	27288	4.0	NC	27417	1.0	NC	27564	2.1
NC	27289	4.0	NC	27419	1.0	NC	27565	7.0
NC	27291	2.0	NC	27420	1.0	NC	27568	5.2
NC	27292	4.2	NC	27425	1.0	NC	27569	5.2
NC	27293	4.2	NC	27427	1.0	NC	27570	10.5
NC	27294	4.2	NC	27429	1.0	NC	27571	1.0
NC	27295	5.2	NC	27435	1.0	NC	27572	2.0
NC	27298	10.4	NC	27438	1.0	NC	27573	7.3
NC	27299	5.2	NC	27455	1.0	NC	27574	9.1
NC	27301	1.0	NC	27480	1.0	NC	27576	4.2
NC	27302	1.0	NC	27495	1.0	NC	27577	4.2
NC	27305	3.0	NC	27497	1.0	NC	27581	2.0
NC	27306	10.6	NC	27498	1.0	NC	27582	7.0
NC	27310	2.1	NC	27499	1.0	NC	27583	2.0
NC	27311	2.0	NC	27501	2.0	NC	27584	5.0
NC	27312	2.0	NC	27502	1.0	NC	27586	10.0
NC	27313	2.0	NC	27503	2.0	NC	27587	1.0
NC	27314	2.0	NC	27504	2.0	NC	27588	1.0
NC	27315	2.0	NC	27505	6.0	NC	27589	10.5
NC	27316	6.0	NC	27506	7.3	NC	27591	2.0
NC	27317	4.1	NC	27507	8.3	NC	27592	2.0
NC	27320	4.1	NC	27508	2.0	NC	27593	4.2
NC	27321	4.1	NC	27509	2.0	NC	27594	10.5
NC	27322	4.1	NC	27510	1.0	NC	27596	2.0
NC	27323	4.1	NC	27511	1.0	NC	27597	2.0
NC	27325	10.0	NC	27512	1.0	NC	27599	1.0
NC	27326	6.1	NC	27513	1.0	NC	27601	1.0
NC	27330	4.0	NC	27514	1.0	NC	27602	1.0
NC	27331	4.0	NC	27515	1.0	NC	27603	1.0
NC	27332	5.0	NC	27516	1.0	NC	27604	1.0
NC	27340	1.0	NC	27517	1.0	NC	27605	1.0
NC	27341	5.0	NC	27518	1.0	NC	27606	1.0
NC	27342	1.0	NC	27519	1.0	NC	27607	1.0
NC	27343	8.3	NC	27520	2.0	NC	27608	1.0
NC	27344	7.0	NC	27521	3.0	NC	27609	1.0
NC	27349	2.0	NC	27522	2.1	NC	27610	1.0
NC	27350	1.0	NC	27523	1.0	NC	27611	1.0
NC	27351	4.2	NC	27524	4.2	NC	27612	1.0
NC	27355	6.0	NC	27525	2.0	NC	27613	1.0
NC	27356	10.6	NC	27526	1.0	NC	27614	1.0
NC	27357	2.0	NC	27527	1.0	NC	27615	1.0

ADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCAL level	State	Zip code	RUCAL level	State	Zip code	RUCAL level
NC	27616	1.0	NC	27826	10.0	NC	27906	4.0
NC	27617	1.0	NC	27827	1.0	NC	27907	4.0
NC	27619	1.0	NC	27828	2.0	NC	27909	4.0
NC	27620	1.0	NC	27829	2.0	NC	27910	7.0
NC	27621	1.0	NC	27830	2.0	NC	27915	10.5
NC	27622	1.0	NC	27831	10.5	NC	27916	5.0
NC	27623	1.0	NC	27832	5.0	NC	27917	2.0
NC	27624	1.0	NC	27833	1.0	NC	27919	6.0
NC	27625	1.0	NC	27834	1.0	NC	27920	10.5
NC	27626	1.0	NC	27835	1.0	NC	27921	6.0
NC	27627	1.0	NC	27836	1.0	NC	27922	9.0
NC	27628	1.0	NC	27837	2.0	NC	27923	5.0
NC	27629	1.0	NC	27839	6.0	NC	27924	10.0
NC	27634	1.0	NC	27840	9.0	NC	27925	10.6
NC	27635	1.0	NC	27841	9.0	NC	27926	10.4
NC	27636	1.0	NC	27842	5.0	NC	27927	10.4
NC	27640	1.0	NC	27843	5.0	NC	27928	10.6
NC	27650	1.0	NC	27844	2.0	NC	27929	2.0
NC	27656	1.0	NC	27845	10.5	NC	27930	10.5
NC	27658	1.0	NC	27846	10.6	NC	27932	7.0
NC	27661	1.0	NC	27847	10.0	NC	27935	10.6
NC	27668	1.0	NC	27849	10.0	NC	27936	10.5
NC	27675	1.0	NC	27850	5.0	NC	27937	10.4
NC	27676	1.0	NC	27851	5.0	NC	27938	10.4
NC	27690	1.0	NC	27852	10.5	NC	27939	5.0
NC	27695	1.0	NC	27853	10.0	NC	27941	5.0
NC	27697	1.0	NC	27854	10.0	NC	27942	9.0
NC	27698	1.0	NC	27855	7.0	NC	27943	10.5
NC	27699	1.0	NC	27856	1.0	NC	27944	10.5
NC	27701	1.0	NC	27857	9.0	NC	27946	10.4
NC	27702	1.0	NC	27858	1.0	NC	27947	5.0
NC	27703	1.0	NC	27860	10.5	NC	27948	4.0
NC	27704	1.0	NC	27861	3.0	NC	27949	4.0
NC	27705	1.0	NC	27862	10.0	NC	27950	2.0
NC	27706	1.0	NC	27863	2.0	NC	27953	10.5
NC	27707	1.0	NC	27864	10.4	NC	27954	7.4
NC	27708	1.0	NC	27865	5.0	NC	27956	2.0
NC	27709	1.0	NC	27866	10.5	NC	27957	10.0
NC	27710	1.0	NC	27867	10.0	NC	27958	2.0
NC	27711	1.0	NC	27868	2.0	NC	27959	10.5
NC	27712	1.0	NC	27869	10.0	NC	27960	10.0
NC	27713	1.0	NC	27870	4.0	NC	27962	7.0
NC	27715	1.0	NC	27871	3.0	NC	27964	5.0
NC	27717	1.0	NC	27872	10.0	NC	27965	5.0
NC	27722	1.0	NC	27873	5.0	NC	27966	5.0
NC	27801	1.0	NC	27874	7.3	NC	27967	7.0
NC	27802	1.0	NC	27875	10.0	NC	27968	10.5
NC	27803	1.0	NC	27876	10.5	NC	27969	10.6
NC	27804	1.0	NC	27877	10.0	NC	27970	10.6
NC	27805	9.0	NC	27878	1.0	NC	27972	10.5
NC	27806	10.5	NC	27879	1.0	NC	27973	6.0
NC	27807	6.1	NC	27880	5.0	NC	27974	6.0
NC	27808	10.2	NC	27881	5.0	NC	27976	6.0
NC	27809	2.0	NC	27882	3.0	NC	27978	10.5
NC	27810	10.5	NC	27883	5.0	NC	27979	10.4
NC	27811	1.0	NC	27884	2.0	NC	27980	8.0
NC	27812	2.0	NC	27885	10.0	NC	27981	7.4
NC	27813	4.0	NC	27886	4.2	NC	27982	10.5
NC	27814	6.0	NC	27887	6.0	NC	27983	10.0
NC	27816	2.0	NC	27888	3.0	NC	27985	10.5
NC	27817	5.0	NC	27889	4.2	NC	27986	9.0
NC	27818	7.0	NC	27890	4.0	NC	28001	4.0
NC	27819	10.5	NC	27891	2.0	NC	28002	4.0
NC	27820	10.0	NC	27892	7.0	NC	28006	2.1
NC	27821	6.0	NC	27893	4.0	NC	28007	7.3
NC	27822	5.2	NC	27894	4.0	NC	28009	4.0
NC	27823	3.0	NC	27895	4.0	NC	28010	4.0
NC	27824	10.0	NC	27896	4.0	NC	28012	1.0
NC	27825	7.0	NC	27897	10.0	NC	28016	1.0

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
NC	28017	5.0
NC	28018	5.0
NC	28019	4.0
NC	28020	5.2
NC	28021	9.1
NC	28023	1.0
NC	28024	5.0
NC	28025	1.0
NC	28026	1.0
NC	28027	1.0
NC	28031	1.0
NC	28032	1.0
NC	28033	4.0
NC	28034	2.1
NC	28035	1.0
NC	28036	1.0
NC	28037	2.0
NC	28038	3.0
NC	28039	4.2
NC	28040	5.0
NC	28041	4.2
NC	28042	5.0
NC	28043	4.0
NC	28052	1.0
NC	28053	1.0
NC	28054	1.0
NC	28055	1.0
NC	28056	1.0
NC	28070	1.0
NC	28071	5.0
NC	28072	4.2
NC	28073	3.0
NC	28074	5.0
NC	28075	1.0
NC	28076	5.0
NC	28077	2.1
NC	28078	1.0
NC	28079	1.0
NC	28080	2.0
NC	28081	1.0
NC	28082	1.0
NC	28083	1.0
NC	28086	2.0
NC	28088	1.0
NC	28089	4.0
NC	28090	5.0
NC	28091	8.3
NC	28092	4.0
NC	28093	4.0
NC	28097	2.0
NC	28098	1.0
NC	28101	1.0
NC	28102	9.1
NC	28103	2.0
NC	28104	1.0
NC	28105	1.0
NC	28106	1.0
NC	28107	2.0
NC	28108	1.0
NC	28109	5.0
NC	28110	1.0
NC	28111	1.0
NC	28112	1.0
NC	28114	5.0
NC	28115	2.0
NC	28117	2.0
NC	28119	9.1
NC	28120	1.0
NC	28123	2.0

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
NC	28124	2.1
NC	28125	5.2
NC	28126	1.0
NC	28127	5.0
NC	28128	6.0
NC	28129	3.0
NC	28130	1.0
NC	28133	2.0
NC	28134	1.0
NC	28135	2.0
NC	28136	4.0
NC	28137	5.0
NC	28138	4.2
NC	28139	5.0
NC	28144	4.2
NC	28145	4.2
NC	28146	4.2
NC	28147	4.2
NC	28150	4.0
NC	28151	4.0
NC	28152	5.0
NC	28159	4.2
NC	28160	4.0
NC	28163	2.0
NC	28164	1.0
NC	28166	6.1
NC	28167	5.0
NC	28168	2.0
NC	28169	9.1
NC	28170	7.3
NC	28173	2.0
NC	28174	2.0
NC	28201	1.0
NC	28202	1.0
NC	28203	1.0
NC	28204	1.0
NC	28205	1.0
NC	28206	1.0
NC	28207	1.0
NC	28208	1.0
NC	28209	1.0
NC	28210	1.0
NC	28211	1.0
NC	28212	1.0
NC	28213	1.0
NC	28214	1.0
NC	28215	1.0
NC	28216	1.0
NC	28217	1.0
NC	28218	1.0
NC	28219	1.0
NC	28220	1.0
NC	28221	1.0
NC	28222	1.0
NC	28223	1.0
NC	28224	1.0
NC	28225	1.0
NC	28226	1.0
NC	28227	1.0
NC	28228	1.0
NC	28229	1.0
NC	28230	1.0
NC	28231	1.0
NC	28232	1.0
NC	28233	1.0
NC	28234	1.0
NC	28235	1.0
NC	28236	1.0
NC	28237	1.0

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
NC	28240	1.0
NC	28241	1.0
NC	28242	1.0
NC	28243	1.0
NC	28244	1.0
NC	28246	1.0
NC	28247	1.0
NC	28250	1.0
NC	28253	1.0
NC	28254	1.0
NC	28255	1.0
NC	28256	1.0
NC	28258	1.0
NC	28260	1.0
NC	28261	1.0
NC	28262	1.0
NC	28265	1.0
NC	28266	1.0
NC	28269	1.0
NC	28270	1.0
NC	28271	1.0
NC	28272	1.0
NC	28273	1.0
NC	28274	1.0
NC	28275	1.0
NC	28277	1.0
NC	28278	1.0
NC	28280	1.0
NC	28281	1.0
NC	28282	1.0
NC	28283	1.0
NC	28284	1.0
NC	28285	1.0
NC	28286	1.0
NC	28287	1.0
NC	28288	1.0
NC	28289	1.0
NC	28290	1.0
NC	28296	1.0
NC	28297	1.0
NC	28299	1.0
NC	28301	1.0
NC	28302	1.0
NC	28303	1.0
NC	28304	1.0
NC	28305	1.0
NC	28306	1.0
NC	28307	1.0
NC	28308	1.0
NC	28309	1.0
NC	28310	1.0
NC	28311	1.0
NC	28312	2.0
NC	28314	1.0
NC	28315	4.0
NC	28318	6.1
NC	28319	5.0
NC	28320	10.6
NC	28323	2.0
NC	28325	2.0
NC	28326	3.0
NC	28327	5.0
NC	28328	7.0
NC	28329	7.0
NC	28330	4.0
NC	28331	1.0
NC	28332	10.6
NC	28333	1.0
NC	28334	4.2

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
NC	28335	4.2	NC	28411	1.0	NC	28522	5.0
NC	28337	7.0	NC	28412	1.0	NC	28523	5.0
NC	28338	8.0	NC	28420	10.6	NC	28524	4.0
NC	28339	4.2	NC	28421	2.0	NC	28525	5.0
NC	28340	5.0	NC	28422	2.0	NC	28526	5.0
NC	28341	8.0	NC	28423	10.4	NC	28527	5.0
NC	28342	6.1	NC	28424	7.0	NC	28528	5.0
NC	28343	5.0	NC	28425	2.0	NC	28529	10.2
NC	28344	6.1	NC	28428	1.0	NC	28530	2.0
NC	28345	4.0	NC	28429	1.0	NC	28531	5.0
NC	28347	6.1	NC	28430	10.6	NC	28532	4.0
NC	28348	1.0	NC	28431	8.0	NC	28533	4.0
NC	28349	10.6	NC	28432	8.0	NC	28537	10.2
NC	28350	4.0	NC	28433	10.6	NC	28538	3.0
NC	28351	5.0	NC	28434	10.6	NC	28539	2.0
NC	28352	4.0	NC	28435	2.0	NC	28540	1.0
NC	28353	4.0	NC	28436	2.0	NC	28541	1.0
NC	28355	5.0	NC	28438	8.0	NC	28542	1.0
NC	28356	2.0	NC	28439	10.6	NC	28543	1.0
NC	28357	2.0	NC	28441	8.0	NC	28544	1.0
NC	28358	4.0	NC	28442	8.0	NC	28545	1.0
NC	28359	4.0	NC	28443	2.0	NC	28546	1.0
NC	28360	4.0	NC	28444	8.0	NC	28547	1.0
NC	28361	1.0	NC	28445	2.0	NC	28551	6.1
NC	28362	5.0	NC	28446	7.0	NC	28552	10.2
NC	28363	6.1	NC	28447	8.0	NC	28553	5.0
NC	28364	6.0	NC	28448	9.0	NC	28554	3.0
NC	28365	2.0	NC	28449	1.0	NC	28555	2.0
NC	28366	9.0	NC	28450	8.0	NC	28556	10.5
NC	28367	6.0	NC	28451	1.0	NC	28557	4.0
NC	28368	5.0	NC	28452	10.6	NC	28560	4.0
NC	28369	5.0	NC	28453	10.0	NC	28561	4.0
NC	28370	4.0	NC	28454	2.0	NC	28562	4.0
NC	28371	2.0	NC	28455	8.0	NC	28563	4.0
NC	28372	7.4	NC	28456	2.0	NC	28564	4.0
NC	28373	4.0	NC	28457	2.0	NC	28570	5.0
NC	28374	4.0	NC	28458	10.0	NC	28571	10.5
NC	28375	5.0	NC	28459	10.6	NC	28572	10.0
NC	28376	1.0	NC	28460	2.0	NC	28573	5.0
NC	28377	7.4	NC	28461	10.0	NC	28574	2.0
NC	28378	7.3	NC	28462	10.0	NC	28575	4.0
NC	28379	4.0	NC	28463	10.4	NC	28577	5.0
NC	28380	4.0	NC	28464	7.0	NC	28578	2.0
NC	28382	9.1	NC	28465	10.6	NC	28579	5.0
NC	28383	5.0	NC	28466	7.0	NC	28580	10.5
NC	28384	7.3	NC	28467	7.3	NC	28581	5.0
NC	28385	8.3	NC	28468	7.3	NC	28582	7.3
NC	28386	2.0	NC	28469	7.3	NC	28583	10.5
NC	28387	4.0	NC	28470	10.6	NC	28584	7.3
NC	28388	4.0	NC	28472	7.0	NC	28585	5.0
NC	28390	1.0	NC	28478	3.0	NC	28586	5.0
NC	28391	2.0	NC	28479	2.0	NC	28587	10.2
NC	28392	10.6	NC	28480	1.0	NC	28589	5.0
NC	28393	8.0	NC	28501	4.0	NC	28590	1.0
NC	28394	4.0	NC	28502	4.0	NC	28594	7.3
NC	28395	2.0	NC	28503	4.0	NC	28601	1.0
NC	28396	5.0	NC	28504	4.0	NC	28602	1.0
NC	28398	7.0	NC	28508	10.4	NC	28603	1.0
NC	28399	8.0	NC	28509	10.2	NC	28604	5.0
NC	28401	1.0	NC	28510	10.5	NC	28605	10.2
NC	28402	1.0	NC	28511	5.0	NC	28606	5.0
NC	28403	1.0	NC	28512	4.0	NC	28607	4.0
NC	28404	1.0	NC	28513	1.0	NC	28608	4.0
NC	28405	1.0	NC	28515	10.2	NC	28609	2.1
NC	28406	1.0	NC	28516	4.0	NC	28610	1.0
NC	28407	1.0	NC	28518	10.0	NC	28611	2.0
NC	28408	1.0	NC	28519	4.0	NC	28612	1.0
NC	28409	1.0	NC	28520	5.0	NC	28613	1.0
NC	28410	1.0	NC	28521	10.6	NC	28615	10.5

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
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 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
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 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
NC	28616	10.0	NC	28690	1.0	NC	28766	5.0
NC	28617	10.0	NC	28691	10.0	NC	28768	4.2
NC	28618	4.0	NC	28692	5.0	NC	28770	1.0
NC	28619	1.0	NC	28693	10.0	NC	28771	10.0
NC	28621	7.0	NC	28694	10.0	NC	28772	5.0
NC	28622	10.0	NC	28697	5.0	NC	28773	10.4
NC	28623	10.0	NC	28698	5.0	NC	28774	5.0
NC	28624	5.0	NC	28699	4.0	NC	28775	8.0
NC	28625	4.0	NC	28701	2.0	NC	28776	1.0
NC	28626	6.0	NC	28702	10.0	NC	28777	10.0
NC	28627	10.0	NC	28704	1.0	NC	28778	1.0
NC	28628	1.0	NC	28705	10.0	NC	28779	7.0
NC	28629	10.0	NC	28707	7.0	NC	28781	8.0
NC	28630	1.0	NC	28708	5.0	NC	28782	10.4
NC	28631	10.0	NC	28709	2.0	NC	28783	8.0
NC	28633	1.0	NC	28710	2.0	NC	28784	2.0
NC	28634	5.0	NC	28711	1.0	NC	28785	2.0
NC	28635	5.0	NC	28712	4.2	NC	28786	1.0
NC	28636	10.6	NC	28713	10.0	NC	28787	1.0
NC	28637	1.0	NC	28714	10.0	NC	28788	7.0
NC	28638	1.0	NC	28715	1.0	NC	28789	10.0
NC	28640	10.0	NC	28716	1.0	NC	28790	2.0
NC	28641	10.0	NC	28717	10.0	NC	28791	1.0
NC	28642	7.0	NC	28718	5.0	NC	28792	1.0
NC	28643	10.0	NC	28719	10.0	NC	28793	1.0
NC	28644	10.0	NC	28720	10.5	NC	28801	1.0
NC	28645	1.0	NC	28721	1.0	NC	28802	1.0
NC	28646	10.0	NC	28722	10.0	NC	28803	1.0
NC	28647	7.0	NC	28723	7.0	NC	28804	1.0
NC	28649	5.0	NC	28724	1.0	NC	28805	1.0
NC	28650	2.0	NC	28725	7.0	NC	28806	1.0
NC	28651	4.0	NC	28726	1.0	NC	28810	1.0
NC	28652	10.0	NC	28727	1.0	NC	28813	1.0
NC	28653	10.0	NC	28728	1.0	NC	28814	1.0
NC	28654	5.0	NC	28729	2.0	NC	28815	1.0
NC	28655	1.0	NC	28730	2.0	NC	28816	1.0
NC	28656	4.0	NC	28731	2.0	NC	28901	10.0
NC	28657	10.0	NC	28732	1.0	NC	28902	10.0
NC	28658	1.0	NC	28733	10.0	NC	28903	10.0
NC	28659	4.0	NC	28734	8.0	NC	28904	10.0
NC	28660	5.0	NC	28735	2.0	NC	28905	10.0
NC	28661	1.0	NC	28736	10.0	NC	28906	10.0
NC	28662	10.0	NC	28737	7.0	NC	28909	10.0
NC	28663	10.0	NC	28738	1.0	ND	58001	4.0
NC	28664	10.0	NC	28739	1.0	ND	58002	10.1
NC	28665	5.0	NC	28740	10.0	ND	58004	2.0
NC	28666	1.0	NC	28741	10.0	ND	58005	2.0
NC	28667	1.0	NC	28742	2.0	ND	58006	2.0
NC	28668	10.0	NC	28743	10.4	ND	58007	10.1
NC	28669	8.4	NC	28744	8.0	ND	58008	10.2
NC	28670	8.4	NC	28745	1.0	ND	58009	10.0
NC	28671	1.0	NC	28746	10.5	ND	58011	10.1
NC	28672	10.0	NC	28747	5.0	ND	58012	2.0
NC	28673	3.0	NC	28748	2.0	ND	58013	10.0
NC	28674	4.0	NC	28749	7.0	ND	58015	2.0
NC	28675	10.0	NC	28750	10.4	ND	58016	10.0
NC	28676	7.0	NC	28751	2.0	ND	58017	10.0
NC	28677	4.0	NC	28752	7.0	ND	58018	2.0
NC	28678	10.6	NC	28753	2.0	ND	58021	2.0
NC	28679	5.0	NC	28754	2.0	ND	58027	10.0
NC	28680	1.0	NC	28755	10.0	ND	58029	2.0
NC	28681	2.0	NC	28756	10.0	ND	58030	5.0
NC	28682	3.0	NC	28757	1.0	ND	58031	8.0
NC	28683	8.0	NC	28758	1.0	ND	58032	10.0
NC	28684	6.0	NC	28760	1.0	ND	58033	10.0
NC	28685	8.0	NC	28761	8.3	ND	58035	10.0
NC	28687	4.0	NC	28762	9.0	ND	58036	2.0
NC	28688	4.0	NC	28763	8.0	ND	58038	2.0
NC	28689	5.0	NC	28765	10.0	ND	58040	10.0

ADDENDUM I.—RUCA RURALITY
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State	Zip code	RUCA level
ND	58041	10.5
ND	58042	2.0
ND	58043	10.0
ND	58045	10.0
ND	58046	10.0
ND	58047	1.0
ND	58048	2.0
ND	58049	8.0
ND	58051	2.0
ND	58052	2.0
ND	58053	10.5
ND	58054	10.0
ND	58056	10.0
ND	58057	10.0
ND	58058	10.5
ND	58059	2.0
ND	58060	10.0
ND	58061	10.2
ND	58062	8.0
ND	58063	8.0
ND	58064	10.1
ND	58065	10.0
ND	58067	10.0
ND	58068	10.0
ND	58069	10.0
ND	58071	10.1
ND	58072	7.0
ND	58074	4.0
ND	58075	4.0
ND	58076	4.0
ND	58077	2.0
ND	58078	1.0
ND	58079	2.0
ND	58081	10.2
ND	58102	1.0
ND	58103	1.0
ND	58104	1.0
ND	58105	1.0
ND	58106	1.0
ND	58107	1.0
ND	58108	1.0
ND	58109	1.0
ND	58121	1.0
ND	58122	1.0
ND	58123	1.0
ND	58124	1.0
ND	58125	1.0
ND	58126	1.0
ND	58201	1.0
ND	58202	1.0
ND	58203	1.0
ND	58204	7.3
ND	58205	7.3
ND	58206	1.0
ND	58207	7.3
ND	58208	1.0
ND	58210	10.6
ND	58212	10.0
ND	58214	2.0
ND	58216	10.0
ND	58218	10.4
ND	58219	10.0
ND	58220	10.0
ND	58222	10.0
ND	58223	10.4
ND	58224	10.0
ND	58225	10.6
ND	58227	10.6
ND	58228	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
ND	58229	10.6
ND	58230	10.0
ND	58231	10.6
ND	58233	10.6
ND	58235	2.0
ND	58236	10.6
ND	58237	7.0
ND	58238	10.0
ND	58239	10.0
ND	58240	10.4
ND	58241	10.0
ND	58243	10.6
ND	58244	2.0
ND	58249	10.0
ND	58250	10.6
ND	58251	2.0
ND	58254	10.0
ND	58255	10.0
ND	58256	2.0
ND	58257	10.0
ND	58258	2.0
ND	58259	10.0
ND	58260	10.0
ND	58261	8.0
ND	58262	10.0
ND	58265	10.0
ND	58266	2.0
ND	58267	10.4
ND	58269	10.0
ND	58270	10.6
ND	58271	10.0
ND	58272	10.0
ND	58273	10.6
ND	58274	10.0
ND	58275	2.0
ND	58276	10.6
ND	58277	10.0
ND	58278	2.0
ND	58281	10.0
ND	58282	10.0
ND	58301	7.0
ND	58310	10.0
ND	58311	10.0
ND	58313	7.0
ND	58316	10.0
ND	58317	10.0
ND	58318	10.0
ND	58319	10.0
ND	58321	10.3
ND	58323	10.0
ND	58324	10.0
ND	58325	8.0
ND	58327	10.3
ND	58329	10.0
ND	58330	10.3
ND	58331	10.0
ND	58332	10.0
ND	58335	10.6
ND	58337	10.0
ND	58338	10.3
ND	58339	10.0
ND	58341	10.0
ND	58343	10.6
ND	58344	10.0
ND	58345	10.3
ND	58346	10.6
ND	58348	10.0
ND	58351	10.6
ND	58352	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
ND	58353	10.0
ND	58355	10.0
ND	58356	10.0
ND	58357	10.6
ND	58359	7.0
ND	58361	10.0
ND	58362	8.0
ND	58363	10.0
ND	58365	10.0
ND	58366	10.0
ND	58367	10.0
ND	58368	7.0
ND	58369	10.0
ND	58370	10.6
ND	58372	10.0
ND	58374	10.0
ND	58377	8.0
ND	58379	10.6
ND	58380	10.0
ND	58381	10.6
ND	58382	8.0
ND	58384	10.0
ND	58385	7.0
ND	58386	10.6
ND	58401	4.0
ND	58402	4.0
ND	58405	4.0
ND	58413	10.0
ND	58415	10.0
ND	58416	10.0
ND	58418	10.0
ND	58420	5.0
ND	58421	10.0
ND	58422	10.0
ND	58423	10.0
ND	58424	5.0
ND	58425	10.0
ND	58426	5.0
ND	58428	10.4
ND	58429	8.0
ND	58430	10.0
ND	58431	10.0
ND	58433	10.0
ND	58436	10.0
ND	58438	10.0
ND	58439	10.0
ND	58440	10.0
ND	58441	10.0
ND	58442	10.0
ND	58443	10.0
ND	58444	10.0
ND	58445	10.0
ND	58448	10.0
ND	58451	10.0
ND	58452	10.0
ND	58454	10.0
ND	58455	5.0
ND	58456	10.0
ND	58458	10.0
ND	58460	10.0
ND	58461	8.0
ND	58463	10.0
ND	58464	10.0
ND	58466	10.0
ND	58467	5.0
ND	58472	5.0
ND	58474	10.0
ND	58475	10.0
ND	58476	5.0

ADDENDUM I.—RUCA RURALITY
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ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
ND	58477	2.0	ND	58622	10.2	ND	58765	10.0
ND	58478	10.0	ND	58623	10.0	ND	58768	5.0
ND	58479	8.0	ND	58625	10.5	ND	58769	10.0
ND	58480	8.0	ND	58626	10.5	ND	58770	10.0
ND	58481	8.0	ND	58627	10.0	ND	58771	10.0
ND	58482	10.4	ND	58630	5.0	ND	58772	10.0
ND	58483	5.0	ND	58631	10.4	ND	58773	10.0
ND	58484	10.0	ND	58632	10.0	ND	58775	10.0
ND	58486	10.0	ND	58634	10.0	ND	58776	10.0
ND	58487	10.4	ND	58636	10.5	ND	58778	10.0
ND	58488	10.0	ND	58638	10.4	ND	58779	5.0
ND	58490	10.0	ND	58639	10.0	ND	58781	5.0
ND	58492	8.0	ND	58640	10.5	ND	58782	10.5
ND	58494	2.0	ND	58641	5.0	ND	58783	10.0
ND	58495	10.0	ND	58642	10.5	ND	58784	10.0
ND	58496	5.0	ND	58643	10.0	ND	58785	5.0
ND	58497	5.0	ND	58644	10.5	ND	58787	10.5
ND	58501	1.0	ND	58645	10.0	ND	58788	10.5
ND	58502	1.0	ND	58646	10.0	ND	58789	10.5
ND	58503	1.0	ND	58647	10.5	ND	58790	10.5
ND	58504	1.0	ND	58649	10.0	ND	58792	10.5
ND	58505	1.0	ND	58650	10.5	ND	58793	10.5
ND	58506	1.0	ND	58651	10.0	ND	58794	10.0
ND	58507	1.0	ND	58652	10.5	ND	58795	10.5
ND	58520	10.4	ND	58653	10.0	ND	58801	4.0
ND	58521	2.0	ND	58654	10.0	ND	58802	4.0
ND	58523	7.0	ND	58655	10.2	ND	58830	10.5
ND	58524	10.0	ND	58656	10.5	ND	58831	10.6
ND	58528	2.0	ND	58701	4.0	ND	58833	10.0
ND	58529	10.0	ND	58702	4.0	ND	58835	10.0
ND	58530	10.4	ND	58703	4.0	ND	58838	10.6
ND	58531	10.0	ND	58704	7.4	ND	58843	5.0
ND	58532	2.0	ND	58705	7.4	ND	58844	10.0
ND	58533	10.0	ND	58707	4.0	ND	58845	5.0
ND	58535	2.0	ND	58710	10.0	ND	58847	10.0
ND	58538	10.0	ND	58711	10.5	ND	58849	5.0
ND	58540	10.0	ND	58712	10.0	ND	58852	10.5
ND	58541	10.6	ND	58713	10.5	ND	58853	5.0
ND	58542	10.0	ND	58716	10.0	ND	58854	10.0
ND	58544	10.0	ND	58718	5.0	ND	58856	5.0
ND	58545	10.0	ND	58721	10.0	NE	68001	5.0
ND	58549	10.0	ND	58722	5.0	NE	68002	2.0
ND	58552	10.0	ND	58723	10.0	NE	68003	2.0
ND	58554	1.0	ND	58725	10.5	NE	68004	10.6
ND	58558	2.0	ND	58727	10.0	NE	68005	1.0
ND	58559	10.4	ND	58730	10.0	NE	68007	2.0
ND	58560	2.0	ND	58731	10.5	NE	68008	7.3
ND	58561	10.0	ND	58733	5.0	NE	68009	7.3
ND	58562	10.0	ND	58734	10.5	NE	68010	1.0
ND	58563	10.4	ND	58735	5.0	NE	68014	5.0
ND	58564	10.0	ND	58736	10.0	NE	68015	5.2
ND	58565	10.4	ND	58737	10.0	NE	68016	2.0
ND	58566	2.0	ND	58740	7.4	NE	68017	2.0
ND	58568	10.0	ND	58741	10.5	NE	68018	5.2
ND	58569	10.0	ND	58744	10.0	NE	68019	10.4
ND	58570	10.0	ND	58746	10.5	NE	68020	10.0
ND	58571	10.0	ND	58747	10.0	NE	68022	1.0
ND	58572	2.0	ND	58748	10.0	NE	68023	2.0
ND	58573	10.0	ND	58750	10.5	NE	68025	4.2
ND	58575	10.0	ND	58752	10.0	NE	68026	4.2
ND	58576	10.4	ND	58755	10.5	NE	68028	2.0
ND	58577	10.4	ND	58756	5.0	NE	68029	2.0
ND	58579	10.4	ND	58757	10.0	NE	68030	2.0
ND	58580	10.6	ND	58758	10.0	NE	68031	10.5
ND	58581	10.0	ND	58759	10.0	NE	68033	2.0
ND	58601	4.0	ND	58760	10.5	NE	68034	2.0
ND	58602	4.0	ND	58761	10.5	NE	68036	5.0
ND	58620	10.0	ND	58762	10.5	NE	68037	2.0
ND	58621	10.0	ND	58763	10.0	NE	68038	10.0

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State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
NE	68039	10.0	NE	68157	1.0	NE	68366	2.1
NE	68040	2.0	NE	68164	1.0	NE	68367	8.0
NE	68041	2.0	NE	68172	1.0	NE	68368	2.0
NE	68042	2.0	NE	68175	1.0	NE	68370	10.0
NE	68044	10.5	NE	68176	1.0	NE	68371	10.3
NE	68045	10.4	NE	68178	1.0	NE	68372	2.0
NE	68046	1.0	NE	68179	1.0	NE	68375	10.0
NE	68047	10.0	NE	68180	1.0	NE	68376	10.6
NE	68048	2.0	NE	68181	1.0	NE	68377	10.6
NE	68050	2.0	NE	68182	1.0	NE	68378	10.6
NE	68055	10.0	NE	68183	1.0	NE	68380	10.0
NE	68056	1.0	NE	68197	1.0	NE	68381	5.0
NE	68057	10.5	NE	68198	1.0	NE	68382	8.0
NE	68058	2.0	NE	68301	6.0	NE	68401	10.3
NE	68059	2.0	NE	68303	10.0	NE	68402	2.0
NE	68061	10.4	NE	68304	2.1	NE	68403	2.0
NE	68062	10.4	NE	68305	7.0	NE	68404	2.0
NE	68063	10.5	NE	68307	2.0	NE	68405	2.0
NE	68064	2.0	NE	68309	5.0	NE	68406	10.0
NE	68065	2.0	NE	68310	4.0	NE	68407	2.1
NE	68066	7.3	NE	68313	2.0	NE	68409	2.0
NE	68067	10.0	NE	68314	2.0	NE	68410	7.0
NE	68068	2.0	NE	68315	10.0	NE	68413	2.0
NE	68069	1.0	NE	68316	8.0	NE	68414	10.6
NE	68070	2.0	NE	68317	2.0	NE	68415	5.0
NE	68071	10.4	NE	68318	5.0	NE	68416	10.0
NE	68072	10.5	NE	68319	8.0	NE	68417	10.4
NE	68073	2.0	NE	68320	10.6	NE	68418	2.0
NE	68101	1.0	NE	68321	10.6	NE	68419	2.0
NE	68102	1.0	NE	68322	10.0	NE	68420	10.0
NE	68103	1.0	NE	68323	10.0	NE	68421	10.6
NE	68104	1.0	NE	68324	2.0	NE	68422	5.0
NE	68105	1.0	NE	68325	10.0	NE	68423	2.0
NE	68106	1.0	NE	68326	10.0	NE	68424	10.6
NE	68107	1.0	NE	68327	10.0	NE	68428	2.0
NE	68108	1.0	NE	68328	5.0	NE	68429	10.6
NE	68109	1.0	NE	68329	10.4	NE	68430	2.0
NE	68110	1.0	NE	68330	2.0	NE	68431	8.0
NE	68111	1.0	NE	68331	5.0	NE	68433	10.6
NE	68112	1.0	NE	68332	10.4	NE	68434	7.3
NE	68113	1.0	NE	68333	7.3	NE	68436	10.0
NE	68114	1.0	NE	68335	10.0	NE	68437	8.0
NE	68116	1.0	NE	68336	2.0	NE	68438	2.0
NE	68117	1.0	NE	68337	10.6	NE	68439	2.0
NE	68118	1.0	NE	68338	10.6	NE	68440	10.6
NE	68119	1.0	NE	68339	2.0	NE	68441	10.0
NE	68120	1.0	NE	68340	10.0	NE	68442	8.0
NE	68122	1.0	NE	68341	10.6	NE	68443	10.4
NE	68123	1.0	NE	68342	10.6	NE	68444	10.0
NE	68124	1.0	NE	68343	10.4	NE	68445	10.0
NE	68127	1.0	NE	68344	2.0	NE	68446	10.4
NE	68128	1.0	NE	68345	10.0	NE	68447	10.0
NE	68130	1.0	NE	68346	8.0	NE	68448	8.0
NE	68131	1.0	NE	68347	2.0	NE	68450	10.0
NE	68132	1.0	NE	68348	10.0	NE	68452	10.5
NE	68133	1.0	NE	68349	2.0	NE	68453	10.0
NE	68134	1.0	NE	68350	10.6	NE	68454	2.0
NE	68135	1.0	NE	68351	10.0	NE	68455	2.0
NE	68136	1.0	NE	68352	7.0	NE	68456	2.0
NE	68137	1.0	NE	68354	10.0	NE	68457	8.0
NE	68138	1.0	NE	68355	7.0	NE	68458	6.0
NE	68139	1.0	NE	68357	6.0	NE	68460	8.0
NE	68142	1.0	NE	68358	2.0	NE	68461	2.0
NE	68144	1.0	NE	68359	10.4	NE	68462	2.0
NE	68145	1.0	NE	68360	2.0	NE	68463	2.0
NE	68147	1.0	NE	68361	10.0	NE	68464	10.0
NE	68152	1.0	NE	68362	10.0	NE	68465	10.6
NE	68154	1.0	NE	68364	2.0	NE	68466	5.0
NE	68155	1.0	NE	68365	10.0	NE	68467	7.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NE	68501	1.0
NE	68502	1.0
NE	68503	1.0
NE	68504	1.0
NE	68505	1.0
NE	68506	1.0
NE	68507	1.0
NE	68508	1.0
NE	68509	1.0
NE	68510	1.0
NE	68512	1.0
NE	68514	2.0
NE	68516	1.0
NE	68517	2.0
NE	68520	1.0
NE	68521	1.0
NE	68522	1.0
NE	68523	2.0
NE	68524	1.0
NE	68526	1.0
NE	68527	2.0
NE	68528	1.0
NE	68529	1.0
NE	68531	2.0
NE	68532	2.0
NE	68542	1.0
NE	68583	1.0
NE	68588	1.0
NE	68601	4.0
NE	68602	4.0
NE	68620	10.0
NE	68621	4.2
NE	68622	10.0
NE	68623	10.5
NE	68624	5.0
NE	68626	10.4
NE	68627	10.0
NE	68628	10.6
NE	68629	10.0
NE	68631	10.5
NE	68632	7.0
NE	68633	10.5
NE	68634	4.0
NE	68635	10.4
NE	68636	10.0
NE	68637	10.0
NE	68638	10.5
NE	68640	10.5
NE	68641	10.0
NE	68642	10.5
NE	68643	10.0
NE	68644	10.5
NE	68647	5.0
NE	68648	2.0
NE	68649	10.2
NE	68651	10.5
NE	68652	10.0
NE	68653	5.0
NE	68654	10.6
NE	68655	10.0
NE	68658	5.0
NE	68659	10.5
NE	68660	10.0
NE	68661	7.4
NE	68662	10.6
NE	68663	10.6
NE	68664	10.5
NE	68665	10.0
NE	68666	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NE	68667	10.4
NE	68669	-10.4
NE	68701	4.0
NE	68702	4.0
NE	68710	10.4
NE	68711	10.6
NE	68713	10.6
NE	68714	10.0
NE	68715	5.0
NE	68716	10.6
NE	68717	10.6
NE	68718	10.0
NE	68719	10.0
NE	68720	10.0
NE	68722	10.0
NE	68723	10.6
NE	68724	10.0
NE	68725	10.6
NE	68726	10.0
NE	68727	10.6
NE	68728	10.4
NE	68729	10.0
NE	68730	10.2
NE	68731	1.0
NE	68732	10.4
NE	68733	2.0
NE	68734	10.6
NE	68735	10.6
NE	68736	10.5
NE	68738	4.0
NE	68739	10.5
NE	68740	10.6
NE	68741	2.0
NE	68742	10.6
NE	68743	2.0
NE	68745	10.6
NE	68746	10.0
NE	68747	5.0
NE	68748	10.5
NE	68749	10.6
NE	68751	10.1
NE	68752	5.0
NE	68753	10.0
NE	68755	10.0
NE	68756	10.0
NE	68757	10.1
NE	68758	10.5
NE	68759	10.0
NE	68760	10.0
NE	68761	10.0
NE	68763	7.0
NE	68764	10.0
NE	68765	10.5
NE	68766	10.6
NE	68767	5.0
NE	68768	10.5
NE	68769	10.5
NE	68770	10.1
NE	68771	10.6
NE	68773	10.0
NE	68774	10.5
NE	68776	1.0
NE	68777	10.0
NE	68778	10.0
NE	68779	4.0
NE	68780	10.6
NE	68781	5.0
NE	68783	10.0
NE	68784	10.4

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NE	68785	10.4
NE	68786	10.0
NE	68787	7.0
NE	68788	7.0
NE	68789	10.0
NE	68790	10.6
NE	68791	10.6
NE	68792	10.5
NE	68801	4.0
NE	68802	4.0
NE	68803	4.0
NE	68810	5.0
NE	68812	5.0
NE	68813	10.6
NE	68814	10.3
NE	68815	10.0
NE	68816	10.6
NE	68817	10.5
NE	68818	7.4
NE	68819	10.3
NE	68820	10.2
NE	68821	10.0
NE	68822	7.0
NE	68823	10.0
NE	68824	5.0
NE	68825	10.6
NE	68826	7.4
NE	68827	5.0
NE	68828	10.6
NE	68831	10.2
NE	68832	5.0
NE	68833	10.0
NE	68834	5.0
NE	68835	10.2
NE	68836	5.0
NE	68837	10.0
NE	68838	10.2
NE	68840	5.0
NE	68841	5.0
NE	68842	10.0
NE	68843	10.6
NE	68844	10.5
NE	68845	4.0
NE	68846	10.6
NE	68847	4.0
NE	68848	4.0
NE	68849	4.0
NE	68850	4.0
NE	68852	10.5
NE	68853	10.5
NE	68854	5.0
NE	68855	10.3
NE	68856	10.6
NE	68858	10.2
NE	68859	10.0
NE	68860	10.6
NE	68861	5.0
NE	68862	10.0
NE	68863	5.0
NE	68864	5.0
NE	68865	5.0
NE	68866	10.2
NE	68869	10.2
NE	68870	5.0
NE	68871	10.5
NE	68872	5.0
NE	68873	10.2
NE	68874	10.6
NE	68875	10.0

ADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NE	68876	5.0
NE	68878	5.0
NE	68879	10.0
NE	68881	10.6
NE	68882	10.0
NE	68883	5.0
NE	68901	4.0
NE	68902	4.0
NE	68920	10.6
NE	68922	10.0
NE	68923	10.3
NE	68924	5.0
NE	68925	5.0
NE	68926	10.0
NE	68927	10.3
NE	68928	10.2
NE	68929	10.0
NE	68930	10.2
NE	68932	10.5
NE	68933	10.5
NE	68934	10.5
NE	68935	10.5
NE	68936	10.0
NE	68937	10.5
NE	68938	10.5
NE	68939	10.0
NE	68940	10.3
NE	68941	10.5
NE	68942	10.5
NE	68943	10.0
NE	68944	10.5
NE	68945	5.0
NE	68946	10.0
NE	68947	10.5
NE	68948	10.0
NE	68949	7.0
NE	68950	5.0
NE	68952	10.5
NE	68954	10.5
NE	68955	5.0
NE	68956	5.0
NE	68957	10.0
NE	68958	10.3
NE	68959	7.4
NE	68960	10.0
NE	68961	10.0
NE	68964	10.0
NE	68966	10.6
NE	68967	10.0
NE	68969	10.6
NE	68970	10.5
NE	68971	10.6
NE	68972	10.0
NE	68973	5.0
NE	68974	10.0
NE	68975	10.5
NE	68976	10.5
NE	68977	10.6
NE	68978	10.0
NE	68979	10.5
NE	68980	10.5
NE	68981	10.5
NE	68982	5.0
NE	69001	7.0
NE	69020	8.0
NE	69021	10.0
NE	69022	10.0
NE	69023	10.0
NE	69024	10.6

ADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NE	69025	10.0
NE	69026	8.0
NE	69027	10.0
NE	69028	10.0
NE	69029	6.0
NE	69030	10.0
NE	69032	10.0
NE	69033	10.0
NE	69034	8.0
NE	69036	8.0
NE	69037	10.0
NE	69038	10.0
NE	69039	10.0
NE	69040	10.6
NE	69041	10.0
NE	69042	10.0
NE	69043	10.6
NE	69044	10.6
NE	69045	10.0
NE	69046	10.0
NE	69101	4.0
NE	69103	4.0
NE	69120	10.6
NE	69121	10.0
NE	69122	10.0
NE	69123	5.0
NE	69125	10.5
NE	69127	10.3
NE	69128	7.0
NE	69129	10.0
NE	69130	7.4
NE	69131	10.3
NE	69132	5.0
NE	69133	7.0
NE	69134	10.0
NE	69135	10.6
NE	69138	7.0
NE	69140	10.0
NE	69141	10.3
NE	69142	10.0
NE	69143	5.0
NE	69144	10.3
NE	69145	7.0
NE	69146	10.3
NE	69147	10.0
NE	69148	10.0
NE	69149	10.3
NE	69150	10.0
NE	69151	5.0
NE	69152	10.0
NE	69153	7.0
NE	69154	10.0
NE	69155	10.3
NE	69156	10.3
NE	69157	10.0
NE	69160	7.0
NE	69161	10.0
NE	69162	7.0
NE	69163	10.5
NE	69165	5.0
NE	69166	10.0
NE	69167	10.5
NE	69168	10.0
NE	69169	5.0
NE	69170	5.0
NE	69171	7.4
NE	69190	10.0
NE	69201	7.0
NE	69210	10.0

ADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NE	69211	7.0
NE	69212	7.0
NE	69214	10.0
NE	69216	7.0
NE	69217	10.0
NE	69218	7.0
NE	69219	7.0
NE	69220	7.0
NE	69221	10.6
NE	69301	7.0
NE	69331	10.5
NE	69333	10.0
NE	69334	10.5
NE	69335	10.0
NE	69336	10.5
NE	69337	7.0
NE	69339	10.6
NE	69340	10.0
NE	69341	4.0
NE	69343	10.0
NE	69345	10.2
NE	69346	10.5
NE	69347	10.0
NE	69348	10.3
NE	69350	10.0
NE	69351	10.0
NE	69352	10.2
NE	69353	4.0
NE	69354	10.6
NE	69355	4.0
NE	69356	5.0
NE	69357	5.0
NE	69358	10.2
NE	69360	10.0
NE	69361	4.0
NE	69363	4.0
NE	69365	10.0
NE	69366	10.0
NE	69367	10.6
NH	03031	1.0
NH	03032	1.0
NH	03033	2.1
NH	03034	2.1
NH	03036	2.0
NH	03037	3.0
NH	03038	1.0
NH	03040	2.1
NH	03041	1.0
NH	03042	2.0
NH	03043	3.0
NH	03044	2.0
NH	03045	1.0
NH	03046	2.0
NH	03047	3.0
NH	03048	2.1
NH	03049	2.1
NH	03051	1.0
NH	03052	1.0
NH	03053	1.0
NH	03054	1.0
NH	03055	1.0
NH	03057	2.1
NH	03060	1.0
NH	03061	1.0
NH	03062	1.0
NH	03063	1.0
NH	03064	1.0
NH	03070	2.1
NH	03071	10.4

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
NH	03073	1.0	NH	03276	4.0	NH	03598	10.6
NH	03076	1.0	NH	03278	5.0	NH	03601	9.0
NH	03077	2.0	NH	03279	10.6	NH	03602	5.0
NH	03079	1.0	NH	03280	9.0	NH	03603	7.0
NH	03082	2.1	NH	03281	2.1	NH	03604	5.0
NH	03084	10.4	NH	03282	6.0	NH	03605	9.0
NH	03086	2.0	NH	03284	5.0	NH	03607	9.0
NH	03087	1.0	NH	03287	10.5	NH	03608	10.5
NH	03101	1.0	NH	03289	5.0	NH	03609	10.5
NH	03102	1.0	NH	03290	3.0	NH	03740	10.6
NH	03103	1.0	NH	03291	3.0	NH	03741	5.0
NH	03104	1.0	NH	03293	10.6	NH	03743	7.0
NH	03105	1.0	NH	03298	10.5	NH	03745	5.0
NH	03106	1.0	NH	03299	10.5	NH	03746	5.0
NH	03107	1.0	NH	03301	4.2	NH	03748	4.0
NH	03108	1.0	NH	03302	4.2	NH	03749	4.0
NH	03109	1.0	NH	03303	4.2	NH	03750	5.0
NH	03110	1.0	NH	03304	4.2	NH	03751	9.0
NH	03111	1.0	NH	03305	4.2	NH	03752	9.0
NH	03215	9.0	NH	03307	5.0	NH	03753	5.0
NH	03216	6.0	NH	03431	4.0	NH	03754	7.0
NH	03217	10.6	NH	03435	4.0	NH	03755	4.0
NH	03218	6.0	NH	03440	10.6	NH	03756	4.0
NH	03220	5.0	NH	03441	5.0	NH	03765	10.0
NH	03221	10.5	NH	03442	3.0	NH	03766	4.0
NH	03222	10.5	NH	03443	5.0	NH	03768	5.0
NH	03223	9.0	NH	03444	5.0	NH	03769	5.0
NH	03224	5.0	NH	03445	5.0	NH	03770	5.0
NH	03225	6.0	NH	03446	5.0	NH	03771	10.6
NH	03226	6.0	NH	03447	6.0	NH	03773	7.0
NH	03227	10.0	NH	03448	5.0	NH	03774	10.0
NH	03229	5.0	NH	03449	8.0	NH	03777	6.0
NH	03230	10.5	NH	03450	5.0	NH	03779	6.0
NH	03231	6.0	NH	03451	8.0	NH	03780	10.0
NH	03233	10.0	NH	03452	7.0	NH	03781	5.0
NH	03234	5.2	NH	03455	5.0	NH	03782	9.0
NH	03235	4.0	NH	03456	5.0	NH	03784	4.0
NH	03237	6.0	NH	03457	5.0	NH	03785	10.0
NH	03238	10.6	NH	03458	7.0	NH	03801	1.0
NH	03240	6.0	NH	03461	10.6	NH	03802	1.0
NH	03241	5.0	NH	03462	5.0	NH	03803	1.0
NH	03242	10.5	NH	03464	5.0	NH	03804	1.0
NH	03243	10.5	NH	03465	5.0	NH	03805	1.0
NH	03244	7.4	NH	03466	5.0	NH	03809	10.5
NH	03245	7.0	NH	03467	5.0	NH	03810	10.5
NH	03246	4.0	NH	03468	7.0	NH	03811	1.0
NH	03247	4.0	NH	03469	5.0	NH	03812	10.0
NH	03249	4.0	NH	03470	5.0	NH	03813	10.0
NH	03251	10.6	NH	03561	7.0	NH	03814	10.0
NH	03252	4.0	NH	03570	4.0	NH	03815	2.0
NH	03253	10.5	NH	03574	10.3	NH	03816	10.0
NH	03254	19.5	NH	03575	10.6	NH	03817	10.0
NH	03255	10.5	NH	03576	10.5	NH	03818	10.0
NH	03256	6.0	NH	03579	5.0	NH	03819	1.0
NH	03257	10.0	NH	03580	10.3	NH	03820	1.0
NH	03258	5.2	NH	03581	4.0	NH	03821	1.0
NH	03259	10.0	NH	03582	10.0	NH	03822	1.0
NH	03260	5.0	NH	03583	10.5	NH	03823	1.0
NH	03261	6.0	NH	03584	10.6	NH	03824	1.0
NH	03262	10.6	NH	03585	10.6	NH	03825	2.0
NH	03263	5.0	NH	03586	10.6	NH	03826	1.0
NH	03264	7.0	NH	03587	10.5	NH	03827	2.0
NH	03266	9.0	NH	03588	5.0	NH	03830	3.0
NH	03268	6.0	NH	03589	10.5	NH	03832	10.0
NH	03269	6.0	NH	03590	10.0	NH	03833	1.0
NH	03272	10.5	NH	03592	10.0	NH	03835	2.0
NH	03273	5.0	NH	03593	10.5	NH	03836	10.0
NH	03274	9.0	NH	03595	10.6	NH	03837	6.0
NH	03275	4.2	NH	03597	10.5	NH	03838	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
NH	03839	1.0	NJ	07024	1.0	NJ	07105	1.0
NH	03840	1.0	NJ	07026	1.0	NJ	07106	1.0
NH	03841	1.0	NJ	07027	1.0	NJ	07107	1.0
NH	03842	1.0	NJ	07028	1.0	NJ	07108	1.0
NH	03843	1.0	NJ	07029	1.0	NJ	07109	1.0
NH	03844	2.0	NJ	07030	1.0	NJ	07110	1.0
NH	03845	10.0	NJ	07031	1.0	NJ	07111	1.0
NH	03846	10.0	NJ	07032	1.0	NJ	07112	1.0
NH	03847	10.0	NJ	07033	1.0	NJ	07114	1.0
NH	03848	1.0	NJ	07034	1.0	NJ	07175	1.0
NH	03849	10.0	NJ	07035	1.0	NJ	07182	1.0
NH	03850	10.0	NJ	07036	1.0	NJ	07184	1.0
NH	03851	1.0	NJ	07039	1.0	NJ	07188	1.0
NH	03852	1.0	NJ	07040	1.0	NJ	07189	1.0
NH	03853	10.0	NJ	07041	1.0	NJ	07191	1.0
NH	03854	1.0	NJ	07042	1.0	NJ	07192	1.0
NH	03855	3.0	NJ	07043	1.0	NJ	07193	1.0
NH	03856	3.0	NJ	07044	1.0	NJ	07194	1.0
NH	03857	3.0	NJ	07045	1.0	NJ	07195	1.0
NH	03858	1.0	NJ	07046	1.0	NJ	07197	1.0
NH	03859	1.0	NJ	07047	1.0	NJ	07198	1.0
NH	03860	10.0	NJ	07050	1.0	NJ	07199	1.0
NH	03862	1.0	NJ	07051	1.0	NJ	07201	1.0
NH	03864	10.0	NJ	07052	1.0	NJ	07202	1.0
NH	03865	1.0	NJ	07054	1.0	NJ	07203	1.0
NH	03866	1.0	NJ	07055	1.0	NJ	07204	1.0
NH	03867	1.0	NJ	07057	1.0	NJ	07205	1.0
NH	03868	1.0	NJ	07058	1.0	NJ	07206	1.0
NH	03869	1.0	NJ	07059	1.0	NJ	07207	1.0
NH	03870	1.0	NJ	07060	1.0	NJ	07208	1.0
NH	03871	1.0	NJ	07061	1.0	NJ	07302	1.0
NH	03872	3.0	NJ	07062	1.0	NJ	07303	1.0
NH	03873	1.0	NJ	07063	1.0	NJ	07304	1.0
NH	03874	1.0	NJ	07064	1.0	NJ	07305	1.0
NH	03875	10.0	NJ	07065	1.0	NJ	07306	1.0
NH	03878	1.0	NJ	07066	1.0	NJ	07307	1.0
NH	03882	10.0	NJ	07067	1.0	NJ	07308	1.0
NH	03883	10.0	NJ	07068	1.0	NJ	07309	1.0
NH	03884	2.0	NJ	07069	1.0	NJ	07310	1.0
NH	03885	3.0	NJ	07070	1.0	NJ	07311	1.0
NH	03886	10.0	NJ	07071	1.0	NJ	07390	1.0
NH	03887	3.0	NJ	07072	1.0	NJ	07395	1.0
NH	03890	10.0	NJ	07073	1.0	NJ	07399	1.0
NH	03894	10.0	NJ	07074	1.0	NJ	07401	1.0
NH	03896	10.0	NJ	07075	1.0	NJ	07403	1.0
NH	03897	10.0	NJ	07076	1.0	NJ	07405	1.0
NJ	07001	1.0	NJ	07077	1.0	NJ	07407	1.0
NJ	07002	1.0	NJ	07078	1.0	NJ	07410	1.0
NJ	07003	1.0	NJ	07079	1.0	NJ	07416	2.0
NJ	07004	1.0	NJ	07080	1.0	NJ	07417	1.0
NJ	07005	1.0	NJ	07081	1.0	NJ	07418	2.0
NJ	07006	1.0	NJ	07082	1.0	NJ	07419	2.0
NJ	07007	1.0	NJ	07083	1.0	NJ	07420	1.0
NJ	07008	1.0	NJ	07086	1.0	NJ	07421	2.0
NJ	07009	1.0	NJ	07087	1.0	NJ	07422	2.0
NJ	07010	1.0	NJ	07088	1.0	NJ	07423	1.0
NJ	07011	1.0	NJ	07090	1.0	NJ	07424	1.0
NJ	07012	1.0	NJ	07091	1.0	NJ	07428	2.0
NJ	07013	1.0	NJ	07092	1.0	NJ	07430	1.0
NJ	07014	1.0	NJ	07093	1.0	NJ	07432	1.0
NJ	07015	1.0	NJ	07094	1.0	NJ	07435	1.0
NJ	07016	1.0	NJ	07095	1.0	NJ	07436	1.0
NJ	07017	1.0	NJ	07096	1.0	NJ	07438	2.0
NJ	07018	1.0	NJ	07097	1.0	NJ	07439	2.0
NJ	07019	1.0	NJ	07099	1.0	NJ	07440	1.0
NJ	07020	1.0	NJ	07101	1.0	NJ	07442	1.0
NJ	07021	1.0	NJ	07102	1.0	NJ	07444	1.0
NJ	07022	1.0	NJ	07103	1.0	NJ	07446	1.0
NJ	07023	1.0	NJ	07104	1.0	NJ	07450	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NJ	07451	1.0
NJ	07452	1.0
NJ	07456	1.0
NJ	07457	1.0
NJ	07458	1.0
NJ	07460	2.0
NJ	07461	2.0
NJ	07462	2.0
NJ	07463	1.0
NJ	07465	1.0
NJ	07470	1.0
NJ	07474	1.0
NJ	07477	1.0
NJ	07480	1.0
NJ	07481	1.0
NJ	07495	1.0
NJ	07498	1.0
NJ	07501	1.0
NJ	07502	1.0
NJ	07503	1.0
NJ	07504	1.0
NJ	07505	1.0
NJ	07506	1.0
NJ	07507	1.0
NJ	07508	1.0
NJ	07509	1.0
NJ	07510	1.0
NJ	07511	1.0
NJ	07512	1.0
NJ	07513	1.0
NJ	07514	1.0
NJ	07522	1.0
NJ	07524	1.0
NJ	07533	1.0
NJ	07538	1.0
NJ	07543	1.0
NJ	07544	1.0
NJ	07601	1.0
NJ	07602	1.0
NJ	07603	1.0
NJ	07604	1.0
NJ	07605	1.0
NJ	07606	1.0
NJ	07607	1.0
NJ	07608	1.0
NJ	07620	1.0
NJ	07621	1.0
NJ	07624	1.0
NJ	07626	1.0
NJ	07627	1.0
NJ	07628	1.0
NJ	07630	1.0
NJ	07631	1.0
NJ	07632	1.0
NJ	07640	1.0
NJ	07641	1.0
NJ	07642	1.0
NJ	07643	1.0
NJ	07644	1.0
NJ	07645	1.0
NJ	07646	1.0
NJ	07647	1.0
NJ	07648	1.0
NJ	07649	1.0
NJ	07650	1.0
NJ	07652	1.0
NJ	07653	1.0
NJ	07656	1.0
NJ	07657	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NJ	07660	1.0
NJ	07661	1.0
NJ	07662	1.0
NJ	07663	1.0
NJ	07666	1.0
NJ	07670	1.0
NJ	07675	1.0
NJ	07676	1.0
NJ	07677	1.0
NJ	07699	1.0
NJ	07701	1.0
NJ	07702	1.0
NJ	07703	1.0
NJ	07704	1.0
NJ	07709	1.0
NJ	07710	1.0
NJ	07711	1.0
NJ	07712	1.0
NJ	07715	1.0
NJ	07716	1.0
NJ	07717	1.0
NJ	07718	1.0
NJ	07719	1.0
NJ	07720	1.0
NJ	07721	1.0
NJ	07722	1.0
NJ	07723	1.0
NJ	07724	1.0
NJ	07726	1.0
NJ	07727	1.0
NJ	07728	1.0
NJ	07730	1.0
NJ	07731	1.0
NJ	07732	1.0
NJ	07733	1.0
NJ	07734	1.0
NJ	07735	1.0
NJ	07737	1.0
NJ	07738	1.0
NJ	07739	1.0
NJ	07740	1.0
NJ	07746	1.0
NJ	07747	1.0
NJ	07748	1.0
NJ	07750	1.0
NJ	07751	1.0
NJ	07752	1.0
NJ	07753	1.0
NJ	07754	1.0
NJ	07755	1.0
NJ	07756	1.0
NJ	07757	1.0
NJ	07758	1.0
NJ	07760	1.0
NJ	07762	1.0
NJ	07763	1.0
NJ	07764	1.0
NJ	07765	1.0
NJ	07777	1.0
NJ	07799	1.0
NJ	07801	1.0
NJ	07802	1.0
NJ	07803	1.0
NJ	07806	1.0
NJ	07820	1.0
NJ	07821	1.0
NJ	07822	2.0
NJ	07823	2.0
NJ	07825	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NJ	07826	2.0
NJ	07827	2.0
NJ	07828	1.0
NJ	07829	2.0
NJ	07830	2.0
NJ	07831	2.0
NJ	07832	2.0
NJ	07833	2.0
NJ	07834	1.0
NJ	07836	1.0
NJ	07837	1.0
NJ	07838	2.0
NJ	07839	1.0
NJ	07840	1.0
NJ	07842	1.0
NJ	07843	1.0
NJ	07844	2.0
NJ	07845	1.0
NJ	07846	2.0
NJ	07847	1.0
NJ	07848	2.0
NJ	07849	1.0
NJ	07850	1.0
NJ	07851	2.0
NJ	07852	1.0
NJ	07853	1.0
NJ	07855	2.0
NJ	07856	1.0
NJ	07857	1.0
NJ	07860	2.0
NJ	07863	2.0
NJ	07865	1.0
NJ	07866	1.0
NJ	07869	1.0
NJ	07870	1.0
NJ	07871	1.0
NJ	07874	1.0
NJ	07875	2.0
NJ	07876	1.0
NJ	07877	2.0
NJ	07878	1.0
NJ	07879	1.0
NJ	07880	1.0
NJ	07881	2.0
NJ	07882	2.0
NJ	07885	1.0
NJ	07890	2.0
NJ	07901	1.0
NJ	07902	1.0
NJ	07920	1.0
NJ	07921	1.0
NJ	07922	1.0
NJ	07924	1.0
NJ	07926	1.0
NJ	07927	1.0
NJ	07928	1.0
NJ	07930	1.0
NJ	07931	1.0
NJ	07932	1.0
NJ	07933	1.0
NJ	07934	1.0
NJ	07935	1.0
NJ	07936	1.0
NJ	07938	1.0
NJ	07939	1.0
NJ	07940	1.0
NJ	07945	1.0
NJ	07946	1.0
NJ	07950	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NJ	07960	1.0
NJ	07961	1.0
NJ	07962	1.0
NJ	07963	1.0
NJ	07970	1.0
NJ	07974	1.0
NJ	07976	2.0
NJ	07977	1.0
NJ	07978	1.0
NJ	07979	2.0
NJ	07980	1.0
NJ	07981	1.0
NJ	07983	1.0
NJ	07999	1.0
NJ	08001	2.0
NJ	08002	1.0
NJ	08003	1.0
NJ	08004	1.0
NJ	08005	1.0
NJ	08006	1.0
NJ	08007	1.0
NJ	08008	1.0
NJ	08009	1.0
NJ	08010	1.0
NJ	08011	1.0
NJ	08012	1.0
NJ	08014	1.0
NJ	08015	4.2
NJ	08016	1.0
NJ	08018	1.0
NJ	08019	2.1
NJ	08020	1.0
NJ	08021	1.0
NJ	08022	2.1
NJ	08023	1.0
NJ	08025	1.0
NJ	08026	1.0
NJ	08027	1.0
NJ	08028	1.0
NJ	08029	1.0
NJ	08030	1.0
NJ	08031	1.0
NJ	08032	1.0
NJ	08033	1.0
NJ	08034	1.0
NJ	08035	1.0
NJ	08036	1.0
NJ	08037	4.2
NJ	08038	2.0
NJ	08039	1.0
NJ	08041	2.0
NJ	08042	1.0
NJ	08043	1.0
NJ	08045	1.0
NJ	08046	1.0
NJ	08048	1.0
NJ	08049	1.0
NJ	08050	1.0
NJ	08051	1.0
NJ	08052	1.0
NJ	08053	1.0
NJ	08054	1.0
NJ	08055	1.0
NJ	08056	1.0
NJ	08057	1.0
NJ	08059	1.0
NJ	08060	1.0
NJ	08061	1.0
NJ	08062	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NJ	08063	1.0
NJ	08064	1.0
NJ	08065	1.0
NJ	08066	1.0
NJ	08067	2.0
NJ	08068	1.0
NJ	08069	1.0
NJ	08070	1.0
NJ	08071	1.0
NJ	08072	2.0
NJ	08073	1.0
NJ	08074	1.0
NJ	08075	1.0
NJ	08076	1.0
NJ	08077	1.0
NJ	08078	1.0
NJ	08079	2.0
NJ	08080	1.0
NJ	08081	1.0
NJ	08083	1.0
NJ	08084	1.0
NJ	08085	1.0
NJ	08086	1.0
NJ	08087	1.0
NJ	08088	1.0
NJ	08089	1.0
NJ	08090	1.0
NJ	08091	1.0
NJ	08092	1.0
NJ	08093	1.0
NJ	08094	1.0
NJ	08095	4.2
NJ	08096	1.0
NJ	08097	1.0
NJ	08098	2.0
NJ	08099	1.0
NJ	08101	1.0
NJ	08102	1.0
NJ	08103	1.0
NJ	08104	1.0
NJ	08105	1.0
NJ	08106	1.0
NJ	08107	1.0
NJ	08108	1.0
NJ	08109	1.0
NJ	08110	1.0
NJ	08201	1.0
NJ	08202	1.0
NJ	08203	1.0
NJ	08204	1.0
NJ	08205	1.0
NJ	08210	1.0
NJ	08212	1.0
NJ	08213	2.0
NJ	08214	1.0
NJ	08215	2.0
NJ	08217	4.2
NJ	08218	1.0
NJ	08219	1.0
NJ	08220	1.0
NJ	08221	1.0
NJ	08223	1.0
NJ	08224	1.0
NJ	08225	1.0
NJ	08226	1.0
NJ	08230	1.0
NJ	08231	1.0
NJ	08232	1.0
NJ	08234	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NJ	08240	2.0
NJ	08241	1.0
NJ	08242	1.0
NJ	08243	1.0
NJ	08244	1.0
NJ	08245	1.0
NJ	08246	1.0
NJ	08247	1.0
NJ	08248	1.0
NJ	08250	1.0
NJ	08251	1.0
NJ	08252	1.0
NJ	08260	1.0
NJ	08270	1.0
NJ	08302	4.2
NJ	08310	3.0
NJ	08311	2.0
NJ	08312	1.0
NJ	08313	4.2
NJ	08314	2.1
NJ	08315	2.0
NJ	08316	1.0
NJ	08317	2.0
NJ	08318	1.0
NJ	08319	2.0
NJ	08320	4.2
NJ	08321	2.0
NJ	08322	2.0
NJ	08323	5.2
NJ	08324	2.1
NJ	08326	1.0
NJ	08327	2.1
NJ	08328	1.0
NJ	08329	2.0
NJ	08330	1.0
NJ	08332	1.0
NJ	08340	3.0
NJ	08341	1.0
NJ	08342	1.0
NJ	08343	2.0
NJ	08344	1.0
NJ	08345	2.0
NJ	08346	3.0
NJ	08347	1.0
NJ	08348	1.0
NJ	08349	2.0
NJ	08350	3.0
NJ	08352	4.2
NJ	08353	4.2
NJ	08360	1.0
NJ	08361	1.0
NJ	08362	1.0
NJ	08401	1.0
NJ	08402	1.0
NJ	08403	1.0
NJ	08404	1.0
NJ	08405	1.0
NJ	08406	1.0
NJ	08501	1.0
NJ	08502	1.0
NJ	08504	1.0
NJ	08505	1.0
NJ	08510	2.0
NJ	08511	4.2
NJ	08512	2.0
NJ	08514	2.0
NJ	08515	2.1
NJ	08518	1.0
NJ	08520	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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LEVEL BY STATE AND ZIP CODE—
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State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
NJ	08525	2.0	NJ	08736	1.0	NJ	08873	1.0
NJ	08526	2.0	NJ	08738	1.0	NJ	08875	1.0
NJ	08527	1.0	NJ	08739	1.0	NJ	08876	1.0
NJ	08528	1.0	NJ	08740	1.0	NJ	08877	1.0
NJ	08530	3.0	NJ	08741	1.0	NJ	08878	1.0
NJ	08533	4.2	NJ	08742	1.0	NJ	08879	1.0
NJ	08534	1.0	NJ	08750	1.0	NJ	08880	1.0
NJ	08535	2.0	NJ	08751	1.0	NJ	08882	1.0
NJ	08536	2.0	NJ	08752	1.0	NJ	08884	1.0
NJ	08540	1.0	NJ	08753	1.0	NJ	08885	1.0
NJ	08541	1.0	NJ	08754	1.0	NJ	08886	1.0
NJ	08542	1.0	NJ	08755	1.0	NJ	08887	1.0
NJ	08543	1.0	NJ	08756	1.0	NJ	08888	1.0
NJ	08544	1.0	NJ	08757	1.0	NJ	08889	1.0
NJ	08550	2.0	NJ	08758	1.0	NJ	08890	1.0
NJ	08551	2.0	NJ	08759	1.0	NJ	08896	1.0
NJ	08553	1.0	NJ	08801	1.0	NJ	08899	1.0
NJ	08554	1.0	NJ	08802	2.0	NJ	08901	1.0
NJ	08555	2.0	NJ	08803	2.0	NJ	08902	1.0
NJ	08556	2.0	NJ	08804	2.0	NJ	08903	1.0
NJ	08557	2.0	NJ	08805	1.0	NJ	08904	1.0
NJ	08558	1.0	NJ	08807	1.0	NJ	08905	1.0
NJ	08559	2.0	NJ	08808	2.0	NJ	08906	1.0
NJ	08560	1.0	NJ	08809	1.0	NJ	08922	1.0
NJ	08561	2.0	NJ	08810	1.0	NJ	08933	1.0
NJ	08562	4.2	NJ	08812	1.0	NJ	08988	1.0
NJ	08570	2.0	NJ	08816	1.0	NJ	08989	1.0
NJ	08601	1.0	NJ	08817	1.0	NM	87001	2.0
NJ	08602	1.0	NJ	08818	1.0	NM	87002	4.2
NJ	08603	1.0	NJ	08820	1.0	NM	87004	1.0
NJ	08604	1.0	NJ	08821	1.0	NM	87005	5.0
NJ	08605	1.0	NJ	08822	1.0	NM	87006	10.6
NJ	08606	1.0	NJ	08823	1.0	NM	87007	10.1
NJ	08607	1.0	NJ	08824	1.0	NM	87008	2.0
NJ	08608	1.0	NJ	08825	2.0	NM	87009	10.4
NJ	08609	1.0	NJ	08826	2.0	NM	87010	2.0
NJ	08610	1.0	NJ	08827	2.0	NM	87011	7.0
NJ	08611	1.0	NJ	08828	1.0	NM	87012	10.0
NJ	08618	1.0	NJ	08829	1.0	NM	87013	10.4
NJ	08619	1.0	NJ	08830	1.0	NM	87014	4.0
NJ	08620	1.0	NJ	08831	1.0	NM	87015	2.0
NJ	08625	1.0	NJ	08832	1.0	NM	87016	2.0
NJ	08628	1.0	NJ	08833	1.0	NM	87017	10.5
NJ	08629	1.0	NJ	08834	2.0	NM	87018	10.4
NJ	08638	1.0	NJ	08835	1.0	NM	87020	4.0
NJ	08640	4.2	NJ	08836	1.0	NM	87021	4.0
NJ	08641	4.2	NJ	08837	1.0	NM	87022	2.0
NJ	08645	1.0	NJ	08840	1.0	NM	87023	2.0
NJ	08646	1.0	NJ	08844	1.0	NM	87024	2.0
NJ	08647	1.0	NJ	08846	1.0	NM	87025	2.0
NJ	08648	1.0	NJ	08848	2.0	NM	87026	2.0
NJ	08650	1.0	NJ	08850	1.0	NM	87027	10.4
NJ	08666	1.0	NJ	08852	1.0	NM	87028	10.6
NJ	08677	1.0	NJ	08853	1.0	NM	87029	10.0
NJ	08690	1.0	NJ	08854	1.0	NM	87031	2.0
NJ	08691	1.0	NJ	08855	1.0	NM	87032	2.0
NJ	08695	1.0	NJ	08857	1.0	NM	87034	4.0
NJ	08701	1.0	NJ	08858	1.0	NM	87035	2.0
NJ	08720	1.0	NJ	08859	1.0	NM	87036	10.4
NJ	08721	1.0	NJ	08861	1.0	NM	87037	2.0
NJ	08722	1.0	NJ	08862	1.0	NM	87038	10.1
NJ	08723	1.0	NJ	08863	1.0	NM	87040	4.0
NJ	08724	1.0	NJ	08865	1.0	NM	87041	2.0
NJ	08730	1.0	NJ	08867	2.0	NM	87042	2.0
NJ	08731	1.0	NJ	08868	2.0	NM	87043	2.0
NJ	08732	1.0	NJ	08869	1.0	NM	87044	2.0
NJ	08733	1.0	NJ	08870	1.0	NM	87045	10.5
NJ	08734	1.0	NJ	08871	1.0	NM	87046	10.0
NJ	08735	1.0	NJ	08872	1.0	NM	87047	2.0

ADDENDUM I.—RUCA RURALITY
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LEVEL BY STATE AND ZIP CODE—
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State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
NM	87048	1.0	NM	87313	10.5	NM	87539	10.5
NM	87049	4.0	NM	87315	5.0	NM	87540	2.0
NM	87051	4.0	NM	87316	4.0	NM	87543	10.5
NM	87052	2.0	NM	87317	4.0	NM	87544	4.0
NM	87053	2.0	NM	87319	4.0	NM	87545	4.0
NM	87056	2.0	NM	87320	9.2	NM	87548	10.5
NM	87059	2.0	NM	87321	10.2	NM	87549	5.0
NM	87060	2.0	NM	87322	4.0	NM	87551	10.0
NM	87061	2.0	NM	87323	10.5	NM	87552	2.0
NM	87062	10.6	NM	87325	5.0	NM	87553	10.5
NM	87063	10.4	NM	87326	4.0	NM	87554	10.5
NM	87064	10.5	NM	87327	5.0	NM	87556	10.2
NM	87068	2.0	NM	87328	9.2	NM	87557	4.0
NM	87070	2.0	NM	87347	5.0	NM	87558	10.2
NM	87072	2.0	NM	87357	4.0	NM	87560	2.0
NM	87083	2.0	NM	87364	7.3	NM	87562	2.0
NM	87101	1.0	NM	87365	10.5	NM	87564	10.2
NM	87102	1.0	NM	87375	4.0	NM	87565	2.0
NM	87103	1.0	NM	87401	1.0	NM	87566	4.0
NM	87104	1.0	NM	87402	1.0	NM	87567	4.0
NM	87105	1.0	NM	87410	1.0	NM	87569	2.0
NM	87106	1.0	NM	87412	2.0	NM	87571	4.0
NM	87107	1.0	NM	87413	2.0	NM	87573	2.0
NM	87108	1.0	NM	87415	1.0	NM	87574	2.0
NM	87109	1.0	NM	87416	1.0	NM	87575	10.0
NM	87110	1.0	NM	87417	1.0	NM	87576	4.0
NM	87111	1.0	NM	87418	1.0	NM	87577	5.0
NM	87112	1.0	NM	87419	10.1	NM	87578	4.0
NM	87113	1.0	NM	87420	7.3	NM	87579	10.5
NM	87114	1.0	NM	87421	1.0	NM	87580	10.2
NM	87115	2.0	NM	87455	7.3	NM	87581	10.5
NM	87116	1.0	NM	87461	7.3	NM	87582	4.0
NM	87117	1.0	NM	87499	1.0	NM	87583	4.0
NM	87118	1.0	NM	87500	1.0	NM	87592	1.0
NM	87119	1.0	NM	87501	1.0	NM	87594	1.0
NM	87120	1.0	NM	87502	1.0	NM	87701	4.0
NM	87121	1.0	NM	87503	1.0	NM	87710	10.0
NM	87122	1.0	NM	87504	1.0	NM	87711	7.0
NM	87123	1.0	NM	87505	1.0	NM	87712	10.5
NM	87124	1.0	NM	87506	2.0	NM	87713	10.5
NM	87125	1.0	NM	87507	1.0	NM	87714	10.0
NM	87131	1.0	NM	87508	2.0	NM	87715	10.5
NM	87144	1.0	NM	87509	1.0	NM	87718	10.0
NM	87151	1.0	NM	87510	10.5	NM	87722	10.5
NM	87153	1.0	NM	87511	4.0	NM	87723	10.5
NM	87154	1.0	NM	87512	10.2	NM	87724	7.0
NM	87158	1.0	NM	87513	10.2	NM	87728	10.0
NM	87174	1.0	NM	87514	10.2	NM	87729	10.0
NM	87176	1.0	NM	87515	10.0	NM	87730	10.0
NM	87181	1.0	NM	87516	10.5	NM	87731	5.0
NM	87184	1.0	NM	87517	5.0	NM	87732	10.5
NM	87185	1.0	NM	87518	10.0	NM	87733	10.0
NM	87187	1.0	NM	87519	10.2	NM	87734	10.5
NM	87190	1.0	NM	87520	10.0	NM	87735	10.5
NM	87191	1.0	NM	87521	4.0	NM	87736	10.5
NM	87192	1.0	NM	87522	4.0	NM	87740	7.0
NM	87193	1.0	NM	87523	4.0	NM	87742	5.0
NM	87194	1.0	NM	87524	10.2	NM	87743	10.0
NM	87195	1.0	NM	87525	4.0	NM	87745	5.0
NM	87196	1.0	NM	87527	4.0	NM	87746	10.0
NM	87197	1.0	NM	87528	10.0	NM	87747	10.0
NM	87198	1.0	NM	87529	4.0	NM	87749	10.0
NM	87199	1.0	NM	87530	10.5	NM	87750	10.5
NM	87301	4.0	NM	87531	4.0	NM	87752	10.5
NM	87302	4.0	NM	87532	4.0	NM	87753	10.5
NM	87305	4.0	NM	87533	4.0	NM	87801	7.0
NM	87310	5.0	NM	87535	2.0	NM	87820	10.0
NM	87311	4.0	NM	87537	4.0	NM	87821	10.0
NM	87312	5.0	NM	87538	1.0	NM	87823	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NM	87824	10.0
NM	87825	10.6
NM	87827	10.0
NM	87828	10.6
NM	87829	10.0
NM	87830	10.0
NM	87831	10.6
NM	87832	7.0
NM	87901	7.0
NM	87930	10.3
NM	87931	10.3
NM	87933	10.3
NM	87935	7.0
NM	87936	10.4
NM	87937	10.4
NM	87939	7.0
NM	87940	10.4
NM	87941	10.4
NM	87942	10.3
NM	87943	10.3
NM	88001	1.0
NM	88002	10.4
NM	88003	1.0
NM	88004	1.0
NM	88005	1.0
NM	88006	1.0
NM	88007	1.0
NM	88008	1.0
NM	88009	7.0
NM	88011	1.0
NM	88012	1.0
NM	88020	10.6
NM	88021	1.0
NM	88022	7.2
NM	88023	7.2
NM	88024	2.0
NM	88025	10.2
NM	88026	7.2
NM	88027	2.1
NM	88028	10.2
NM	88029	4.0
NM	88030	4.0
NM	88031	4.0
NM	88032	1.0
NM	88033	1.0
NM	88034	7.2
NM	88036	4.0
NM	88038	4.0
NM	88039	10.0
NM	88040	5.0
NM	88041	5.0
NM	88042	10.3
NM	88043	5.0
NM	88044	2.1
NM	88045	7.0
NM	88046	1.0
NM	88047	2.1
NM	88048	2.1
NM	88049	5.0
NM	88051	10.2
NM	88052	1.0
NM	88053	4.0
NM	88054	10.4
NM	88055	10.2
NM	88056	10.6
NM	88058	2.1
NM	88061	4.0
NM	88062	4.0
NM	88063	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NM	88065	4.0
NM	88072	2.1
NM	88081	2.0
NM	88101	4.0
NM	88102	4.0
NM	88103	4.0
NM	88112	5.0
NM	88113	10.2
NM	88114	10.6
NM	88115	4.0
NM	88116	10.2
NM	88118	10.2
NM	88119	10.0
NM	88120	5.0
NM	88121	10.3
NM	88122	10.2
NM	88123	10.2
NM	88124	5.0
NM	88125	10.2
NM	88126	10.2
NM	88130	4.0
NM	88132	10.2
NM	88133	5.0
NM	88134	10.0
NM	88135	5.0
NM	88136	10.0
NM	88201	4.0
NM	88202	4.0
NM	88203	4.0
NM	88210	4.0
NM	88211	4.0
NM	88213	10.6
NM	88220	4.0
NM	88221	4.0
NM	88230	10.2
NM	88231	7.2
NM	88232	10.5
NM	88240	4.0
NM	88241	4.0
NM	88242	4.0
NM	88244	4.0
NM	88250	5.0
NM	88252	10.5
NM	88253	10.5
NM	88254	4.0
NM	88255	4.0
NM	88256	5.0
NM	88260	7.4
NM	88262	7.4
NM	88263	5.0
NM	88264	10.6
NM	88265	4.0
NM	88267	10.6
NM	88268	4.0
NM	88301	10.6
NM	88310	4.0
NM	88311	4.0
NM	88312	7.0
NM	88314	5.0
NM	88316	10.3
NM	88317	2.0
NM	88318	10.6
NM	88321	10.4
NM	88323	10.3
NM	88324	7.0
NM	88325	2.0
NM	88330	10.5
NM	88336	7.0
NM	88337	4.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NM	88338	10.3
NM	88339	2.0
NM	88340	10.6
NM	88341	10.3
NM	88342	2.0
NM	88343	7.0
NM	88344	2.0
NM	88345	7.0
NM	88346	7.0
NM	88347	2.0
NM	88348	7.0
NM	88349	2.0
NM	88350	2.0
NM	88351	7.0
NM	88352	5.0
NM	88353	7.0
NM	88354	2.0
NM	88355	7.0
NM	88401	7.0
NM	88410	10.0
NM	88411	10.6
NM	88414	10.0
NM	88415	10.0
NM	88416	5.0
NM	88417	7.0
NM	88418	10.0
NM	88419	10.0
NM	88421	5.0
NM	88422	10.0
NM	88424	10.0
NM	88426	10.6
NM	88427	10.3
NM	88430	10.6
NM	88431	5.0
NM	88433	7.0
NM	88434	10.6
NM	88435	7.0
NM	88436	10.0
NM	88437	10.0
NM	88439	5.0
NM	88901	1.0
NM	88905	1.0
NM	89001	10.0
NM	89003	10.0
NM	89004	2.0
NM	89005	2.0
NM	89006	2.0
NM	89007	2.0
NM	89008	10.0
NM	89009	1.0
NM	89010	10.0
NM	89011	1.0
NM	89012	1.0
NM	89013	10.0
NM	89014	1.0
NM	89015	1.0
NM	89016	1.0
NM	89017	10.0
NM	89018	2.0
NM	89019	2.0
NM	89020	10.0
NM	89021	2.0
NM	89022	10.0
NM	89023	10.0
NM	89024	7.3
NM	89025	2.0
NM	89026	2.0
NM	89027	7.3
NM	89028	7.3

ADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
NV	89029	7.3	NV	89141	2.0	NV	89428	1.0
NV	89030	1.0	NV	89142	1.0	NV	89429	10.4
NV	89031	1.0	NV	89143	1.0	NV	89430	10.3
NV	89032	1.0	NV	89144	1.0	NV	89431	1.0
NV	89033	1.0	NV	89145	1.0	NV	89432	1.0
NV	89036	1.0	NV	89146	1.0	NV	89433	1.0
NV	89039	10.4	NV	89147	1.0	NV	89434	1.0
NV	89040	2.0	NV	89148	1.0	NV	89435	1.0
NV	89041	10.4	NV	89149	1.0	NV	89436	1.0
NV	89042	10.0	NV	89150	1.0	NV	89438	8.0
NV	89043	10.0	NV	89151	1.0	NV	89439	1.0
NV	89044	10.0	NV	89152	1.0	NV	89440	2.0
NV	89045	10.0	NV	89153	1.0	NV	89442	2.0
NV	89046	10.4	NV	89154	1.0	NV	89444	10.5
NV	89047	10.0	NV	89155	1.0	NV	89445	7.0
NV	89048	4.2	NV	89156	1.0	NV	89446	7.0
NV	89049	10.0	NV	89157	1.0	NV	89447	7.0
NV	89052	1.0	NV	89159	1.0	NV	89448	4.0
NV	89053	2.0	NV	89160	1.0	NV	89449	4.0
NV	89060	4.2	NV	89161	1.0	NV	89450	4.2
NV	89061	4.2	NV	89162	1.0	NV	89451	4.2
NV	89070	2.0	NV	89163	1.0	NV	89452	4.2
NV	89074	1.0	NV	89164	1.0	NV	89460	4.2
NV	89077	1.0	NV	89165	1.0	NV	89496	4.0
NV	89081	1.0	NV	89166	1.0	NV	89501	1.0
NV	89084	1.0	NV	89170	1.0	NV	89502	1.0
NV	89085	1.0	NV	89173	1.0	NV	89503	1.0
NV	89086	1.0	NV	89177	1.0	NV	89504	1.0
NV	89087	1.0	NV	89178	1.0	NV	89505	1.0
NV	89101	1.0	NV	89179	1.0	NV	89506	1.0
NV	89102	1.0	NV	89180	1.0	NV	89507	1.0
NV	89103	1.0	NV	89185	1.0	NV	89509	1.0
NV	89104	1.0	NV	89191	1.0	NV	89510	2.0
NV	89105	1.0	NV	89193	1.0	NV	89511	1.0
NV	89106	1.0	NV	89195	1.0	NV	89512	1.0
NV	89107	1.0	NV	89199	1.0	NV	89513	1.0
NV	89108	1.0	NV	89301	7.0	NV	89515	1.0
NV	89109	1.0	NV	89310	10.3	NV	89520	1.0
NV	89110	1.0	NV	89311	8.0	NV	89521	1.0
NV	89111	1.0	NV	89314	7.0	NV	89523	1.0
NV	89112	1.0	NV	89315	7.0	NV	89533	1.0
NV	89113	1.0	NV	89316	10.0	NV	89555	1.0
NV	89114	1.0	NV	89317	7.0	NV	89557	1.0
NV	89115	1.0	NV	89318	7.0	NV	89570	1.0
NV	89116	1.0	NV	89319	7.0	NV	89595	1.0
NV	89117	1.0	NV	89402	4.2	NV	89599	1.0
NV	89118	1.0	NV	89403	2.0	NV	89701	1.0
NV	89119	1.0	NV	89404	7.0	NV	89702	1.0
NV	89120	1.0	NV	89405	2.0	NV	89703	1.0
NV	89121	1.0	NV	89406	4.0	NV	89704	1.0
NV	89122	1.0	NV	89407	4.0	NV	89705	1.0
NV	89123	1.0	NV	89408	2.0	NV	89706	1.0
NV	89124	2.0	NV	89409	10.0	NV	89711	1.0
NV	89125	1.0	NV	89410	4.2	NV	89712	1.0
NV	89126	1.0	NV	89411	4.0	NV	89713	1.0
NV	89127	1.0	NV	89412	2.0	NV	89714	1.0
NV	89128	1.0	NV	89413	4.0	NV	89721	1.0
NV	89129	1.0	NV	89414	8.0	NV	89801	4.0
NV	89130	1.0	NV	89415	7.0	NV	89802	4.0
NV	89131	1.0	NV	89418	10.6	NV	89803	4.0
NV	89132	1.0	NV	89419	10.6	NV	89815	5.0
NV	89133	1.0	NV	89420	8.0	NV	89820	7.0
NV	89134	1.0	NV	89421	7.0	NV	89821	10.0
NV	89135	1.0	NV	89422	8.0	NV	89822	10.5
NV	89136	1.0	NV	89423	1.0	NV	89823	4.0
NV	89137	1.0	NV	89424	2.0	NV	89824	4.0
NV	89138	1.0	NV	89425	7.0	NV	89825	10.0
NV	89139	1.0	NV	89426	7.0	NV	89826	10.0
NV	89140	1.0	NV	89427	6.0	NV	89828	5.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
NV	89830	7.0	NY	10096	1.0	NY	10196	1.0
NV	89831	10.5	NY	10098	1.0	NY	10197	1.0
NV	89832	10.5	NY	10099	1.0	NY	10199	1.0
NV	89833	10.5	NY	10101	1.0	NY	10203	1.0
NV	89834	10.0	NY	10102	1.0	NY	10211	1.0
NV	89835	7.0	NY	10103	1.0	NY	10212	1.0
NV	89883	7.0	NY	10104	1.0	NY	10213	1.0
NY	00501	1.0	NY	10105	1.0	NY	10242	1.0
NY	00544	1.0	NY	10106	1.0	NY	10249	1.0
NY	06390	7.3	NY	10107	1.0	NY	10256	1.0
NY	10001	1.0	NY	10108	1.0	NY	10257	1.0
NY	10002	1.0	NY	10109	1.0	NY	10258	1.0
NY	10003	1.0	NY	10110	1.0	NY	10259	1.0
NY	10004	1.0	NY	10111	1.0	NY	10260	1.0
NY	10005	1.0	NY	10112	1.0	NY	10261	1.0
NY	10006	1.0	NY	10113	1.0	NY	10265	1.0
NY	10007	1.0	NY	10114	1.0	NY	10268	1.0
NY	10008	1.0	NY	10115	1.0	NY	10269	1.0
NY	10009	1.0	NY	10116	1.0	NY	10270	1.0
NY	10010	1.0	NY	10117	1.0	NY	10271	1.0
NY	10011	1.0	NY	10118	1.0	NY	10272	1.0
NY	10012	1.0	NY	10119	1.0	NY	10273	1.0
NY	10013	1.0	NY	10120	1.0	NY	10274	1.0
NY	10014	1.0	NY	10121	1.0	NY	10275	1.0
NY	10015	1.0	NY	10122	1.0	NY	10276	1.0
NY	10016	1.0	NY	10123	1.0	NY	10277	1.0
NY	10017	1.0	NY	10124	1.0	NY	10278	1.0
NY	10018	1.0	NY	10125	1.0	NY	10279	1.0
NY	10019	1.0	NY	10126	1.0	NY	10280	1.0
NY	10020	1.0	NY	10128	1.0	NY	10281	1.0
NY	10021	1.0	NY	10129	1.0	NY	10282	1.0
NY	10022	1.0	NY	10130	1.0	NY	10285	1.0
NY	10023	1.0	NY	10131	1.0	NY	10286	1.0
NY	10024	1.0	NY	10132	1.0	NY	10292	1.0
NY	10025	1.0	NY	10133	1.0	NY	10301	1.0
NY	10026	1.0	NY	10138	1.0	NY	10302	1.0
NY	10027	1.0	NY	10149	1.0	NY	10303	1.0
NY	10028	1.0	NY	10150	1.0	NY	10304	1.0
NY	10029	1.0	NY	10151	1.0	NY	10305	1.0
NY	10030	1.0	NY	10152	1.0	NY	10306	1.0
NY	10031	1.0	NY	10153	1.0	NY	10307	1.0
NY	10032	1.0	NY	10154	1.0	NY	10308	1.0
NY	10033	1.0	NY	10155	1.0	NY	10309	1.0
NY	10034	1.0	NY	10156	1.0	NY	10310	1.0
NY	10035	1.0	NY	10157	1.0	NY	10311	1.0
NY	10036	1.0	NY	10158	1.0	NY	10312	1.0
NY	10037	1.0	NY	10159	1.0	NY	10313	1.0
NY	10038	1.0	NY	10160	1.0	NY	10314	1.0
NY	10039	1.0	NY	10161	1.0	NY	10451	1.0
NY	10040	1.0	NY	10162	1.0	NY	10452	1.0
NY	10041	1.0	NY	10163	1.0	NY	10453	1.0
NY	10043	1.0	NY	10164	1.0	NY	10454	1.0
NY	10044	1.0	NY	10165	1.0	NY	10455	1.0
NY	10045	1.0	NY	10166	1.0	NY	10456	1.0
NY	10046	1.0	NY	10167	1.0	NY	10457	1.0
NY	10047	1.0	NY	10168	1.0	NY	10458	1.0
NY	10048	1.0	NY	10169	1.0	NY	10459	1.0
NY	10055	1.0	NY	10170	1.0	NY	10460	1.0
NY	10060	1.0	NY	10171	1.0	NY	10461	1.0
NY	10069	1.0	NY	10172	1.0	NY	10462	1.0
NY	10072	1.0	NY	10173	1.0	NY	10463	1.0
NY	10079	1.0	NY	10174	1.0	NY	10464	1.0
NY	10080	1.0	NY	10175	1.0	NY	10465	1.0
NY	10081	1.0	NY	10176	1.0	NY	10466	1.0
NY	10082	1.0	NY	10177	1.0	NY	10467	1.0
NY	10087	1.0	NY	10178	1.0	NY	10468	1.0
NY	10090	1.0	NY	10179	1.0	NY	10469	1.0
NY	10094	1.0	NY	10184	1.0	NY	10470	1.0
NY	10095	1.0	NY	10185	1.0	NY	10471	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	10472	1.0
NY	10473	1.0
NY	10474	1.0
NY	10475	1.0
NY	10499	1.0
NY	10501	1.0
NY	10502	1.0
NY	10503	1.0
NY	10504	1.0
NY	10505	1.0
NY	10506	2.0
NY	10507	1.0
NY	10509	1.0
NY	10510	1.0
NY	10511	1.0
NY	10512	1.0
NY	10514	1.0
NY	10516	2.0
NY	10517	1.0
NY	10518	1.0
NY	10519	1.0
NY	10520	1.0
NY	10521	1.0
NY	10522	1.0
NY	10523	1.0
NY	10524	1.0
NY	10526	1.0
NY	10527	1.0
NY	10528	1.0
NY	10530	1.0
NY	10532	1.0
NY	10533	1.0
NY	10535	1.0
NY	10536	1.0
NY	10537	1.0
NY	10538	1.0
NY	10540	1.0
NY	10541	1.0
NY	10542	1.0
NY	10543	1.0
NY	10545	1.0
NY	10546	1.0
NY	10547	1.0
NY	10548	1.0
NY	10549	1.0
NY	10550	1.0
NY	10551	1.0
NY	10552	1.0
NY	10553	1.0
NY	10557	1.0
NY	10558	1.0
NY	10560	1.0
NY	10562	1.0
NY	10566	1.0
NY	10567	1.0
NY	10570	1.0
NY	10571	1.0
NY	10572	1.0
NY	10573	1.0
NY	10576	2.0
NY	10577	1.0
NY	10578	1.0
NY	10579	1.0
NY	10580	1.0
NY	10583	1.0
NY	10587	1.0
NY	10588	1.0
NY	10589	1.0
NY	10590	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	10591	1.0
NY	10594	1.0
NY	10595	1.0
NY	10596	1.0
NY	10597	1.0
NY	10598	1.0
NY	10601	1.0
NY	10602	1.0
NY	10603	1.0
NY	10604	1.0
NY	10605	1.0
NY	10606	1.0
NY	10607	1.0
NY	10610	1.0
NY	10650	1.0
NY	10701	1.0
NY	10702	1.0
NY	10703	1.0
NY	10704	1.0
NY	10705	1.0
NY	10706	1.0
NY	10707	1.0
NY	10708	1.0
NY	10709	1.0
NY	10710	1.0
NY	10801	1.0
NY	10802	1.0
NY	10803	1.0
NY	10804	1.0
NY	10805	1.0
NY	10901	1.0
NY	10910	2.0
NY	10911	1.0
NY	10912	2.0
NY	10913	1.0
NY	10914	1.0
NY	10915	1.0
NY	10916	3.0
NY	10917	2.0
NY	10918	2.0
NY	10919	3.0
NY	10920	1.0
NY	10921	2.0
NY	10922	1.0
NY	10923	1.0
NY	10924	2.0
NY	10925	1.0
NY	10926	1.0
NY	10927	1.0
NY	10928	1.0
NY	10930	2.0
NY	10931	1.0
NY	10932	1.0
NY	10933	3.0
NY	10940	1.0
NY	10941	1.0
NY	10943	1.0
NY	10949	1.0
NY	10950	1.0
NY	10952	1.0
NY	10953	1.0
NY	10954	1.0
NY	10956	1.0
NY	10958	3.0
NY	10959	2.0
NY	10960	1.0
NY	10962	1.0
NY	10963	1.0
NY	10964	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	10965	1.0
NY	10968	1.0
NY	10969	2.0
NY	10970	1.0
NY	10973	3.0
NY	10974	1.0
NY	10975	2.0
NY	10976	1.0
NY	10977	1.0
NY	10979	1.0
NY	10980	1.0
NY	10981	2.0
NY	10982	1.0
NY	10983	1.0
NY	10984	1.0
NY	10985	3.0
NY	10986	1.0
NY	10987	2.0
NY	10988	3.0
NY	10989	1.0
NY	10990	2.0
NY	10992	1.0
NY	10993	1.0
NY	10994	1.0
NY	10996	1.0
NY	10997	1.0
NY	10998	3.0
NY	11001	1.0
NY	11002	1.0
NY	11003	1.0
NY	11004	1.0
NY	11005	1.0
NY	11010	1.0
NY	11020	1.0
NY	11021	1.0
NY	11022	1.0
NY	11023	1.0
NY	11024	1.0
NY	11025	1.0
NY	11026	1.0
NY	11027	1.0
NY	11030	1.0
NY	11040	1.0
NY	11041	1.0
NY	11042	1.0
NY	11043	1.0
NY	11044	1.0
NY	11050	1.0
NY	11051	1.0
NY	11052	1.0
NY	11053	1.0
NY	11054	1.0
NY	11055	1.0
NY	11096	1.0
NY	11099	1.0
NY	11101	1.0
NY	11102	1.0
NY	11103	1.0
NY	11104	1.0
NY	11105	1.0
NY	11106	1.0
NY	11109	1.0
NY	11120	1.0
NY	11201	1.0
NY	11202	1.0
NY	11203	1.0
NY	11204	1.0
NY	11205	1.0
NY	11206	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	11207	1.0
NY	11208	1.0
NY	11209	1.0
NY	11210	1.0
NY	11211	1.0
NY	11212	1.0
NY	11213	1.0
NY	11214	1.0
NY	11215	1.0
NY	11216	1.0
NY	11217	1.0
NY	11218	1.0
NY	11219	1.0
NY	11220	1.0
NY	11221	1.0
NY	11222	1.0
NY	11223	1.0
NY	11224	1.0
NY	11225	1.0
NY	11226	1.0
NY	11228	1.0
NY	11229	1.0
NY	11230	1.0
NY	11231	1.0
NY	11232	1.0
NY	11233	1.0
NY	11234	1.0
NY	11235	1.0
NY	11236	1.0
NY	11237	1.0
NY	11238	1.0
NY	11239	1.0
NY	11240	1.0
NY	11241	1.0
NY	11242	1.0
NY	11243	1.0
NY	11244	1.0
NY	11245	1.0
NY	11247	1.0
NY	11248	1.0
NY	11249	1.0
NY	11251	1.0
NY	11252	1.0
NY	11254	1.0
NY	11255	1.0
NY	11256	1.0
NY	11351	1.0
NY	11352	1.0
NY	11354	1.0
NY	11355	1.0
NY	11356	1.0
NY	11357	1.0
NY	11358	1.0
NY	11359	1.0
NY	11360	1.0
NY	11361	1.0
NY	11362	1.0
NY	11363	1.0
NY	11364	1.0
NY	11365	1.0
NY	11366	1.0
NY	11367	1.0
NY	11368	1.0
NY	11369	1.0
NY	11370	1.0
NY	11371	1.0
NY	11372	1.0
NY	11373	1.0
NY	11374	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	11375	1.0
NY	11377	1.0
NY	11378	1.0
NY	11379	1.0
NY	11380	1.0
NY	11381	1.0
NY	11385	1.0
NY	11386	1.0
NY	11390	1.0
NY	11405	1.0
NY	11411	1.0
NY	11412	1.0
NY	11413	1.0
NY	11414	1.0
NY	11415	1.0
NY	11416	1.0
NY	11417	1.0
NY	11418	1.0
NY	11419	1.0
NY	11420	1.0
NY	11421	1.0
NY	11422	1.0
NY	11423	1.0
NY	11424	1.0
NY	11425	1.0
NY	11426	1.0
NY	11427	1.0
NY	11428	1.0
NY	11429	1.0
NY	11430	1.0
NY	11431	1.0
NY	11432	1.0
NY	11433	1.0
NY	11434	1.0
NY	11435	1.0
NY	11436	1.0
NY	11439	1.0
NY	11451	1.0
NY	11484	1.0
NY	11499	1.0
NY	11501	1.0
NY	11507	1.0
NY	11509	1.0
NY	11510	1.0
NY	11514	1.0
NY	11516	1.0
NY	11518	1.0
NY	11520	1.0
NY	11530	1.0
NY	11531	1.0
NY	11535	1.0
NY	11536	1.0
NY	11542	1.0
NY	11545	1.0
NY	11547	1.0
NY	11548	1.0
NY	11549	1.0
NY	11550	1.0
NY	11551	1.0
NY	11552	1.0
NY	11553	1.0
NY	11554	1.0
NY	11555	1.0
NY	11556	1.0
NY	11557	1.0
NY	11558	1.0
NY	11559	1.0
NY	11560	1.0
NY	11561	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	11563	1.0
NY	11564	1.0
NY	11565	1.0
NY	11566	1.0
NY	11568	1.0
NY	11569	1.0
NY	11570	1.0
NY	11571	1.0
NY	11572	1.0
NY	11575	1.0
NY	11576	1.0
NY	11577	1.0
NY	11579	1.0
NY	11580	1.0
NY	11581	1.0
NY	11582	1.0
NY	11583	1.0
NY	11588	1.0
NY	11590	1.0
NY	11592	1.0
NY	11593	1.0
NY	11594	1.0
NY	11595	1.0
NY	11596	1.0
NY	11597	1.0
NY	11598	1.0
NY	11599	1.0
NY	11690	1.0
NY	11691	1.0
NY	11692	1.0
NY	11693	1.0
NY	11694	1.0
NY	11695	1.0
NY	11697	1.0
NY	11701	1.0
NY	11702	1.0
NY	11703	1.0
NY	11704	1.0
NY	11705	1.0
NY	11706	1.0
NY	11707	1.0
NY	11708	1.0
NY	11709	1.0
NY	11710	1.0
NY	11713	1.0
NY	11714	1.0
NY	11715	1.0
NY	11716	1.0
NY	11717	1.0
NY	11718	1.0
NY	11719	1.0
NY	11720	1.0
NY	11721	1.0
NY	11722	1.0
NY	11724	1.0
NY	11725	1.0
NY	11726	1.0
NY	11727	1.0
NY	11729	1.0
NY	11730	1.0
NY	11731	1.0
NY	11732	1.0
NY	11733	1.0
NY	11735	1.0
NY	11736	1.0
NY	11737	1.0
NY	11738	1.0
NY	11739	1.0
NY	11740	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
NY	11741	1.0	NY	11937	7.3	NY	12051	7.3
NY	11742	1.0	NY	11939	7.3	NY	12052	2.0
NY	11743	1.0	NY	11940	1.0	NY	12053	2.0
NY	11745	1.0	NY	11941	1.0	NY	12054	1.0
NY	11746	1.0	NY	11942	1.0	NY	12055	2.0
NY	11747	1.0	NY	11944	7.3	NY	12056	2.0
NY	11749	1.0	NY	11946	1.0	NY	12057	10.4
NY	11750	1.0	NY	11947	2.0	NY	12058	7.3
NY	11751	1.0	NY	11948	2.0	NY	12059	2.0
NY	11752	1.0	NY	11949	1.0	NY	12060	10.4
NY	11753	1.0	NY	11950	1.0	NY	12061	1.0
NY	11754	1.0	NY	11951	1.0	NY	12062	2.0
NY	11755	1.0	NY	11952	2.0	NY	12063	2.0
NY	11756	1.0	NY	11953	1.0	NY	12064	10.2
NY	11757	1.0	NY	11954	10.1	NY	12065	1.0
NY	11758	1.0	NY	11955	1.0	NY	12066	2.0
NY	11760	1.0	NY	11956	2.0	NY	12067	2.0
NY	11762	1.0	NY	11957	7.3	NY	12068	4.0
NY	11763	1.0	NY	11958	2.0	NY	12069	4.0
NY	11764	1.0	NY	11959	1.0	NY	12070	4.2
NY	11765	1.0	NY	11960	1.0	NY	12071	10.4
NY	11766	1.0	NY	11961	1.0	NY	12072	10.4
NY	11767	1.0	NY	11962	2.0	NY	12073	2.0
NY	11768	1.0	NY	11963	2.0	NY	12074	2.0
NY	11769	1.0	NY	11964	10.4	NY	12075	10.5
NY	11770	1.0	NY	11965	10.4	NY	12076	10.4
NY	11771	1.0	NY	11967	1.0	NY	12077	1.0
NY	11772	1.0	NY	11968	1.0	NY	12078	4.0
NY	11773	1.0	NY	11969	1.0	NY	12082	2.0
NY	11774	1.0	NY	11970	2.0	NY	12083	10.4
NY	11775	1.0	NY	11971	7.3	NY	12084	1.0
NY	11776	1.0	NY	11972	1.0	NY	12085	2.0
NY	11777	1.0	NY	11973	1.0	NY	12086	4.2
NY	11778	1.0	NY	11975	7.3	NY	12087	2.0
NY	11779	1.0	NY	11976	2.0	NY	12089	7.4
NY	11780	1.0	NY	11977	1.0	NY	12090	7.4
NY	11782	1.0	NY	11978	1.0	NY	12092	2.0
NY	11783	1.0	NY	11980	1.0	NY	12093	10.4
NY	11784	1.0	NY	12007	2.0	NY	12094	2.0
NY	11786	1.0	NY	12008	1.0	NY	12095	4.0
NY	11787	1.0	NY	12009	2.0	NY	12106	2.0
NY	11788	1.0	NY	12010	4.2	NY	12107	2.0
NY	11789	1.0	NY	12015	7.3	NY	12108	10.0
NY	11790	1.0	NY	12016	4.2	NY	12110	1.0
NY	11791	1.0	NY	12017	10.4	NY	12111	1.0
NY	11792	1.0	NY	12018	1.0	NY	12115	10.4
NY	11793	1.0	NY	12019	1.0	NY	12116	5.0
NY	11794	1.0	NY	12020	1.1	NY	12117	4.0
NY	11795	1.0	NY	12022	2.0	NY	12118	2.0
NY	11796	1.0	NY	12023	2.0	NY	12120	2.0
NY	11797	1.0	NY	12024	10.4	NY	12121	2.0
NY	11798	1.0	NY	12025	3.0	NY	12122	2.0
NY	11801	1.0	NY	12027	1.0	NY	12123	2.0
NY	11802	1.0	NY	12028	2.0	NY	12124	2.0
NY	11803	1.0	NY	12029	10.4	NY	12125	10.4
NY	11804	1.0	NY	12031	10.6	NY	12128	1.0
NY	11805	1.0	NY	12032	5.0	NY	12130	2.0
NY	11815	1.0	NY	12033	1.0	NY	12131	10.4
NY	11819	1.0	NY	12035	2.0	NY	12132	2.0
NY	11853	1.0	NY	12036	10.6	NY	12133	10.4
NY	11854	1.0	NY	12037	10.4	NY	12134	10.5
NY	11855	1.0	NY	12040	2.0	NY	12136	10.4
NY	11901	2.0	NY	12041	2.0	NY	12137	2.0
NY	11930	7.3	NY	12042	7.3	NY	12138	2.0
NY	11931	2.0	NY	12043	7.0	NY	12139	10.0
NY	11932	2.0	NY	12045	2.0	NY	12140	2.0
NY	11933	2.0	NY	12046	2.0	NY	12141	2.0
NY	11934	1.0	NY	12047	1.0	NY	12143	2.0
NY	11935	2.0	NY	12050	2.0	NY	12144	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	12147	2.0
NY	12148	1.0
NY	12149	10.6
NY	12150	1.0
NY	12151	1.0
NY	12153	1.0
NY	12154	2.0
NY	12155	10.2
NY	12156	1.0
NY	12157	2.0
NY	12158	1.0
NY	12159	1.0
NY	12160	10.6
NY	12161	1.0
NY	12164	10.0
NY	12165	10.4
NY	12166	10.4
NY	12167	10.0
NY	12168	2.0
NY	12169	2.0
NY	12170	2.0
NY	12172	4.0
NY	12173	2.0
NY	12174	2.0
NY	12175	10.6
NY	12176	10.4
NY	12177	4.0
NY	12179	1.0
NY	12180	1.0
NY	12181	1.0
NY	12182	1.0
NY	12183	1.0
NY	12184	2.0
NY	12185	2.0
NY	12186	1.0
NY	12187	10.6
NY	12188	1.0
NY	12189	1.0
NY	12190	10.5
NY	12192	2.0
NY	12193	2.0
NY	12194	10.4
NY	12195	10.4
NY	12196	1.0
NY	12197	10.2
NY	12198	1.0
NY	12201	1.0
NY	12202	1.0
NY	12203	1.0
NY	12204	1.0
NY	12205	1.0
NY	12206	1.0
NY	12207	1.0
NY	12208	1.0
NY	12209	1.0
NY	12210	1.0
NY	12211	1.0
NY	12212	1.0
NY	12214	1.0
NY	12220	1.0
NY	12222	1.0
NY	12223	1.0
NY	12224	1.0
NY	12225	1.0
NY	12226	1.0
NY	12227	1.0
NY	12228	1.0
NY	12229	1.0
NY	12230	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	12231	1.0
NY	12232	1.0
NY	12233	1.0
NY	12234	1.0
NY	12235	1.0
NY	12236	1.0
NY	12237	1.0
NY	12238	1.0
NY	12239	1.0
NY	12240	1.0
NY	12241	1.0
NY	12242	1.0
NY	12243	1.0
NY	12244	1.0
NY	12245	1.0
NY	12246	1.0
NY	12247	1.0
NY	12248	1.0
NY	12249	1.0
NY	12250	1.0
NY	12252	1.0
NY	12255	1.0
NY	12256	1.0
NY	12257	1.0
NY	12260	1.0
NY	12261	1.0
NY	12262	1.0
NY	12288	1.0
NY	12301	1.0
NY	12302	1.0
NY	12303	1.0
NY	12304	1.0
NY	12305	1.0
NY	12306	1.0
NY	12307	1.0
NY	12308	1.0
NY	12309	1.0
NY	12325	1.0
NY	12345	1.0
NY	12401	1.0
NY	12402	1.0
NY	12404	3.0
NY	12405	10.6
NY	12406	10.0
NY	12407	10.0
NY	12409	3.0
NY	12410	3.0
NY	12411	1.0
NY	12412	2.0
NY	12413	10.6
NY	12414	7.3
NY	12416	3.0
NY	12417	1.0
NY	12418	10.4
NY	12419	1.0
NY	12420	3.0
NY	12421	10.0
NY	12422	10.4
NY	12423	10.4
NY	12424	10.4
NY	12427	10.4
NY	12428	7.3
NY	12429	1.0
NY	12430	10.0
NY	12431	10.4
NY	12432	2.0
NY	12433	2.0
NY	12434	10.0
NY	12435	8.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	12436	10.4
NY	12438	10.0
NY	12439	10.4
NY	12440	2.0
NY	12441	10.4
NY	12442	10.4
NY	12443	1.0
NY	12444	10.4
NY	12446	3.0
NY	12448	3.0
NY	12449	1.0
NY	12450	10.4
NY	12451	10.6
NY	12452	10.4
NY	12453	2.0
NY	12454	10.4
NY	12455	10.0
NY	12456	2.0
NY	12457	3.0
NY	12458	7.3
NY	12459	10.0
NY	12460	10.4
NY	12461	2.0
NY	12463	9.0
NY	12464	3.0
NY	12465	10.4
NY	12466	1.0
NY	12468	10.4
NY	12469	2.0
NY	12470	10.6
NY	12471	2.1
NY	12472	1.0
NY	12473	10.6
NY	12474	10.0
NY	12475	1.0
NY	12477	2.0
NY	12480	10.0
NY	12481	2.0
NY	12482	10.6
NY	12483	7.3
NY	12484	2.0
NY	12485	10.4
NY	12486	1.0
NY	12487	2.1
NY	12489	3.0
NY	12490	2.0
NY	12491	2.0
NY	12492	10.4
NY	12493	1.0
NY	12494	2.0
NY	12495	3.0
NY	12496	10.4
NY	12498	2.0
NY	12501	2.0
NY	12502	10.4
NY	12503	10.4
NY	12504	7.3
NY	12506	2.0
NY	12507	7.3
NY	12508	1.0
NY	12510	2.1
NY	12511	1.0
NY	12512	1.0
NY	12513	5.0
NY	12514	2.0
NY	12515	2.0
NY	12516	10.0
NY	12517	10.0
NY	12518	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	12520	1.0
NY	12521	5.0
NY	12522	3.0
NY	12523	6.0
NY	12524	1.0
NY	12525	2.0
NY	12526	10.5
NY	12527	1.0
NY	12528	1.0
NY	12529	10.4
NY	12530	5.0
NY	12531	2.0
NY	12533	1.0
NY	12534	4.0
NY	12537	1.0
NY	12538	1.0
NY	12540	2.1
NY	12541	10.4
NY	12542	1.0
NY	12543	2.1
NY	12544	10.5
NY	12545	2.0
NY	12546	3.0
NY	12547	1.0
NY	12548	2.0
NY	12549	2.1
NY	12550	1.0
NY	12551	1.0
NY	12552	1.0
NY	12553	1.0
NY	12555	1.0
NY	12561	2.0
NY	12563	1.0
NY	12564	2.0
NY	12565	4.0
NY	12566	3.0
NY	12567	3.0
NY	12568	1.0
NY	12569	1.0
NY	12570	1.0
NY	12571	7.3
NY	12572	3.0
NY	12574	3.0
NY	12575	1.0
NY	12577	1.0
NY	12578	2.0
NY	12580	2.0
NY	12581	2.0
NY	12582	1.0
NY	12583	7.3
NY	12584	1.0
NY	12585	2.1
NY	12586	1.0
NY	12588	3.0
NY	12589	1.0
NY	12590	1.0
NY	12592	2.0
NY	12593	10.0
NY	12594	2.0
NY	12601	1.0
NY	12602	1.0
NY	12603	1.0
NY	12604	1.0
NY	12701	7.0
NY	12719	10.5
NY	12720	10.6
NY	12721	3.0
NY	12722	3.0
NY	12723	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	12724	10.6
NY	12725	10.4
NY	12726	10.4
NY	12727	10.4
NY	12729	4.2
NY	12732	10.5
NY	12733	7.0
NY	12734	9.0
NY	12736	10.0
NY	12737	10.5
NY	12738	9.0
NY	12740	10.6
NY	12741	10.0
NY	12742	8.3
NY	12743	10.5
NY	12745	10.0
NY	12746	4.2
NY	12747	10.6
NY	12748	10.6
NY	12749	10.6
NY	12750	10.0
NY	12751	8.3
NY	12752	10.4
NY	12754	7.0
NY	12758	10.6
NY	12759	10.6
NY	12760	10.0
NY	12762	10.6
NY	12763	7.0
NY	12764	10.4
NY	12765	10.6
NY	12766	10.6
NY	12767	10.6
NY	12768	7.0
NY	12769	3.0
NY	12770	10.5
NY	12771	4.2
NY	12775	9.0
NY	12776	10.6
NY	12777	9.0
NY	12778	7.0
NY	12779	7.0
NY	12780	4.2
NY	12781	3.0
NY	12782	10.4
NY	12783	10.6
NY	12784	7.0
NY	12785	4.2
NY	12786	10.6
NY	12787	9.0
NY	12788	10.6
NY	12789	7.0
NY	12790	3.0
NY	12791	10.6
NY	12792	10.5
NY	12801	1.0
NY	12803	1.0
NY	12804	1.0
NY	12808	3.0
NY	12809	2.0
NY	12810	2.0
NY	12811	10.4
NY	12812	10.0
NY	12814	10.4
NY	12815	3.0
NY	12816	10.4
NY	12817	3.0
NY	12819	10.4
NY	12820	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	12821	2.0
NY	12822	7.1
NY	12823	9.1
NY	12824	10.4
NY	12827	2.0
NY	12828	1.0
NY	12831	1.1
NY	12832	7.3
NY	12833	2.1
NY	12834	9.1
NY	12835	3.0
NY	12836	3.0
NY	12837	10.4
NY	12838	2.0
NY	12839	1.0
NY	12841	10.4
NY	12842	10.0
NY	12843	10.4
NY	12844	2.0
NY	12845	2.0
NY	12846	2.0
NY	12847	10.0
NY	12848	9.1
NY	12849	7.3
NY	12850	2.0
NY	12851	10.6
NY	12852	10.6
NY	12853	10.4
NY	12854	10.4
NY	12855	10.6
NY	12856	10.4
NY	12857	10.6
NY	12858	10.6
NY	12859	2.1
NY	12860	3.0
NY	12861	10.4
NY	12862	3.0
NY	12863	1.1
NY	12864	10.0
NY	12865	10.4
NY	12866	1.1
NY	12870	10.6
NY	12871	2.1
NY	12872	10.6
NY	12873	10.4
NY	12874	3.0
NY	12878	2.0
NY	12879	10.6
NY	12883	7.0
NY	12884	2.1
NY	12885	2.0
NY	12886	10.4
NY	12887	10.4
NY	12901	4.0
NY	12903	4.0
NY	12910	5.0
NY	12911	5.0
NY	12912	5.0
NY	12913	8.0
NY	12914	10.5
NY	12915	10.2
NY	12916	5.0
NY	12917	10.2
NY	12918	5.0
NY	12919	10.5
NY	12920	10.2
NY	12921	5.0
NY	12922	10.6
NY	12923	5.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	12924	5.0
NY	12926	10.2
NY	12927	8.0
NY	12928	9.0
NY	12929	5.0
NY	12930	10.5
NY	12932	10.0
NY	12933	5.0
NY	12934	5.0
NY	12935	5.0
NY	12936	10.0
NY	12937	10.5
NY	12939	7.0
NY	12941	10.6
NY	12942	10.0
NY	12943	10.0
NY	12944	5.0
NY	12945	7.0
NY	12946	7.0
NY	12949	10.6
NY	12950	10.0
NY	12952	5.0
NY	12953	4.0
NY	12955	5.0
NY	12956	10.6
NY	12957	5.0
NY	12958	5.0
NY	12959	5.0
NY	12960	10.6
NY	12961	10.6
NY	12962	5.0
NY	12964	10.0
NY	12965	10.6
NY	12966	5.0
NY	12967	10.6
NY	12969	5.0
NY	12970	8.0
NY	12972	5.0
NY	12973	10.6
NY	12974	10.6
NY	12975	5.0
NY	12976	8.0
NY	12977	7.0
NY	12978	5.0
NY	12979	10.5
NY	12980	10.5
NY	12981	5.0
NY	12983	7.0
NY	12985	5.0
NY	12986	7.0
NY	12987	8.0
NY	12989	8.0
NY	12992	5.0
NY	12993	10.0
NY	12995	4.0
NY	12996	10.0
NY	12997	8.0
NY	12998	10.6
NY	13020	2.0
NY	13021	4.2
NY	13022	4.2
NY	13024	4.2
NY	13026	10.4
NY	13027	1.0
NY	13028	2.0
NY	13029	1.0
NY	13030	1.0
NY	13031	1.0
NY	13032	4.2

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	13033	2.0
NY	13034	5.0
NY	13035	2.0
NY	13036	2.0
NY	13037	2.0
NY	13039	1.0
NY	13040	5.0
NY	13041	1.0
NY	13042	2.0
NY	13043	4.2
NY	13044	2.0
NY	13045	4.0
NY	13051	2.0
NY	13052	3.0
NY	13053	2.0
NY	13054	5.0
NY	13056	4.0
NY	13057	1.0
NY	13060	2.0
NY	13061	10.4
NY	13062	1.0
NY	13063	2.0
NY	13064	3.0
NY	13065	4.0
NY	13066	1.0
NY	13068	2.0
NY	13069	4.2
NY	13071	10.4
NY	13072	3.0
NY	13073	2.0
NY	13074	6.1
NY	13076	2.0
NY	13077	4.0
NY	13078	1.0
NY	13080	2.0
NY	13081	10.4
NY	13082	1.0
NY	13083	3.0
NY	13084	2.0
NY	13087	5.2
NY	13088	1.0
NY	13089	1.0
NY	13090	1.0
NY	13092	6.1
NY	13093	4.2
NY	13101	4.0
NY	13102	2.0
NY	13103	2.0
NY	13104	1.0
NY	13107	2.0
NY	13108	1.0
NY	13110	2.0
NY	13111	3.0
NY	13112	2.0
NY	13113	2.0
NY	13114	2.0
NY	13115	4.2
NY	13116	1.0
NY	13117	3.0
NY	13118	7.4
NY	13119	2.0
NY	13120	1.0
NY	13121	2.0
NY	13122	2.0
NY	13123	2.0
NY	13124	10.6
NY	13126	4.2
NY	13129	3.0
NY	13131	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	13132	2.0
NY	13134	10.4
NY	13135	1.0
NY	13136	10.6
NY	13137	1.0
NY	13138	2.0
NY	13139	5.2
NY	13140	3.0
NY	13141	5.2
NY	13142	10.4
NY	13143	10.4
NY	13144	3.0
NY	13145	3.0
NY	13146	10.5
NY	13147	5.2
NY	13148	4.0
NY	13152	2.0
NY	13153	2.0
NY	13154	10.5
NY	13155	10.6
NY	13156	3.0
NY	13157	3.0
NY	13158	5.2
NY	13159	2.0
NY	13160	5.0
NY	13162	3.0
NY	13163	4.2
NY	13164	2.0
NY	13165	4.0
NY	13166	3.0
NY	13167	2.0
NY	13201	1.0
NY	13202	1.0
NY	13203	1.0
NY	13204	1.0
NY	13205	1.0
NY	13206	1.0
NY	13207	1.0
NY	13208	1.0
NY	13209	1.0
NY	13210	1.0
NY	13211	1.0
NY	13212	1.0
NY	13214	1.0
NY	13215	1.0
NY	13217	1.0
NY	13218	1.0
NY	13219	1.0
NY	13220	1.0
NY	13221	1.0
NY	13224	1.0
NY	13225	1.0
NY	13235	1.0
NY	13244	1.0
NY	13250	1.0
NY	13251	1.0
NY	13252	1.0
NY	13260	1.0
NY	13261	1.0
NY	13290	1.0
NY	13301	10.4
NY	13302	2.0
NY	13303	5.2
NY	13304	2.0
NY	13305	10.6
NY	13308	3.0
NY	13309	10.4
NY	13310	10.4
NY	13312	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	13313	2.0
NY	13314	3.0
NY	13315	10.5
NY	13316	10.5
NY	13317	7.0
NY	13318	2.0
NY	13319	1.0
NY	13320	10.0
NY	13321	1.0
NY	13322	1.0
NY	13323	1.0
NY	13324	2.0
NY	13325	10.0
NY	13326	10.5
NY	13327	10.6
NY	13328	2.0
NY	13329	10.5
NY	13331	2.0
NY	13332	8.0
NY	13333	10.0
NY	13334	10.4
NY	13335	10.5
NY	13337	10.5
NY	13338	2.0
NY	13339	7.0
NY	13340	4.1
NY	13341	1.0
NY	13342	10.5
NY	13343	8.0
NY	13345	10.6
NY	13346	7.0
NY	13348	10.5
NY	13350	4.2
NY	13352	2.0
NY	13353	10.0
NY	13354	2.0
NY	13355	8.0
NY	13357	4.2
NY	13360	10.0
NY	13361	10.1
NY	13362	2.0
NY	13363	5.2
NY	13364	3.0
NY	13365	7.4
NY	13367	7.4
NY	13368	10.0
NY	13401	3.0
NY	13402	8.0
NY	13403	1.0
NY	13404	7.4
NY	13406	2.0
NY	13407	4.2
NY	13408	10.4
NY	13409	6.1
NY	13410	7.0
NY	13411	10.6
NY	13413	1.0
NY	13415	10.5
NY	13416	2.0
NY	13417	1.0
NY	13418	3.0
NY	13420	2.0
NY	13421	4.2
NY	13424	2.0
NY	13425	2.0
NY	13426	3.0
NY	13428	7.0
NY	13431	2.0
NY	13433	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	13435	2.0
NY	13436	10.0
NY	13437	3.0
NY	13438	2.0
NY	13439	10.4
NY	13440	4.2
NY	13441	4.2
NY	13442	4.2
NY	13449	4.2
NY	13450	10.0
NY	13452	10.0
NY	13454	9.0
NY	13455	2.0
NY	13456	1.0
NY	13457	10.5
NY	13459	10.6
NY	13460	10.6
NY	13461	4.2
NY	13464	10.6
NY	13465	8.0
NY	13468	10.0
NY	13469	1.0
NY	13470	6.0
NY	13471	5.2
NY	13472	2.0
NY	13473	10.0
NY	13475	10.5
NY	13476	4.2
NY	13477	4.2
NY	13478	5.0
NY	13479	1.0
NY	13480	2.0
NY	13482	10.5
NY	13483	5.2
NY	13484	10.4
NY	13485	3.0
NY	13486	5.2
NY	13488	10.0
NY	13489	10.0
NY	13490	2.0
NY	13491	2.0
NY	13492	1.0
NY	13493	2.0
NY	13494	2.0
NY	13495	1.0
NY	13501	1.0
NY	13502	1.0
NY	13503	1.0
NY	13504	1.0
NY	13505	1.0
NY	13599	1.0
NY	13601	4.0
NY	13602	4.0
NY	13603	4.0
NY	13605	5.0
NY	13606	5.0
NY	13607	10.2
NY	13608	5.0
NY	13611	10.5
NY	13612	4.0
NY	13613	6.0
NY	13614	10.5
NY	13615	4.0
NY	13616	5.0
NY	13617	7.0
NY	13618	5.0
NY	13619	5.0
NY	13620	10.6
NY	13621	5.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	13622	5.0
NY	13623	10.6
NY	13624	10.2
NY	13625	8.0
NY	13626	7.4
NY	13627	5.0
NY	13628	5.0
NY	13630	10.6
NY	13631	5.0
NY	13632	5.0
NY	13633	10.6
NY	13634	5.0
NY	13635	10.6
NY	13636	10.5
NY	13637	4.0
NY	13638	4.0
NY	13639	10.6
NY	13640	10.2
NY	13641	10.2
NY	13642	7.4
NY	13643	5.0
NY	13645	7.4
NY	13646	10.6
NY	13647	7.0
NY	13648	10.6
NY	13649	6.0
NY	13650	5.0
NY	13651	5.0
NY	13652	10.6
NY	13654	5.0
NY	13655	6.0
NY	13656	10.2
NY	13657	5.0
NY	13658	10.5
NY	13659	10.5
NY	13660	10.5
NY	13661	10.5
NY	13662	4.0
NY	13664	4.0
NY	13665	5.0
NY	13666	10.6
NY	13667	5.0
NY	13668	8.0
NY	13669	4.0
NY	13670	10.6
NY	13671	5.0
NY	13672	8.0
NY	13673	4.0
NY	13674	5.0
NY	13675	10.2
NY	13676	7.0
NY	13677	10.6
NY	13678	5.0
NY	13679	10.2
NY	13680	7.0
NY	13681	10.6
NY	13682	5.0
NY	13683	6.0
NY	13684	10.6
NY	13685	5.0
NY	13687	8.0
NY	13690	10.6
NY	13691	5.0
NY	13692	10.2
NY	13693	5.0
NY	13694	10.5
NY	13695	10.6
NY	13696	6.0
NY	13697	6.0

ADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCAL level
NY	13699	7.0
NY	13730	10.4
NY	13731	10.0
NY	13732	1.0
NY	13733	10.4
NY	13734	2.0
NY	13736	2.0
NY	13737	1.0
NY	13738	4.0
NY	13739	10.0
NY	13740	10.0
NY	13743	2.1
NY	13744	2.0
NY	13745	1.0
NY	13746	2.0
NY	13747	5.0
NY	13748	1.0
NY	13749	1.0
NY	13750	5.0
NY	13751	5.0
NY	13752	10.0
NY	13753	10.0
NY	13754	3.0
NY	13755	10.0
NY	13756	10.0
NY	13757	10.0
NY	13758	10.6
NY	13760	1.0
NY	13761	1.0
NY	13762	1.0
NY	13763	1.0
NY	13774	10.0
NY	13775	10.5
NY	13776	10.5
NY	13777	2.0
NY	13778	10.4
NY	13780	9.0
NY	13782	10.0
NY	13783	10.0
NY	13784	2.0
NY	13786	5.0
NY	13787	2.0
NY	13788	10.0
NY	13790	1.0
NY	13794	2.0
NY	13795	1.0
NY	13796	5.0
NY	13797	2.0
NY	13801	10.6
NY	13802	2.0
NY	13803	5.0
NY	13804	10.6
NY	13806	10.0
NY	13807	5.0
NY	13808	10.5
NY	13809	9.0
NY	13810	10.5
NY	13811	2.0
NY	13812	2.0
NY	13813	2.0
NY	13814	7.0
NY	13815	7.0
NY	13820	4.0
NY	13825	5.0
NY	13826	2.0
NY	13827	2.0
NY	13830	9.0
NY	13832	10.6
NY	13833	2.0

ADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCAL level
NY	13834	5.0
NY	13835	2.0
NY	13837	10.0
NY	13838	7.0
NY	13839	7.0
NY	13840	2.0
NY	13841	10.4
NY	13842	10.0
NY	13843	10.6
NY	13844	10.6
NY	13845	2.0
NY	13846	10.5
NY	13847	7.0
NY	13848	2.0
NY	13849	9.2
NY	13850	1.0
NY	13851	1.0
NY	13856	7.0
NY	13859	9.2
NY	13860	4.0
NY	13861	4.0
NY	13862	2.0
NY	13863	5.0
NY	13864	2.1
NY	13865	2.0
NY	13901	1.0
NY	13902	1.0
NY	13903	1.0
NY	13904	1.0
NY	13905	1.0
NY	14001	2.0
NY	14004	1.0
NY	14005	3.0
NY	14006	1.0
NY	14008	5.2
NY	14009	7.3
NY	14010	1.0
NY	14011	7.4
NY	14012	10.5
NY	14013	2.0
NY	14020	4.2
NY	14021	4.2
NY	14024	10.4
NY	14025	1.0
NY	14026	1.0
NY	14027	2.0
NY	14028	5.0
NY	14029	8.3
NY	14030	2.0
NY	14031	1.0
NY	14032	2.0
NY	14033	2.0
NY	14034	7.1
NY	14035	7.1
NY	14036	2.0
NY	14037	2.0
NY	14038	1.0
NY	14039	10.4
NY	14040	3.0
NY	14041	10.4
NY	14042	7.3
NY	14043	1.0
NY	14047	1.0
NY	14048	4.0
NY	14051	1.0
NY	14052	2.0
NY	14054	6.1
NY	14055	2.0
NY	14056	4.2

ADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCAL level
NY	14057	1.0
NY	14058	6.0
NY	14059	1.0
NY	14060	10.5
NY	14061	2.0
NY	14062	5.0
NY	14063	4.0
NY	14065	8.3
NY	14066	10.6
NY	14067	5.1
NY	14068	1.0
NY	14069	2.0
NY	14070	7.1
NY	14072	1.0
NY	14075	1.0
NY	14080	2.0
NY	14081	2.0
NY	14082	2.0
NY	14083	2.0
NY	14085	1.0
NY	14086	1.0
NY	14091	2.0
NY	14092	1.0
NY	14094	4.1
NY	14095	4.1
NY	14098	10.4
NY	14101	7.3
NY	14102	2.0
NY	14103	7.0
NY	14105	6.0
NY	14107	1.0
NY	14108	5.2
NY	14109	1.0
NY	14110	1.0
NY	14111	2.0
NY	14112	1.0
NY	14113	2.0
NY	14120	1.0
NY	14125	6.0
NY	14126	5.0
NY	14127	1.0
NY	14129	7.1
NY	14130	10.6
NY	14131	2.0
NY	14132	1.0
NY	14133	8.3
NY	14134	2.0
NY	14135	2.0
NY	14136	2.0
NY	14138	10.4
NY	14139	2.0
NY	14140	1.0
NY	14141	7.1
NY	14143	2.0
NY	14144	1.0
NY	14145	3.0
NY	14150	1.0
NY	14151	1.0
NY	14166	4.0
NY	14167	3.0
NY	14168	7.1
NY	14169	2.0
NY	14170	2.0
NY	14171	3.0
NY	14172	2.0
NY	14173	7.3
NY	14174	1.0
NY	14201	1.0
NY	14202	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
NY	14203	1.0	NY	14445	1.0	NY	14548	4.1
NY	14204	1.0	NY	14449	2.0	NY	14549	10.6
NY	14205	1.0	NY	14450	1.0	NY	14550	10.6
NY	14206	1.0	NY	14452	2.0	NY	14551	2.0
NY	14207	1.0	NY	14453	1.0	NY	14555	2.0
NY	14208	1.0	NY	14454	7.3	NY	14556	9.1
NY	14209	1.0	NY	14456	4.0	NY	14557	2.0
NY	14210	1.0	NY	14461	6.0	NY	14558	2.0
NY	14211	1.0	NY	14462	3.0	NY	14559	1.0
NY	14212	1.0	NY	14463	4.0	NY	14560	2.0
NY	14213	1.0	NY	14464	2.0	NY	14561	6.0
NY	14214	1.0	NY	14466	2.0	NY	14563	2.0
NY	14215	1.0	NY	14467	1.0	NY	14564	1.0
NY	14216	1.0	NY	14468	1.0	NY	14568	2.0
NY	14217	1.0	NY	14469	2.0	NY	14569	7.0
NY	14218	1.0	NY	14470	2.0	NY	14571	2.0
NY	14219	1.0	NY	14471	2.0	NY	14572	10.4
NY	14220	1.0	NY	14472	2.0	NY	14580	1.0
NY	14221	1.0	NY	14475	2.0	NY	14585	2.0
NY	14222	1.0	NY	14476	2.0	NY	14586	1.0
NY	14223	1.0	NY	14477	2.0	NY	14588	3.0
NY	14224	1.0	NY	14478	7.0	NY	14589	2.0
NY	14225	1.0	NY	14479	7.3	NY	14590	10.4
NY	14226	1.0	NY	14480	2.0	NY	14591	10.4
NY	14227	1.0	NY	14481	3.0	NY	14592	3.0
NY	14228	1.0	NY	14482	2.0	NY	14602	1.0
NY	14231	1.0	NY	14485	2.0	NY	14603	1.0
NY	14233	1.0	NY	14486	3.0	NY	14604	1.0
NY	14240	1.0	NY	14487	2.0	NY	14605	1.0
NY	14241	1.0	NY	14488	2.0	NY	14606	1.0
NY	14260	1.0	NY	14489	7.3	NY	14607	1.0
NY	14261	1.0	NY	14502	1.0	NY	14608	1.0
NY	14263	1.0	NY	14504	4.1	NY	14609	1.0
NY	14264	1.0	NY	14505	2.0	NY	14610	1.0
NY	14265	1.0	NY	14506	2.0	NY	14611	1.0
NY	14267	1.0	NY	14507	3.0	NY	14612	1.0
NY	14269	1.0	NY	14508	2.0	NY	14613	1.0
NY	14270	1.0	NY	14510	9.1	NY	14614	1.0
NY	14272	1.0	NY	14511	2.0	NY	14615	1.0
NY	14273	1.0	NY	14512	10.4	NY	14616	1.0
NY	14276	1.0	NY	14513	4.1	NY	14617	1.0
NY	14280	1.0	NY	14514	1.0	NY	14618	1.0
NY	14301	1.0	NY	14515	1.0	NY	14619	1.0
NY	14302	1.0	NY	14516	10.4	NY	14620	1.0
NY	14303	1.0	NY	14517	10.4	NY	14621	1.0
NY	14304	1.0	NY	14518	4.0	NY	14622	1.0
NY	14305	1.0	NY	14519	2.0	NY	14623	1.0
NY	14410	1.0	NY	14520	2.0	NY	14624	1.0
NY	14411	7.3	NY	14521	3.0	NY	14625	1.0
NY	14413	10.4	NY	14522	4.1	NY	14626	1.0
NY	14414	2.0	NY	14525	6.1	NY	14627	1.0
NY	14415	7.0	NY	14526	1.0	NY	14638	1.0
NY	14416	2.0	NY	14527	7.0	NY	14639	1.0
NY	14418	3.0	NY	14529	10.4	NY	14642	1.0
NY	14420	1.0	NY	14530	9.0	NY	14643	1.0
NY	14422	2.0	NY	14532	10.5	NY	14644	1.0
NY	14423	2.0	NY	14533	3.0	NY	14645	1.0
NY	14424	2.0	NY	14534	1.0	NY	14646	1.0
NY	14425	1.0	NY	14536	10.4	NY	14647	1.0
NY	14427	10.6	NY	14537	4.1	NY	14649	1.0
NY	14428	2.0	NY	14538	2.0	NY	14650	1.0
NY	14429	2.0	NY	14539	3.0	NY	14651	1.0
NY	14430	1.0	NY	14541	5.0	NY	14652	1.0
NY	14432	4.1	NY	14542	7.3	NY	14653	1.0
NY	14433	10.6	NY	14543	2.0	NY	14664	1.0
NY	14435	2.0	NY	14544	3.0	NY	14673	1.0
NY	14437	3.0	NY	14545	3.0	NY	14683	1.0
NY	14441	10.6	NY	14546	2.0	NY	14692	1.0
NY	14443	2.0	NY	14547	6.0	NY	14694	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	14701	4.0
NY	14702	4.0
NY	14703	4.0
NY	14704	4.0
NY	14706	4.0
NY	14707	7.0
NY	14708	7.0
NY	14709	10.0
NY	14710	5.0
NY	14711	10.5
NY	14712	5.0
NY	14714	10.5
NY	14715	5.0
NY	14716	5.0
NY	14717	10.5
NY	14718	5.0
NY	14719	10.4
NY	14720	4.0
NY	14721	5.0
NY	14722	10.5
NY	14723	6.0
NY	14724	10.5
NY	14726	10.4
NY	14727	10.5
NY	14728	10.5
NY	14729	3.0
NY	14730	10.2
NY	14731	10.6
NY	14732	5.0
NY	14733	4.0
NY	14735	10.0
NY	14736	3.0
NY	14737	10.4
NY	14738	5.0
NY	14739	10.6
NY	14740	5.0
NY	14741	5.0
NY	14742	4.0
NY	14743	4.0
NY	14744	10.0
NY	14745	10.0
NY	14747	5.0
NY	14748	4.0
NY	14750	4.0
NY	14751	10.4
NY	14752	10.5
NY	14753	4.0
NY	14754	5.0
NY	14755	10.6
NY	14756	5.0
NY	14757	10.5
NY	14758	5.0
NY	14760	4.0
NY	14766	10.4
NY	14767	5.0
NY	14769	5.0
NY	14770	4.0
NY	14772	10.2
NY	14774	5.0
NY	14775	3.0
NY	14777	10.5
NY	14778	4.0
NY	14779	7.4
NY	14781	10.5
NY	14782	5.0
NY	14783	10.2
NY	14784	10.5
NY	14785	5.0
NY	14786	10.5

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	14787	7.4
NY	14788	4.0
NY	14801	6.0
NY	14802	7.0
NY	14803	7.0
NY	14804	7.0
NY	14805	10.4
NY	14806	8.0
NY	14807	6.0
NY	14808	10.0
NY	14809	10.6
NY	14810	7.4
NY	14812	5.1
NY	14813	10.6
NY	14814	2.0
NY	14815	6.0
NY	14816	1.0
NY	14817	2.0
NY	14818	2.0
NY	14819	6.0
NY	14820	6.0
NY	14821	5.0
NY	14822	6.0
NY	14823	5.0
NY	14824	10.4
NY	14825	2.0
NY	14826	10.0
NY	14827	4.2
NY	14830	4.2
NY	14831	4.2
NY	14836	10.4
NY	14837	10.6
NY	14838	2.0
NY	14839	10.5
NY	14840	10.6
NY	14841	2.0
NY	14842	10.6
NY	14843	4.0
NY	14844	1.0
NY	14845	1.0
NY	14846	10.4
NY	14847	2.0
NY	14850	1.0
NY	14851	1.0
NY	14852	1.0
NY	14853	1.0
NY	14854	2.0
NY	14855	10.5
NY	14856	7.4
NY	14857	10.6
NY	14858	5.2
NY	14859	5.0
NY	14860	3.0
NY	14861	2.0
NY	14863	2.0
NY	14864	2.0
NY	14865	10.4
NY	14867	2.0
NY	14869	10.4
NY	14870	4.2
NY	14871	1.0
NY	14872	2.0
NY	14873	10.6
NY	14874	10.6
NY	14876	7.3
NY	14877	10.5
NY	14878	9.1
NY	14879	8.4
NY	14880	7.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
NY	14881	2.0
NY	14882	2.0
NY	14883	2.0
NY	14884	6.0
NY	14885	10.5
NY	14886	2.0
NY	14887	10.6
NY	14889	2.0
NY	14891	7.3
NY	14892	4.0
NY	14893	10.6
NY	14894	1.0
NY	14895	7.0
NY	14897	7.0
NY	14898	6.0
NY	14901	1.0
NY	14902	1.0
NY	14903	1.0
NY	14904	1.0
NY	14905	1.0
NY	14925	1.0
OH	43001	2.0
OH	43002	1.0
OH	43003	2.0
OH	43004	1.0
OH	43005	2.1
OH	43006	9.0
OH	43007	2.0
OH	43008	1.0
OH	43009	6.0
OH	43010	6.1
OH	43011	2.0
OH	43013	2.0
OH	43014	5.0
OH	43015	2.0
OH	43016	1.0
OH	43017	1.0
OH	43018	2.0
OH	43019	5.0
OH	43021	2.0
OH	43022	4.0
OH	43023	1.0
OH	43025	1.0
OH	43026	1.0
OH	43027	2.1
OH	43028	5.0
OH	43029	2.0
OH	43030	2.0
OH	43031	2.0
OH	43032	2.0
OH	43033	2.0
OH	43035	1.0
OH	43036	2.0
OH	43037	5.2
OH	43040	2.0
OH	43041	2.0
OH	43044	6.1
OH	43045	2.0
OH	43046	1.0
OH	43047	6.0
OH	43048	2.0
OH	43050	4.0
OH	43054	1.0
OH	43055	1.0
OH	43056	1.0
OH	43058	1.0
OH	43060	6.0
OH	43061	2.0
OH	43062	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OH	43064	2.0
OH	43065	1.0
OH	43066	2.0
OH	43067	2.0
OH	43068	1.0
OH	43070	10.5
OH	43071	2.1
OH	43072	3.0
OH	43073	2.0
OH	43074	2.0
OH	43076	2.0
OH	43077	2.0
OH	43078	4.2
OH	43080	2.1
OH	43081	1.0
OH	43082	1.0
OH	43083	4.2
OH	43084	6.0
OH	43085	1.0
OH	43086	1.0
OH	43093	1.0
OH	43098	1.0
OH	43101	3.0
OH	43102	2.0
OH	43103	2.0
OH	43105	2.0
OH	43106	5.2
OH	43107	5.2
OH	43109	1.0
OH	43110	1.0
OH	43111	7.4
OH	43112	2.0
OH	43113	4.2
OH	43115	5.0
OH	43116	2.0
OH	43117	2.0
OH	43119	1.0
OH	43123	1.0
OH	43125	1.0
OH	43126	2.0
OH	43127	7.4
OH	43128	6.0
OH	43130	4.2
OH	43135	3.0
OH	43136	1.0
OH	43137	1.0
OH	43138	7.4
OH	43140	7.1
OH	43142	4.0
OH	43143	2.0
OH	43144	5.0
OH	43145	3.0
OH	43146	2.0
OH	43147	1.0
OH	43148	2.0
OH	43149	3.0
OH	43150	5.2
OH	43151	7.1
OH	43152	8.3
OH	43153	9.1
OH	43154	2.0
OH	43155	5.2
OH	43156	3.0
OH	43157	2.0
OH	43158	7.4
OH	43160	4.0
OH	43162	2.0
OH	43163	4.2
OH	43164	3.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OH	43195	1.0
OH	43196	1.0
OH	43198	1.0
OH	43199	1.0
OH	43201	1.0
OH	43202	1.0
OH	43203	1.0
OH	43204	1.0
OH	43205	1.0
OH	43206	1.0
OH	43207	1.0
OH	43209	1.0
OH	43210	1.0
OH	43211	1.0
OH	43212	1.0
OH	43213	1.0
OH	43214	1.0
OH	43215	1.0
OH	43216	1.0
OH	43217	1.0
OH	43218	1.0
OH	43219	1.0
OH	43220	1.0
OH	43221	1.0
OH	43222	1.0
OH	43223	1.0
OH	43224	1.0
OH	43226	1.0
OH	43227	1.0
OH	43228	1.0
OH	43229	1.0
OH	43230	1.0
OH	43231	1.0
OH	43232	1.0
OH	43234	1.0
OH	43235	1.0
OH	43236	1.0
OH	43240	1.0
OH	43251	1.0
OH	43260	1.0
OH	43265	1.0
OH	43266	1.0
OH	43268	1.0
OH	43270	1.0
OH	43271	1.0
OH	43272	1.0
OH	43279	1.0
OH	43287	1.0
OH	43291	1.0
OH	43299	1.0
OH	43301	4.0
OH	43302	4.0
OH	43306	4.0
OH	43307	4.0
OH	43310	6.0
OH	43311	4.0
OH	43314	5.0
OH	43315	3.0
OH	43316	7.4
OH	43317	5.0
OH	43318	10.5
OH	43319	6.0
OH	43320	9.1
OH	43321	3.0
OH	43322	4.0
OH	43323	8.4
OH	43324	6.0
OH	43325	4.2
OH	43326	7.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OH	43330	7.0
OH	43331	9.2
OH	43332	5.0
OH	43333	10.5
OH	43334	2.0
OH	43335	5.0
OH	43336	6.0
OH	43337	4.0
OH	43338	7.3
OH	43340	8.0
OH	43341	5.0
OH	43342	5.2
OH	43343	10.5
OH	43344	10.0
OH	43345	8.0
OH	43346	9.0
OH	43347	6.0
OH	43348	9.2
OH	43349	2.0
OH	43350	2.0
OH	43351	7.0
OH	43356	5.2
OH	43357	6.0
OH	43358	6.0
OH	43359	8.4
OH	43360	6.0
OH	43402	4.2
OH	43403	4.2
OH	43406	3.0
OH	43407	5.0
OH	43408	2.0
OH	43410	7.4
OH	43412	2.0
OH	43413	6.0
OH	43414	4.2
OH	43416	2.0
OH	43420	4.0
OH	43430	2.0
OH	43431	10.5
OH	43432	2.0
OH	43433	4.0
OH	43434	1.0
OH	43435	5.0
OH	43436	10.0
OH	43437	6.0
OH	43438	1.0
OH	43439	4.0
OH	43440	6.0
OH	43441	2.0
OH	43442	5.2
OH	43443	2.0
OH	43445	2.0
OH	43446	4.0
OH	43447	1.0
OH	43449	6.0
OH	43450	2.0
OH	43451	5.2
OH	43452	4.0
OH	43456	10.0
OH	43457	3.0
OH	43458	6.0
OH	43460	1.0
OH	43462	5.2
OH	43463	1.0
OH	43464	3.0
OH	43465	1.0
OH	43466	3.0
OH	43467	3.0
OH	43468	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OH	43469	2.0
OH	43501	10.6
OH	43502	7.0
OH	43504	2.0
OH	43505	10.6
OH	43506	7.0
OH	43510	9.1
OH	43511	5.2
OH	43512	4.0
OH	43515	2.0
OH	43516	10.6
OH	43517	10.6
OH	43518	10.6
OH	43519	4.0
OH	43520	7.0
OH	43521	8.0
OH	43522	2.0
OH	43523	8.0
OH	43524	10.6
OH	43525	2.0
OH	43526	7.3
OH	43527	8.4
OH	43528	1.0
OH	43529	10.6
OH	43530	4.0
OH	43531	10.6
OH	43532	9.1
OH	43533	9.1
OH	43534	8.0
OH	43535	8.0
OH	43536	6.0
OH	43537	1.0
OH	43540	2.0
OH	43541	5.2
OH	43542	1.0
OH	43543	7.0
OH	43545	7.0
OH	43547	2.0
OH	43548	8.4
OH	43549	9.2
OH	43550	7.0
OH	43551	1.0
OH	43552	1.0
OH	43553	7.0
OH	43554	10.6
OH	43555	7.0
OH	43556	6.0
OH	43557	9.0
OH	43558	2.0
OH	43560	1.0
OH	43565	4.2
OH	43566	1.0
OH	43567	7.0
OH	43569	5.2
OH	43570	10.6
OH	43571	2.0
OH	43601	1.0
OH	43602	1.0
OH	43603	1.0
OH	43604	1.0
OH	43605	1.0
OH	43606	1.0
OH	43607	1.0
OH	43608	1.0
OH	43609	1.0
OH	43610	1.0
OH	43611	1.0
OH	43612	1.0
OH	43613	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OH	43614	1.0
OH	43615	1.0
OH	43616	1.0
OH	43617	1.0
OH	43618	2.0
OH	43619	1.0
OH	43620	1.0
OH	43623	1.0
OH	43624	1.0
OH	43635	1.0
OH	43652	1.0
OH	43654	1.0
OH	43656	1.0
OH	43657	1.0
OH	43659	1.0
OH	43660	1.0
OH	43661	1.0
OH	43666	1.0
OH	43667	1.0
OH	43681	1.0
OH	43682	1.0
OH	43697	1.0
OH	43699	1.0
OH	43701	4.0
OH	43702	4.0
OH	43711	5.0
OH	43713	7.3
OH	43716	10.0
OH	43717	7.4
OH	43718	2.0
OH	43719	2.0
OH	43720	5.0
OH	43721	2.0
OH	43722	5.0
OH	43723	4.0
OH	43724	7.4
OH	43725	4.0
OH	43727	5.0
OH	43728	9.0
OH	43730	9.1
OH	43731	9.2
OH	43732	5.0
OH	43733	5.0
OH	43734	5.0
OH	43735	5.0
OH	43736	6.0
OH	43738	2.0
OH	43739	2.0
OH	43740	1.0
OH	43746	5.2
OH	43747	10.0
OH	43748	9.1
OH	43749	5.0
OH	43750	4.0
OH	43752	10.0
OH	43754	10.0
OH	43755	5.0
OH	43756	7.0
OH	43757	10.0
OH	43758	7.0
OH	43759	2.0
OH	43760	2.0
OH	43761	9.1
OH	43762	7.4
OH	43764	7.4
OH	43766	9.1
OH	43767	7.4
OH	43768	5.0
OH	43771	5.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OH	43772	5.0
OH	43773	6.0
OH	43777	5.0
OH	43778	6.0
OH	43779	6.0
OH	43780	5.0
OH	43782	9.1
OH	43783	3.0
OH	43786	10.0
OH	43787	9.0
OH	43788	6.0
OH	43789	10.0
OH	43791	4.0
OH	43793	10.0
OH	43802	5.0
OH	43803	7.4
OH	43804	10.0
OH	43805	6.0
OH	43811	5.0
OH	43812	4.0
OH	43821	10.2
OH	43822	5.0
OH	43824	5.0
OH	43828	4.0
OH	43830	5.0
OH	43832	7.4
OH	43836	4.0
OH	43837	5.0
OH	43840	5.0
OH	43842	10.2
OH	43843	6.0
OH	43844	6.0
OH	43845	5.0
OH	43901	2.0
OH	43902	2.0
OH	43903	2.0
OH	43905	1.0
OH	43906	2.0
OH	43907	7.4
OH	43908	2.0
OH	43909	1.0
OH	43910	2.0
OH	43912	1.0
OH	43913	1.0
OH	43914	10.0
OH	43915	10.6
OH	43916	1.0
OH	43917	2.1
OH	43920	4.0
OH	43925	2.0
OH	43926	1.0
OH	43927	1.0
OH	43928	1.0
OH	43930	2.0
OH	43931	10.6
OH	43932	2.0
OH	43933	2.0
OH	43934	1.0
OH	43935	1.0
OH	43937	1.0
OH	43938	1.0
OH	43939	2.1
OH	43940	2.0
OH	43941	2.1
OH	43942	2.0
OH	43943	2.0
OH	43944	2.0
OH	43945	6.0
OH	43946	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OH	43947	1.0
OH	43948	2.1
OH	43950	1.0
OH	43951	2.0
OH	43952	1.0
OH	43953	1.0
OH	43961	1.0
OH	43962	6.0
OH	43963	1.0
OH	43964	1.0
OH	43967	2.0
OH	43968	4.0
OH	43970	2.0
OH	43971	1.0
OH	43972	1.0
OH	43973	5.0
OH	43974	7.4
OH	43976	3.0
OH	43977	2.0
OH	43981	7.4
OH	43983	2.0
OH	43984	3.0
OH	43985	2.0
OH	43986	3.0
OH	43988	6.0
OH	44001	1.0
OH	44003	10.5
OH	44004	4.2
OH	44005	4.2
OH	44010	2.0
OH	44011	1.0
OH	44012	1.0
OH	44017	1.0
OH	44021	7.1
OH	44022	1.0
OH	44023	1.0
OH	44024	2.0
OH	44026	1.0
OH	44028	2.0
OH	44030	4.0
OH	44032	10.5
OH	44033	2.0
OH	44035	1.0
OH	44036	1.0
OH	44039	1.0
OH	44040	2.0
OH	44041	4.2
OH	44044	1.0
OH	44045	1.0
OH	44046	3.0
OH	44047	7.2
OH	44048	5.0
OH	44049	7.1
OH	44050	2.1
OH	44052	1.0
OH	44053	1.0
OH	44054	1.0
OH	44055	1.0
OH	44056	1.0
OH	44057	1.0
OH	44060	1.0
OH	44061	1.0
OH	44062	7.1
OH	44064	2.0
OH	44065	2.0
OH	44067	1.0
OH	44068	4.0
OH	44070	1.0
OH	44072	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OH	44073	1.0
OH	44074	1.0
OH	44076	10.4
OH	44077	1.0
OH	44080	7.1
OH	44081	1.0
OH	44082	5.0
OH	44084	2.0
OH	44085	2.0
OH	44086	2.0
OH	44087	1.0
OH	44088	4.2
OH	44089	1.0
OH	44090	7.1
OH	44092	1.0
OH	44093	10.5
OH	44094	1.0
OH	44095	1.0
OH	44096	1.0
OH	44097	1.0
OH	44099	10.4
OH	44101	1.0
OH	44102	1.0
OH	44103	1.0
OH	44104	1.0
OH	44105	1.0
OH	44106	1.0
OH	44107	1.0
OH	44108	1.0
OH	44109	1.0
OH	44110	1.0
OH	44111	1.0
OH	44112	1.0
OH	44113	1.0
OH	44114	1.0
OH	44115	1.0
OH	44116	1.0
OH	44117	1.0
OH	44118	1.0
OH	44119	1.0
OH	44120	1.0
OH	44121	1.0
OH	44122	1.0
OH	44123	1.0
OH	44124	1.0
OH	44125	1.0
OH	44126	1.0
OH	44127	1.0
OH	44128	1.0
OH	44129	1.0
OH	44130	1.0
OH	44131	1.0
OH	44132	1.0
OH	44133	1.0
OH	44134	1.0
OH	44135	1.0
OH	44136	1.0
OH	44137	1.0
OH	44138	1.0
OH	44139	1.0
OH	44140	1.0
OH	44141	1.0
OH	44142	1.0
OH	44143	1.0
OH	44144	1.0
OH	44145	1.0
OH	44146	1.0
OH	44147	1.0
OH	44149	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OH	44178	1.0
OH	44181	1.0
OH	44185	1.0
OH	44188	1.0
OH	44189	1.0
OH	44190	1.0
OH	44191	1.0
OH	44192	1.0
OH	44193	1.0
OH	44194	1.0
OH	44195	1.0
OH	44197	1.0
OH	44198	1.0
OH	44199	1.0
OH	44201	2.1
OH	44202	1.0
OH	44203	1.0
OH	44210	1.0
OH	44211	1.0
OH	44212	1.0
OH	44214	6.0
OH	44215	4.1
OH	44216	1.0
OH	44217	3.0
OH	44221	1.0
OH	44222	1.0
OH	44223	1.0
OH	44224	1.0
OH	44230	1.0
OH	44231	2.0
OH	44232	1.0
OH	44233	2.0
OH	44234	2.0
OH	44235	3.0
OH	44236	1.0
OH	44237	1.0
OH	44240	1.0
OH	44241	1.0
OH	44242	1.0
OH	44243	1.0
OH	44250	1.0
OH	44251	3.0
OH	44253	2.0
OH	44254	5.0
OH	44255	2.0
OH	44256	4.1
OH	44258	4.1
OH	44260	1.0
OH	44262	1.0
OH	44264	1.0
OH	44265	2.1
OH	44266	1.0
OH	44270	2.0
OH	44272	2.1
OH	44273	3.0
OH	44274	1.0
OH	44275	3.0
OH	44276	10.5
OH	44278	1.0
OH	44280	2.0
OH	44281	1.0
OH	44282	1.0
OH	44285	1.0
OH	44286	1.0
OH	44287	6.0
OH	44288	2.0
OH	44301	1.0
OH	44302	1.0
OH	44303	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OH	44304	1.0
OH	44305	1.0
OH	44306	1.0
OH	44307	1.0
OH	44308	1.0
OH	44309	1.0
OH	44310	1.0
OH	44311	1.0
OH	44312	1.0
OH	44313	1.0
OH	44314	1.0
OH	44315	1.0
OH	44316	1.0
OH	44317	1.0
OH	44319	1.0
OH	44320	1.0
OH	44321	1.0
OH	44322	1.0
OH	44325	1.0
OH	44326	1.0
OH	44328	1.0
OH	44333	1.0
OH	44334	1.0
OH	44372	1.0
OH	44393	1.0
OH	44396	1.0
OH	44398	1.0
OH	44399	1.0
OH	44401	2.0
OH	44402	2.0
OH	44403	2.0
OH	44404	2.0
OH	44405	1.0
OH	44406	1.0
OH	44408	3.0
OH	44410	1.0
OH	44411	2.1
OH	44412	2.1
OH	44413	9.1
OH	44415	9.1
OH	44416	2.0
OH	44417	2.0
OH	44418	2.0
OH	44420	1.0
OH	44422	1.0
OH	44423	10.6
OH	44424	2.0
OH	44425	1.0
OH	44427	10.1
OH	44428	2.0
OH	44429	2.1
OH	44430	1.0
OH	44431	3.0
OH	44432	9.1
OH	44436	2.0
OH	44437	1.0
OH	44438	1.0
OH	44439	7.1
OH	44440	1.0
OH	44441	6.0
OH	44442	1.0
OH	44443	1.0
OH	44444	1.0
OH	44445	3.0
OH	44446	1.0
OH	44449	2.1
OH	44450	2.0
OH	44451	2.0
OH	44452	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OH	44453	2.0
OH	44454	1.0
OH	44455	9.1
OH	44460	4.2
OH	44470	2.0
OH	44471	1.0
OH	44473	2.0
OH	44481	2.0
OH	44482	2.0
OH	44483	1.0
OH	44484	1.0
OH	44485	1.0
OH	44486	2.0
OH	44487	2.0
OH	44488	2.0
OH	44490	3.0
OH	44491	9.1
OH	44492	9.1
OH	44493	10.6
OH	44501	1.0
OH	44502	1.0
OH	44503	1.0
OH	44504	1.0
OH	44505	1.0
OH	44506	1.0
OH	44507	1.0
OH	44509	1.0
OH	44510	1.0
OH	44511	1.0
OH	44512	1.0
OH	44513	1.0
OH	44514	1.0
OH	44515	1.0
OH	44555	1.0
OH	44598	1.0
OH	44599	1.0
OH	44601	4.2
OH	44606	5.0
OH	44607	10.1
OH	44608	2.0
OH	44609	4.2
OH	44610	10.5
OH	44611	6.0
OH	44612	2.0
OH	44613	2.0
OH	44614	1.0
OH	44615	7.1
OH	44617	10.0
OH	44618	10.4
OH	44619	4.2
OH	44620	2.0
OH	44621	4.0
OH	44622	4.0
OH	44624	10.0
OH	44625	10.6
OH	44626	2.0
OH	44627	10.5
OH	44628	9.0
OH	44629	5.0
OH	44630	1.0
OH	44631	7.1
OH	44632	1.0
OH	44633	10.6
OH	44634	5.0
OH	44636	10.4
OH	44637	9.0
OH	44638	6.0
OH	44639	4.0
OH	44640	4.2

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OH	44641	1.0
OH	44643	2.0
OH	44644	2.0
OH	44645	2.0
OH	44646	1.0
OH	44647	1.0
OH	44648	1.0
OH	44650	4.2
OH	44651	3.0
OH	44652	1.0
OH	44653	4.0
OH	44654	10.5
OH	44656	5.2
OH	44657	7.1
OH	44659	10.0
OH	44660	10.5
OH	44661	6.0
OH	44662	2.0
OH	44663	4.0
OH	44665	4.2
OH	44666	2.1
OH	44667	7.4
OH	44669	2.0
OH	44670	2.0
OH	44671	5.2
OH	44672	4.2
OH	44675	2.0
OH	44676	5.0
OH	44677	4.0
OH	44678	5.2
OH	44679	4.0
OH	44680	4.0
OH	44681	10.5
OH	44682	5.0
OH	44683	4.0
OH	44685	1.0
OH	44687	10.5
OH	44688	2.0
OH	44689	10.0
OH	44690	10.0
OH	44691	4.0
OH	44693	5.0
OH	44695	6.0
OH	44697	2.0
OH	44699	5.0
OH	44701	1.0
OH	44702	1.0
OH	44703	1.0
OH	44704	1.0
OH	44705	1.0
OH	44706	1.0
OH	44707	1.0
OH	44708	1.0
OH	44709	1.0
OH	44710	1.0
OH	44711	1.0
OH	44712	1.0
OH	44714	1.0
OH	44718	1.0
OH	44720	1.0
OH	44721	1.0
OH	44730	1.0
OH	44735	1.0
OH	44750	1.0
OH	44760	1.0
OH	44767	1.0
OH	44798	1.0
OH	44799	1.0
OH	44802	6.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
OH	44804	4.0	OH	44999	1.0	OH	45140	1.0
OH	44805	4.0	OH	45001	1.0	OH	45142	6.0
OH	44807	6.0	OH	45002	1.0	OH	45144	10.4
OH	44809	4.0	OH	45003	6.0	OH	45145	2.0
OH	44811	7.3	OH	45004	1.0	OH	45146	5.2
OH	44813	2.0	OH	45005	1.0	OH	45147	1.0
OH	44814	2.0	OH	45011	1.0	OH	45148	5.2
OH	44815	6.0	OH	45012	1.0	OH	45150	1.0
OH	44816	2.0	OH	45013	1.0	OH	45152	2.0
OH	44817	6.0	OH	45014	1.0	OH	45153	2.0
OH	44818	6.0	OH	45015	1.0	OH	45154	2.0
OH	44820	4.0	OH	45018	1.0	OH	45155	8.0
OH	44822	2.0	OH	45025	1.0	OH	45156	2.0
OH	44824	1.0	OH	45026	1.0	OH	45157	1.0
OH	44825	6.0	OH	45030	1.0	OH	45158	2.0
OH	44826	6.1	OH	45032	2.0	OH	45159	5.0
OH	44827	4.2	OH	45033	1.0	OH	45160	2.0
OH	44828	7.3	OH	45034	1.0	OH	45162	2.0
OH	44830	4.0	OH	45036	2.0	OH	45164	4.0
OH	44833	4.2	OH	45039	1.0	OH	45165	7.4
OH	44836	6.0	OH	45040	1.0	OH	45166	5.0
OH	44837	6.0	OH	45041	1.0	OH	45167	10.4
OH	44838	4.0	OH	45042	1.0	OH	45168	2.0
OH	44839	1.0	OH	45043	1.0	OH	45169	5.0
OH	44840	5.0	OH	45044	1.0	OH	45171	2.0
OH	44841	6.0	OH	45050	1.0	OH	45172	8.0
OH	44842	7.0	OH	45051	1.0	OH	45174	1.0
OH	44843	2.0	OH	45052	1.0	OH	45176	2.0
OH	44844	8.0	OH	45053	2.0	OH	45177	4.0
OH	44845	8.0	OH	45054	2.0	OH	45201	1.0
OH	44846	2.0	OH	45055	1.0	OH	45202	1.0
OH	44847	4.2	OH	45056	4.2	OH	45203	1.0
OH	44848	4.0	OH	45061	1.0	OH	45204	1.0
OH	44849	8.4	OH	45062	1.0	OH	45205	1.0
OH	44850	3.0	OH	45063	1.0	OH	45206	1.0
OH	44851	10.5	OH	45064	2.0	OH	45207	1.0
OH	44853	6.0	OH	45065	1.0	OH	45208	1.0
OH	44854	10.5	OH	45066	1.0	OH	45209	1.0
OH	44855	5.0	OH	45067	1.0	OH	45210	1.0
OH	44856	4.2	OH	45068	2.0	OH	45211	1.0
OH	44857	4.2	OH	45069	1.0	OH	45212	1.0
OH	44859	5.0	OH	45070	9.1	OH	45213	1.0
OH	44860	8.4	OH	45071	1.0	OH	45214	1.0
OH	44861	4.0	OH	45073	1.0	OH	45215	1.0
OH	44862	1.0	OH	45099	1.0	OH	45216	1.0
OH	44864	6.0	OH	45101	4.0	OH	45217	1.0
OH	44865	3.0	OH	45102	1.0	OH	45218	1.0
OH	44866	6.0	OH	45103	1.0	OH	45219	1.0
OH	44867	5.0	OH	45105	10.4	OH	45220	1.0
OH	44870	1.0	OH	45106	2.0	OH	45221	1.0
OH	44871	1.0	OH	45107	2.0	OH	45222	1.0
OH	44874	4.0	OH	45110	2.0	OH	45223	1.0
OH	44875	4.1	OH	45111	1.0	OH	45224	1.0
OH	44878	2.0	OH	45112	2.0	OH	45225	1.0
OH	44880	6.0	OH	45113	5.2	OH	45226	1.0
OH	44881	4.0	OH	45114	2.0	OH	45227	1.0
OH	44882	8.0	OH	45115	2.0	OH	45228	1.0
OH	44883	4.0	OH	45118	2.0	OH	45229	1.0
OH	44887	10.5	OH	45119	2.0	OH	45230	1.0
OH	44888	4.0	OH	45120	2.0	OH	45231	1.0
OH	44889	2.0	OH	45121	7.1	OH	45232	1.0
OH	44890	4.0	OH	45122	2.0	OH	45233	1.0
OH	44901	1.0	OH	45123	7.4	OH	45234	1.0
OH	44902	1.0	OH	45130	2.0	OH	45235	1.0
OH	44903	1.0	OH	45131	7.1	OH	45236	1.0
OH	44904	1.0	OH	45132	6.0	OH	45237	1.0
OH	44905	1.0	OH	45133	8.0	OH	45238	1.0
OH	44906	1.0	OH	45135	6.0	OH	45239	1.0
OH	44907	1.0	OH	45138	5.0	OH	45240	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OH	45241	1.0
OH	45242	1.0
OH	45243	1.0
OH	45244	1.0
OH	45245	1.0
OH	45246	1.0
OH	45247	1.0
OH	45248	1.0
OH	45249	1.0
OH	45250	1.0
OH	45251	1.0
OH	45252	1.0
OH	45253	1.0
OH	45254	1.0
OH	45255	1.0
OH	45258	1.0
OH	45262	1.0
OH	45263	1.0
OH	45264	1.0
OH	45267	1.0
OH	45268	1.0
OH	45269	1.0
OH	45270	1.0
OH	45271	1.0
OH	45273	1.0
OH	45274	1.0
OH	45275	1.0
OH	45277	1.0
OH	45280	1.0
OH	45296	1.0
OH	45298	1.0
OH	45299	1.0
OH	45301	1.0
OH	45302	6.0
OH	45303	5.0
OH	45304	2.0
OH	45305	1.0
OH	45306	6.0
OH	45307	2.0
OH	45308	3.0
OH	45309	2.0
OH	45310	10.5
OH	45311	9.1
OH	45312	2.0
OH	45314	7.1
OH	45315	1.0
OH	45316	2.0
OH	45317	2.0
OH	45318	2.0
OH	45319	2.0
OH	45320	7.3
OH	45321	3.0
OH	45322	1.0
OH	45323	1.0
OH	45324	1.0
OH	45325	2.0
OH	45326	2.0
OH	45327	1.0
OH	45328	3.0
OH	45330	2.0
OH	45331	4.2
OH	45332	5.0
OH	45333	5.0
OH	45334	6.0
OH	45335	2.0
OH	45336	6.0
OH	45337	2.0
OH	45338	2.0
OH	45339	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OH	45340	6.0
OH	45341	1.0
OH	45342	1.0
OH	45343	1.0
OH	45344	2.0
OH	45345	2.0
OH	45346	5.0
OH	45347	5.2
OH	45348	10.5
OH	45349	1.0
OH	45350	10.5
OH	45351	10.5
OH	45352	4.2
OH	45353	4.0
OH	45354	2.0
OH	45356	4.2
OH	45358	2.0
OH	45359	2.0
OH	45360	4.0
OH	45361	2.0
OH	45362	10.5
OH	45363	5.0
OH	45365	4.0
OH	45367	4.0
OH	45368	2.0
OH	45369	2.0
OH	45370	2.0
OH	45371	1.0
OH	45372	1.0
OH	45373	1.0
OH	45374	1.0
OH	45377	1.0
OH	45378	2.0
OH	45380	7.4
OH	45381	2.0
OH	45382	3.0
OH	45383	1.0
OH	45384	1.0
OH	45385	1.0
OH	45387	2.0
OH	45388	10.5
OH	45389	2.0
OH	45390	7.4
OH	45401	1.0
OH	45402	1.0
OH	45403	1.0
OH	45404	1.0
OH	45405	1.0
OH	45406	1.0
OH	45407	1.0
OH	45408	1.0
OH	45409	1.0
OH	45410	1.0
OH	45412	1.0
OH	45413	1.0
OH	45414	1.0
OH	45415	1.0
OH	45416	1.0
OH	45417	1.0
OH	45418	1.0
OH	45419	1.0
OH	45420	1.0
OH	45422	1.0
OH	45423	1.0
OH	45424	1.0
OH	45426	1.0
OH	45427	1.0
OH	45428	1.0
OH	45429	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OH	45430	1.0
OH	45431	1.0
OH	45432	1.0
OH	45433	1.0
OH	45434	1.0
OH	45435	1.0
OH	45437	1.0
OH	45439	1.0
OH	45440	1.0
OH	45441	1.0
OH	45448	1.0
OH	45449	1.0
OH	45454	1.0
OH	45458	1.0
OH	45459	1.0
OH	45463	1.0
OH	45469	1.0
OH	45470	1.0
OH	45475	1.0
OH	45479	1.0
OH	45481	1.0
OH	45482	1.0
OH	45490	1.0
OH	45501	1.0
OH	45502	1.0
OH	45503	1.0
OH	45504	1.0
OH	45505	1.0
OH	45506	1.0
OH	45601	4.0
OH	45612	5.0
OH	45613	8.0
OH	45614	5.0
OH	45616	9.0
OH	45617	4.0
OH	45618	8.1
OH	45619	1.0
OH	45620	5.0
OH	45621	7.0
OH	45622	10.5
OH	45623	5.0
OH	45624	5.0
OH	45628	5.0
OH	45629	5.2
OH	45630	5.0
OH	45631	5.0
OH	45633	5.2
OH	45634	10.0
OH	45636	5.2
OH	45638	1.0
OH	45640	7.0
OH	45642	8.0
OH	45643	5.0
OH	45644	5.2
OH	45645	2.0
OH	45646	8.0
OH	45647	5.0
OH	45648	5.0
OH	45650	9.0
OH	45651	10.0
OH	45652	5.0
OH	45653	5.0
OH	45654	10.5
OH	45656	9.0
OH	45657	5.0
OH	45658	5.0
OH	45659	2.0
OH	45660	10.4
OH	45661	8.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
OH	45662	4.0	OH	45776	9.2	OH	45870	4.2
OH	45663	5.0	OH	45777	5.0	OH	45871	10.0
OH	45669	1.0	OH	45778	5.0	OH	45872	9.2
OH	45671	5.0	OH	45779	10.6	OH	45873	10.5
OH	45672	9.2	OH	45780	4.0	OH	45874	5.0
OH	45673	5.0	OH	45782	5.0	OH	45875	7.3
OH	45674	5.0	OH	45783	2.0	OH	45876	10.4
OH	45675	1.0	OH	45784	2.0	OH	45877	10.6
OH	45677	4.0	OH	45786	10.1	OH	45879	7.0
OH	45678	2.0	OH	45787	10.1	OH	45880	10.4
OH	45679	10.4	OH	45788	2.0	OH	45881	5.0
OH	45680	1.0	OH	45789	2.0	OH	45882	10.5
OH	45681	6.0	OH	45801	1.0	OH	45883	10.5
OH	45682	5.0	OH	45802	1.0	OH	45884	4.2
OH	45683	8.0	OH	45804	1.0	OH	45885	7.0
OH	45684	5.0	OH	45805	1.0	OH	45886	5.0
OH	45685	5.0	OH	45806	1.0	OH	45887	2.0
OH	45686	6.0	OH	45807	1.0	OH	45888	4.2
OH	45687	5.0	OH	45808	1.0	OH	45889	5.0
OH	45688	2.0	OH	45809	1.0	OH	45890	5.0
OH	45690	7.4	OH	45810	7.3	OH	45891	4.0
OH	45692	7.0	OH	45812	9.0	OH	45893	3.0
OH	45693	7.3	OH	45813	10.4	OH	45894	5.0
OH	45694	4.0	OH	45814	5.0	OH	45895	4.2
OH	45695	10.5	OH	45815	10.6	OH	45896	2.0
OH	45696	2.0	OH	45816	4.0	OH	45897	9.0
OH	45697	8.1	OH	45817	7.3	OH	45898	5.0
OH	45698	10.0	OH	45819	4.2	OH	45899	5.0
OH	45699	5.0	OH	45820	1.0	OH	45944	1.0
OH	45701	4.0	OH	45821	10.4	OH	45950	1.0
OH	45710	5.0	OH	45822	4.0	OH	45999	1.0
OH	45711	5.0	OH	45826	4.0	OK	73001	10.6
OH	45712	2.0	OH	45827	9.0	OK	73002	10.5
OH	45713	2.0	OH	45828	4.0	OK	73003	1.0
OH	45714	1.0	OH	45830	3.0	OK	73004	2.0
OH	45715	2.0	OH	45831	9.0	OK	73005	7.0
OH	45716	7.4	OH	45832	5.0	OK	73006	10.1
OH	45717	7.4	OH	45833	7.1	OK	73007	2.0
OH	45719	4.0	OH	45835	9.0	OK	73008	1.0
OH	45720	3.0	OH	45836	9.0	OK	73009	10.4
OH	45721	2.0	OH	45837	9.0	OK	73010	2.0
OH	45723	2.0	OH	45838	5.0	OK	73011	10.5
OH	45724	2.0	OH	45839	4.0	OK	73013	1.0
OH	45727	8.3	OH	45840	4.0	OK	73014	2.0
OH	45729	2.0	OH	45841	5.0	OK	73015	10.0
OH	45732	5.0	OH	45843	9.0	OK	73016	2.0
OH	45734	10.0	OH	45844	10.4	OK	73017	10.4
OH	45735	5.0	OH	45845	6.0	OK	73018	4.0
OH	45739	2.0	OH	45846	10.5	OK	73019	1.1
OH	45740	5.0	OH	45848	7.3	OK	73020	1.0
OH	45741	6.0	OH	45849	10.5	OK	73021	10.6
OH	45742	2.0	OH	45850	2.0	OK	73022	4.1
OH	45743	3.0	OH	45851	10.4	OK	73023	4.0
OH	45744	2.0	OH	45853	10.4	OK	73024	10.6
OH	45745	2.0	OH	45854	1.0	OK	73026	2.1
OH	45746	2.0	OH	45855	7.0	OK	73027	2.0
OH	45750	1.0	OH	45856	10.6	OK	73028	2.0
OH	45760	7.4	OH	45858	5.0	OK	73029	10.4
OH	45761	4.0	OH	45859	9.0	OK	73030	10.6
OH	45764	7.4	OH	45860	10.5	OK	73031	2.0
OH	45766	5.0	OH	45861	10.5	OK	73032	10.6
OH	45767	2.0	OH	45862	10.5	OK	73033	10.6
OH	45768	2.0	OH	45863	5.0	OK	73034	1.0
OH	45769	9.2	OH	45864	10.6	OK	73036	4.1
OH	45770	10.6	OH	45865	7.0	OK	73038	10.6
OH	45771	10.6	OH	45866	4.0	OK	73039	10.6
OH	45772	3.0	OH	45867	5.0	OK	73040	10.4
OH	45773	2.0	OH	45868	5.0	OK	73041	10.0
OH	45775	6.0	OH	45869	7.0	OK	73042	8.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OK	73043	10.6
OK	73044	2.0
OK	73045	2.0
OK	73047	10.4
OK	73048	10.6
OK	73049	2.0
OK	73050	2.0
OK	73051	2.1
OK	73052	7.0
OK	73053	10.4
OK	73054	2.0
OK	73055	7.4
OK	73056	2.0
OK	73057	10.6
OK	73058	2.0
OK	73059	2.0
OK	73061	10.5
OK	73062	10.0
OK	73063	2.0
OK	73064	1.0
OK	73065	2.0
OK	73066	1.0
OK	73067	10.5
OK	73068	1.1
OK	73069	1.1
OK	73070	1.1
OK	73071	1.1
OK	73072	1.1
OK	73073	2.0
OK	73074	8.0
OK	73075	7.0
OK	73077	7.0
OK	73078	2.0
OK	73079	2.0
OK	73080	7.3
OK	73082	10.5
OK	73083	1.0
OK	73084	1.0
OK	73085	1.0
OK	73086	7.0
OK	73089	2.0
OK	73090	4.1
OK	73092	5.0
OK	73093	3.0
OK	73094	7.0
OK	73095	3.0
OK	73096	7.0
OK	73097	1.0
OK	73098	10.6
OK	73099	1.0
OK	73101	1.0
OK	73102	1.0
OK	73103	1.0
OK	73104	1.0
OK	73105	1.0
OK	73106	1.0
OK	73107	1.0
OK	73108	1.0
OK	73109	1.0
OK	73110	1.0
OK	73111	1.0
OK	73112	1.0
OK	73113	1.0
OK	73114	1.0
OK	73115	1.0
OK	73116	1.0
OK	73117	1.0
OK	73118	1.0
OK	73119	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OK	73120	1.0
OK	73121	1.0
OK	73122	1.0
OK	73123	1.0
OK	73124	1.0
OK	73125	1.0
OK	73126	1.0
OK	73127	1.0
OK	73128	1.0
OK	73129	1.0
OK	73130	1.0
OK	73131	1.0
OK	73132	1.0
OK	73134	1.0
OK	73135	1.0
OK	73136	1.0
OK	73137	1.0
OK	73139	1.0
OK	73140	1.0
OK	73141	1.0
OK	73142	1.0
OK	73143	1.0
OK	73144	1.0
OK	73145	1.0
OK	73146	1.0
OK	73147	1.0
OK	73148	1.0
OK	73149	1.0
OK	73150	1.0
OK	73151	2.0
OK	73152	1.0
OK	73153	1.0
OK	73154	1.0
OK	73155	1.0
OK	73156	1.0
OK	73157	1.0
OK	73159	1.0
OK	73160	1.0
OK	73162	1.0
OK	73163	1.0
OK	73164	1.0
OK	73165	2.0
OK	73167	1.0
OK	73169	1.0
OK	73170	1.0
OK	73172	1.0
OK	73173	2.0
OK	73178	1.0
OK	73179	1.0
OK	73184	1.0
OK	73185	1.0
OK	73189	1.0
OK	73190	1.0
OK	73193	1.0
OK	73194	1.0
OK	73195	1.0
OK	73196	1.0
OK	73197	1.0
OK	73198	1.0
OK	73199	1.0
OK	73401	4.0
OK	73402	4.0
OK	73403	4.0
OK	73425	4.0
OK	73430	10.0
OK	73432	9.0
OK	73433	10.6
OK	73434	10.6
OK	73435	10.5

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OK	73436	5.0
OK	73437	10.5
OK	73438	10.5
OK	73439	10.6
OK	73440	10.6
OK	73441	10.0
OK	73442	5.0
OK	73443	5.0
OK	73444	5.0
OK	73446	7.0
OK	73447	9.2
OK	73448	10.5
OK	73449	5.0
OK	73450	9.0
OK	73453	10.0
OK	73455	9.2
OK	73456	10.5
OK	73458	5.0
OK	73459	10.0
OK	73460	7.0
OK	73461	9.0
OK	73463	10.5
OK	73476	10.6
OK	73481	10.5
OK	73487	5.0
OK	73488	10.5
OK	73491	4.0
OK	73501	1.0
OK	73502	1.0
OK	73503	1.0
OK	73505	1.0
OK	73506	1.0
OK	73507	1.0
OK	73520	10.5
OK	73521	4.0
OK	73522	4.0
OK	73523	4.0
OK	73526	5.0
OK	73527	2.0
OK	73528	2.0
OK	73529	5.0
OK	73530	10.6
OK	73531	10.4
OK	73532	5.0
OK	73533	4.0
OK	73534	4.0
OK	73536	4.0
OK	73537	5.0
OK	73538	2.0
OK	73539	5.0
OK	73540	2.0
OK	73541	2.0
OK	73542	7.0
OK	73543	2.0
OK	73544	10.0
OK	73546	10.4
OK	73547	10.5
OK	73548	10.5
OK	73549	5.0
OK	73550	10.0
OK	73551	10.6
OK	73552	2.0
OK	73553	10.4
OK	73554	7.4
OK	73555	7.0
OK	73556	4.0
OK	73557	2.0
OK	73558	1.0
OK	73559	10.5

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
OK	73560	5.0	OK	73737	10.0	OK	74005	4.0
OK	73561	10.0	OK	73738	5.0	OK	74006	4.0
OK	73562	10.4	OK	73739	10.5	OK	74008	1.0
OK	73564	10.5	OK	73741	10.5	OK	74009	7.0
OK	73565	10.0	OK	73742	10.5	OK	74010	7.1
OK	73566	10.5	OK	73743	5.0	OK	74011	1.0
OK	73567	2.0	OK	73744	10.6	OK	74012	1.0
OK	73568	10.4	OK	73746	10.6	OK	74013	1.0
OK	73569	10.0	OK	73747	10.0	OK	74014	1.0
OK	73570	10.5	OK	73749	10.0	OK	74015	1.0
OK	73571	10.0	OK	73750	7.0	OK	74016	2.0
OK	73572	7.1	OK	73753	5.0	OK	74017	4.1
OK	73573	10.5	OK	73754	4.0	OK	74018	4.1
OK	73601	7.0	OK	73755	10.6	OK	74019	4.1
OK	73620	7.0	OK	73756	8.0	OK	74020	2.0
OK	73622	10.6	OK	73757	8.0	OK	74021	2.0
OK	73624	10.6	OK	73758	10.0	OK	74022	5.0
OK	73625	10.6	OK	73759	10.0	OK	74023	7.4
OK	73626	10.6	OK	73760	10.2	OK	74026	9.0
OK	73627	7.0	OK	73761	10.5	OK	74027	10.5
OK	73628	10.6	OK	73762	2.0	OK	74028	2.0
OK	73632	7.0	OK	73763	10.0	OK	74029	4.0
OK	73638	10.6	OK	73764	8.0	OK	74030	2.0
OK	73639	10.6	OK	73766	10.5	OK	74031	4.1
OK	73641	10.6	OK	73768	10.2	OK	74032	5.0
OK	73642	10.6	OK	73770	10.0	OK	74033	2.0
OK	73644	7.0	OK	73771	10.0	OK	74034	2.0
OK	73645	10.6	OK	73772	7.0	OK	74035	7.3
OK	73646	10.0	OK	73773	5.0	OK	74036	2.0
OK	73647	10.6	OK	73801	4.0	OK	74037	1.0
OK	73648	7.0	OK	73802	4.0	OK	74038	2.0
OK	73650	10.6	OK	73832	10.0	OK	74039	2.0
OK	73651	7.0	OK	73834	10.0	OK	74041	2.0
OK	73654	10.0	OK	73835	10.5	OK	74042	10.5
OK	73655	10.5	OK	73838	10.0	OK	74043	1.0
OK	73658	10.0	OK	73840	10.5	OK	74044	2.0
OK	73659	10.0	OK	73841	5.0	OK	74045	10.0
OK	73660	10.6	OK	73842	7.0	OK	74046	2.0
OK	73661	10.6	OK	73843	10.5	OK	74047	2.0
OK	73662	7.0	OK	73844	5.0	OK	74048	7.4
OK	73663	10.0	OK	73847	5.0	OK	74050	1.0
OK	73664	10.6	OK	73848	10.0	OK	74051	2.0
OK	73666	10.6	OK	73851	10.0	OK	74052	2.0
OK	73667	10.0	OK	73852	10.2	OK	74053	2.0
OK	73668	10.6	OK	73853	5.0	OK	74054	7.3
OK	73669	10.6	OK	73855	10.0	OK	74055	2.0
OK	73673	10.5	OK	73857	5.0	OK	74056	7.0
OK	73701	4.0	OK	73858	10.5	OK	74058	10.5
OK	73702	4.0	OK	73859	10.5	OK	74059	5.0
OK	73703	4.0	OK	73860	10.6	OK	74060	2.0
OK	73705	4.0	OK	73901	10.2	OK	74061	2.0
OK	73706	4.0	OK	73931	10.0	OK	74062	7.4
OK	73716	10.5	OK	73932	10.0	OK	74063	1.0
OK	73717	7.0	OK	73933	10.0	OK	74066	1.0
OK	73718	10.2	OK	73937	10.0	OK	74067	1.0
OK	73719	10.0	OK	73938	5.0	OK	74068	2.0
OK	73720	5.0	OK	73939	10.2	OK	74070	2.0
OK	73722	10.0	OK	73942	4.0	OK	74071	7.1
OK	73724	10.6	OK	73944	10.2	OK	74072	4.0
OK	73726	10.5	OK	73945	10.2	OK	74073	1.0
OK	73727	5.0	OK	73946	10.0	OK	74074	4.0
OK	73728	10.0	OK	73947	10.0	OK	74075	4.0
OK	73729	10.2	OK	73949	10.5	OK	74076	4.0
OK	73730	5.0	OK	73950	5.0	OK	74077	4.0
OK	73731	10.6	OK	73951	10.2	OK	74078	4.0
OK	73733	5.0	OK	74001	3.0	OK	74079	10.6
OK	73734	8.0	OK	74002	3.0	OK	74080	2.0
OK	73735	5.0	OK	74003	4.0	OK	74081	2.0
OK	73736	4.0	OK	74004	4.0	OK	74082	2.0

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
OK	74083	4.0	OK	74342	10.0	OK	74471	5.0
OK	74084	7.3	OK	74343	10.5	OK	74472	10.6
OK	74085	6.0	OK	74344	7.0	OK	74477	7.3
OK	74101	1.0	OK	74345	7.0	OK	74501	4.0
OK	74102	1.0	OK	74346	10.6	OK	74502	4.0
OK	74103	1.0	OK	74347	6.0	OK	74521	9.0
OK	74104	1.0	OK	74349	7.0	OK	74522	4.0
OK	74105	1.0	OK	74350	10.6	OK	74523	10.0
OK	74106	1.0	OK	74352	10.6	OK	74525	8.0
OK	74107	1.0	OK	74354	4.0	OK	74528	5.0
OK	74108	1.0	OK	74355	4.0	OK	74529	6.0
OK	74110	1.0	OK	74358	4.0	OK	74530	9.0
OK	74112	1.0	OK	74359	6.0	OK	74531	10.5
OK	74114	1.0	OK	74360	5.0	OK	74533	8.0
OK	74115	1.0	OK	74361	7.0	OK	74534	5.0
OK	74116	1.0	OK	74362	7.0	OK	74535	5.0
OK	74117	2.0	OK	74363	5.0	OK	74536	10.0
OK	74119	1.0	OK	74364	6.0	OK	74538	10.6
OK	74120	1.0	OK	74365	10.6	OK	74540	9.0
OK	74121	1.0	OK	74366	10.6	OK	74542	8.0
OK	74126	1.0	OK	74367	10.6	OK	74543	10.0
OK	74127	1.0	OK	74368	6.0	OK	74545	7.0
OK	74128	1.0	OK	74369	10.6	OK	74546	5.0
OK	74129	1.0	OK	74370	10.5	OK	74547	5.0
OK	74130	1.0	OK	74401	4.0	OK	74549	10.0
OK	74131	1.0	OK	74402	4.0	OK	74552	10.6
OK	74132	1.0	OK	74403	4.0	OK	74553	5.0
OK	74133	1.0	OK	74421	2.0	OK	74554	4.0
OK	74134	1.0	OK	74422	2.0	OK	74555	8.0
OK	74135	1.0	OK	74423	5.0	OK	74556	10.6
OK	74136	1.0	OK	74425	5.0	OK	74557	10.0
OK	74137	1.0	OK	74426	7.0	OK	74558	10.0
OK	74141	1.0	OK	74427	5.0	OK	74559	7.0
OK	74145	1.0	OK	74428	10.6	OK	74560	5.0
OK	74146	1.0	OK	74429	1.0	OK	74561	6.0
OK	74147	1.0	OK	74430	5.0	OK	74562	10.0
OK	74148	1.0	OK	74431	7.4	OK	74563	8.0
OK	74149	1.0	OK	74432	10.5	OK	74565	4.0
OK	74150	1.0	OK	74434	5.0	OK	74567	10.0
OK	74152	1.0	OK	74435	10.6	OK	74569	9.0
OK	74153	1.0	OK	74436	2.0	OK	74570	10.5
OK	74155	1.0	OK	74437	7.4	OK	74571	10.0
OK	74156	1.0	OK	74438	10.6	OK	74572	5.0
OK	74157	1.0	OK	74440	10.6	OK	74574	9.0
OK	74158	1.0	OK	74441	10.5	OK	74576	9.0
OK	74159	1.0	OK	74442	5.0	OK	74577	10.0
OK	74169	1.0	OK	74444	4.0	OK	74578	7.0
OK	74170	1.0	OK	74445	2.0	OK	74601	4.0
OK	74171	1.0	OK	74446	7.3	OK	74602	4.0
OK	74172	1.0	OK	74447	4.2	OK	74603	4.0
OK	74182	1.0	OK	74450	5.0	OK	74604	4.0
OK	74183	1.0	OK	74451	5.0	OK	74630	8.0
OK	74184	1.0	OK	74452	6.0	OK	74631	7.4
OK	74186	1.0	OK	74454	2.0	OK	74632	10.6
OK	74187	1.0	OK	74455	5.0	OK	74633	10.5
OK	74189	1.0	OK	74456	4.2	OK	74636	10.0
OK	74192	1.0	OK	74457	5.0	OK	74637	5.0
OK	74193	1.0	OK	74458	2.0	OK	74640	5.0
OK	74194	1.0	OK	74459	7.0	OK	74641	5.0
OK	74301	7.0	OK	74460	7.4	OK	74643	10.0
OK	74330	10.3	OK	74461	10.0	OK	74644	10.5
OK	74331	6.0	OK	74462	7.0	OK	74646	7.4
OK	74332	8.0	OK	74463	5.0	OK	74647	10.2
OK	74333	10.6	OK	74464	4.0	OK	74650	10.0
OK	74335	4.0	OK	74465	4.0	OK	74651	10.5
OK	74337	10.6	OK	74467	7.3	OK	74652	10.5
OK	74338	5.0	OK	74468	5.0	OK	74653	7.4
OK	74339	4.0	OK	74469	5.0	OK	74701	4.0
OK	74340	10.6	OK	74470	5.0	OK	74702	4.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OK	74720	2.0
OK	74721	5.0
OK	74722	10.6
OK	74723	5.0
OK	74724	10.6
OK	74726	5.0
OK	74727	10.6
OK	74728	7.0
OK	74729	5.0
OK	74730	5.0
OK	74731	2.0
OK	74733	2.0
OK	74734	10.6
OK	74735	10.6
OK	74736	7.0
OK	74737	7.0
OK	74738	8.0
OK	74740	10.6
OK	74741	2.0
OK	74743	7.0
OK	74745	7.0
OK	74747	2.0
OK	74748	9.0
OK	74750	10.6
OK	74752	10.6
OK	74753	5.0
OK	74754	10.6
OK	74755	10.6
OK	74756	10.6
OK	74759	10.6
OK	74760	10.6
OK	74761	10.6
OK	74764	10.6
OK	74766	10.6
OK	74801	4.2
OK	74802	4.2
OK	74804	4.2
OK	74818	7.0
OK	74820	4.0
OK	74821	4.0
OK	74824	6.1
OK	74825	5.0
OK	74826	3.0
OK	74827	10.5
OK	74829	10.4
OK	74830	9.0
OK	74831	10.5
OK	74832	6.1
OK	74833	8.0
OK	74834	7.3
OK	74836	7.0
OK	74837	7.0
OK	74839	10.0
OK	74840	4.2
OK	74842	5.0
OK	74843	5.0
OK	74844	5.0
OK	74845	10.6
OK	74848	7.0
OK	74849	10.5
OK	74850	8.0
OK	74851	2.0
OK	74852	4.2
OK	74854	9.0
OK	74855	2.0
OK	74856	9.2
OK	74857	2.0
OK	74859	7.0
OK	74860	10.4

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OK	74864	10.4
OK	74865	5.0
OK	74866	9.0
OK	74867	10.6
OK	74868	7.0
OK	74869	9.0
OK	74871	5.0
OK	74872	10.5
OK	74873	4.2
OK	74875	6.1
OK	74878	3.0
OK	74880	10.6
OK	74881	2.0
OK	74883	10.0
OK	74884	7.0
OK	74901	1.0
OK	74902	2.0
OK	74930	3.0
OK	74931	8.0
OK	74932	3.0
OK	74935	8.0
OK	74936	2.0
OK	74937	7.0
OK	74939	7.0
OK	74940	7.0
OK	74941	3.0
OK	74942	8.0
OK	74943	8.0
OK	74944	8.0
OK	74945	7.3
OK	74946	2.0
OK	74947	7.3
OK	74948	2.0
OK	74949	10.0
OK	74951	3.0
OK	74953	7.3
OK	74954	2.0
OK	74955	7.3
OK	74956	3.0
OK	74957	10.6
OK	74959	2.0
OK	74960	8.0
OK	74962	10.6
OK	74963	10.6
OK	74964	5.0
OK	74965	10.5
OK	74966	8.0
OK	97001	10.5
OR	97002	2.0
OR	97004	2.0
OR	97005	1.0
OR	97006	1.0
OR	97007	1.0
OR	97008	1.0
OR	97009	1.0
OR	97010	2.0
OR	97011	2.0
OR	97013	2.0
OR	97014	10.2
OR	97015	1.0
OR	97016	10.4
OR	97017	2.0
OR	97018	4.1
OR	97019	2.0
OR	97020	2.0
OR	97021	10.5
OR	97022	2.0
OR	97023	2.0
OR	97024	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OR	97026	2.0
OR	97027	1.0
OR	97028	2.0
OR	97029	10.5
OR	97030	1.0
OR	97031	4.0
OR	97032	2.0
OR	97033	10.5
OR	97034	1.0
OR	97035	1.0
OR	97036	1.0
OR	97037	10.5
OR	97038	2.0
OR	97039	10.5
OR	97040	5.0
OR	97041	10.2
OR	97042	2.0
OR	97044	5.0
OR	97045	1.0
OR	97048	1.0
OR	97049	2.0
OR	97050	10.5
OR	97051	4.1
OR	97053	4.1
OR	97054	2.0
OR	97055	2.0
OR	97056	4.1
OR	97057	10.5
OR	97058	4.0
OR	97060	1.0
OR	97062	1.0
OR	97063	10.5
OR	97064	2.0
OR	97065	10.5
OR	97067	2.0
OR	97068	1.0
OR	97070	1.0
OR	97071	2.0
OR	97075	1.0
OR	97076	1.0
OR	97077	1.0
OR	97078	1.0
OR	97080	1.0
OR	97101	5.2
OR	97102	7.4
OR	97103	4.0
OR	97106	2.0
OR	97107	8.0
OR	97108	8.0
OR	97109	2.0
OR	97110	7.4
OR	97111	2.0
OR	97112	10.6
OR	97113	1.0
OR	97114	4.2
OR	97115	2.0
OR	97116	1.0
OR	97117	2.0
OR	97118	10.3
OR	97119	2.0
OR	97121	4.0
OR	97122	10.6
OR	97123	1.0
OR	97124	1.0
OR	97125	2.0
OR	97127	2.0
OR	97128	4.2
OR	97130	10.6
OR	97131	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OR	97132	2.0
OR	97133	2.0
OR	97134	7.0
OR	97135	10.6
OR	97136	10.3
OR	97137	10.4
OR	97138	7.4
OR	97140	1.0
OR	97141	7.0
OR	97143	7.0
OR	97144	2.0
OR	97145	7.4
OR	97146	4.0
OR	97147	10.3
OR	97148	2.0
OR	97149	10.6
OR	97201	1.0
OR	97202	1.0
OR	97203	1.0
OR	97204	1.0
OR	97205	1.0
OR	97206	1.0
OR	97207	1.0
OR	97208	1.0
OR	97209	1.0
OR	97210	1.0
OR	97211	1.0
OR	97212	1.0
OR	97213	1.0
OR	97214	1.0
OR	97215	1.0
OR	97216	1.0
OR	97217	1.0
OR	97218	1.0
OR	97219	1.0
OR	97220	1.0
OR	97221	1.0
OR	97222	1.0
OR	97223	1.0
OR	97224	1.0
OR	97225	1.0
OR	97227	1.0
OR	97228	1.0
OR	97229	1.0
OR	97230	1.0
OR	97231	2.0
OR	97232	1.0
OR	97233	1.0
OR	97236	1.0
OR	97238	1.0
OR	97239	1.0
OR	97240	1.0
OR	97242	1.0
OR	97251	1.0
OR	97253	1.0
OR	97254	1.0
OR	97255	1.0
OR	97256	1.0
OR	97258	1.0
OR	97259	1.0
OR	97266	1.0
OR	97267	1.0
OR	97268	1.0
OR	97269	1.0
OR	97271	1.0
OR	97272	1.0
OR	97280	1.0
OR	97281	1.0
OR	97282	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OR	97283	1.0
OR	97286	1.0
OR	97290	1.0
OR	97291	1.0
OR	97292	1.0
OR	97293	1.0
OR	97294	1.0
OR	97296	1.0
OR	97298	1.0
OR	97299	1.0
OR	97301	1.0
OR	97302	1.0
OR	97303	1.0
OR	97304	1.0
OR	97305	1.0
OR	97306	1.0
OR	97307	1.0
OR	97308	1.0
OR	97309	1.0
OR	97310	1.0
OR	97311	1.0
OR	97312	1.0
OR	97313	1.0
OR	97314	1.0
OR	97321	4.2
OR	97322	4.2
OR	97324	2.0
OR	97325	2.0
OR	97326	8.0
OR	97327	10.5
OR	97329	10.5
OR	97330	1.0
OR	97331	1.0
OR	97333	1.0
OR	97335	5.0
OR	97336	7.4
OR	97338	4.1
OR	97339	1.0
OR	97341	7.0
OR	97342	2.0
OR	97343	8.0
OR	97344	10.4
OR	97345	7.4
OR	97346	2.0
OR	97347	10.4
OR	97348	2.0
OR	97350	2.0
OR	97351	4.2
OR	97352	2.0
OR	97355	4.0
OR	97357	8.0
OR	97358	3.0
OR	97359	2.0
OR	97360	3.0
OR	97361	4.2
OR	97362	4.2
OR	97364	7.0
OR	97365	7.0
OR	97366	8.0
OR	97367	7.0
OR	97368	8.0
OR	97369	7.0
OR	97370	1.0
OR	97371	10.4
OR	97372	7.0
OR	97373	4.2
OR	97374	5.0
OR	97375	6.1
OR	97376	7.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
OR	97377	2.0
OR	97378	7.4
OR	97380	8.0
OR	97381	4.2
OR	97383	2.0
OR	97384	2.0
OR	97385	2.0
OR	97386	7.4
OR	97388	7.0
OR	97389	2.0
OR	97390	7.0
OR	97391	8.0
OR	97392	2.0
OR	97394	7.0
OR	97396	7.4
OR	97401	1.0
OR	97402	1.0
OR	97403	1.0
OR	97404	1.0
OR	97405	1.0
OR	97406	10.0
OR	97407	4.0
OR	97408	1.0
OR	97409	2.0
OR	97410	10.0
OR	97411	7.4
OR	97412	10.4
OR	97413	2.0
OR	97414	10.5
OR	97415	4.0
OR	97416	5.0
OR	97417	10.5
OR	97419	2.0
OR	97420	4.0
OR	97423	7.2
OR	97424	2.0
OR	97425	10.4
OR	97426	2.0
OR	97427	2.0
OR	97428	2.0
OR	97429	10.0
OR	97430	10.4
OR	97431	2.0
OR	97432	4.0
OR	97434	2.0
OR	97435	10.4
OR	97436	10.4
OR	97437	2.0
OR	97438	2.0
OR	97439	7.0
OR	97440	1.0
OR	97441	7.4
OR	97442	10.0
OR	97443	10.2
OR	97444	10.0
OR	97446	2.0
OR	97447	10.2
OR	97448	2.0
OR	97449	5.0
OR	97450	10.0
OR	97451	2.0
OR	97452	2.0
OR	97453	10.4
OR	97454	2.0
OR	97455	2.0
OR	97456	2.0
OR	97457	5.0
OR	97458	10.5
OR	97459	4.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
OR	97461	2.0	OR	97626	10.5	OR	97841	5.0
OR	97462	5.0	OR	97627	5.0	OR	97842	10.0
OR	97463	7.3	OR	97630	7.0	OR	97843	10.0
OR	97464	10.0	OR	97632	10.5	OR	97844	7.4
OR	97465	10.0	OR	97633	5.0	OR	97845	10.0
OR	97466	10.5	OR	97634	4.0	OR	97846	10.0
OR	97467	7.4	OR	97635	7.0	OR	97848	10.0
OR	97469	10.5	OR	97636	10.0	OR	97850	4.0
OR	97470	4.0	OR	97637	10.0	OR	97856	10.0
OR	97472	2.0	OR	97638	10.0	OR	97857	10.0
OR	97473	7.4	OR	97639	10.5	OR	97859	4.0
OR	97476	10.0	OR	97640	10.0	OR	97861	10.0
OR	97477	1.0	OR	97641	10.0	OR	97862	7.4
OR	97478	1.0	OR	97701	1.0	OR	97864	10.0
OR	97479	5.0	OR	97702	1.0	OR	97865	10.0
OR	97480	10.4	OR	97707	1.0	OR	97867	5.0
OR	97481	5.0	OR	97708	1.0	OR	97868	5.0
OR	97482	1.0	OR	97709	1.0	OR	97869	10.0
OR	97484	10.0	OR	97710	10.3	OR	97870	10.6
OR	97486	5.0	OR	97711	10.6	OR	97873	10.0
OR	97487	2.0	OR	97712	2.0	OR	97874	10.0
OR	97488	2.0	OR	97720	7.0	OR	97875	5.0
OR	97489	2.0	OR	97721	10.3	OR	97876	10.2
OR	97490	2.0	OR	97722	10.3	OR	97877	8.0
OR	97491	10.0	OR	97730	10.6	OR	97880	5.0
OR	97492	7.3	OR	97731	10.4	OR	97882	4.0
OR	97493	8.0	OR	97732	7.0	OR	97883	5.0
OR	97494	4.0	OR	97733	10.4	OR	97884	8.0
OR	97495	4.0	OR	97734	10.6	OR	97885	10.0
OR	97496	4.0	OR	97735	10.0	OR	97886	5.0
OR	97497	5.0	OR	97736	10.3	OR	97901	10.5
OR	97498	10.6	OR	97737	10.4	OR	97902	10.0
OR	97499	10.5	OR	97738	7.0	OR	97903	5.0
OR	97501	1.0	OR	97739	2.0	OR	97904	10.3
OR	97502	1.0	OR	97741	7.0	OR	97905	7.0
OR	97503	1.0	OR	97750	10.0	OR	97906	5.0
OR	97504	1.0	OR	97751	5.0	OR	97907	7.0
OR	97520	1.0	OR	97752	5.0	OR	97908	5.0
OR	97522	2.0	OR	97753	4.0	OR	97909	10.5
OR	97523	10.5	OR	97754	4.0	OR	97910	10.0
OR	97524	2.0	OR	97756	4.1	OR	97911	5.0
OR	97525	2.0	OR	97758	7.0	OR	97913	7.2
OR	97526	4.2	OR	97759	10.4	OR	97914	4.0
OR	97527	4.2	OR	97760	10.6	OR	97917	10.0
OR	97528	4.2	OR	97761	10.0	OR	97918	10.5
OR	97530	2.0	OR	97801	4.0	OR	97920	5.0
OR	97531	10.5	OR	97810	10.5	PA	15001	1.0
OR	97532	5.0	OR	97812	10.0	PA	15003	1.0
OR	97533	4.2	OR	97813	10.5	PA	15004	2.0
OR	97534	10.5	OR	97814	7.0	PA	15005	1.0
OR	97535	1.0	OR	97817	10.0	PA	15006	1.0
OR	97536	2.0	OR	97818	7.4	PA	15007	1.0
OR	97537	4.2	OR	97819	8.0	PA	15009	1.0
OR	97538	5.0	OR	97820	10.0	PA	15010	1.0
OR	97539	2.0	OR	97823	10.0	PA	15012	1.1
OR	97540	1.0	OR	97824	5.0	PA	15014	1.0
OR	97541	2.0	OR	97825	10.0	PA	15015	1.0
OR	97543	5.0	OR	97826	5.0	PA	15017	1.0
OR	97544	10.2	OR	97827	10.2	PA	15018	1.0
OR	97601	4.0	OR	97828	10.0	PA	15019	2.0
OR	97602	4.0	OR	97830	10.0	PA	15020	1.1
OR	97603	4.0	OR	97833	8.0	PA	15021	2.0
OR	97604	10.4	OR	97834	10.6	PA	15022	1.1
OR	97620	10.0	OR	97835	4.0	PA	15024	1.0
OR	97621	10.5	OR	97836	10.0	PA	15025	1.0
OR	97622	10.2	OR	97837	8.0	PA	15026	2.0
OR	97623	10.2	OR	97838	4.0	PA	15027	1.0
OR	97624	10.5	OR	97839	10.0	PA	15028	1.0
OR	97625	5.0	OR	97840	10.6	PA	15030	1.0

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
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 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
PA	15031	1.0	PA	15131	1.0	PA	15259	1.0
PA	15032	1.0	PA	15132	1.0	PA	15260	1.0
PA	15033	1.1	PA	15133	1.0	PA	15261	1.0
PA	15034	1.0	PA	15134	1.0	PA	15262	1.0
PA	15035	1.0	PA	15135	1.0	PA	15263	1.0
PA	15036	2.0	PA	15136	1.0	PA	15264	1.0
PA	15037	1.0	PA	15137	1.0	PA	15265	1.0
PA	15038	1.0	PA	15139	1.0	PA	15267	1.0
PA	15042	1.0	PA	15140	1.0	PA	15268	1.0
PA	15043	2.0	PA	15142	1.0	PA	15270	1.0
PA	15044	1.0	PA	15143	1.0	PA	15272	1.0
PA	15045	1.0	PA	15144	1.0	PA	15274	1.0
PA	15046	1.0	PA	15145	1.0	PA	15275	1.0
PA	15047	1.0	PA	15146	1.0	PA	15276	1.0
PA	15049	1.0	PA	15147	1.0	PA	15277	1.0
PA	15050	2.0	PA	15148	1.0	PA	15278	1.0
PA	15051	1.0	PA	15189	1.0	PA	15279	1.0
PA	15052	2.0	PA	15201	1.0	PA	15281	1.0
PA	15053	2.0	PA	15202	1.0	PA	15282	1.0
PA	15054	2.0	PA	15203	1.0	PA	15283	1.0
PA	15055	1.0	PA	15204	1.0	PA	15285	1.0
PA	15056	1.0	PA	15205	1.0	PA	15286	1.0
PA	15057	1.0	PA	15206	1.0	PA	15289	1.0
PA	15059	4.0	PA	15207	1.0	PA	15290	1.0
PA	15060	2.0	PA	15208	1.0	PA	15295	1.0
PA	15061	1.0	PA	15209	1.0	PA	15301	1.0
PA	15062	1.1	PA	15210	1.0	PA	15310	8.3
PA	15063	1.1	PA	15211	1.0	PA	15311	2.0
PA	15064	1.0	PA	15212	1.0	PA	15312	2.0
PA	15065	1.0	PA	15213	1.0	PA	15313	2.0
PA	15066	1.0	PA	15214	1.0	PA	15314	1.1
PA	15067	1.1	PA	15215	1.0	PA	15315	3.0
PA	15068	1.0	PA	15216	1.0	PA	15316	8.1
PA	15069	2.0	PA	15217	1.0	PA	15317	1.0
PA	15071	1.0	PA	15218	1.0	PA	15320	7.0
PA	15072	1.1	PA	15219	1.0	PA	15321	1.0
PA	15074	1.0	PA	15220	1.0	PA	15322	2.0
PA	15075	1.0	PA	15221	1.0	PA	15323	2.0
PA	15076	1.0	PA	15222	1.0	PA	15324	2.0
PA	15077	2.0	PA	15223	1.0	PA	15325	7.0
PA	15078	2.0	PA	15224	1.0	PA	15327	3.0
PA	15081	1.0	PA	15225	1.0	PA	15329	2.0
PA	15082	1.0	PA	15226	1.0	PA	15330	2.0
PA	15083	1.0	PA	15227	1.0	PA	15331	1.1
PA	15084	1.0	PA	15228	1.0	PA	15332	1.0
PA	15085	1.0	PA	15229	1.0	PA	15333	2.0
PA	15086	1.0	PA	15230	1.0	PA	15334	7.0
PA	15087	1.1	PA	15231	1.0	PA	15336	1.0
PA	15088	1.0	PA	15232	1.0	PA	15337	8.3
PA	15089	1.0	PA	15233	1.0	PA	15338	3.0
PA	15090	1.0	PA	15234	1.0	PA	15339	1.0
PA	15091	1.0	PA	15235	1.0	PA	15340	2.0
PA	15095	1.0	PA	15236	1.0	PA	15341	8.3
PA	15096	1.0	PA	15237	1.0	PA	15342	1.0
PA	15101	1.0	PA	15238	1.0	PA	15344	8.3
PA	15102	1.0	PA	15239	1.0	PA	15345	2.0
PA	15104	1.0	PA	15240	1.0	PA	15346	8.1
PA	15106	1.0	PA	15241	1.0	PA	15347	1.0
PA	15108	1.0	PA	15242	1.0	PA	15348	7.0
PA	15110	1.0	PA	15243	1.0	PA	15349	8.1
PA	15112	1.0	PA	15244	1.0	PA	15350	1.0
PA	15116	1.0	PA	15250	1.0	PA	15351	7.0
PA	15120	1.0	PA	15251	1.0	PA	15352	8.3
PA	15122	1.0	PA	15252	1.0	PA	15353	8.1
PA	15123	1.0	PA	15253	1.0	PA	15354	8.1
PA	15126	1.0	PA	15254	1.0	PA	15357	7.0
PA	15127	1.0	PA	15255	1.0	PA	15358	2.0
PA	15129	1.0	PA	15257	1.0	PA	15359	8.3
PA	15130	1.0	PA	15258	1.0	PA	15360	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
PA	15361	1.0	PA	15472	1.0	PA	15619	1.0
PA	15362	8.1	PA	15473	2.0	PA	15620	2.0
PA	15363	1.0	PA	15474	3.0	PA	15621	1.0
PA	15364	8.1	PA	15475	3.0	PA	15622	2.0
PA	15365	2.0	PA	15476	2.0	PA	15623	1.0
PA	15366	1.1	PA	15477	1.1	PA	15624	1.0
PA	15367	1.0	PA	15478	2.1	PA	15625	1.0
PA	15368	2.0	PA	15479	2.0	PA	15626	1.0
PA	15370	7.3	PA	15480	2.1	PA	15627	1.0
PA	15376	2.0	PA	15482	2.0	PA	15628	2.0
PA	15377	2.0	PA	15483	1.1	PA	15629	2.0
PA	15378	2.0	PA	15484	1.0	PA	15631	1.0
PA	15379	2.0	PA	15485	10.5	PA	15632	1.0
PA	15380	8.3	PA	15486	1.0	PA	15633	1.0
PA	15401	1.0	PA	15488	2.1	PA	15634	1.0
PA	15410	2.1	PA	15489	1.0	PA	15635	1.0
PA	15411	10.5	PA	15490	2.0	PA	15636	1.0
PA	15412	1.1	PA	15492	1.1	PA	15637	1.0
PA	15413	3.0	PA	15501	4.0	PA	15638	1.0
PA	15415	3.0	PA	15502	4.0	PA	15639	1.0
PA	15416	1.0	PA	15510	4.0	PA	15640	1.0
PA	15417	3.0	PA	15520	4.0	PA	15641	2.0
PA	15419	3.0	PA	15521	9.0	PA	15642	1.0
PA	15420	3.0	PA	15522	7.0	PA	15644	1.0
PA	15421	2.0	PA	15530	10.5	PA	15646	2.0
PA	15422	3.0	PA	15531	10.5	PA	15647	1.0
PA	15423	1.1	PA	15532	7.4	PA	15650	1.0
PA	15424	10.5	PA	15533	10.6	PA	15655	2.0
PA	15425	1.0	PA	15534	10.6	PA	15656	2.0
PA	15427	2.0	PA	15535	10.6	PA	15658	2.0
PA	15428	1.0	PA	15536	10.0	PA	15660	1.0
PA	15429	3.0	PA	15537	7.0	PA	15661	1.0
PA	15430	1.0	PA	15538	6.0	PA	15662	1.0
PA	15431	1.0	PA	15539	9.0	PA	15663	1.0
PA	15432	1.1	PA	15540	10.5	PA	15664	1.0
PA	15433	3.0	PA	15541	4.0	PA	15665	1.0
PA	15434	1.1	PA	15542	10.6	PA	15666	1.0
PA	15435	2.1	PA	15544	10.5	PA	15668	1.0
PA	15436	1.0	PA	15545	5.0	PA	15670	2.0
PA	15437	2.0	PA	15546	10.5	PA	15671	1.0
PA	15438	2.0	PA	15547	10.5	PA	15672	1.0
PA	15439	3.0	PA	15548	10.5	PA	15673	2.0
PA	15440	2.0	PA	15549	4.0	PA	15674	1.0
PA	15442	3.0	PA	15550	10.6	PA	15675	1.0
PA	15443	2.1	PA	15551	10.5	PA	15676	1.0
PA	15444	3.0	PA	15552	7.4	PA	15677	2.0
PA	15445	1.0	PA	15553	10.5	PA	15678	1.0
PA	15446	2.0	PA	15554	9.0	PA	15679	1.0
PA	15447	3.0	PA	15555	4.0	PA	15680	2.0
PA	15448	2.0	PA	15557	5.0	PA	15681	2.0
PA	15449	2.1	PA	15558	10.0	PA	15682	2.0
PA	15450	3.0	PA	15559	10.6	PA	15683	1.0
PA	15451	3.0	PA	15560	4.0	PA	15684	2.0
PA	15454	2.1	PA	15561	4.0	PA	15685	1.0
PA	15455	1.0	PA	15562	10.0	PA	15686	2.0
PA	15456	1.0	PA	15563	10.5	PA	15687	2.0
PA	15458	2.1	PA	15564	5.0	PA	15688	1.0
PA	15459	2.0	PA	15565	10.0	PA	15689	1.0
PA	15460	2.1	PA	15601	1.0	PA	15690	2.0
PA	15461	2.0	PA	15605	1.0	PA	15691	1.0
PA	15462	2.0	PA	15606	1.0	PA	15692	1.0
PA	15463	3.0	PA	15610	2.0	PA	15693	1.0
PA	15464	2.0	PA	15611	1.0	PA	15695	1.0
PA	15465	1.0	PA	15612	1.0	PA	15696	1.0
PA	15466	2.0	PA	15613	2.0	PA	15697	1.0
PA	15467	2.1	PA	15615	1.0	PA	15698	2.0
PA	15468	2.1	PA	15616	1.0	PA	15701	4.0
PA	15469	2.0	PA	15617	1.0	PA	15705	4.0
PA	15470	2.0	PA	15618	2.0	PA	15710	9.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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State	Zip code	RUCA level
PA	15711	10.5
PA	15712	5.0
PA	15713	4.0
PA	15714	9.0
PA	15715	7.0
PA	15716	7.2
PA	15717	7.2
PA	15720	5.2
PA	15721	10.5
PA	15722	9.0
PA	15723	4.0
PA	15724	5.0
PA	15725	2.0
PA	15727	4.0
PA	15728	5.0
PA	15729	5.0
PA	15730	8.0
PA	15731	4.0
PA	15732	5.0
PA	15733	7.0
PA	15734	5.0
PA	15736	6.0
PA	15737	9.0
PA	15738	9.0
PA	15739	5.0
PA	15740	7.0
PA	15741	9.0
PA	15742	9.0
PA	15744	9.0
PA	15745	5.0
PA	15746	5.0
PA	15747	5.0
PA	15748	4.0
PA	15750	7.2
PA	15752	4.0
PA	15753	10.5
PA	15754	4.0
PA	15756	6.0
PA	15757	5.0
PA	15758	9.0
PA	15759	5.0
PA	15760	9.1
PA	15761	9.0
PA	15762	9.1
PA	15763	5.0
PA	15764	9.0
PA	15765	5.0
PA	15767	7.0
PA	15770	9.0
PA	15771	9.0
PA	15772	9.0
PA	15773	9.0
PA	15774	6.0
PA	15775	9.0
PA	15776	9.0
PA	15777	5.0
PA	15778	9.0
PA	15779	1.0
PA	15780	9.0
PA	15781	7.0
PA	15783	2.0
PA	15784	9.0
PA	15801	4.0
PA	15821	5.0
PA	15822	5.0
PA	15823	5.0
PA	15824	10.5
PA	15825	7.0
PA	15827	5.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
PA	15828	10.0
PA	15829	8.0
PA	15831	5.0
PA	15832	8.0
PA	15834	8.0
PA	15840	6.0
PA	15841	5.0
PA	15845	7.2
PA	15846	5.0
PA	15847	7.0
PA	15848	5.0
PA	15849	5.0
PA	15851	5.0
PA	15853	7.4
PA	15856	5.0
PA	15857	4.0
PA	15860	10.4
PA	15861	8.0
PA	15863	5.0
PA	15864	8.0
PA	15865	5.0
PA	15866	5.0
PA	15868	5.0
PA	15870	6.0
PA	15901	1.0
PA	15902	1.0
PA	15904	1.0
PA	15905	1.0
PA	15906	1.0
PA	15907	1.0
PA	15909	1.0
PA	15915	1.0
PA	15920	6.1
PA	15921	2.0
PA	15922	7.3
PA	15923	2.0
PA	15924	3.0
PA	15925	2.0
PA	15926	3.0
PA	15927	7.3
PA	15928	2.0
PA	15929	4.0
PA	15930	1.0
PA	15931	7.3
PA	15934	1.0
PA	15935	2.0
PA	15936	10.5
PA	15937	2.0
PA	15938	2.0
PA	15940	2.0
PA	15942	2.0
PA	15943	2.0
PA	15944	2.0
PA	15945	1.0
PA	15946	3.0
PA	15948	7.3
PA	15949	5.2
PA	15951	1.0
PA	15952	1.0
PA	15953	2.0
PA	15954	6.1
PA	15955	2.0
PA	15956	2.0
PA	15957	5.2
PA	15958	2.0
PA	15959	1.0
PA	15960	3.0
PA	15961	3.0
PA	15962	3.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
PA	15963	1.0
PA	16001	4.2
PA	16002	2.0
PA	16003	4.2
PA	16016	5.2
PA	16017	5.2
PA	16018	6.0
PA	16020	6.0
PA	16021	9.2
PA	16022	6.0
PA	16023	2.0
PA	16024	2.0
PA	16025	5.2
PA	16027	2.0
PA	16028	10.6
PA	16029	4.2
PA	16030	6.0
PA	16033	2.0
PA	16034	5.2
PA	16035	9.2
PA	16036	10.0
PA	16037	2.0
PA	16038	9.2
PA	16039	4.2
PA	16040	6.0
PA	16041	6.0
PA	16045	4.2
PA	16046	1.0
PA	16048	6.0
PA	16049	6.0
PA	16050	6.0
PA	16051	6.1
PA	16052	6.1
PA	16053	2.0
PA	16054	10.0
PA	16055	1.0
PA	16056	2.0
PA	16057	9.2
PA	16058	10.0
PA	16059	2.0
PA	16061	5.2
PA	16063	2.0
PA	16066	1.0
PA	16101	4.0
PA	16102	4.0
PA	16103	4.0
PA	16105	4.0
PA	16107	4.0
PA	16108	4.0
PA	16110	5.0
PA	16111	5.0
PA	16112	5.2
PA	16113	7.3
PA	16114	9.0
PA	16115	2.0
PA	16116	5.2
PA	16117	1.0
PA	16120	5.2
PA	16121	1.0
PA	16123	1.0
PA	16124	2.0
PA	16125	7.3
PA	16127	4.0
PA	16130	9.0
PA	16131	5.0
PA	16132	5.2
PA	16133	3.0
PA	16134	6.0
PA	16136	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
PA	16137	7.1
PA	16140	5.2
PA	16141	2.0
PA	16142	5.2
PA	16143	5.2
PA	16145	10.0
PA	16146	1.0
PA	16148	1.0
PA	16150	1.0
PA	16151	9.0
PA	16153	10.0
PA	16154	2.0
PA	16155	5.2
PA	16156	5.2
PA	16157	2.0
PA	16159	2.0
PA	16160	2.0
PA	16161	1.0
PA	16172	7.3
PA	16201	4.2
PA	16210	5.2
PA	16211	5.0
PA	16212	2.0
PA	16213	10.0
PA	16214	7.0
PA	16215	4.2
PA	16217	10.0
PA	16218	6.0
PA	16220	10.0
PA	16221	10.6
PA	16222	10.0
PA	16223	10.6
PA	16224	10.6
PA	16225	10.0
PA	16226	4.2
PA	16228	4.2
PA	16229	1.0
PA	16230	10.6
PA	16232	10.6
PA	16233	10.0
PA	16234	10.6
PA	16235	10.6
PA	16236	4.2
PA	16238	4.2
PA	16239	10.0
PA	16240	10.0
PA	16242	10.6
PA	16244	5.0
PA	16245	10.6
PA	16246	5.0
PA	16248	10.6
PA	16249	5.0
PA	16250	5.0
PA	16253	10.6
PA	16254	10.6
PA	16255	10.0
PA	16256	5.0
PA	16257	10.6
PA	16258	10.0
PA	16259	5.2
PA	16260	10.0
PA	16261	5.2
PA	16262	4.2
PA	16263	5.0
PA	16301	4.0
PA	16311	9.0
PA	16312	6.0
PA	16313	4.0
PA	16314	5.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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State	Zip code	RUCA level
PA	16316	5.0
PA	16317	9.0
PA	16319	4.0
PA	16321	10.0
PA	16322	10.0
PA	16323	7.0
PA	16326	10.6
PA	16327	5.0
PA	16328	7.0
PA	16329	5.0
PA	16331	10.6
PA	16332	10.6
PA	16333	7.0
PA	16334	10.6
PA	16335	4.0
PA	16340	5.0
PA	16341	9.0
PA	16342	10.6
PA	16343	4.0
PA	16344	4.0
PA	16345	5.0
PA	16346	4.0
PA	16347	5.0
PA	16350	6.0
PA	16351	5.0
PA	16352	4.0
PA	16353	10.0
PA	16354	7.0
PA	16360	10.5
PA	16361	10.0
PA	16362	10.6
PA	16364	4.0
PA	16365	4.0
PA	16366	4.0
PA	16367	4.0
PA	16368	4.0
PA	16369	4.0
PA	16370	10.0
PA	16371	5.0
PA	16372	10.6
PA	16373	10.5
PA	16374	10.5
PA	16375	10.6
PA	16388	4.0
PA	16401	2.0
PA	16402	6.0
PA	16403	10.4
PA	16404	10.5
PA	16405	6.0
PA	16406	10.5
PA	16407	7.3
PA	16410	2.0
PA	16411	2.0
PA	16412	7.1
PA	16413	7.3
PA	16415	1.0
PA	16416	5.0
PA	16417	1.0
PA	16420	5.0
PA	16421	1.0
PA	16422	5.0
PA	16423	1.0
PA	16424	10.5
PA	16426	2.0
PA	16427	2.0
PA	16428	2.0
PA	16430	2.0
PA	16432	2.0
PA	16433	4.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
PA	16434	10.4
PA	16435	10.5
PA	16436	5.0
PA	16438	2.0
PA	16440	10.4
PA	16441	2.0
PA	16442	-2.0
PA	16443	2.0
PA	16444	7.1
PA	16475	2.0
PA	16501	1.0
PA	16502	1.0
PA	16503	1.0
PA	16504	1.0
PA	16505	1.0
PA	16506	1.0
PA	16507	1.0
PA	16508	1.0
PA	16509	1.0
PA	16510	1.0
PA	16511	1.0
PA	16512	1.0
PA	16514	1.0
PA	16515	1.0
PA	16522	1.0
PA	16530	1.0
PA	16531	1.0
PA	16532	1.0
PA	16533	1.0
PA	16534	1.0
PA	16538	1.0
PA	16541	1.0
PA	16544	1.0
PA	16546	1.0
PA	16550	1.0
PA	16553	1.0
PA	16554	1.0
PA	16563	1.0
PA	16565	1.0
PA	16601	1.0
PA	16602	1.0
PA	16603	1.0
PA	16611	4.0
PA	16613	2.0
PA	16616	10.4
PA	16617	1.0
PA	16619	2.0
PA	16620	9.2
PA	16621	10.5
PA	16622	6.0
PA	16623	6.0
PA	16624	3.0
PA	16625	2.0
PA	16627	10.4
PA	16629	2.0
PA	16630	2.0
PA	16631	2.0
PA	16633	10.6
PA	16634	10.5
PA	16635	1.0
PA	16636	3.0
PA	16637	2.0
PA	16638	5.0
PA	16639	2.0
PA	16640	2.0
PA	16641	2.0
PA	16644	2.0
PA	16645	5.0
PA	16646	3.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
PA	16647	5.0
PA	16648	1.0
PA	16650	10.4
PA	16651	9.2
PA	16652	4.0
PA	16654	4.0
PA	16655	3.0
PA	16656	10.4
PA	16657	5.0
PA	16659	10.4
PA	16660	4.0
PA	16661	5.0
PA	16662	2.0
PA	16663	9.2
PA	16664	10.4
PA	16665	1.0
PA	16666	7.3
PA	16667	9.0
PA	16668	3.0
PA	16669	4.0
PA	16670	3.0
PA	16671	9.2
PA	16672	10.6
PA	16673	2.0
PA	16674	10.5
PA	16675	3.0
PA	16677	7.3
PA	16678	10.4
PA	16679	10.6
PA	16680	9.2
PA	16681	5.0
PA	16682	2.0
PA	16683	2.0
PA	16684	1.0
PA	16685	6.0
PA	16686	2.0
PA	16689	10.0
PA	16691	10.0
PA	16692	10.5
PA	16693	2.0
PA	16694	10.6
PA	16695	10.4
PA	16698	9.2
PA	16699	2.0
PA	16701	4.0
PA	16720	10.0
PA	16724	10.5
PA	16725	4.0
PA	16726	10.5
PA	16727	5.0
PA	16728	10.5
PA	16729	6.0
PA	16730	10.5
PA	16731	6.0
PA	16732	5.0
PA	16733	10.5
PA	16734	10.5
PA	16735	7.0
PA	16738	5.0
PA	16740	10.5
PA	16743	10.0
PA	16744	6.0
PA	16745	6.0
PA	16746	10.0
PA	16748	10.0
PA	16749	10.5
PA	16750	10.0
PA	16801	1.0
PA	16802	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
PA	16803	1.0
PA	16804	1.0
PA	16805	1.0
PA	16820	2.0
PA	16821	6.1
PA	16822	4.2
PA	16823	2.0
PA	16825	5.0
PA	16826	2.0
PA	16827	1.0
PA	16828	2.0
PA	16829	2.0
PA	16830	4.0
PA	16832	2.0
PA	16833	4.0
PA	16834	6.1
PA	16835	2.0
PA	16836	5.0
PA	16837	4.0
PA	16838	4.0
PA	16839	6.1
PA	16840	6.1
PA	16841	2.0
PA	16843	4.0
PA	16844	2.0
PA	16845	5.0
PA	16847	6.1
PA	16848	5.2
PA	16849	6.1
PA	16850	5.0
PA	16851	1.0
PA	16852	2.0
PA	16853	2.0
PA	16854	2.0
PA	16855	5.0
PA	16856	2.0
PA	16858	6.1
PA	16859	2.0
PA	16860	6.1
PA	16861	5.0
PA	16863	5.0
PA	16864	2.0
PA	16865	1.0
PA	16866	7.3
PA	16868	1.0
PA	16870	2.0
PA	16871	10.5
PA	16872	2.0
PA	16873	4.0
PA	16874	2.0
PA	16875	2.0
PA	16876	5.0
PA	16877	2.0
PA	16878	5.0
PA	16879	6.1
PA	16881	5.0
PA	16882	2.0
PA	16901	8.0
PA	16910	10.0
PA	16911	8.0
PA	16912	8.0
PA	16914	10.0
PA	16915	10.0
PA	16917	9.0
PA	16918	10.6
PA	16920	10.5
PA	16921	8.0
PA	16922	10.0
PA	16923	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
PA	16925	2.0
PA	16926	10.6
PA	16927	10.0
PA	16928	10.6
PA	16929	3.0
PA	16930	10.0
PA	16932	9.0
PA	16933	7.0
PA	16935	9.0
PA	16936	3.0
PA	16937	10.0
PA	16938	10.0
PA	16939	9.0
PA	16940	10.5
PA	16941	10.0
PA	16942	10.5
PA	16943	9.0
PA	16945	10.0
PA	16946	9.0
PA	16947	10.0
PA	16948	10.0
PA	16950	10.6
PA	17001	1.0
PA	17002	10.5
PA	17003	1.0
PA	17004	10.5
PA	17005	2.0
PA	17006	10.1
PA	17007	4.1
PA	17008	1.0
PA	17009	4.0
PA	17010	1.0
PA	17011	1.0
PA	17012	1.0
PA	17013	4.1
PA	17014	3.0
PA	17016	1.0
PA	17017	10.4
PA	17018	2.0
PA	17019	1.0
PA	17020	2.0
PA	17021	10.0
PA	17022	4.1
PA	17023	2.0
PA	17024	2.0
PA	17025	1.0
PA	17026	2.1
PA	17027	1.0
PA	17028	2.0
PA	17029	5.0
PA	17030	2.0
PA	17032	2.0
PA	17033	1.0
PA	17034	1.0
PA	17035	10.0
PA	17036	1.0
PA	17037	2.0
PA	17038	1.0
PA	17039	2.0
PA	17040	2.0
PA	17041	1.0
PA	17042	1.0
PA	17043	1.0
PA	17044	4.0
PA	17045	2.0
PA	17046	1.0
PA	17047	10.1
PA	17048	3.0
PA	17049	10.4

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
PA	17050	1.0
PA	17051	5.0
PA	17052	6.0
PA	17053	1.0
PA	17054	5.0
PA	17055	1.0
PA	17056	10.4
PA	17057	1.0
PA	17058	10.0
PA	17059	10.4
PA	17060	5.0
PA	17061	7.1
PA	17062	2.0
PA	17063	4.0
PA	17064	1.0
PA	17065	4.1
PA	17066	5.0
PA	17067	2.0
PA	17068	2.0
PA	17069	2.0
PA	17070	1.0
PA	17071	10.1
PA	17072	1.0
PA	17073	2.0
PA	17074	2.0
PA	17075	5.0
PA	17076	10.4
PA	17077	1.0
PA	17078	1.0
PA	17080	2.0
PA	17081	4.1
PA	17082	10.0
PA	17083	1.0
PA	17084	4.0
PA	17085	1.0
PA	17086	6.0
PA	17087	2.0
PA	17088	2.0
PA	17089	1.0
PA	17090	2.0
PA	17091	1.0
PA	17093	1.0
PA	17094	10.4
PA	17097	3.0
PA	17098	3.0
PA	17099	4.0
PA	17101	1.0
PA	17102	1.0
PA	17103	1.0
PA	17104	1.0
PA	17105	1.0
PA	17106	1.0
PA	17107	1.0
PA	17108	1.0
PA	17109	1.0
PA	17110	1.0
PA	17111	1.0
PA	17112	1.0
PA	17113	1.0
PA	17120	1.0
PA	17121	1.0
PA	17122	1.0
PA	17123	1.0
PA	17124	1.0
PA	17125	1.0
PA	17126	1.0
PA	17127	1.0
PA	17128	1.0
PA	17129	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
PA	17130	1.0
PA	17140	1.0
PA	17177	1.0
PA	17201	4.0
PA	17210	10.5
PA	17211	10.6
PA	17212	10.0
PA	17213	10.0
PA	17214	4.2
PA	17215	10.0
PA	17217	10.5
PA	17219	10.5
PA	17220	10.5
PA	17221	10.5
PA	17222	4.0
PA	17223	10.0
PA	17224	10.5
PA	17225	2.0
PA	17228	10.0
PA	17229	10.0
PA	17231	10.5
PA	17232	5.0
PA	17233	10.0
PA	17235	4.0
PA	17236	10.5
PA	17237	4.2
PA	17238	3.0
PA	17239	10.0
PA	17240	6.1
PA	17241	5.2
PA	17243	10.0
PA	17244	5.0
PA	17246	5.0
PA	17247	4.2
PA	17249	10.0
PA	17250	4.2
PA	17251	10.5
PA	17252	4.0
PA	17253	10.0
PA	17254	4.0
PA	17255	10.0
PA	17256	2.0
PA	17257	4.0
PA	17260	6.0
PA	17261	4.0
PA	17262	10.5
PA	17263	4.2
PA	17264	10.0
PA	17265	5.0
PA	17266	5.2
PA	17267	3.0
PA	17268	4.2
PA	17270	2.0
PA	17271	10.5
PA	17272	4.2
PA	17301	5.2
PA	17302	2.0
PA	17303	6.0
PA	17304	6.0
PA	17306	6.0
PA	17307	6.0
PA	17309	2.0
PA	17310	5.0
PA	17311	2.0
PA	17312	1.0
PA	17313	1.0
PA	17314	3.0
PA	17315	1.0
PA	17316	5.2

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
PA	17317	1.0
PA	17318	1.0
PA	17319	1.0
PA	17320	6.1
PA	17321	3.0
PA	17322	2.0
PA	17323	1.0
PA	17324	5.2
PA	17325	4.0
PA	17326	4.0
PA	17327	2.0
PA	17329	5.2
PA	17331	4.2
PA	17332	4.2
PA	17333	4.2
PA	17334	4.2
PA	17337	5.2
PA	17339	1.0
PA	17340	6.0
PA	17342	1.0
PA	17343	6.0
PA	17344	4.2
PA	17345	1.0
PA	17347	1.0
PA	17349	2.0
PA	17350	4.2
PA	17352	3.0
PA	17353	5.0
PA	17354	2.0
PA	17355	2.0
PA	17356	1.0
PA	17358	1.0
PA	17360	1.0
PA	17361	2.0
PA	17362	2.0
PA	17363	2.0
PA	17364	2.0
PA	17365	2.0
PA	17366	1.0
PA	17368	1.0
PA	17370	1.0
PA	17371	1.0
PA	17372	10.4
PA	17375	5.2
PA	17401	1.0
PA	17402	1.0
PA	17403	1.0
PA	17404	1.0
PA	17405	1.0
PA	17406	1.0
PA	17407	1.0
PA	17415	1.0
PA	17501	1.0
PA	17502	2.0
PA	17503	1.0
PA	17504	1.0
PA	17505	1.0
PA	17506	1.0
PA	17507	1.0
PA	17508	1.0
PA	17509	10.4
PA	17512	1.0
PA	17516	1.0
PA	17517	1.0
PA	17518	2.0
PA	17519	1.0
PA	17520	1.0
PA	17521	1.0
PA	17522	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
PA	17527	2.0
PA	17528	1.0
PA	17529	10.1
PA	17532	2.0
PA	17533	1.0
PA	17534	10.1
PA	17535	2.0
PA	17536	3.0
PA	17537	1.0
PA	17538	1.0
PA	17540	1.0
PA	17543	1.0
PA	17545	1.0
PA	17547	1.0
PA	17549	1.0
PA	17550	1.0
PA	17551	1.0
PA	17552	1.0
PA	17554	1.0
PA	17555	2.0
PA	17557	1.0
PA	17560	1.0
PA	17562	1.0
PA	17563	2.0
PA	17564	1.0
PA	17565	2.0
PA	17566	2.0
PA	17567	1.0
PA	17568	1.0
PA	17569	1.0
PA	17570	4.1
PA	17572	1.0
PA	17573	1.0
PA	17575	1.0
PA	17576	1.0
PA	17577	10.1
PA	17578	1.0
PA	17579	1.0
PA	17580	1.0
PA	17581	1.0
PA	17582	2.0
PA	17583	1.0
PA	17584	1.0
PA	17585	1.0
PA	17601	1.0
PA	17602	1.0
PA	17603	1.0
PA	17604	1.0
PA	17605	1.0
PA	17606	1.0
PA	17607	1.0
PA	17608	1.0
PA	17699	1.0
PA	17701	1.0
PA	17702	1.0
PA	17703	1.0
PA	17705	1.0
PA	17720	1.0
PA	17721	4.2
PA	17722	2.0
PA	17723	5.1
PA	17724	10.0
PA	17726	4.2
PA	17727	5.1
PA	17728	2.0
PA	17729	10.5
PA	17730	4.0
PA	17731	10.0
PA	17735	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
PA	17737	2.0
PA	17738	10.5
PA	17739	5.1
PA	17740	4.2
PA	17742	9.1
PA	17744	1.0
PA	17745	4.2
PA	17747	10.5
PA	17748	4.2
PA	17749	4.0
PA	17750	5.2
PA	17751	5.2
PA	17752	5.2
PA	17754	1.0
PA	17756	2.0
PA	17758	10.0
PA	17759	1.0
PA	17760	10.5
PA	17762	2.0
PA	17763	2.0
PA	17764	10.5
PA	17765	10.0
PA	17767	5.2
PA	17768	10.0
PA	17769	4.2
PA	17771	2.0
PA	17772	5.0
PA	17773	10.5
PA	17774	9.1
PA	17776	2.0
PA	17777	4.0
PA	17778	10.5
PA	17779	4.2
PA	17801	4.0
PA	17810	5.2
PA	17812	10.5
PA	17813	6.0
PA	17814	5.0
PA	17815	4.0
PA	17820	5.0
PA	17821	4.0
PA	17822	4.0
PA	17823	6.0
PA	17824	6.0
PA	17827	5.0
PA	17829	5.0
PA	17830	10.4
PA	17831	4.0
PA	17832	7.4
PA	17833	10.5
PA	17834	4.0
PA	17835	5.0
PA	17836	10.4
PA	17837	4.0
PA	17839	4.0
PA	17840	7.4
PA	17841	5.0
PA	17842	10.5
PA	17843	5.0
PA	17844	5.0
PA	17845	5.0
PA	17846	5.0
PA	17847	4.0
PA	17850	4.0
PA	17851	7.4
PA	17853	6.0
PA	17855	5.0
PA	17856	5.2
PA	17857	4.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
PA	17858	5.0
PA	17859	4.0
PA	17860	6.0
PA	17861	10.5
PA	17862	10.5
PA	17864	5.0
PA	17865	4.0
PA	17866	4.0
PA	17867	10.4
PA	17868	4.0
PA	17870	4.0
PA	17872	4.0
PA	17876	4.0
PA	17877	6.0
PA	17878	5.0
PA	17880	5.0
PA	17881	6.0
PA	17882	6.0
PA	17883	5.0
PA	17884	4.0
PA	17885	5.0
PA	17886	4.0
PA	17887	5.2
PA	17888	5.0
PA	17889	5.0
PA	17901	4.0
PA	17920	5.0
PA	17921	4.0
PA	17922	6.1
PA	17923	6.0
PA	17925	6.0
PA	17929	4.0
PA	17930	4.0
PA	17931	4.0
PA	17932	4.0
PA	17933	4.0
PA	17934	4.0
PA	17935	4.0
PA	17936	4.0
PA	17938	10.5
PA	17941	10.5
PA	17942	6.1
PA	17943	4.0
PA	17944	4.0
PA	17945	4.0
PA	17946	4.0
PA	17948	6.0
PA	17949	4.0
PA	17951	4.0
PA	17952	6.0
PA	17953	4.0
PA	17954	4.0
PA	17957	3.0
PA	17959	4.0
PA	17960	3.0
PA	17961	5.0
PA	17963	6.0
PA	17964	10.5
PA	17965	4.0
PA	17966	6.0
PA	17967	2.0
PA	17968	10.5
PA	17970	4.0
PA	17972	4.0
PA	17974	4.0
PA	17976	4.0
PA	17978	10.5
PA	17979	6.1
PA	17980	3.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
PA	17981	6.0	PA	18088	1.0	PA	18337	2.0
PA	17982	6.0	PA	18091	1.0	PA	18340	4.2
PA	17983	10.5	PA	18092	1.0	PA	18341	4.2
PA	17985	2.0	PA	18098	1.0	PA	18342	10.5
PA	18001	1.0	PA	18099	1.0	PA	18343	2.1
PA	18002	1.0	PA	18101	1.0	PA	18344	10.5
PA	18003	1.0	PA	18102	1.0	PA	18346	10.4
PA	18010	1.0	PA	18103	1.0	PA	18347	10.4
PA	18011	1.0	PA	18104	1.0	PA	18348	10.4
PA	18012	1.0	PA	18105	1.0	PA	18349	4.2
PA	18013	1.0	PA	18106	1.0	PA	18350	10.4
PA	18014	1.0	PA	18109	1.0	PA	18351	2.1
PA	18015	1.0	PA	18175	1.0	PA	18352	10.5
PA	18016	1.0	PA	18195	1.0	PA	18353	2.0
PA	18017	1.0	PA	18201	1.0	PA	18354	4.2
PA	18018	1.0	PA	18202	1.0	PA	18355	6.0
PA	18020	1.0	PA	18210	3.0	PA	18356	4.2
PA	18025	1.0	PA	18211	3.0	PA	18357	10.5
PA	18030	1.0	PA	18212	1.0	PA	18360	4.2
PA	18031	1.0	PA	18214	6.0	PA	18370	6.0
PA	18032	1.0	PA	18216	1.0	PA	18371	2.0
PA	18034	1.0	PA	18218	4.2	PA	18372	4.2
PA	18035	1.0	PA	18219	1.0	PA	18373	2.0
PA	18036	1.0	PA	18220	4.2	PA	18401	1.0
PA	18037	1.0	PA	18221	1.0	PA	18403	1.0
PA	18038	1.0	PA	18222	1.0	PA	18405	10.6
PA	18039	2.0	PA	18223	1.0	PA	18407	1.0
PA	18040	1.0	PA	18224	1.0	PA	18410	1.0
PA	18041	1.0	PA	18225	1.0	PA	18411	1.0
PA	18042	1.0	PA	18229	2.0	PA	18413	1.0
PA	18043	1.0	PA	18230	1.0	PA	18414	2.0
PA	18044	1.0	PA	18231	1.0	PA	18415	10.6
PA	18045	1.0	PA	18232	4.2	PA	18416	2.0
PA	18046	1.0	PA	18234	1.0	PA	18417	10.6
PA	18049	1.0	PA	18235	1.0	PA	18419	2.0
PA	18050	1.0	PA	18237	1.0	PA	18420	2.0
PA	18051	1.0	PA	18239	1.0	PA	18421	1.0
PA	18052	1.0	PA	18240	4.2	PA	18424	2.0
PA	18053	2.0	PA	18241	2.0	PA	18425	10.4
PA	18054	1.0	PA	18242	2.0	PA	18426	10.0
PA	18055	1.0	PA	18244	1.0	PA	18427	2.0
PA	18056	2.0	PA	18245	4.2	PA	18428	10.6
PA	18058	10.5	PA	18246	2.1	PA	18430	2.0
PA	18059	1.0	PA	18247	1.0	PA	18431	8.0
PA	18060	1.0	PA	18248	2.0	PA	18433	1.0
PA	18062	1.0	PA	18249	1.0	PA	18434	1.0
PA	18063	1.0	PA	18250	4.2	PA	18435	10.4
PA	18064	1.0	PA	18251	1.0	PA	18436	10.4
PA	18065	1.0	PA	18252	4.2	PA	18437	10.6
PA	18066	2.0	PA	18254	1.0	PA	18438	10.4
PA	18067	1.0	PA	18255	1.0	PA	18439	10.4
PA	18068	1.0	PA	18256	2.1	PA	18440	2.0
PA	18069	1.0	PA	18301	4.2	PA	18441	2.0
PA	18070	2.0	PA	18320	4.2	PA	18443	10.6
PA	18071	1.0	PA	18321	4.2	PA	18444	2.0
PA	18072	1.0	PA	18322	4.2	PA	18445	10.4
PA	18073	1.0	PA	18323	10.5	PA	18446	2.0
PA	18074	1.0	PA	18324	2.0	PA	18447	1.0
PA	18076	1.0	PA	18325	10.5	PA	18448	1.0
PA	18077	2.1	PA	18326	10.5	PA	18449	10.4
PA	18078	1.0	PA	18327	4.2	PA	18451	10.4
PA	18079	1.0	PA	18328	2.0	PA	18452	1.0
PA	18080	1.0	PA	18330	4.2	PA	18453	10.4
PA	18081	1.0	PA	18331	10.5	PA	18454	10.4
PA	18083	1.0	PA	18332	6.0	PA	18455	10.4
PA	18084	1.0	PA	18333	10.5	PA	18456	2.0
PA	18085	1.0	PA	18334	4.2	PA	18457	10.4
PA	18086	1.0	PA	18335	4.2	PA	18458	4.2
PA	18087	1.0	PA	18336	4.2	PA	18459	10.4

ADDENDUM I.—RUCAL RURALITY
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ADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
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ADDENDUM I.—RUCAL RURALITY
LEVEL BY STATE AND ZIP CODE—
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State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
PA	18460	10.4	PA	18661	2.0	PA	18917	2.0
PA	18461	10.6	PA	18690	1.0	PA	18918	1.0
PA	18462	10.4	PA	18701	1.0	PA	18920	2.0
PA	18463	10.4	PA	18702	1.0	PA	18921	2.0
PA	18464	3.0	PA	18703	1.0	PA	18922	1.0
PA	18465	2.0	PA	18704	1.0	PA	18923	1.0
PA	18466	10.4	PA	18705	1.0	PA	18924	1.0
PA	18469	10.6	PA	18706	1.0	PA	18925	1.0
PA	18470	2.0	PA	18707	1.0	PA	18926	1.0
PA	18471	1.0	PA	18708	1.0	PA	18927	1.0
PA	18472	10.4	PA	18709	1.0	PA	18928	1.0
PA	18473	8.0	PA	18710	1.0	PA	18929	1.0
PA	18501	1.0	PA	18711	1.0	PA	18930	2.0
PA	18502	1.0	PA	18761	1.0	PA	18931	1.0
PA	18503	1.0	PA	18762	1.0	PA	18932	1.0
PA	18504	1.0	PA	18763	1.0	PA	18933	1.0
PA	18505	1.0	PA	18764	1.0	PA	18934	1.0
PA	18507	1.0	PA	18765	1.0	PA	18935	1.0
PA	18508	1.0	PA	18766	1.0	PA	18936	1.0
PA	18509	1.0	PA	18767	1.0	PA	18938	1.0
PA	18510	1.0	PA	18768	1.0	PA	18940	1.0
PA	18512	1.0	PA	18769	1.0	PA	18942	2.0
PA	18514	1.0	PA	18773	1.0	PA	18943	1.0
PA	18515	1.0	PA	18774	1.0	PA	18944	1.0
PA	18517	1.0	PA	18801	10.4	PA	18946	1.0
PA	18518	1.0	PA	18810	4.0	PA	18947	1.0
PA	18519	1.0	PA	18812	2.0	PA	18949	1.0
PA	18522	1.0	PA	18813	10.4	PA	18950	1.0
PA	18540	1.0	PA	18814	10.6	PA	18951	1.0
PA	18577	1.0	PA	18815	10.0	PA	18953	2.0
PA	18601	4.0	PA	18816	10.4	PA	18954	1.0
PA	18602	1.0	PA	18817	10.5	PA	18955	2.0
PA	18603	4.0	PA	18818	2.0	PA	18956	1.0
PA	18610	4.2	PA	18820	2.0	PA	18957	1.0
PA	18611	5.0	PA	18821	1.0	PA	18958	1.0
PA	18612	1.0	PA	18822	1.0	PA	18960	1.0
PA	18614	10.0	PA	18823	2.0	PA	18962	1.0
PA	18615	2.0	PA	18824	10.4	PA	18963	1.0
PA	18616	10.0	PA	18825	2.0	PA	18964	1.0
PA	18617	1.0	PA	18826	10.4	PA	18966	1.0
PA	18618	1.0	PA	18827	7.1	PA	18968	1.0
PA	18619	10.0	PA	18828	10.0	PA	18969	1.0
PA	18621	2.0	PA	18829	10.6	PA	18970	1.0
PA	18622	2.0	PA	18830	2.0	PA	18971	1.0
PA	18623	10.0	PA	18831	10.5	PA	18972	2.0
PA	18624	3.0	PA	18832	10.6	PA	18974	1.0
PA	18625	2.0	PA	18833	10.6	PA	18976	1.0
PA	18626	10.0	PA	18834	2.0	PA	18977	1.0
PA	18627	1.0	PA	18837	10.6	PA	18979	1.0
PA	18628	10.0	PA	18840	4.0	PA	18980	1.0
PA	18629	10.6	PA	18842	2.0	PA	18981	1.0
PA	18630	10.6	PA	18843	10.4	PA	18991	1.0
PA	18631	4.0	PA	18844	10.4	PA	19001	1.0
PA	18632	10.0	PA	18845	10.6	PA	19002	1.0
PA	18634	1.0	PA	18846	10.6	PA	19003	1.0
PA	18635	5.2	PA	18847	7.1	PA	19004	1.0
PA	18636	2.0	PA	18848	10.6	PA	19006	1.0
PA	18640	1.0	PA	18850	6.0	PA	19007	1.0
PA	18641	1.0	PA	18851	10.6	PA	19008	1.0
PA	18642	1.0	PA	18853	10.0	PA	19009	1.0
PA	18643	1.0	PA	18854	10.6	PA	19010	1.0
PA	18644	1.0	PA	18901	1.0	PA	19012	1.0
PA	18651	1.0	PA	18910	1.0	PA	19013	1.0
PA	18653	1.0	PA	18911	1.0	PA	19014	1.0
PA	18654	1.0	PA	18912	1.0	PA	19015	1.0
PA	18655	2.0	PA	18913	1.0	PA	19016	1.0
PA	18656	2.0	PA	18914	1.0	PA	19017	1.0
PA	18657	7.2	PA	18915	1.0	PA	19018	1.0
PA	18660	5.2	PA	18916	1.0	PA	19019	1.0

ADDENDUM I.—RUCA RURALITY
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LEVEL BY STATE AND ZIP CODE—
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LEVEL BY STATE AND ZIP CODE—
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State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
PA	19020	1.0	PA	19102	1.0	PA	19185	1.0
PA	19021	1.0	PA	19103	1.0	PA	19187	1.0
PA	19022	1.0	PA	19104	1.0	PA	19188	1.0
PA	19023	1.0	PA	19105	1.0	PA	19191	1.0
PA	19025	1.0	PA	19106	1.0	PA	19192	1.0
PA	19026	1.0	PA	19107	1.0	PA	19193	1.0
PA	19027	1.0	PA	19108	1.0	PA	19194	1.0
PA	19028	1.0	PA	19109	1.0	PA	19195	1.0
PA	19029	1.0	PA	19110	1.0	PA	19196	1.0
PA	19030	1.0	PA	19111	1.0	PA	19197	1.0
PA	19031	1.0	PA	19112	1.0	PA	19244	1.0
PA	19032	1.0	PA	19113	1.0	PA	19255	1.0
PA	19033	1.0	PA	19114	1.0	PA	19301	1.0
PA	19034	1.0	PA	19115	1.0	PA	19310	2.0
PA	19035	1.0	PA	19116	1.0	PA	19311	1.0
PA	19036	1.0	PA	19118	1.0	PA	19312	1.0
PA	19037	1.0	PA	19119	1.0	PA	19316	1.0
PA	19038	1.0	PA	19120	1.0	PA	19317	1.0
PA	19039	1.0	PA	19121	1.0	PA	19318	1.0
PA	19040	1.0	PA	19122	1.0	PA	19319	1.0
PA	19041	1.0	PA	19123	1.0	PA	19320	1.0
PA	19043	1.0	PA	19124	1.0	PA	19330	2.0
PA	19044	1.0	PA	19125	1.0	PA	19331	1.0
PA	19046	1.0	PA	19126	1.0	PA	19333	1.0
PA	19047	1.0	PA	19127	1.0	PA	19335	1.0
PA	19048	1.0	PA	19128	1.0	PA	19339	1.0
PA	19049	1.0	PA	19129	1.0	PA	19340	1.0
PA	19050	1.0	PA	19130	1.0	PA	19341	1.0
PA	19052	1.0	PA	19131	1.0	PA	19342	1.0
PA	19053	1.0	PA	19132	1.0	PA	19343	2.0
PA	19054	1.0	PA	19133	1.0	PA	19344	2.0
PA	19055	1.0	PA	19134	1.0	PA	19345	1.0
PA	19056	1.0	PA	19135	1.0	PA	19346	1.0
PA	19057	1.0	PA	19136	1.0	PA	19347	1.0
PA	19058	1.0	PA	19137	1.0	PA	19348	1.0
PA	19059	1.0	PA	19138	1.0	PA	19350	1.0
PA	19061	1.0	PA	19139	1.0	PA	19351	1.0
PA	19063	1.0	PA	19140	1.0	PA	19352	2.0
PA	19064	1.0	PA	19141	1.0	PA	19353	1.0
PA	19065	1.0	PA	19142	1.0	PA	19354	1.0
PA	19066	1.0	PA	19143	1.0	PA	19355	1.0
PA	19067	1.0	PA	19144	1.0	PA	19357	1.0
PA	19070	1.0	PA	19145	1.0	PA	19358	1.0
PA	19072	1.0	PA	19146	1.0	PA	19360	2.0
PA	19073	1.0	PA	19147	1.0	PA	19362	2.0
PA	19074	1.0	PA	19148	1.0	PA	19363	2.0
PA	19075	1.0	PA	19149	1.0	PA	19365	1.0
PA	19076	1.0	PA	19150	1.0	PA	19366	1.0
PA	19078	1.0	PA	19151	1.0	PA	19367	1.0
PA	19079	1.0	PA	19152	1.0	PA	19369	1.0
PA	19080	1.0	PA	19153	1.0	PA	19371	2.0
PA	19081	1.0	PA	19154	1.0	PA	19372	1.0
PA	19082	1.0	PA	19155	1.0	PA	19373	1.0
PA	19083	1.0	PA	19160	1.0	PA	19374	1.0
PA	19085	1.0	PA	19161	1.0	PA	19375	1.0
PA	19086	1.0	PA	19162	1.0	PA	19376	1.0
PA	19087	1.0	PA	19170	1.0	PA	19380	1.0
PA	19088	1.0	PA	19171	1.0	PA	19381	1.0
PA	19089	1.0	PA	19172	1.0	PA	19382	1.0
PA	19090	1.0	PA	19173	1.0	PA	19383	1.0
PA	19091	1.0	PA	19175	1.0	PA	19390	1.0
PA	19092	1.0	PA	19176	1.0	PA	19395	1.0
PA	19093	1.0	PA	19177	1.0	PA	19397	1.0
PA	19094	1.0	PA	19178	1.0	PA	19398	1.0
PA	19095	1.0	PA	19179	1.0	PA	19399	1.0
PA	19096	1.0	PA	19181	1.0	PA	19401	1.0
PA	19098	1.0	PA	19182	1.0	PA	19403	1.0
PA	19099	1.0	PA	19183	1.0	PA	19404	1.0
PA	19101	1.0	PA	19184	1.0	PA	19405	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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State	Zip code	RUCA level
PA	19406	1.0
PA	19407	1.0
PA	19408	1.0
PA	19409	1.0
PA	19415	1.0
PA	19420	1.0
PA	19421	1.0
PA	19422	1.0
PA	19423	1.0
PA	19424	1.0
PA	19425	1.0
PA	19426	1.0
PA	19428	1.0
PA	19429	1.0
PA	19430	1.0
PA	19432	1.0
PA	19435	2.0
PA	19436	1.0
PA	19437	1.0
PA	19438	1.0
PA	19440	1.0
PA	19441	1.0
PA	19442	1.0
PA	19443	1.0
PA	19444	1.0
PA	19446	1.0
PA	19450	1.0
PA	19451	1.0
PA	19453	1.0
PA	19454	1.0
PA	19455	1.0
PA	19456	1.0
PA	19457	1.0
PA	19460	1.0
PA	19462	1.0
PA	19464	2.0
PA	19465	2.0
PA	19468	1.0
PA	19470	2.0
PA	19472	2.0
PA	19473	1.0
PA	19474	1.0
PA	19475	1.0
PA	19477	1.0
PA	19478	1.0
PA	19480	1.0
PA	19481	1.0
PA	19482	1.0
PA	19483	1.0
PA	19484	1.0
PA	19485	1.0
PA	19486	1.0
PA	19487	1.0
PA	19488	1.0
PA	19489	1.0
PA	19490	1.0
PA	19492	1.0
PA	19493	1.0
PA	19494	1.0
PA	19495	1.0
PA	19496	1.0
PA	19501	1.0
PA	19503	2.0
PA	19504	2.0
PA	19505	2.0
PA	19506	2.0
PA	19507	2.0
PA	19508	1.0
PA	19510	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
PA	19511	2.0
PA	19512	2.0
PA	19516	2.0
PA	19518	1.0
PA	19519	1.0
PA	19520	2.0
PA	19522	2.0
PA	19523	1.0
PA	19525	2.0
PA	19526	2.0
PA	19529	3.0
PA	19530	7.3
PA	19533	1.0
PA	19534	3.0
PA	19535	2.0
PA	19536	2.0
PA	19538	7.3
PA	19539	2.0
PA	19540	2.1
PA	19541	2.0
PA	19542	1.0
PA	19543	2.1
PA	19544	2.0
PA	19545	2.0
PA	19547	2.0
PA	19548	2.0
PA	19549	5.0
PA	19550	2.0
PA	19551	1.0
PA	19554	2.0
PA	19555	2.0
PA	19557	3.0
PA	19559	2.0
PA	19560	1.0
PA	19562	2.0
PA	19564	7.3
PA	19565	1.0
PA	19567	1.0
PA	19601	1.0
PA	19602	1.0
PA	19603	1.0
PA	19604	1.0
PA	19605	1.0
PA	19606	1.0
PA	19607	1.0
PA	19608	1.0
PA	19609	1.0
PA	19610	1.0
PA	19611	1.0
PA	19612	1.0
PA	19640	1.0
PR	00601	R
PR	00602	U
PR	00603	U
PR	00604	U
PR	00605	U
PR	00606	R
PR	00610	U
PR	00611	R
PR	00612	U
PR	00613	U
PR	00614	U
PR	00616	U
PR	00617	U
PR	00622	U
PR	00623	U
PR	00624	U
PR	00627	U
PR	00631	R

ADDENDUM I.—RUCA RURALITY
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State	Zip code	RUCA level
PR	00636	U
PR	00637	U
PR	00638	R
PR	00641	R
PR	00646	U
PR	00647	R
PR	00650	U
PR	00652	U
PR	00653	R
PR	00656	U
PR	00659	U
PR	00660	U
PR	00662	R
PR	00664	R
PR	00667	R
PR	00669	R
PR	00670	R
PR	00674	U
PR	00676	U
PR	00677	R
PR	00678	R
PR	00680	U
PR	00681	U
PR	00682	U
PR	00683	U
PR	00685	R
PR	00687	U
PR	00688	U
PR	00690	U
PR	00692	U
PR	00693	U
PR	00694	U
PR	00698	U
PR	00703	U
PR	00704	R
PR	00705	R
PR	00707	R
PR	00714	R
PR	00715	U
PR	00716	U
PR	00717	U
PR	00718	U
PR	00719	U
PR	00720	R
PR	00721	U
PR	00723	R
PR	00725	U
PR	00726	U
PR	00727	U
PR	00728	U
PR	00729	U
PR	00730	U
PR	00731	U
PR	00732	U
PR	00733	U
PR	00734	U
PR	00735	U
PR	00736	U
PR	00737	U
PR	00738	U
PR	00739	U
PR	00740	U
PR	00741	U
PR	00742	U
PR	00744	U
PR	00745	U
PR	00751	R
PR	00754	U
PR	00757	R

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
PR	00765	R	PR	00962	U	RI	02873	3.0
PR	00766	U	PR	00963	U	RI	02874	1.0
PR	00767	U	PR	00965	U	RI	02875	2.0
PR	00769	R	PR	00966	U	RI	02876	1.0
PR	00771	U	PR	00968	U	RI	02877	2.0
PR	00772	U	PR	00969	U	RI	02878	1.0
PR	00773	U	PR	00970	U	RI	02879	1.0
PR	00775	R	PR	00971	U	RI	02880	1.0
PR	00777	U	PR	00975	U	RI	02881	1.0
PR	00778	U	PR	00976	U	RI	02882	1.0
PR	00780	U	PR	00977	U	RI	02883	1.0
PR	00782	U	PR	00978	U	RI	02885	1.0
PR	00783	U	PR	00979	U	RI	02886	1.0
PR	00784	R	PR	00981	U	RI	02887	1.0
PR	00785	R	PR	00982	U	RI	02888	1.0
PR	00786	R	PR	00983	U	RI	02889	1.0
PR	00791	U	PR	00984	U	RI	02891	4.1
PR	00792	U	PR	00985	U	RI	02892	2.0
PR	00794	R	PR	00986	U	RI	02893	1.0
PR	00795	U	PR	00987	U	RI	02894	2.0
PR	00901	U	PR	00988	U	RI	02895	1.0
PR	00902	U	PW	96940	R	RI	02896	1.0
PR	00906	U	RI	02801	2.0	RI	02898	2.0
PR	00907	U	RI	02802	1.0	RI	02901	1.0
PR	00908	U	RI	02804	3.0	RI	02902	1.0
PR	00909	U	RI	02806	1.0	RI	02903	1.0
PR	00910	U	RI	02807	2.0	RI	02904	1.0
PR	00911	U	RI	02808	4.1	RI	02905	1.0
PR	00912	U	RI	02809	1.0	RI	02906	1.0
PR	00913	U	RI	02812	2.0	RI	02907	1.0
PR	00914	U	RI	02813	2.0	RI	02908	1.0
PR	00915	U	RI	02814	2.0	RI	02909	1.0
PR	00916	U	RI	02815	2.0	RI	02910	1.0
PR	00917	U	RI	02816	1.0	RI	02911	1.0
PR	00918	U	RI	02817	2.0	RI	02912	1.0
PR	00919	U	RI	02818	1.0	RI	02914	1.0
PR	00920	U	RI	02822	2.0	RI	02915	1.0
PR	00921	U	RI	02823	1.0	RI	02916	1.0
PR	00922	U	RI	02824	1.0	RI	02917	1.0
PR	00923	U	RI	02825	2.0	RI	02918	1.0
PR	00924	U	RI	02826	1.0	RI	02919	1.0
PR	00925	U	RI	02827	2.0	RI	02920	1.0
PR	00926	U	RI	02828	1.0	RI	02921	1.0
PR	00927	U	RI	02829	2.0	RI	02940	1.0
PR	00928	U	RI	02830	1.0	SC	29001	9.1
PR	00929	U	RI	02831	1.0	SC	29002	1.0
PR	00930	U	RI	02832	3.0	SC	29003	7.4
PR	00931	U	RI	02833	3.0	SC	29006	2.0
PR	00933	U	RI	02835	1.0	SC	29009	5.0
PR	00934	U	RI	02836	2.0	SC	29010	7.4
PR	00935	U	RI	02837	2.0	SC	29014	10.5
PR	00936	U	RI	02838	1.0	SC	29015	6.1
PR	00937	U	RI	02839	1.0	SC	29016	2.0
PR	00938	U	RI	02840	1.0	SC	29018	5.0
PR	00939	U	RI	02841	1.0	SC	29020	4.2
PR	00940	U	RI	02842	1.0	SC	29030	6.1
PR	00949	U	RI	02852	1.0	SC	29031	5.0
PR	00950	U	RI	02854	1.0	SC	29032	5.0
PR	00951	U	RI	02857	2.0	SC	29033	1.0
PR	00952	U	RI	02858	1.0	SC	29036	2.0
PR	00953	U	RI	02859	1.0	SC	29037	6.0
PR	00954	U	RI	02860	1.0	SC	29038	5.0
PR	00955	U	RI	02861	1.0	SC	29039	5.0
PR	00956	U	RI	02862	1.0	SC	29040	2.0
PR	00957	U	RI	02863	1.0	SC	29041	10.6
PR	00958	U	RI	02864	1.0	SC	29042	7.0
PR	00959	U	RI	02865	1.0	SC	29044	2.0
PR	00960	U	RI	02871	1.0	SC	29045	2.0
PR	00961	U	RI	02872	1.0	SC	29046	7.4

ADDENDUM I.—RUCA RURALITY
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ADDENDUM I.—RUCA RURALITY
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ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
SC	29047	6.0	SC	29163	10.5	SC	29335	2.0
SC	29048	3.0	SC	29164	2.1	SC	29336	1.0
SC	29051	10.0	SC	29166	10.4	SC	29338	1.0
SC	29052	2.0	SC	29168	2.0	SC	29340	4.0
SC	29053	2.0	SC	29169	1.0	SC	29341	4.0
SC	29054	2.0	SC	29170	1.0	SC	29342	4.0
SC	29055	10.5	SC	29171	1.0	SC	29346	1.0
SC	29056	9.0	SC	29172	1.0	SC	29348	1.0
SC	29058	5.0	SC	29175	6.1	SC	29349	1.0
SC	29059	10.4	SC	29176	7.1	SC	29351	5.0
SC	29061	2.0	SC	29177	2.0	SC	29353	2.0
SC	29062	6.1	SC	29178	10.5	SC	29355	10.5
SC	29063	1.0	SC	29180	7.1	SC	29356	2.0
SC	29065	6.1	SC	29201	1.0	SC	29360	4.0
SC	29067	6.0	SC	29202	1.0	SC	29364	4.2
SC	29069	2.0	SC	29203	1.0	SC	29365	1.0
SC	29070	2.0	SC	29204	1.0	SC	29368	2.0
SC	29071	1.0	SC	29205	1.0	SC	29369	1.0
SC	29072	1.0	SC	29206	1.0	SC	29370	6.0
SC	29073	1.0	SC	29207	1.0	SC	29372	2.0
SC	29074	5.0	SC	29208	1.0	SC	29373	2.0
SC	29075	2.0	SC	29209	1.0	SC	29374	2.0
SC	29078	4.2	SC	29210	1.0	SC	29375	2.1
SC	29079	4.2	SC	29211	1.0	SC	29376	2.0
SC	29080	10.6	SC	29212	1.0	SC	29377	1.0
SC	29081	10.6	SC	29214	1.0	SC	29378	1.0
SC	29082	10.5	SC	29215	1.0	SC	29379	4.2
SC	29101	10.5	SC	29216	1.0	SC	29384	6.0
SC	29102	10.6	SC	29217	1.0	SC	29385	1.0
SC	29104	2.0	SC	29218	1.0	SC	29386	1.0
SC	29105	3.0	SC	29219	1.0	SC	29388	2.1
SC	29106	6.1	SC	29220	1.0	SC	29390	1.0
SC	29107	5.2	SC	29221	1.0	SC	29391	1.0
SC	29108	4.2	SC	29222	1.0	SC	29395	2.0
SC	29111	10.4	SC	29223	1.0	SC	29401	1.0
SC	29112	5.2	SC	29224	1.0	SC	29402	1.0
SC	29113	6.0	SC	29225	1.0	SC	29403	1.0
SC	29114	2.0	SC	29226	1.0	SC	29404	1.0
SC	29115	4.0	SC	29227	1.0	SC	29405	1.0
SC	29116	4.0	SC	29228	1.0	SC	29406	1.0
SC	29117	4.0	SC	29229	1.0	SC	29407	1.0
SC	29118	4.0	SC	29230	1.0	SC	29409	1.0
SC	29122	2.0	SC	29240	1.0	SC	29410	1.0
SC	29123	2.0	SC	29250	1.0	SC	29412	1.0
SC	29125	2.0	SC	29260	1.0	SC	29413	1.0
SC	29126	5.2	SC	29290	1.0	SC	29414	1.0
SC	29127	2.0	SC	29292	1.0	SC	29415	1.0
SC	29128	6.1	SC	29301	1.0	SC	29416	1.0
SC	29129	10.4	SC	29302	1.0	SC	29417	1.0
SC	29130	2.0	SC	29303	1.0	SC	29418	1.0
SC	29132	7.1	SC	29304	1.0	SC	29419	1.0
SC	29133	4.0	SC	29305	1.0	SC	29420	1.0
SC	29135	10.5	SC	29306	1.0	SC	29422	1.0
SC	29137	3.0	SC	29307	1.0	SC	29423	1.0
SC	29138	7.0	SC	29316	1.0	SC	29424	1.0
SC	29142	10.5	SC	29318	1.0	SC	29425	1.0
SC	29143	10.0	SC	29319	1.0	SC	29426	2.0
SC	29145	5.0	SC	29320	1.0	SC	29429	2.0
SC	29146	6.0	SC	29321	4.2	SC	29430	2.0
SC	29147	1.0	SC	29322	2.0	SC	29431	2.0
SC	29148	10.4	SC	29323	2.0	SC	29432	5.0
SC	29150	1.0	SC	29324	1.0	SC	29433	2.0
SC	29151	1.0	SC	29325	4.0	SC	29434	2.0
SC	29152	1.0	SC	29329	1.0	SC	29435	2.0
SC	29153	2.0	SC	29330	2.0	SC	29436	2.0
SC	29154	1.0	SC	29331	2.0	SC	29437	2.0
SC	29160	2.0	SC	29332	6.0	SC	29438	2.0
SC	29161	2.0	SC	29333	1.0	SC	29439	1.0
SC	29162	10.4	SC	29334	1.0	SC	29440	4.2

ADDENDUM I.—RUCA RURALITY
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State	Zip code	RUCA level
SC	29442	4.2
SC	29445	1.0
SC	29446	10.4
SC	29447	10.4
SC	29448	2.0
SC	29449	2.0
SC	29450	2.0
SC	29451	1.0
SC	29452	10.4
SC	29453	2.0
SC	29455	2.0
SC	29456	1.0
SC	29457	2.0
SC	29458	2.0
SC	29461	7.1
SC	29464	1.0
SC	29465	1.0
SC	29466	1.0
SC	29468	2.0
SC	29469	7.1
SC	29470	2.0
SC	29471	2.0
SC	29472	2.0
SC	29474	2.0
SC	29475	5.0
SC	29476	2.0
SC	29477	10.4
SC	29479	2.0
SC	29481	10.0
SC	29482	1.0
SC	29483	1.0
SC	29484	1.0
SC	29485	1.0
SC	29487	2.0
SC	29488	5.0
SC	29492	2.0
SC	29493	5.0
SC	29501	1.0
SC	29502	1.0
SC	29503	1.0
SC	29504	1.0
SC	29505	1.0
SC	29506	1.0
SC	29510	7.2
SC	29511	2.0
SC	29512	4.0
SC	29516	5.0
SC	29518	10.6
SC	29519	7.0
SC	29520	7.0
SC	29525	5.0
SC	29526	1.0
SC	29527	2.0
SC	29528	1.0
SC	29530	2.0
SC	29532	4.1
SC	29536	4.0
SC	29540	1.0
SC	29541	2.0
SC	29542	4.0
SC	29543	6.0
SC	29544	2.0
SC	29545	2.0
SC	29546	2.0
SC	29547	5.0
SC	29550	4.2
SC	29551	4.2
SC	29554	10.0
SC	29555	10.4

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
SC	29556	7.0
SC	29560	7.3
SC	29563	6.0
SC	29564	9.0
SC	29565	6.0
SC	29566	1.0
SC	29567	5.0
SC	29568	2.0
SC	29569	2.0
SC	29570	6.0
SC	29571	7.0
SC	29572	1.0
SC	29573	4.0
SC	29574	7.0
SC	29575	1.0
SC	29576	1.0
SC	29577	1.0
SC	29578	1.0
SC	29579	1.0
SC	29580	9.0
SC	29581	2.0
SC	29582	1.0
SC	29583	2.0
SC	29584	9.2
SC	29585	7.3
SC	29587	1.0
SC	29588	1.0
SC	29589	7.0
SC	29590	9.0
SC	29591	2.0
SC	29592	6.0
SC	29593	6.1
SC	29594	6.0
SC	29596	8.0
SC	29597	1.0
SC	29598	1.0
SC	29601	1.0
SC	29602	1.0
SC	29603	1.0
SC	29604	1.0
SC	29605	1.0
SC	29606	1.0
SC	29607	1.0
SC	29608	1.0
SC	29609	1.0
SC	29610	1.0
SC	29611	1.0
SC	29612	1.0
SC	29613	1.0
SC	29614	1.0
SC	29615	1.0
SC	29616	1.0
SC	29617	1.0
SC	29620	7.4
SC	29621	1.0
SC	29622	1.0
SC	29623	1.0
SC	29624	1.0
SC	29625	1.0
SC	29626	1.0
SC	29627	2.0
SC	29628	10.6
SC	29630	4.2
SC	29631	4.2
SC	29632	4.2
SC	29633	4.2
SC	29634	4.2
SC	29635	2.0
SC	29636	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
SC	29638	6.1
SC	29639	10.4
SC	29640	1.0
SC	29641	1.0
SC	29642	1.0
SC	29643	5.0
SC	29644	2.1
SC	29645	2.1
SC	29646	4.0
SC	29647	5.0
SC	29648	4.0
SC	29649	4.0
SC	29650	1.0
SC	29651	1.0
SC	29652	1.0
SC	29653	5.0
SC	29654	2.0
SC	29655	2.0
SC	29656	4.2
SC	29657	1.0
SC	29658	5.0
SC	29659	2.0
SC	29661	2.0
SC	29662	2.0
SC	29664	5.0
SC	29665	4.2
SC	29666	5.0
SC	29667	4.2
SC	29669	2.0
SC	29670	4.2
SC	29671	1.0
SC	29672	4.2
SC	29673	1.0
SC	29675	5.0
SC	29676	5.0
SC	29677	4.2
SC	29678	4.2
SC	29679	4.2
SC	29680	2.0
SC	29681	2.0
SC	29682	2.0
SC	29683	2.0
SC	29684	2.0
SC	29685	2.0
SC	29686	5.0
SC	29687	1.0
SC	29688	2.0
SC	29689	2.0
SC	29690	2.0
SC	29691	5.0
SC	29692	5.0
SC	29693	5.0
SC	29695	5.0
SC	29696	5.0
SC	29697	2.0
SC	29698	1.0
SC	29702	5.0
SC	29703	2.0
SC	29704	2.1
SC	29706	4.0
SC	29708	1.0
SC	29709	8.0
SC	29710	2.0
SC	29712	3.0
SC	29714	3.0
SC	29715	1.0
SC	29716	1.0
SC	29717	3.0
SC	29718	9.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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State	Zip code	RUCA level
SC	29720	4.0
SC	29721	4.0
SC	29722	4.0
SC	29724	3.0
SC	29726	2.1
SC	29727	9.0
SC	29728	7.3
SC	29729	3.0
SC	29730	1.1
SC	29731	1.1
SC	29732	1.1
SC	29733	1.1
SC	29734	1.1
SC	29741	9.0
SC	29742	3.0
SC	29743	3.0
SC	29744	4.0
SC	29745	2.1
SC	29801	1.0
SC	29802	1.0
SC	29803	1.0
SC	29804	1.0
SC	29805	2.0
SC	29808	9.0
SC	29809	2.0
SC	29810	7.0
SC	29812	8.0
SC	29813	8.0
SC	29816	1.0
SC	29817	10.6
SC	29819	5.0
SC	29821	2.0
SC	29822	2.0
SC	29824	7.3
SC	29826	10.4
SC	29827	8.0
SC	29828	1.0
SC	29829	1.0
SC	29831	2.0
SC	29832	10.6
SC	29834	1.0
SC	29835	10.5
SC	29836	7.0
SC	29838	2.0
SC	29839	1.0
SC	29840	10.0
SC	29841	1.0
SC	29842	2.0
SC	29843	10.6
SC	29844	2.0
SC	29845	2.0
SC	29846	8.0
SC	29847	2.0
SC	29848	5.0
SC	29849	8.0
SC	29850	1.0
SC	29851	1.0
SC	29853	10.4
SC	29856	2.0
SC	29860	2.0
SC	29861	1.0
SC	29899	10.5
SC	29901	4.0
SC	29902	4.0
SC	29903	4.0
SC	29904	4.0
SC	29905	4.0
SC	29906	4.0
SC	29907	4.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
SC	29909	5.0
SC	29910	5.0
SC	29911	8.0
SC	29912	7.4
SC	29913	7.0
SC	29914	5.0
SC	29915	4.0
SC	29916	10.5
SC	29918	7.0
SC	29920	5.0
SC	29921	7.0
SC	29922	10.6
SC	29923	7.0
SC	29924	7.0
SC	29925	4.0
SC	29926	4.0
SC	29927	10.5
SC	29928	4.0
SC	29929	10.5
SC	29931	5.0
SC	29932	7.0
SC	29933	7.0
SC	29934	8.4
SC	29935	4.0
SC	29936	7.4
SC	29938	4.0
SC	29939	7.0
SC	29940	5.0
SC	29941	5.0
SC	29943	8.4
SC	29944	7.0
SC	29945	5.0
SD	57001	10.4
SD	57002	5.0
SD	57003	2.0
SD	57004	10.4
SD	57005	2.0
SD	57006	4.0
SD	57007	4.0
SD	57010	5.0
SD	57012	10.4
SD	57013	7.1
SD	57014	10.4
SD	57015	10.1
SD	57016	8.3
SD	57017	10.4
SD	57018	2.0
SD	57020	2.0
SD	57021	10.4
SD	57022	2.0
SD	57024	10.4
SD	57025	2.0
SD	57026	5.0
SD	57027	3.0
SD	57028	10.4
SD	57029	10.0
SD	57030	2.0
SD	57031	5.0
SD	57032	1.0
SD	57033	2.0
SD	57034	3.0
SD	57035	2.0
SD	57036	10.4
SD	57037	5.0
SD	57038	1.0
SD	57039	2.0
SD	57040	5.0
SD	57041	2.0
SD	57042	7.0

ADDENDUM I.—RUCA RURALITY
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State	Zip code	RUCA level
SD	57043	10.1
SD	57044	5.0
SD	57045	10.0
SD	57046	5.0
SD	57047	10.1
SD	57048	10.4
SD	57049	1.0
SD	57050	8.0
SD	57051	10.5
SD	57052	10.0
SD	57053	10.1
SD	57054	8.0
SD	57055	2.0
SD	57056	2.0
SD	57057	8.0
SD	57058	10.4
SD	57059	10.5
SD	57061	4.0
SD	57062	10.0
SD	57063	10.5
SD	57064	1.0
SD	57065	10.4
SD	57066	10.5
SD	57067	5.0
SD	57068	2.0
SD	57069	4.0
SD	57070	10.4
SD	57071	5.0
SD	57072	5.0
SD	57073	5.0
SD	57075	8.3
SD	57076	8.0
SD	57077	2.0
SD	57078	4.0
SD	57079	4.0
SD	57101	1.0
SD	57103	1.0
SD	57104	1.0
SD	57105	1.0
SD	57106	1.0
SD	57107	1.0
SD	57108	1.0
SD	57109	1.0
SD	57110	1.0
SD	57117	1.0
SD	57118	1.0
SD	57186	1.0
SD	57188	1.0
SD	57189	1.0
SD	57192	1.0
SD	57193	1.0
SD	57194	1.0
SD	57195	1.0
SD	57196	1.0
SD	57197	1.0
SD	57198	2.0
SD	57201	4.0
SD	57212	10.5
SD	57213	10.0
SD	57214	10.5
SD	57216	7.0
SD	57217	10.5
SD	57218	10.0
SD	57219	10.0
SD	57220	5.0
SD	57221	10.5
SD	57223	10.5
SD	57224	10.0
SD	57225	10.5

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State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
SD	57226	10.0	SD	57342	10.0	SD	57457	10.0
SD	57227	10.6	SD	57344	10.0	SD	57460	5.0
SD	57231	10.0	SD	57345	10.0	SD	57461	10.3
SD	57232	10.0	SD	57346	10.0	SD	57465	10.3
SD	57233	10.5	SD	57348	5.0	SD	57466	10.0
SD	57234	10.5	SD	57349	10.0	SD	57467	10.0
SD	57235	5.0	SD	57350	4.0	SD	57468	10.0
SD	57236	10.5	SD	57353	10.0	SD	57469	7.0
SD	57237	10.0	SD	57354	10.0	SD	57470	10.0
SD	57238	10.0	SD	57355	10.0	SD	57471	10.0
SD	57239	10.0	SD	57356	10.0	SD	57472	10.6
SD	57241	10.5	SD	57358	10.0	SD	57473	10.0
SD	57242	10.5	SD	57359	10.5	SD	57474	5.0
SD	57243	5.0	SD	57361	10.0	SD	57475	10.0
SD	57245	5.0	SD	57362	10.0	SD	57476	10.3
SD	57246	8.0	SD	57363	5.0	SD	57477	10.6
SD	57247	10.0	SD	57364	10.0	SD	57479	5.0
SD	57248	10.5	SD	57365	10.0	SD	57481	5.0
SD	57249	10.5	SD	57366	10.5	SD	57501	4.0
SD	57251	7.0	SD	57367	10.0	SD	57520	10.5
SD	57252	7.0	SD	57368	10.5	SD	57521	10.0
SD	57253	7.0	SD	57369	10.0	SD	57522	5.0
SD	57255	10.0	SD	57370	10.0	SD	57523	10.0
SD	57256	10.0	SD	57371	10.0	SD	57528	10.3
SD	57257	10.0	SD	57373	10.0	SD	57529	10.0
SD	57258	10.5	SD	57374	10.4	SD	57531	10.0
SD	57259	8.0	SD	57375	10.5	SD	57532	4.0
SD	57260	10.0	SD	57376	10.0	SD	57533	10.0
SD	57261	10.0	SD	57379	5.0	SD	57534	10.3
SD	57262	10.0	SD	57380	10.0	SD	57536	5.0
SD	57263	5.0	SD	57381	5.0	SD	57537	4.0
SD	57264	8.0	SD	57382	10.0	SD	57538	10.0
SD	57265	8.0	SD	57383	10.5	SD	57540	10.0
SD	57266	10.0	SD	57384	5.0	SD	57541	10.3
SD	57268	10.0	SD	57385	10.5	SD	57542	10.0
SD	57269	8.0	SD	57386	5.0	SD	57543	10.0
SD	57270	10.0	SD	57399	4.0	SD	57544	10.0
SD	57271	10.0	SD	57401	4.0	SD	57547	10.0
SD	57272	5.0	SD	57402	4.0	SD	57548	10.0
SD	57273	10.0	SD	57420	10.6	SD	57551	10.0
SD	57274	10.0	SD	57421	10.0	SD	57552	10.0
SD	57276	5.0	SD	57422	10.0	SD	57553	10.0
SD	57278	10.0	SD	57424	10.3	SD	57555	10.0
SD	57279	10.6	SD	57426	5.0	SD	57559	10.0
SD	57301	4.0	SD	57427	5.0	SD	57560	10.0
SD	57311	5.0	SD	57428	10.0	SD	57562	10.0
SD	57312	10.0	SD	57429	10.6	SD	57563	10.0
SD	57313	10.0	SD	57430	10.0	SD	57564	10.5
SD	57314	10.5	SD	57432	10.5	SD	57566	10.0
SD	57315	10.0	SD	57433	10.5	SD	57567	10.0
SD	57317	10.0	SD	57434	10.6	SD	57568	10.0
SD	57319	10.4	SD	57435	10.0	SD	57569	10.0
SD	57321	10.0	SD	57436	10.6	SD	57570	10.0
SD	57322	5.0	SD	57437	10.0	SD	57571	10.0
SD	57323	10.0	SD	57438	10.0	SD	57572	10.0
SD	57324	5.0	SD	57439	10.6	SD	57574	10.0
SD	57325	10.0	SD	57440	10.6	SD	57576	10.0
SD	57326	10.0	SD	57441	5.0	SD	57577	10.0
SD	57328	10.0	SD	57442	10.0	SD	57579	10.0
SD	57329	10.0	SD	57445	5.0	SD	57580	7.0
SD	57330	10.0	SD	57446	10.5	SD	57584	10.3
SD	57331	10.5	SD	57448	10.0	SD	57585	10.0
SD	57332	5.0	SD	57449	10.5	SD	57601	7.0
SD	57334	5.0	SD	57450	10.0	SD	57620	10.0
SD	57335	10.0	SD	57451	10.2	SD	57621	10.0
SD	57337	10.0	SD	57452	10.6	SD	57622	10.0
SD	57339	10.0	SD	57454	10.0	SD	57623	10.0
SD	57340	5.0	SD	57455	10.0	SD	57625	10.0
SD	57341	10.0	SD	57456	10.0	SD	57626	10.4

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State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
SD	57630	10.0	SD	57775	2.0	TN	37070	1.0
SD	57631	10.6	SD	57776	10.0	TN	37071	1.0
SD	57632	10.0	SD	57777	10.4	TN	37072	1.0
SD	57633	10.0	SD	57779	10.5	TN	37073	1.0
SD	57634	10.0	SD	57780	2.0	TN	37074	2.0
SD	57636	10.0	SD	57782	10.3	TN	37075	1.0
SD	57638	10.0	SD	57783	4.0	TN	37076	1.0
SD	57639	10.0	SD	57785	7.3	TN	37077	1.0
SD	57640	10.0	SD	57787	10.4	TN	37078	8.0
SD	57641	10.0	SD	57788	10.6	TN	37079	2.0
SD	57642	10.0	SD	57790	2.0	TN	37080	2.0
SD	57644	10.0	SD	57791	2.0	TN	37082	2.0
SD	57645	10.0	SD	57792	10.4	TN	37083	7.3
SD	57646	10.0	SD	57793	10.5	TN	37085	2.1
SD	57648	10.0	SD	57794	10.3	TN	37086	1.1
SD	57649	10.0	SD	57799	4.0	TN	37087	4.1
SD	57650	10.0	TN	37010	1.0	TN	37088	4.1
SD	57651	10.0	TN	37011	1.0	TN	37089	1.1
SD	57652	10.0	TN	37012	10.6	TN	37090	2.0
SD	57656	10.0	TN	37013	1.0	TN	37091	7.0
SD	57657	10.0	TN	37014	2.0	TN	37095	10.6
SD	57658	10.6	TN	37015	2.0	TN	37096	10.0
SD	57659	10.0	TN	37016	2.0	TN	37097	10.0
SD	57660	10.0	TN	37018	9.1	TN	37098	2.0
SD	57661	10.0	TN	37019	8.0	TN	37101	6.0
SD	57701	1.0	TN	37020	5.2	TN	37110	4.0
SD	57702	1.0	TN	37022	2.0	TN	37111	4.0
SD	57703	1.0	TN	37023	2.0	TN	37115	1.0
SD	57706	7.3	TN	37024	1.0	TN	37116	1.0
SD	57709	1.0	TN	37025	2.0	TN	37118	2.1
SD	57714	10.6	TN	37026	2.0	TN	37119	7.1
SD	57716	8.0	TN	37027	1.0	TN	37121	1.0
SD	57717	7.4	TN	37028	2.0	TN	37122	1.0
SD	57718	1.0	TN	37029	4.2	TN	37127	1.1
SD	57719	1.0	TN	37030	7.0	TN	37128	1.1
SD	57720	10.0	TN	37031	2.0	TN	37129	1.1
SD	57722	10.4	TN	37032	2.0	TN	37130	1.1
SD	57724	10.0	TN	37033	10.4	TN	37131	1.1
SD	57725	2.0	TN	37034	2.0	TN	37132	1.1
SD	57730	10.0	TN	37035	2.0	TN	37133	1.1
SD	57732	10.5	TN	37036	5.2	TN	37134	10.6
SD	57735	10.3	TN	37037	2.1	TN	37135	2.0
SD	57736	10.4	TN	37040	1.0	TN	37136	5.2
SD	57737	10.4	TN	37041	1.0	TN	37137	3.0
SD	57738	10.4	TN	37042	1.0	TN	37138	1.0
SD	57741	2.0	TN	37043	1.0	TN	37140	3.0
SD	57744	10.4	TN	37044	1.0	TN	37141	2.0
SD	57745	2.0	TN	37046	2.0	TN	37142	2.0
SD	57747	7.0	TN	37047	8.0	TN	37143	2.0
SD	57748	10.4	TN	37048	2.0	TN	37144	8.0
SD	57750	10.0	TN	37049	2.0	TN	37145	8.0
SD	57751	2.0	TN	37050	2.0	TN	37146	2.0
SD	57752	8.0	TN	37051	5.2	TN	37148	7.1
SD	57754	10.3	TN	37052	2.0	TN	37149	2.1
SD	57755	10.0	TN	37055	4.2	TN	37150	10.6
SD	57756	8.0	TN	37056	4.2	TN	37151	8.0
SD	57758	10.4	TN	37057	7.3	TN	37152	1.0
SD	57759	10.0	TN	37058	10.4	TN	37153	2.1
SD	57760	10.6	TN	37059	10.6	TN	37155	1.0
SD	57761	2.0	TN	37060	2.1	TN	37160	4.0
SD	57762	10.6	TN	37061	10.5	TN	37161	4.0
SD	57763	10.3	TN	37062	2.0	TN	37162	4.0
SD	57764	7.0	TN	37063	5.2	TN	37165	5.2
SD	57766	10.3	TN	37064	1.0	TN	37166	7.0
SD	57767	2.0	TN	37065	1.0	TN	37167	1.1
SD	57769	2.0	TN	37066	1.0	TN	37171	2.0
SD	57770	7.0	TN	37067	1.0	TN	37172	1.0
SD	57772	8.0	TN	37068	1.0	TN	37174	2.0
SD	57773	10.0	TN	37069	1.0	TN	37175	10.0

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State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
TN	37178	10.0	TN	37312	1.0	TN	37388	4.0
TN	37179	2.0	TN	37313	10.4	TN	37389	7.4
TN	37180	5.2	TN	37314	10.5	TN	37391	10.0
TN	37181	5.2	TN	37315	1.0	TN	37394	5.0
TN	37183	5.0	TN	37316	2.0	TN	37396	2.0
TN	37184	5.2	TN	37317	10.0	TN	37397	2.0
TN	37185	7.0	TN	37318	4.0	TN	37398	4.0
TN	37186	2.0	TN	37320	1.0	TN	37401	1.0
TN	37187	2.0	TN	37321	7.3	TN	37402	1.0
TN	37188	2.0	TN	37322	10.5	TN	37403	1.0
TN	37189	1.0	TN	37323	1.0	TN	37404	1.0
TN	37190	2.0	TN	37324	5.0	TN	37405	1.0
TN	37191	2.0	TN	37325	2.0	TN	37406	1.0
TN	37201	1.0	TN	37326	10.0	TN	37407	1.0
TN	37202	1.0	TN	37327	10.4	TN	37408	1.0
TN	37203	1.0	TN	37328	8.3	TN	37409	1.0
TN	37204	1.0	TN	37329	5.0	TN	37410	1.0
TN	37205	1.0	TN	37330	5.0	TN	37411	1.0
TN	37206	1.0	TN	37331	7.2	TN	37412	1.0
TN	37207	1.0	TN	37332	8.3	TN	37414	1.0
TN	37208	1.0	TN	37333	10.0	TN	37415	1.0
TN	37209	1.0	TN	37334	7.3	TN	37416	1.0
TN	37210	1.0	TN	37335	8.3	TN	37419	1.0
TN	37211	1.0	TN	37336	2.1	TN	37421	1.0
TN	37212	1.0	TN	37337	10.3	TN	37422	1.0
TN	37213	1.0	TN	37338	8.3	TN	37424	1.0
TN	37214	1.0	TN	37339	10.4	TN	37450	1.0
TN	37215	1.0	TN	37340	2.0	TN	37501	1.0
TN	37216	1.0	TN	37341	1.0	TN	37544	1.0
TN	37217	1.0	TN	37342	8.4	TN	37601	1.0
TN	37218	1.0	TN	37343	1.0	TN	37602	1.0
TN	37219	1.0	TN	37345	6.0	TN	37604	1.0
TN	37220	1.0	TN	37347	2.0	TN	37605	1.0
TN	37221	1.0	TN	37348	8.3	TN	37614	1.0
TN	37222	1.0	TN	37349	7.4	TN	37615	1.0
TN	37224	1.0	TN	37350	1.0	TN	37616	5.0
TN	37227	1.0	TN	37351	1.0	TN	37617	1.0
TN	37228	1.0	TN	37352	5.0	TN	37618	1.0
TN	37229	1.0	TN	37353	2.1	TN	37620	1.0
TN	37230	1.0	TN	37354	7.0	TN	37621	1.0
TN	37232	1.0	TN	37355	7.4	TN	37625	1.0
TN	37234	1.0	TN	37356	10.6	TN	37640	8.1
TN	37235	1.0	TN	37357	5.0	TN	37641	5.2
TN	37236	1.0	TN	37359	8.3	TN	37642	1.0
TN	37237	1.0	TN	37360	5.0	TN	37643	1.0
TN	37238	1.0	TN	37361	2.0	TN	37644	1.0
TN	37239	1.0	TN	37362	2.0	TN	37645	1.0
TN	37240	1.0	TN	37363	1.0	TN	37650	7.3
TN	37241	1.0	TN	37364	1.0	TN	37656	2.0
TN	37242	1.0	TN	37365	10.4	TN	37657	8.0
TN	37243	1.0	TN	37366	10.6	TN	37658	1.0
TN	37244	1.0	TN	37367	10.0	TN	37659	2.0
TN	37245	1.0	TN	37369	2.0	TN	37660	1.0
TN	37246	1.0	TN	37370	5.2	TN	37662	1.0
TN	37247	1.0	TN	37371	4.0	TN	37663	1.0
TN	37248	1.0	TN	37373	2.0	TN	37664	1.0
TN	37249	1.0	TN	37374	2.0	TN	37665	1.0
TN	37250	1.0	TN	37375	10.0	TN	37669	1.0
TN	37301	10.5	TN	37376	10.0	TN	37680	9.0
TN	37302	1.0	TN	37377	1.0	TN	37681	2.0
TN	37303	4.0	TN	37378	4.0	TN	37682	1.0
TN	37304	2.0	TN	37379	1.0	TN	37683	7.4
TN	37305	10.5	TN	37380	7.3	TN	37684	1.0
TN	37306	5.0	TN	37381	8.0	TN	37686	2.0
TN	37307	2.0	TN	37382	5.0	TN	37687	10.0
TN	37308	2.1	TN	37383	10.0	TN	37688	8.0
TN	37309	5.2	TN	37384	1.0	TN	37690	2.0
TN	37310	1.0	TN	37385	10.5	TN	37691	9.0
TN	37311	1.0	TN	37387	10.6	TN	37692	2.0

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State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
TN	37694	2.0	TN	37819	10.5	TN	37928	1.0
TN	37699	2.0	TN	37820	2.1	TN	37929	1.0
TN	37701	1.0	TN	37821	4.0	TN	37930	1.0
TN	37705	2.0	TN	37822	4.0	TN	37931	1.0
TN	37707	6.0	TN	37824	8.0	TN	37932	1.0
TN	37708	2.0	TN	37825	8.0	TN	37933	1.0
TN	37709	2.0	TN	37826	5.0	TN	37934	1.0
TN	37710	5.2	TN	37828	2.0	TN	37938	1.0
TN	37711	10.4	TN	37829	5.0	TN	37939	1.0
TN	37713	5.2	TN	37830	4.2	TN	37940	1.0
TN	37714	4.0	TN	37831	4.2	TN	37950	1.0
TN	37715	6.0	TN	37840	4.2	TN	37955	1.0
TN	37716	4.2	TN	37841	7.0	TN	37990	1.0
TN	37717	4.2	TN	37843	5.0	TN	37995	1.0
TN	37719	4.2	TN	37845	4.2	TN	37996	1.0
TN	37721	1.0	TN	37846	3.0	TN	37997	1.0
TN	37722	5.0	TN	37847	10.6	TN	37998	1.0
TN	37723	5.0	TN	37848	10.4	TN	38001	10.4
TN	37724	6.0	TN	37849	1.0	TN	38002	1.0
TN	37725	6.1	TN	37851	6.0	TN	38004	2.0
TN	37726	10.6	TN	37852	10.6	TN	38006	10.4
TN	37727	5.0	TN	37853	1.0	TN	38007	4.0
TN	37729	5.0	TN	37854	4.0	TN	38008	7.0
TN	37730	6.0	TN	37857	7.0	TN	38010	2.0
TN	37731	8.0	TN	37860	2.0	TN	38011	2.0
TN	37732	10.6	TN	37861	10.4	TN	38012	4.0
TN	37733	10.6	TN	37862	4.0	TN	38014	1.0
TN	37737	2.0	TN	37863	4.0	TN	38015	2.0
TN	37738	10.5	TN	37864	4.0	TN	38016	1.0
TN	37742	2.0	TN	37865	1.0	TN	38017	1.0
TN	37743	4.0	TN	37866	3.0	TN	38018	1.0
TN	37744	4.0	TN	37867	5.0	TN	38019	7.3
TN	37745	4.0	TN	37868	4.0	TN	38021	10.5
TN	37748	4.0	TN	37869	10.0	TN	38023	2.0
TN	37752	5.0	TN	37870	6.0	TN	38024	4.0
TN	37753	5.0	TN	37871	2.0	TN	38025	4.0
TN	37754	2.0	TN	37872	10.6	TN	38027	1.0
TN	37755	10.6	TN	37873	2.0	TN	38028	2.0
TN	37756	10.0	TN	37874	7.3	TN	38029	1.0
TN	37757	4.0	TN	37876	5.0	TN	38030	5.0
TN	37760	1.0	TN	37877	1.0	TN	38034	10.5
TN	37762	10.5	TN	37878	2.0	TN	38036	2.0
TN	37763	4.1	TN	37879	7.0	TN	38037	8.0
TN	37764	6.1	TN	37880	6.0	TN	38039	2.0
TN	37765	10.0	TN	37881	10.4	TN	38040	8.0
TN	37766	4.0	TN	37882	2.0	TN	38041	8.0
TN	37769	4.0	TN	37885	10.4	TN	38042	7.0
TN	37770	9.0	TN	37886	2.0	TN	38044	9.0
TN	37771	1.0	TN	37887	7.4	TN	38045	2.0
TN	37772	1.0	TN	37888	10.4	TN	38046	2.0
TN	37773	8.0	TN	37890	1.0	TN	38047	4.0
TN	37774	2.0	TN	37891	2.0	TN	38048	2.0
TN	37777	1.0	TN	37892	10.3	TN	38049	2.0
TN	37778	2.0	TN	37901	1.0	TN	38050	10.5
TN	37779	2.0	TN	37902	1.0	TN	38052	10.6
TN	37801	1.0	TN	37909	1.0	TN	38053	1.0
TN	37802	1.0	TN	37912	1.0	TN	38054	1.0
TN	37803	1.0	TN	37914	1.0	TN	38055	1.0
TN	37804	1.0	TN	37915	1.0	TN	38057	2.0
TN	37806	2.0	TN	37916	1.0	TN	38058	2.0
TN	37807	2.0	TN	37917	1.0	TN	38059	4.0
TN	37809	5.0	TN	37918	1.0	TN	38060	2.0
TN	37810	5.0	TN	37919	1.0	TN	38061	10.6
TN	37811	2.0	TN	37920	1.0	TN	38063	7.0
TN	37813	1.0	TN	37921	1.0	TN	38066	2.0
TN	37814	1.0	TN	37922	1.0	TN	38067	2.0
TN	37815	1.0	TN	37923	1.0	TN	38068	2.0
TN	37816	1.0	TN	37924	1.0	TN	38069	6.1
TN	37818	5.0	TN	37927	1.0	TN	38070	4.0

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TN	38071	2.0
TN	38074	7.0
TN	38075	7.0
TN	38076	2.0
TN	38077	10.5
TN	38079	10.5
TN	38080	10.5
TN	38083	1.0
TN	38088	1.0
TN	38101	1.0
TN	38103	1.0
TN	38104	1.0
TN	38105	1.0
TN	38106	1.0
TN	38107	1.0
TN	38108	1.0
TN	38109	1.0
TN	38110	1.0
TN	38111	1.0
TN	38112	1.0
TN	38113	1.0
TN	38114	1.0
TN	38115	1.0
TN	38116	1.0
TN	38117	1.0
TN	38118	1.0
TN	38119	1.0
TN	38120	1.0
TN	38122	1.0
TN	38124	1.0
TN	38125	1.0
TN	38126	1.0
TN	38127	1.0
TN	38128	1.0
TN	38129	1.0
TN	38130	1.0
TN	38131	1.0
TN	38132	1.0
TN	38133	1.0
TN	38134	1.0
TN	38135	1.0
TN	38136	1.0
TN	38137	1.0
TN	38138	1.0
TN	38139	1.0
TN	38140	1.0
TN	38141	1.0
TN	38142	1.0
TN	38143	1.0
TN	38145	1.0
TN	38146	1.0
TN	38147	1.0
TN	38148	1.0
TN	38150	1.0
TN	38151	1.0
TN	38152	1.0
TN	38157	1.0
TN	38159	1.0
TN	38161	1.0
TN	38163	1.0
TN	38165	1.0
TN	38166	1.0
TN	38167	1.0
TN	38168	1.0
TN	38173	1.0
TN	38174	1.0
TN	38175	1.0
TN	38177	1.0
TN	38181	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
TN	38182	1.0
TN	38183	1.0
TN	38184	1.0
TN	38186	1.0
TN	38187	1.0
TN	38188	1.0
TN	38190	1.0
TN	38193	1.0
TN	38194	1.0
TN	38195	1.0
TN	38197	1.0
TN	38201	7.0
TN	38220	9.0
TN	38221	10.5
TN	38222	5.0
TN	38223	4.0
TN	38224	5.0
TN	38225	10.6
TN	38226	9.0
TN	38229	10.6
TN	38230	10.0
TN	38231	5.0
TN	38232	6.0
TN	38233	6.0
TN	38235	9.0
TN	38236	5.0
TN	38237	7.0
TN	38238	7.0
TN	38240	5.0
TN	38241	10.6
TN	38242	4.0
TN	38251	5.0
TN	38253	5.0
TN	38254	6.0
TN	38255	8.0
TN	38256	5.0
TN	38257	7.4
TN	38258	9.0
TN	38259	4.0
TN	38260	5.0
TN	38261	4.0
TN	38271	4.0
TN	38281	4.0
TN	38301	1.0
TN	38302	1.0
TN	38303	1.0
TN	38305	1.0
TN	38308	1.0
TN	38310	10.6
TN	38311	10.0
TN	38313	2.0
TN	38314	1.0
TN	38315	8.0
TN	38316	8.0
TN	38317	10.0
TN	38318	10.0
TN	38320	8.0
TN	38321	2.0
TN	38324	10.6
TN	38326	10.6
TN	38327	9.0
TN	38328	8.0
TN	38329	10.0
TN	38330	7.0
TN	38331	7.3
TN	38332	3.0
TN	38333	8.0
TN	38334	3.0
TN	38336	10.4

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
TN	38337	3.0
TN	38338	7.3
TN	38339	5.0
TN	38340	7.1
TN	38341	9.0
TN	38342	10.0
TN	38343	7.3
TN	38344	10.6
TN	38345	8.3
TN	38346	8.0
TN	38347	3.0
TN	38348	2.0
TN	38351	7.3
TN	38352	3.0
TN	38355	2.0
TN	38356	2.0
TN	38357	5.0
TN	38358	7.3
TN	38359	10.6
TN	38361	9.0
TN	38362	2.0
TN	38363	10.6
TN	38365	10.6
TN	38366	2.0
TN	38367	8.4
TN	38368	8.0
TN	38369	7.0
TN	38370	9.0
TN	38371	8.0
TN	38372	7.0
TN	38374	8.0
TN	38375	7.0
TN	38376	10.6
TN	38377	7.1
TN	38378	1.0
TN	38379	9.0
TN	38380	10.6
TN	38381	9.0
TN	38382	7.3
TN	38387	10.6
TN	38388	8.3
TN	38389	4.0
TN	38390	10.6
TN	38391	2.0
TN	38392	2.0
TN	38393	8.4
TN	38401	4.2
TN	38402	4.2
TN	38425	10.0
TN	38449	9.0
TN	38450	10.0
TN	38451	5.0
TN	38452	10.4
TN	38453	8.0
TN	38454	10.4
TN	38455	9.0
TN	38456	5.0
TN	38457	5.0
TN	38459	8.0
TN	38460	8.0
TN	38461	5.0
TN	38462	7.4
TN	38463	6.0
TN	38464	4.0
TN	38468	5.0
TN	38469	5.0
TN	38471	10.4
TN	38472	9.2
TN	38473	8.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
TN	38474	5.0	TX	75010	1.0	TX	75092	1.0
TN	38475	8.0	TX	75011	1.0	TX	75093	1.0
TN	38476	2.0	TX	75013	1.0	TX	75094	1.0
TN	38477	8.0	TX	75014	1.0	TX	75097	2.0
TN	38478	7.0	TX	75015	1.0	TX	75098	1.0
TN	38481	5.0	TX	75016	1.0	TX	75099	2.0
TN	38482	5.1	TX	75017	1.0	TX	75101	4.2
TN	38483	5.0	TX	75019	2.0	TX	75102	4.0
TN	38485	10.0	TX	75020	1.0	TX	75103	3.0
TN	38486	5.0	TX	75021	1.0	TX	75104	1.0
TN	38487	5.1	TX	75022	2.0	TX	75105	6.1
TN	38488	2.0	TX	75023	1.0	TX	75106	1.0
TN	38501	4.0	TX	75024	1.0	TX	75109	4.0
TN	38502	4.0	TX	75025	1.0	TX	75110	4.0
TN	38503	4.0	TX	75026	1.0	TX	75114	2.0
TN	38504	10.0	TX	75027	2.0	TX	75115	1.0
TN	38505	4.0	TX	75028	2.0	TX	75116	1.0
TN	38506	4.0	TX	75029	2.0	TX	75117	2.0
TN	38541	8.0	TX	75030	1.0	TX	75118	2.0
TN	38542	5.0	TX	75032	1.0	TX	75119	4.2
TN	38543	8.0	TX	75034	1.0	TX	75120	4.2
TN	38544	5.0	TX	75035	1.0	TX	75121	2.0
TN	38545	5.0	TX	75037	1.0	TX	75123	1.0
TN	38547	10.4	TX	75038	1.0	TX	75124	6.1
TN	38548	5.0	TX	75039	1.0	TX	75125	2.0
TN	38549	10.6	TX	75040	1.0	TX	75126	2.0
TN	38550	5.0	TX	75041	1.0	TX	75127	10.6
TN	38551	10.5	TX	75042	1.0	TX	75132	2.0
TN	38552	10.6	TX	75043	1.0	TX	75134	1.0
TN	38553	10.0	TX	75044	1.0	TX	75135	2.0
TN	38554	5.0	TX	75045	1.0	TX	75137	1.0
TN	38555	4.0	TX	75046	1.0	TX	75138	1.0
TN	38556	10.0	TX	75047	1.0	TX	75140	7.0
TN	38557	4.0	TX	75048	1.0	TX	75141	1.0
TN	38558	5.0	TX	75049	1.0	TX	75142	2.0
TN	38559	8.0	TX	75050	1.0	TX	75143	2.0
TN	38560	10.6	TX	75051	1.0	TX	75144	5.0
TN	38562	5.0	TX	75052	1.0	TX	75146	1.0
TN	38563	10.4	TX	75053	1.0	TX	75147	2.0
TN	38564	5.0	TX	75054	1.0	TX	75148	6.0
TN	38565	10.0	TX	75056	1.0	TX	75149	1.0
TN	38567	10.4	TX	75057	2.0	TX	75150	1.0
TN	38568	8.4	TX	75058	3.0	TX	75151	4.0
TN	38569	10.4	TX	75060	1.0	TX	75152	2.0
TN	38570	7.4	TX	75061	1.0	TX	75153	5.0
TN	38571	5.0	TX	75062	1.0	TX	75154	1.0
TN	38572	5.0	TX	75063	2.0	TX	75155	6.1
TN	38573	8.0	TX	75065	2.0	TX	75156	2.0
TN	38574	7.2	TX	75067	2.0	TX	75157	2.0
TN	38575	10.0	TX	75068	2.0	TX	75158	2.0
TN	38577	10.6	TX	75069	2.0	TX	75159	1.0
TN	38578	5.0	TX	75070	2.0	TX	75160	4.2
TN	38579	8.0	TX	75071	2.0	TX	75161	2.0
TN	38580	5.0	TX	75074	1.0	TX	75163	2.0
TN	38581	5.0	TX	75075	1.0	TX	75164	2.0
TN	38582	5.0	TX	75076	2.0	TX	75165	4.1
TN	38583	8.0	TX	75077	2.0	TX	75166	2.0
TN	38585	10.6	TX	75078	2.0	TX	75167	2.0
TN	38587	8.0	TX	75080	1.0	TX	75168	4.1
TN	38588	6.0	TX	75081	1.0	TX	75169	2.0
TN	38589	10.0	TX	75082	1.0	TX	75172	2.0
TX	73301	1.0	TX	75083	1.0	TX	75173	2.0
TX	73344	1.0	TX	75085	1.0	TX	75180	1.0
TX	75001	1.0	TX	75086	1.0	TX	75181	1.0
TX	75002	1.0	TX	75087	1.0	TX	75182	1.0
TX	75006	1.0	TX	75088	1.0	TX	75185	1.0
TX	75007	1.0	TX	75089	1.0	TX	75187	1.0
TX	75008	1.0	TX	75090	1.0	TX	75189	2.0
TX	75009	2.0	TX	75091	1.0	TX	75201	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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State	Zip code	RUCA level
TX	75202	1.0
TX	75203	1.0
TX	75204	1.0
TX	75205	1.0
TX	75206	1.0
TX	75207	1.0
TX	75208	1.0
TX	75209	1.0
TX	75210	1.0
TX	75211	1.0
TX	75212	1.0
TX	75214	1.0
TX	75215	1.0
TX	75216	1.0
TX	75217	1.0
TX	75218	1.0
TX	75219	1.0
TX	75220	1.0
TX	75221	1.0
TX	75222	1.0
TX	75223	1.0
TX	75224	1.0
TX	75225	1.0
TX	75226	1.0
TX	75227	1.0
TX	75228	1.0
TX	75229	1.0
TX	75230	1.0
TX	75231	1.0
TX	75232	1.0
TX	75233	1.0
TX	75234	1.0
TX	75235	1.0
TX	75236	1.0
TX	75237	1.0
TX	75238	1.0
TX	75239	1.0
TX	75240	1.0
TX	75241	1.0
TX	75242	1.0
TX	75243	1.0
TX	75244	1.0
TX	75245	1.0
TX	75246	1.0
TX	75247	1.0
TX	75248	1.0
TX	75249	1.0
TX	75250	1.0
TX	75251	1.0
TX	75252	1.0
TX	75253	1.0
TX	75254	1.0
TX	75258	1.0
TX	75260	1.0
TX	75261	1.0
TX	75262	1.0
TX	75263	1.0
TX	75264	1.0
TX	75265	1.0
TX	75266	1.0
TX	75267	1.0
TX	75270	1.0
TX	75275	1.0
TX	75277	1.0
TX	75283	1.0
TX	75284	1.0
TX	75285	1.0
TX	75286	1.0
TX	75287	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
TX	75295	1.0
TX	75301	1.0
TX	75303	1.0
TX	75310	1.0
TX	75312	1.0
TX	75313	1.0
TX	75315	1.0
TX	75320	1.0
TX	75323	1.0
TX	75326	1.0
TX	75336	1.0
TX	75339	1.0
TX	75342	1.0
TX	75346	1.0
TX	75353	1.0
TX	75354	1.0
TX	75355	1.0
TX	75356	1.0
TX	75357	1.0
TX	75358	1.0
TX	75359	1.0
TX	75360	1.0
TX	75363	1.0
TX	75364	1.0
TX	75367	1.0
TX	75368	2.0
TX	75369	1.0
TX	75370	1.0
TX	75371	1.0
TX	75372	1.0
TX	75373	1.0
TX	75374	1.0
TX	75376	1.0
TX	75378	1.0
TX	75379	1.0
TX	75380	1.0
TX	75381	1.0
TX	75382	1.0
TX	75386	1.0
TX	75387	1.0
TX	75388	1.0
TX	75389	1.0
TX	75390	1.0
TX	75391	1.0
TX	75392	1.0
TX	75393	1.0
TX	75394	1.0
TX	75395	1.0
TX	75396	1.0
TX	75397	1.0
TX	75398	1.0
TX	75401	4.0
TX	75402	4.0
TX	75403	4.0
TX	75404	4.0
TX	75407	2.0
TX	75409	2.0
TX	75410	10.0
TX	75411	5.0
TX	75412	6.0
TX	75413	3.0
TX	75414	2.0
TX	75415	9.0
TX	75416	5.0
TX	75417	10.5
TX	75418	7.0
TX	75420	10.5
TX	75421	5.0
TX	75422	6.1

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
TX	75423	2.0
TX	75424	2.0
TX	75425	5.0
TX	75426	7.4
TX	75428	7.4
TX	75429	7.4
TX	75431	10.2
TX	75432	10.6
TX	75433	10.5
TX	75434	5.0
TX	75435	5.0
TX	75436	5.0
TX	75437	5.0
TX	75438	9.0
TX	75439	3.0
TX	75440	10.4
TX	75441	10.6
TX	75442	2.0
TX	75443	3.0
TX	75444	10.0
TX	75446	10.6
TX	75447	8.0
TX	75448	9.0
TX	75449	9.0
TX	75450	9.0
TX	75451	8.0
TX	75452	3.0
TX	75453	6.1
TX	75454	2.0
TX	75455	10.2
TX	75456	10.2
TX	75457	10.0
TX	75458	2.0
TX	75459	2.0
TX	75460	4.0
TX	75461	4.0
TX	75462	4.0
TX	75468	5.0
TX	75469	9.0
TX	75470	5.0
TX	75471	10.2
TX	75472	3.0
TX	75473	5.0
TX	75474	2.0
TX	75475	7.0
TX	75476	8.0
TX	75477	5.0
TX	75478	10.2
TX	75479	3.0
TX	75480	10.6
TX	75481	5.0
TX	75482	4.0
TX	75483	4.0
TX	75485	2.0
TX	75486	5.0
TX	75487	10.0
TX	75488	8.0
TX	75489	1.0
TX	75490	2.0
TX	75491	2.1
TX	75492	9.0
TX	75493	5.0
TX	75494	8.0
TX	75495	2.0
TX	75496	10.5
TX	75497	10.0
TX	75501	1.0
TX	75503	1.0
TX	75504	1.0

ADDENDUM I.—RUCA RURALITY
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LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
TX	75505	1.0	TX	75681	10.5	TX	75839	5.0
TX	75507	1.0	TX	75682	10.4	TX	75840	10.6
TX	75550	8.0	TX	75683	2.0	TX	75844	10.6
TX	75551	7.3	TX	75684	10.4	TX	75845	10.0
TX	75554	8.0	TX	75685	8.3	TX	75846	10.0
TX	75555	8.3	TX	75686	8.0	TX	75847	10.6
TX	75556	8.1	TX	75687	5.0	TX	75848	10.5
TX	75558	5.0	TX	75688	4.0	TX	75849	7.0
TX	75559	2.0	TX	75689	5.0	TX	75850	10.0
TX	75560	3.0	TX	75691	2.0	TX	75851	10.0
TX	75561	2.0	TX	75692	2.0	TX	75852	8.0
TX	75562	10.6	TX	75693	1.0	TX	75853	5.0
TX	75563	10.6	TX	75694	4.0	TX	75855	10.0
TX	75564	10.5	TX	75701	1.0	TX	75856	10.0
TX	75565	8.3	TX	75702	1.0	TX	75858	10.6
TX	75566	3.0	TX	75703	1.0	TX	75859	10.6
TX	75567	2.0	TX	75704	2.0	TX	75860	7.0
TX	75568	10.5	TX	75705	2.0	TX	75861	10.0
TX	75569	1.0	TX	75706	2.0	TX	75862	6.0
TX	75570	2.0	TX	75707	2.0	TX	75865	10.0
TX	75571	10.5	TX	75708	1.0	TX	75880	10.0
TX	75572	8.1	TX	75709	2.0	TX	75882	4.0
TX	75573	2.0	TX	75710	1.0	TX	75884	10.0
TX	75574	2.0	TX	75711	1.0	TX	75886	10.0
TX	75599	1.0	TX	75712	1.0	TX	75901	4.0
TX	75601	1.0	TX	75713	1.0	TX	75902	4.0
TX	75602	1.0	TX	75750	2.0	TX	75903	4.0
TX	75603	2.0	TX	75751	4.0	TX	75904	4.0
TX	75604	1.0	TX	75752	5.0	TX	75915	4.0
TX	75605	1.0	TX	75754	2.0	TX	75925	10.0
TX	75606	1.0	TX	75755	3.0	TX	75926	5.0
TX	75607	1.0	TX	75756	2.0	TX	75928	10.0
TX	75608	1.0	TX	75757	2.0	TX	75929	10.5
TX	75615	1.0	TX	75758	2.0	TX	75930	10.0
TX	75630	10.5	TX	75759	4.0	TX	75931	8.0
TX	75631	10.6	TX	75760	5.0	TX	75932	10.6
TX	75633	7.0	TX	75762	2.0	TX	75933	10.0
TX	75636	10.6	TX	75763	10.5	TX	75934	10.5
TX	75637	7.0	TX	75764	9.2	TX	75935	8.0
TX	75638	10.6	TX	75765	10.4	TX	75936	10.6
TX	75639	8.3	TX	75766	4.0	TX	75937	5.0
TX	75640	2.0	TX	75770	3.0	TX	75938	10.6
TX	75641	2.0	TX	75771	2.0	TX	75939	10.5
TX	75642	4.0	TX	75772	9.2	TX	75941	5.0
TX	75643	8.0	TX	75773	7.3	TX	75942	8.0
TX	75644	10.6	TX	75778	2.0	TX	75943	5.0
TX	75645	2.0	TX	75779	4.0	TX	75944	5.0
TX	75647	2.0	TX	75780	2.0	TX	75946	5.0
TX	75650	2.0	TX	75782	10.5	TX	75947	10.0
TX	75651	5.2	TX	75783	10.0	TX	75948	10.0
TX	75652	5.0	TX	75784	10.5	TX	75949	5.0
TX	75653	4.0	TX	75785	9.2	TX	75951	8.0
TX	75654	4.0	TX	75788	5.0	TX	75954	10.6
TX	75656	10.0	TX	75789	2.0	TX	75956	9.0
TX	75657	10.5	TX	75790	10.4	TX	75958	4.0
TX	75658	5.0	TX	75791	1.0	TX	75959	10.0
TX	75659	2.0	TX	75792	2.0	TX	75960	10.5
TX	75660	1.0	TX	75797	3.0	TX	75961	4.0
TX	75661	2.0	TX	75798	1.0	TX	75962	4.0
TX	75662	4.2	TX	75799	1.0	TX	75963	4.0
TX	75663	4.2	TX	75801	4.0	TX	75964	4.0
TX	75666	4.2	TX	75802	4.0	TX	75965	4.0
TX	75667	6.0	TX	75803	4.0	TX	75966	10.6
TX	75668	10.6	TX	75831	10.0	TX	75968	10.0
TX	75669	8.0	TX	75832	10.0	TX	75969	5.0
TX	75670	4.0	TX	75833	10.0	TX	75972	10.0
TX	75671	4.0	TX	75834	5.0	TX	75973	8.0
TX	75672	4.0	TX	75835	7.0	TX	75974	10.6
TX	75680	4.0	TX	75838	10.6	TX	75975	10.5

ADDENDUM I.—RUCA RURALITY
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State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
TX	75976	5.0	TX	76092	1.0	TX	76203	2.0
TX	75977	10.6	TX	76093	5.1	TX	76204	2.0
TX	75978	4.0	TX	76094	1.0	TX	76205	2.0
TX	75979	8.0	TX	76095	1.0	TX	76206	2.0
TX	75980	5.0	TX	76096	1.0	TX	76207	2.0
TX	75990	8.0	TX	76097	1.0	TX	76208	2.0
TX	76001	1.0	TX	76098	1.0	TX	76209	2.0
TX	76002	1.0	TX	76099	1.0	TX	76210	2.0
TX	76003	1.0	TX	76101	1.0	TX	76225	10.4
TX	76004	1.0	TX	76102	1.0	TX	76226	2.0
TX	76005	1.0	TX	76103	1.0	TX	76227	2.1
TX	76006	1.0	TX	76104	1.0	TX	76228	2.0
TX	76007	1.0	TX	76105	1.0	TX	76230	7.0
TX	76008	2.0	TX	76106	1.0	TX	76233	3.0
TX	76009	2.0	TX	76107	1.0	TX	76234	3.0
TX	76010	1.0	TX	76108	1.0	TX	76238	3.0
TX	76011	1.0	TX	76109	1.0	TX	76239	10.4
TX	76012	1.0	TX	76110	1.0	TX	76240	4.2
TX	76013	1.0	TX	76111	1.0	TX	76241	4.2
TX	76014	1.0	TX	76112	1.0	TX	76244	1.0
TX	76015	1.0	TX	76113	1.0	TX	76245	2.0
TX	76016	1.0	TX	76114	1.0	TX	76246	3.0
TX	76017	1.0	TX	76115	1.0	TX	76247	2.0
TX	76018	1.0	TX	76116	1.0	TX	76248	1.0
TX	76019	1.0	TX	76117	1.0	TX	76249	2.0
TX	76020	1.0	TX	76118	1.0	TX	76250	10.2
TX	76021	1.0	TX	76119	1.0	TX	76251	10.4
TX	76022	1.0	TX	76120	1.0	TX	76252	10.2
TX	76023	2.0	TX	76121	1.0	TX	76253	10.2
TX	76028	1.0	TX	76122	1.0	TX	76255	7.0
TX	76031	4.1	TX	76123	1.0	TX	76258	2.1
TX	76033	4.1	TX	76124	1.0	TX	76259	2.0
TX	76034	1.0	TX	76126	1.0	TX	76261	8.0
TX	76035	4.2	TX	76127	1.0	TX	76262	1.0
TX	76036	1.0	TX	76129	1.0	TX	76263	3.0
TX	76039	1.0	TX	76130	1.0	TX	76264	2.0
TX	76040	1.0	TX	76131	1.0	TX	76265	10.5
TX	76041	2.0	TX	76132	1.0	TX	76266	2.1
TX	76043	10.0	TX	76133	1.0	TX	76267	3.0
TX	76044	2.0	TX	76134	1.0	TX	76268	1.0
TX	76048	4.2	TX	76135	1.0	TX	76270	8.0
TX	76049	4.2	TX	76136	1.0	TX	76271	3.0
TX	76050	2.0	TX	76137	1.0	TX	76272	3.0
TX	76051	1.0	TX	76140	1.0	TX	76273	7.1
TX	76052	2.0	TX	76147	1.0	TX	76299	1.0
TX	76053	1.0	TX	76148	1.0	TX	76301	1.0
TX	76054	1.0	TX	76150	1.0	TX	76302	1.0
TX	76055	3.0	TX	76155	1.0	TX	76305	2.0
TX	76058	4.1	TX	76161	1.0	TX	76306	1.0
TX	76059	4.1	TX	76162	1.0	TX	76307	1.0
TX	76060	1.0	TX	76163	1.0	TX	76308	1.0
TX	76061	2.0	TX	76164	1.0	TX	76309	1.0
TX	76063	1.0	TX	76177	1.0	TX	76310	1.0
TX	76064	2.0	TX	76178	1.0	TX	76311	1.0
TX	76065	2.0	TX	76179	1.0	TX	76351	10.4
TX	76066	2.0	TX	76180	1.0	TX	76352	7.1
TX	76067	4.0	TX	76181	1.0	TX	76354	2.0
TX	76068	4.0	TX	76182	1.0	TX	76357	2.0
TX	76070	10.0	TX	76185	1.0	TX	76360	7.3
TX	76071	2.0	TX	76191	1.0	TX	76363	10.0
TX	76073	2.0	TX	76192	1.0	TX	76364	5.0
TX	76077	10.0	TX	76193	1.0	TX	76365	7.1
TX	76078	2.0	TX	76195	1.0	TX	76366	2.0
TX	76082	2.0	TX	76196	1.0	TX	76367	2.0
TX	76084	2.0	TX	76197	1.0	TX	76369	2.0
TX	76085	2.0	TX	76198	1.0	TX	76370	2.0
TX	76086	2.0	TX	76199	1.0	TX	76371	10.0
TX	76087	2.0	TX	76201	2.0	TX	76372	8.0
TX	76088	2.0	TX	76202	2.0	TX	76373	5.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
TX	76374	7.0
TX	76377	2.0
TX	76379	10.4
TX	76380	7.0
TX	76384	4.0
TX	76385	4.0
TX	76388	10.6
TX	76389	10.4
TX	76401	4.0
TX	76402	4.0
TX	76424	7.0
TX	76426	7.0
TX	76427	10.6
TX	76429	8.0
TX	76430	10.4
TX	76431	10.6
TX	76432	5.0
TX	76433	5.0
TX	76435	10.6
TX	76436	10.5
TX	76437	7.0
TX	76439	2.0
TX	76442	7.0
TX	76443	10.4
TX	76444	10.5
TX	76445	10.6
TX	76446	7.4
TX	76448	7.0
TX	76449	10.5
TX	76450	7.0
TX	76452	10.6
TX	76453	10.4
TX	76454	10.6
TX	76455	10.6
TX	76457	10.5
TX	76458	7.0
TX	76459	10.6
TX	76460	7.0
TX	76461	4.0
TX	76462	4.2
TX	76463	10.4
TX	76464	10.4
TX	76465	5.0
TX	76466	7.0
TX	76467	5.0
TX	76468	7.4
TX	76469	10.4
TX	76470	10.6
TX	76471	10.5
TX	76472	10.5
TX	76474	8.0
TX	76475	10.4
TX	76476	4.2
TX	76481	7.0
TX	76483	10.0
TX	76484	10.5
TX	76485	2.0
TX	76486	10.4
TX	76487	2.0
TX	76490	2.0
TX	76491	10.0
TX	76501	1.0
TX	76502	1.0
TX	76503	1.0
TX	76504	1.0
TX	76505	1.0
TX	76508	1.0
TX	76511	2.0
TX	76513	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
TX	76518	10.4
TX	76519	10.4
TX	76520	7.3
TX	76522	1.0
TX	76523	10.6
TX	76524	2.0
TX	76525	2.0
TX	76526	2.0
TX	76527	2.0
TX	76528	4.0
TX	76530	2.0
TX	76531	7.0
TX	76533	1.0
TX	76534	2.0
TX	76537	2.0
TX	76538	2.0
TX	76539	2.0
TX	76540	1.0
TX	76541	1.0
TX	76542	1.0
TX	76543	1.0
TX	76544	1.0
TX	76545	1.0
TX	76546	1.0
TX	76547	1.0
TX	76548	1.0
TX	76549	1.0
TX	76550	7.3
TX	76554	2.0
TX	76556	10.4
TX	76557	2.0
TX	76558	4.0
TX	76559	1.0
TX	76561	2.0
TX	76564	2.0
TX	76565	10.6
TX	76566	2.0
TX	76567	7.3
TX	76569	2.0
TX	76570	10.4
TX	76571	2.0
TX	76573	2.0
TX	76574	2.0
TX	76577	2.0
TX	76578	2.0
TX	76579	2.0
TX	76596	2.0
TX	76597	4.0
TX	76598	4.0
TX	76599	4.0
TX	76621	9.0
TX	76622	10.6
TX	76623	4.1
TX	76624	2.0
TX	76626	5.0
TX	76627	3.0
TX	76628	8.0
TX	76629	10.0
TX	76630	2.0
TX	76631	8.0
TX	76632	2.0
TX	76633	2.0
TX	76634	8.4
TX	76635	10.1
TX	76636	3.0
TX	76637	10.6
TX	76638	2.0
TX	76639	5.0
TX	76640	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
TX	76641	5.0
TX	76642	7.0
TX	76643	1.0
TX	76644	8.4
TX	76645	7.0
TX	76648	10.4
TX	76649	10.4
TX	76650	8.0
TX	76651	2.0
TX	76652	10.4
TX	76653	8.0
TX	76654	2.0
TX	76655	2.0
TX	76656	10.4
TX	76657	2.0
TX	76660	3.0
TX	76661	7.3
TX	76664	2.0
TX	76665	10.4
TX	76666	8.0
TX	76667	7.0
TX	76670	2.0
TX	76671	3.0
TX	76673	10.4
TX	76675	2.0
TX	76676	3.0
TX	76678	10.1
TX	76679	5.0
TX	76680	10.6
TX	76681	5.0
TX	76682	2.0
TX	76684	2.0
TX	76685	2.0
TX	76686	7.0
TX	76687	8.0
TX	76689	2.0
TX	76690	10.4
TX	76691	2.0
TX	76692	10.6
TX	76693	10.5
TX	76701	1.0
TX	76702	1.0
TX	76703	1.0
TX	76704	1.0
TX	76705	1.0
TX	76706	1.0
TX	76707	1.0
TX	76708	1.0
TX	76710	1.0
TX	76711	1.0
TX	76712	1.0
TX	76714	1.0
TX	76715	1.0
TX	76716	1.0
TX	76795	1.0
TX	76797	1.0
TX	76798	1.0
TX	76799	1.0
TX	76801	4.0
TX	76802	4.0
TX	76803	4.0
TX	76804	4.0
TX	76820	10.0
TX	76821	7.0
TX	76823	5.0
TX	76824	7.0
TX	76825	7.0
TX	76827	5.0
TX	76828	8.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
TX	76831	10.6
TX	76832	10.6
TX	76834	7.0
TX	76836	10.3
TX	76837	10.0
TX	76841	10.0
TX	76842	10.0
TX	76844	10.0
TX	76845	10.6
TX	76848	10.0
TX	76849	7.0
TX	76852	10.3
TX	76853	10.6
TX	76854	10.3
TX	76855	10.4
TX	76856	10.0
TX	76857	5.0
TX	76858	10.3
TX	76859	10.0
TX	76861	10.1
TX	76862	10.4
TX	76864	10.0
TX	76865	10.3
TX	76866	10.4
TX	76867	10.3
TX	76869	10.0
TX	76870	10.0
TX	76871	10.6
TX	76872	10.3
TX	76873	10.6
TX	76874	10.3
TX	76875	10.1
TX	76877	7.0
TX	76878	10.6
TX	76880	10.0
TX	76882	10.6
TX	76883	10.3
TX	76884	10.6
TX	76885	8.0
TX	76886	1.0
TX	76887	8.0
TX	76888	10.6
TX	76890	5.0
TX	76901	1.0
TX	76902	1.0
TX	76903	1.0
TX	76904	1.0
TX	76905	1.0
TX	76906	1.0
TX	76908	1.0
TX	76909	1.0
TX	76930	10.4
TX	76932	7.0
TX	76933	10.4
TX	76934	2.0
TX	76935	2.0
TX	76936	10.4
TX	76937	10.4
TX	76939	1.0
TX	76940	2.0
TX	76941	10.4
TX	76943	7.0
TX	76945	10.4
TX	76949	10.4
TX	76950	7.0
TX	76951	10.0
TX	76953	10.4
TX	76955	2.0
TX	76957	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
TX	76958	2.0
TX	77001	1.0
TX	77002	1.0
TX	77003	1.0
TX	77004	1.0
TX	77005	1.0
TX	77006	1.0
TX	77007	1.0
TX	77008	1.0
TX	77009	1.0
TX	77010	1.0
TX	77011	1.0
TX	77012	1.0
TX	77013	1.0
TX	77014	1.0
TX	77015	1.0
TX	77016	1.0
TX	77017	1.0
TX	77018	1.0
TX	77019	1.0
TX	77020	1.0
TX	77021	1.0
TX	77022	1.0
TX	77023	1.0
TX	77024	1.0
TX	77025	1.0
TX	77026	1.0
TX	77027	1.0
TX	77028	1.0
TX	77029	1.0
TX	77030	1.0
TX	77031	1.0
TX	77032	1.0
TX	77033	1.0
TX	77034	1.0
TX	77035	1.0
TX	77036	1.0
TX	77037	1.0
TX	77038	1.0
TX	77039	1.0
TX	77040	1.0
TX	77041	1.0
TX	77042	1.0
TX	77043	1.0
TX	77044	1.0
TX	77045	1.0
TX	77046	1.0
TX	77047	1.0
TX	77048	1.0
TX	77049	1.0
TX	77050	1.0
TX	77051	1.0
TX	77052	1.0
TX	77053	1.0
TX	77054	1.0
TX	77055	1.0
TX	77056	1.0
TX	77057	1.0
TX	77058	1.0
TX	77059	1.0
TX	77060	1.0
TX	77061	1.0
TX	77062	1.0
TX	77063	1.0
TX	77064	1.0
TX	77065	1.0
TX	77066	1.0
TX	77067	1.0
TX	77068	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
TX	77069	1.0
TX	77070	1.0
TX	77071	1.0
TX	77072	1.0
TX	77073	1.0
TX	77074	1.0
TX	77075	1.0
TX	77076	1.0
TX	77077	1.0
TX	77078	1.0
TX	77079	1.0
TX	77080	1.0
TX	77081	1.0
TX	77082	1.0
TX	77083	1.0
TX	77084	1.0
TX	77085	1.0
TX	77086	1.0
TX	77087	1.0
TX	77088	1.0
TX	77089	1.0
TX	77090	1.0
TX	77091	1.0
TX	77092	1.0
TX	77093	1.0
TX	77094	1.0
TX	77095	1.0
TX	77096	1.0
TX	77097	1.0
TX	77098	1.0
TX	77099	1.0
TX	77201	1.0
TX	77202	1.0
TX	77203	1.0
TX	77204	1.0
TX	77205	1.0
TX	77206	1.0
TX	77207	1.0
TX	77208	1.0
TX	77209	1.0
TX	77210	1.0
TX	77212	1.0
TX	77213	1.0
TX	77215	1.0
TX	77216	1.0
TX	77217	1.0
TX	77218	1.0
TX	77219	1.0
TX	77220	1.0
TX	77221	1.0
TX	77222	1.0
TX	77223	1.0
TX	77224	1.0
TX	77225	1.0
TX	77226	1.0
TX	77227	1.0
TX	77228	1.0
TX	77229	1.0
TX	77230	1.0
TX	77231	1.0
TX	77233	1.0
TX	77234	1.0
TX	77235	1.0
TX	77236	1.0
TX	77237	1.0
TX	77238	1.0
TX	77240	1.0
TX	77241	1.0
TX	77242	1.0

ADDENDUM I.—RUCa RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCa RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCa RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCa level	State	Zip code	RUCa level	State	Zip code	RUCa level
TX	77243	1.0	TX	77341	4.0	TX	77431	2.0
TX	77244	1.0	TX	77342	4.0	TX	77432	4.0
TX	77245	1.0	TX	77343	4.0	TX	77433	2.0
TX	77248	1.0	TX	77344	4.0	TX	77434	7.3
TX	77249	1.0	TX	77345	1.0	TX	77435	10.4
TX	77250	1.0	TX	77346	1.0	TX	77436	10.4
TX	77251	1.0	TX	77347	1.0	TX	77437	4.0
TX	77252	1.0	TX	77348	4.0	TX	77440	10.2
TX	77253	1.0	TX	77349	4.0	TX	77441	2.0
TX	77254	1.0	TX	77350	10.6	TX	77442	10.6
TX	77255	1.0	TX	77351	10.6	TX	77443	10.4
TX	77256	1.0	TX	77353	2.0	TX	77444	2.0
TX	77257	1.0	TX	77354	2.0	TX	77445	7.1
TX	77258	1.0	TX	77355	2.0	TX	77446	2.0
TX	77259	1.0	TX	77356	2.0	TX	77447	2.0
TX	77261	1.0	TX	77357	1.0	TX	77448	10.4
TX	77262	1.0	TX	77358	5.0	TX	77449	1.0
TX	77263	1.0	TX	77359	6.1	TX	77450	1.0
TX	77265	1.0	TX	77360	10.6	TX	77451	2.0
TX	77266	1.0	TX	77362	2.0	TX	77452	7.3
TX	77267	1.0	TX	77363	2.0	TX	77453	7.3
TX	77268	1.0	TX	77364	6.1	TX	77454	10.4
TX	77269	1.0	TX	77365	1.0	TX	77455	5.0
TX	77270	1.0	TX	77367	4.0	TX	77456	10.2
TX	77271	1.0	TX	77368	7.1	TX	77457	10.5
TX	77272	1.0	TX	77369	7.1	TX	77458	10.2
TX	77273	1.0	TX	77371	10.4	TX	77459	1.0
TX	77274	1.0	TX	77372	2.0	TX	77460	10.6
TX	77275	1.0	TX	77373	1.0	TX	77461	2.0
TX	77277	1.0	TX	77374	3.0	TX	77463	2.0
TX	77279	1.0	TX	77375	2.0	TX	77464	1.0
TX	77280	1.0	TX	77376	3.0	TX	77465	7.4
TX	77281	1.0	TX	77377	1.0	TX	77466	2.0
TX	77282	1.0	TX	77378	5.0	TX	77467	4.0
TX	77284	1.0	TX	77379	1.0	TX	77468	4.0
TX	77287	1.0	TX	77380	2.0	TX	77469	1.0
TX	77288	1.0	TX	77381	2.0	TX	77470	10.6
TX	77289	1.0	TX	77382	2.0	TX	77471	1.0
TX	77290	1.0	TX	77383	1.0	TX	77473	7.1
TX	77291	1.0	TX	77384	2.0	TX	77474	7.1
TX	77292	1.0	TX	77385	2.0	TX	77475	10.6
TX	77293	1.0	TX	77386	2.0	TX	77476	2.0
TX	77297	1.0	TX	77387	2.0	TX	77477	1.0
TX	77298	1.0	TX	77388	1.0	TX	77478	1.0
TX	77299	1.0	TX	77389	1.0	TX	77479	1.0
TX	77301	4.2	TX	77391	1.0	TX	77480	2.0
TX	77302	2.0	TX	77393	2.0	TX	77481	1.0
TX	77303	5.2	TX	77396	1.0	TX	77482	4.0
TX	77304	4.2	TX	77399	10.6	TX	77483	10.5
TX	77305	4.2	TX	77401	1.0	TX	77484	2.0
TX	77306	5.2	TX	77402	1.0	TX	77485	2.0
TX	77315	1.0	TX	77404	4.0	TX	77486	2.0
TX	77316	2.0	TX	77406	1.0	TX	77487	1.0
TX	77318	2.0	TX	77410	1.0	TX	77488	7.3
TX	77320	4.0	TX	77411	1.0	TX	77489	1.0
TX	77325	1.0	TX	77412	10.6	TX	77491	1.0
TX	77326	10.6	TX	77413	1.0	TX	77492	1.0
TX	77327	7.1	TX	77414	4.0	TX	77493	1.0
TX	77328	2.0	TX	77415	4.0	TX	77494	1.0
TX	77331	10.4	TX	77417	2.0	TX	77496	1.0
TX	77332	10.6	TX	77418	7.3	TX	77497	1.0
TX	77333	2.0	TX	77419	10.2	TX	77501	1.0
TX	77334	4.0	TX	77420	10.6	TX	77502	1.0
TX	77335	10.6	TX	77422	2.0	TX	77503	1.0
TX	77336	1.0	TX	77423	2.0	TX	77504	1.0
TX	77337	2.0	TX	77426	5.2	TX	77505	1.0
TX	77338	1.0	TX	77428	7.4	TX	77506	1.0
TX	77339	1.0	TX	77429	1.0	TX	77507	1.0
TX	77340	4.0	TX	77430	2.0	TX	77508	1.0

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State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
TX	77510	1.1	TX	77619	1.0	TX	77857	10.4
TX	77511	1.0	TX	77622	2.0	TX	77859	7.1
TX	77512	1.0	TX	77623	3.0	TX	77861	10.4
TX	77514	10.1	TX	77624	8.0	TX	77862	1.0
TX	77515	1.0	TX	77625	2.0	TX	77863	10.4
TX	77516	1.0	TX	77626	5.2	TX	77864	7.0
TX	77517	1.1	TX	77627	1.0	TX	77865	10.4
TX	77518	1.0	TX	77629	2.0	TX	77866	1.0
TX	77519	3.0	TX	77630	4.2	TX	77867	7.1
TX	77520	1.0	TX	77631	4.2	TX	77868	7.3
TX	77521	1.0	TX	77632	5.2	TX	77869	7.3
TX	77522	1.0	TX	77639	4.2	TX	77870	10.4
TX	77530	1.0	TX	77640	1.0	TX	77871	10.4
TX	77531	1.0	TX	77641	1.0	TX	77872	10.4
TX	77532	1.0	TX	77642	1.0	TX	77873	9.0
TX	77533	3.0	TX	77643	1.0	TX	77875	10.4
TX	77534	1.0	TX	77650	3.0	TX	77876	10.4
TX	77535	2.0	TX	77651	1.0	TX	77878	10.4
TX	77536	1.0	TX	77655	1.0	TX	77879	10.4
TX	77538	7.3	TX	77656	7.1	TX	77880	5.2
TX	77539	1.1	TX	77657	1.0	TX	77881	1.0
TX	77541	1.0	TX	77659	2.0	TX	77882	10.4
TX	77542	1.0	TX	77660	10.4	TX	77901	1.0
TX	77545	1.0	TX	77661	7.3	TX	77902	1.0
TX	77546	1.0	TX	77662	1.0	TX	77903	1.0
TX	77547	1.0	TX	77663	2.0	TX	77904	1.0
TX	77549	1.0	TX	77664	10.4	TX	77905	2.0
TX	77550	1.0	TX	77665	7.3	TX	77950	10.4
TX	77551	1.0	TX	77670	1.0	TX	77951	2.0
TX	77552	1.0	TX	77701	1.0	TX	77954	7.0
TX	77553	1.0	TX	77702	1.0	TX	77957	7.0
TX	77554	2.1	TX	77703	1.0	TX	77960	2.0
TX	77555	1.0	TX	77704	1.0	TX	77961	10.5
TX	77560	2.0	TX	77705	1.0	TX	77962	10.5
TX	77561	7.3	TX	77706	1.0	TX	77963	2.0
TX	77562	1.0	TX	77707	1.0	TX	77964	10.0
TX	77563	1.1	TX	77708	1.0	TX	77967	7.0
TX	77564	3.0	TX	77709	1.0	TX	77968	1.0
TX	77565	1.0	TX	77710	1.0	TX	77969	7.0
TX	77566	1.0	TX	77713	2.0	TX	77970	10.5
TX	77568	1.1	TX	77720	1.0	TX	77971	10.5
TX	77571	1.0	TX	77725	1.0	TX	77973	2.0
TX	77572	1.0	TX	77726	1.0	TX	77974	8.0
TX	77573	1.0	TX	77801	1.0	TX	77975	10.6
TX	77574	1.0	TX	77802	1.0	TX	77976	1.0
TX	77575	7.3	TX	77803	1.0	TX	77977	2.0
TX	77577	2.0	TX	77805	1.0	TX	77978	10.5
TX	77578	1.0	TX	77806	1.0	TX	77979	4.0
TX	77580	1.0	TX	77807	2.0	TX	77982	4.0
TX	77581	1.0	TX	77808	1.0	TX	77983	10.5
TX	77582	7.3	TX	77830	10.4	TX	77984	10.0
TX	77583	2.0	TX	77831	9.0	TX	77986	10.0
TX	77584	1.0	TX	77833	4.0	TX	77987	7.0
TX	77585	3.0	TX	77834	4.0	TX	77988	2.0
TX	77586	1.0	TX	77835	5.0	TX	77989	7.0
TX	77587	1.0	TX	77836	7.1	TX	77990	10.4
TX	77588	1.0	TX	77837	10.4	TX	77991	7.0
TX	77590	1.1	TX	77838	7.1	TX	77993	2.0
TX	77591	1.1	TX	77840	1.0	TX	77994	7.0
TX	77592	1.1	TX	77841	1.0	TX	77995	7.0
TX	77597	2.0	TX	77842	1.0	TX	78001	7.0
TX	77598	1.0	TX	77843	1.0	TX	78002	1.0
TX	77611	4.2	TX	77844	1.0	TX	78003	10.4
TX	77612	3.0	TX	77845	1.0	TX	78004	2.0
TX	77613	2.0	TX	77850	10.4	TX	78005	7.3
TX	77614	5.0	TX	77852	7.1	TX	78006	2.0
TX	77615	3.0	TX	77853	8.0	TX	78007	10.0
TX	77616	10.4	TX	77855	10.4	TX	78008	4.1
TX	77617	3.0	TX	77856	10.4	TX	78009	2.0

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TX	78010	5.0	TX	78124	2.0	TX	78242	1.0
TX	78011	10.5	TX	78125	5.0	TX	78243	1.0
TX	78012	4.1	TX	78130	4.2	TX	78244	1.0
TX	78013	7.3	TX	78131	4.2	TX	78245	1.0
TX	78014	7.0	TX	78132	2.0	TX	78246	1.0
TX	78015	2.0	TX	78133	2.0	TX	78247	1.0
TX	78016	7.1	TX	78135	4.2	TX	78248	1.0
TX	78017	7.0	TX	78140	10.5	TX	78249	1.0
TX	78019	10.1	TX	78141	10.0	TX	78250	1.0
TX	78021	7.0	TX	78142	5.0	TX	78251	1.0
TX	78022	7.0	TX	78143	10.4	TX	78252	1.0
TX	78023	1.0	TX	78144	10.4	TX	78253	1.0
TX	78024	4.0	TX	78145	5.0	TX	78254	1.0
TX	78025	4.0	TX	78146	5.0	TX	78255	1.0
TX	78026	4.1	TX	78147	2.0	TX	78256	1.0
TX	78027	7.3	TX	78148	1.0	TX	78257	1.0
TX	78028	4.0	TX	78150	1.0	TX	78258	1.0
TX	78029	4.0	TX	78151	10.6	TX	78259	1.0
TX	78039	2.0	TX	78152	2.0	TX	78260	1.0
TX	78040	1.0	TX	78154	1.0	TX	78261	2.0
TX	78041	1.0	TX	78155	4.2	TX	78262	2.0
TX	78042	1.0	TX	78156	4.2	TX	78263	2.0
TX	78043	1.0	TX	78159	10.6	TX	78264	2.0
TX	78044	1.0	TX	78160	10.4	TX	78265	1.0
TX	78045	1.0	TX	78161	2.0	TX	78266	1.0
TX	78046	1.0	TX	78162	5.0	TX	78268	1.0
TX	78049	1.0	TX	78163	2.0	TX	78269	1.0
TX	78050	4.1	TX	78164	10.0	TX	78270	1.0
TX	78052	2.0	TX	78201	1.0	TX	78275	1.0
TX	78054	1.0	TX	78202	1.0	TX	78278	1.0
TX	78055	10.0	TX	78203	1.0	TX	78279	1.0
TX	78056	2.0	TX	78204	1.0	TX	78280	1.0
TX	78057	7.3	TX	78205	1.0	TX	78283	1.0
TX	78058	4.0	TX	78206	1.0	TX	78284	1.0
TX	78059	2.0	TX	78207	1.0	TX	78285	1.0
TX	78060	10.0	TX	78208	1.0	TX	78286	1.0
TX	78061	7.3	TX	78209	1.0	TX	78287	1.0
TX	78062	4.1	TX	78210	1.0	TX	78288	1.0
TX	78063	2.0	TX	78211	1.0	TX	78289	1.0
TX	78064	4.1	TX	78212	1.0	TX	78291	1.0
TX	78065	2.0	TX	78213	1.0	TX	78292	1.0
TX	78066	2.0	TX	78214	1.0	TX	78293	1.0
TX	78067	10.4	TX	78215	1.0	TX	78294	1.0
TX	78069	2.0	TX	78216	1.0	TX	78295	1.0
TX	78070	2.0	TX	78217	1.0	TX	78296	1.0
TX	78071	10.0	TX	78218	1.0	TX	78297	1.0
TX	78072	10.0	TX	78219	1.0	TX	78298	1.0
TX	78073	2.0	TX	78220	1.0	TX	78299	1.0
TX	78074	7.3	TX	78221	1.0	TX	78330	2.0
TX	78075	10.0	TX	78222	1.0	TX	78332	4.0
TX	78076	7.0	TX	78223	1.0	TX	78333	4.0
TX	78101	2.0	TX	78224	1.0	TX	78335	4.2
TX	78102	5.0	TX	78225	1.0	TX	78336	4.2
TX	78104	5.0	TX	78226	1.0	TX	78338	10.0
TX	78107	2.0	TX	78227	1.0	TX	78339	2.0
TX	78108	1.0	TX	78228	1.0	TX	78340	10.6
TX	78109	1.0	TX	78229	1.0	TX	78341	10.0
TX	78111	10.4	TX	78230	1.0	TX	78342	4.0
TX	78112	2.0	TX	78231	1.0	TX	78343	5.2
TX	78113	10.4	TX	78232	1.0	TX	78344	1.0
TX	78114	2.0	TX	78233	1.0	TX	78347	1.0
TX	78115	4.2	TX	78234	1.0	TX	78349	10.0
TX	78116	10.4	TX	78235	10.4	TX	78350	7.0
TX	78117	10.4	TX	78236	1.0	TX	78351	2.0
TX	78118	7.0	TX	78237	1.0	TX	78352	2.0
TX	78119	7.0	TX	78238	1.0	TX	78353	8.0
TX	78121	2.0	TX	78239	1.0	TX	78355	7.0
TX	78122	10.5	TX	78240	1.0	TX	78357	7.0
TX	78123	4.2	TX	78241	1.0	TX	78358	4.0

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State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
TX	78359	1.0	TX	78503	1.0	TX	78607	8.0
TX	78360	7.3	TX	78504	1.0	TX	78608	2.0
TX	78361	7.3	TX	78505	1.0	TX	78609	10.4
TX	78362	4.2	TX	78516	1.0	TX	78610	1.0
TX	78363	4.0	TX	78520	1.0	TX	78611	9.0
TX	78364	4.0	TX	78521	1.0	TX	78612	2.0
TX	78368	2.0	TX	78522	1.0	TX	78613	1.0
TX	78369	1.0	TX	78523	1.0	TX	78614	10.6
TX	78370	2.0	TX	78526	1.0	TX	78615	2.0
TX	78371	1.0	TX	78535	1.0	TX	78616	2.0
TX	78372	2.0	TX	78536	10.4	TX	78617	2.0
TX	78373	7.3	TX	78537	1.0	TX	78618	10.5
TX	78374	1.0	TX	78538	1.0	TX	78619	2.0
TX	78375	7.0	TX	78539	1.0	TX	78620	2.0
TX	78376	10.6	TX	78540	1.0	TX	78621	2.0
TX	78377	7.0	TX	78541	1.0	TX	78622	5.2
TX	78379	5.0	TX	78543	1.0	TX	78623	2.0
TX	78380	2.0	TX	78545	4.0	TX	78624	7.0
TX	78381	4.0	TX	78547	5.2	TX	78626	2.0
TX	78382	4.0	TX	78548	5.2	TX	78627	2.0
TX	78383	2.0	TX	78549	2.0	TX	78628	2.0
TX	78384	7.4	TX	78550	1.0	TX	78629	7.0
TX	78385	10.0	TX	78551	1.0	TX	78630	1.0
TX	78387	7.3	TX	78552	1.0	TX	78631	10.5
TX	78389	10.5	TX	78553	1.0	TX	78632	10.6
TX	78390	2.0	TX	78557	1.0	TX	78634	2.0
TX	78391	10.5	TX	78558	1.0	TX	78635	10.4
TX	78393	10.6	TX	78559	1.0	TX	78636	10.4
TX	78401	1.0	TX	78560	1.0	TX	78638	4.2
TX	78402	1.0	TX	78561	4.2	TX	78639	9.0
TX	78403	1.0	TX	78562	1.0	TX	78640	4.2
TX	78404	1.0	TX	78563	2.0	TX	78641	1.0
TX	78405	1.0	TX	78564	7.0	TX	78642	2.0
TX	78406	1.0	TX	78565	2.0	TX	78643	7.0
TX	78407	1.0	TX	78566	1.0	TX	78644	2.0
TX	78408	1.0	TX	78567	1.0	TX	78645	2.0
TX	78409	1.0	TX	78568	2.0	TX	78646	1.0
TX	78410	1.0	TX	78569	10.4	TX	78648	7.3
TX	78411	1.0	TX	78570	1.0	TX	78650	2.0
TX	78412	1.0	TX	78572	1.0	TX	78651	1.0
TX	78413	1.0	TX	78573	1.0	TX	78652	1.0
TX	78414	1.0	TX	78574	1.0	TX	78653	2.0
TX	78415	1.0	TX	78575	1.0	TX	78654	7.0
TX	78416	1.0	TX	78576	1.0	TX	78655	5.2
TX	78417	1.0	TX	78577	1.0	TX	78656	5.2
TX	78418	1.0	TX	78578	4.2	TX	78657	10.6
TX	78419	1.0	TX	78579	1.0	TX	78658	7.0
TX	78426	1.0	TX	78580	4.2	TX	78659	2.0
TX	78427	1.0	TX	78582	4.2	TX	78660	1.0
TX	78460	1.0	TX	78583	2.0	TX	78661	5.2
TX	78461	1.0	TX	78584	4.0	TX	78662	2.0
TX	78463	1.0	TX	78585	4.0	TX	78663	10.4
TX	78465	1.0	TX	78586	1.0	TX	78664	1.0
TX	78466	1.0	TX	78588	10.4	TX	78666	4.2
TX	78467	1.0	TX	78589	1.0	TX	78667	4.2
TX	78468	1.0	TX	78590	10.5	TX	78669	2.0
TX	78469	1.0	TX	78591	10.4	TX	78670	4.2
TX	78470	1.0	TX	78592	1.0	TX	78671	8.0
TX	78471	1.0	TX	78593	1.0	TX	78672	8.0
TX	78472	1.0	TX	78594	2.0	TX	78673	2.0
TX	78473	1.0	TX	78595	2.0	TX	78674	2.0
TX	78474	1.0	TX	78596	1.0	TX	78675	8.0
TX	78475	1.0	TX	78597	4.2	TX	78676	3.0
TX	78476	1.0	TX	78598	10.5	TX	78677	10.6
TX	78477	1.0	TX	78599	1.0	TX	78680	1.0
TX	78478	1.0	TX	78602	2.0	TX	78681	1.0
TX	78480	1.0	TX	78604	7.0	TX	78682	1.0
TX	78501	1.0	TX	78605	2.0	TX	78683	1.0
TX	78502	1.0	TX	78606	10.4	TX	78691	1.0

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State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
TX	78701	1.0	TX	78779	1.0	TX	78960	7.0
TX	78702	1.0	TX	78780	1.0	TX	78961	10.5
TX	78703	1.0	TX	78781	1.0	TX	78962	10.6
TX	78704	1.0	TX	78783	1.0	TX	78963	8.0
TX	78705	1.0	TX	78785	1.0	TX	79001	10.4
TX	78708	1.0	TX	78786	1.0	TX	79002	10.2
TX	78709	1.0	TX	78788	1.0	TX	79003	10.0
TX	78710	1.0	TX	78789	1.0	TX	79005	10.6
TX	78711	1.0	TX	78799	1.0	TX	79007	4.0
TX	78712	1.0	TX	78801	4.0	TX	79008	4.0
TX	78713	1.0	TX	78802	4.0	TX	79009	10.0
TX	78714	1.0	TX	78827	8.0	TX	79010	10.4
TX	78715	1.0	TX	78828	10.0	TX	79011	10.0
TX	78716	1.0	TX	78829	10.5	TX	79012	1.0
TX	78717	1.0	TX	78830	10.6	TX	79013	4.0
TX	78718	1.0	TX	78832	10.5	TX	79014	10.0
TX	78719	2.0	TX	78833	10.0	TX	79015	2.0
TX	78720	1.0	TX	78834	7.0	TX	79016	2.0
TX	78721	1.0	TX	78836	8.0	TX	79018	7.0
TX	78722	1.0	TX	78837	10.2	TX	79019	2.0
TX	78723	1.0	TX	78838	10.5	TX	79021	2.0
TX	78724	1.0	TX	78839	7.0	TX	79022	7.0
TX	78725	2.0	TX	78840	4.0	TX	79024	10.0
TX	78726	1.0	TX	78841	4.0	TX	79025	4.0
TX	78727	1.0	TX	78842	4.0	TX	79027	7.0
TX	78728	1.0	TX	78843	4.0	TX	79029	4.0
TX	78729	1.0	TX	78847	4.0	TX	79031	10.0
TX	78730	2.0	TX	78850	8.0	TX	79032	4.0
TX	78731	1.0	TX	78851	10.0	TX	79033	7.0
TX	78732	2.0	TX	78852	4.0	TX	79034	10.0
TX	78733	1.0	TX	78853	4.0	TX	79035	7.0
TX	78734	2.0	TX	78860	4.0	TX	79036	5.0
TX	78735	1.0	TX	78861	7.3	TX	79039	10.4
TX	78736	1.0	TX	78870	4.0	TX	79040	10.6
TX	78737	1.0	TX	78871	10.2	TX	79041	5.0
TX	78738	2.0	TX	78872	10.2	TX	79042	10.6
TX	78739	1.0	TX	78873	10.0	TX	79043	10.6
TX	78741	1.0	TX	78877	10.2	TX	79044	7.0
TX	78742	1.0	TX	78879	10.0	TX	79045	4.0
TX	78744	1.0	TX	78880	10.0	TX	79046	10.0
TX	78745	1.0	TX	78881	10.5	TX	79051	7.0
TX	78746	1.0	TX	78883	10.4	TX	79052	5.0
TX	78747	1.0	TX	78884	10.5	TX	79053	10.0
TX	78748	1.0	TX	78885	10.0	TX	79054	4.0
TX	78749	1.0	TX	78886	7.3	TX	79056	10.0
TX	78750	1.0	TX	78931	6.0	TX	79057	10.2
TX	78751	1.0	TX	78932	10.5	TX	79058	7.2
TX	78752	1.0	TX	78933	7.4	TX	79059	10.5
TX	78753	1.0	TX	78934	7.0	TX	79061	10.0
TX	78754	1.0	TX	78935	8.0	TX	79062	7.0
TX	78755	1.0	TX	78938	10.6	TX	79063	10.6
TX	78756	1.0	TX	78940	10.6	TX	79064	10.5
TX	78757	1.0	TX	78941	10.6	TX	79065	4.0
TX	78758	1.0	TX	78942	7.3	TX	79066	4.0
TX	78759	1.0	TX	78943	7.0	TX	79068	10.1
TX	78760	1.0	TX	78944	6.0	TX	79070	7.0
TX	78761	1.0	TX	78945	7.0	TX	79072	4.0
TX	78762	1.0	TX	78946	8.0	TX	79073	4.0
TX	78763	1.0	TX	78947	2.0	TX	79077	10.0
TX	78764	1.0	TX	78948	8.0	TX	79078	5.0
TX	78765	1.0	TX	78949	10.6	TX	79079	10.0
TX	78766	1.0	TX	78950	6.0	TX	79080	10.4
TX	78767	1.0	TX	78951	10.6	TX	79081	7.0
TX	78768	1.0	TX	78952	7.0	TX	79082	10.0
TX	78769	1.0	TX	78953	2.0	TX	79083	5.0
TX	78772	1.0	TX	78954	10.5	TX	79084	10.0
TX	78773	1.0	TX	78956	7.0	TX	79085	10.6
TX	78774	1.0	TX	78957	2.0	TX	79086	10.6
TX	78778	1.0	TX	78959	10.6	TX	79087	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
TX	79088	7.0	TX	79244	10.0	TX	79408	1.0
TX	79091	2.0	TX	79245	10.0	TX	79409	1.0
TX	79092	10.4	TX	79247	5.0	TX	79410	1.0
TX	79093	7.0	TX	79248	10.0	TX	79411	1.0
TX	79094	2.0	TX	79250	2.0	TX	79412	1.0
TX	79095	10.0	TX	79251	10.0	TX	79413	1.0
TX	79096	10.0	TX	79252	7.4	TX	79414	1.0
TX	79097	10.4	TX	79255	10.0	TX	79415	1.0
TX	79098	10.4	TX	79256	10.0	TX	79416	1.0
TX	79101	1.0	TX	79257	10.0	TX	79423	1.0
TX	79102	1.0	TX	79258	10.5	TX	79424	1.0
TX	79103	1.0	TX	79259	8.0	TX	79430	1.0
TX	79104	1.0	TX	79261	10.0	TX	79452	1.0
TX	79105	1.0	TX	79311	2.0	TX	79453	1.0
TX	79106	1.0	TX	79312	10.6	TX	79457	1.0
TX	79107	1.0	TX	79313	2.0	TX	79464	1.0
TX	79108	1.0	TX	79314	10.5	TX	79490	1.0
TX	79109	1.0	TX	79316	7.0	TX	79491	1.0
TX	79110	1.0	TX	79320	7.0	TX	79493	1.0
TX	79111	1.0	TX	79322	10.4	TX	79499	1.0
TX	79114	1.0	TX	79323	7.0	TX	79501	10.4
TX	79116	1.0	TX	79324	7.0	TX	79502	10.0
TX	79117	1.0	TX	79325	10.0	TX	79503	7.0
TX	79118	2.0	TX	79326	10.5	TX	79504	10.4
TX	79119	1.0	TX	79329	2.0	TX	79505	7.0
TX	79120	1.0	TX	79330	7.3	TX	79506	10.5
TX	79121	1.0	TX	79331	4.0	TX	79508	2.0
TX	79123	1.0	TX	79336	4.2	TX	79510	2.0
TX	79124	1.0	TX	79338	4.2	TX	79511	5.0
TX	79159	1.0	TX	79339	7.3	TX	79512	7.0
TX	79163	1.0	TX	79342	10.6	TX	79516	4.0
TX	79165	1.0	TX	79343	2.0	TX	79517	5.0
TX	79166	1.0	TX	79344	7.0	TX	79518	10.0
TX	79167	1.0	TX	79345	10.6	TX	79519	8.0
TX	79168	1.0	TX	79346	10.5	TX	79520	10.0
TX	79170	1.0	TX	79347	7.0	TX	79521	7.0
TX	79171	1.0	TX	79350	1.0	TX	79525	2.0
TX	79172	1.0	TX	79351	10.6	TX	79526	4.0
TX	79174	1.0	TX	79353	5.2	TX	79527	5.0
TX	79175	1.0	TX	79355	10.6	TX	79528	10.0
TX	79178	1.0	TX	79356	7.3	TX	79529	10.0
TX	79180	1.0	TX	79357	10.4	TX	79530	2.0
TX	79181	1.0	TX	79358	2.0	TX	79532	10.3
TX	79182	1.0	TX	79359	10.6	TX	79533	2.0
TX	79184	1.0	TX	79360	10.3	TX	79534	10.0
TX	79185	1.0	TX	79363	2.0	TX	79535	10.5
TX	79186	1.0	TX	79364	2.0	TX	79536	2.0
TX	79187	1.0	TX	79366	2.0	TX	79537	10.5
TX	79189	1.0	TX	79367	4.2	TX	79538	8.0
TX	79201	7.0	TX	79369	7.3	TX	79539	10.6
TX	79220	10.0	TX	79370	10.0	TX	79540	10.0
TX	79221	10.5	TX	79371	10.6	TX	79541	2.0
TX	79223	10.0	TX	79372	4.2	TX	79543	10.5
TX	79225	7.4	TX	79373	7.3	TX	79544	10.6
TX	79226	10.0	TX	79376	10.6	TX	79545	10.5
TX	79227	10.5	TX	79377	10.2	TX	79546	10.0
TX	79229	10.0	TX	79378	7.0	TX	79547	10.6
TX	79230	10.0	TX	79379	10.5	TX	79548	10.6
TX	79231	7.4	TX	79380	4.2	TX	79549	4.0
TX	79232	10.0	TX	79381	2.0	TX	79550	4.0
TX	79233	10.0	TX	79382	1.0	TX	79553	7.0
TX	79234	10.0	TX	79383	7.3	TX	79556	4.0
TX	79235	7.4	TX	79401	1.0	TX	79560	10.5
TX	79236	10.0	TX	79402	1.0	TX	79561	2.0
TX	79237	10.0	TX	79403	1.0	TX	79562	2.0
TX	79239	10.0	TX	79404	1.0	TX	79563	2.0
TX	79240	10.0	TX	79405	1.0	TX	79565	10.6
TX	79241	10.5	TX	79406	1.0	TX	79566	10.3
TX	79243	10.0	TX	79407	1.0	TX	79567	7.0

ADDENDUM I.—RUCA RURALITY
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State	Zip code	RUCA level
TX	79601	1.0
TX	79602	1.0
TX	79603	1.0
TX	79604	1.0
TX	79605	1.0
TX	79606	1.0
TX	79607	1.0
TX	79608	1.0
TX	79697	1.0
TX	79698	1.0
TX	79699	1.0
TX	79701	1.0
TX	79702	1.0
TX	79703	1.0
TX	79704	1.0
TX	79705	1.0
TX	79706	2.0
TX	79707	1.0
TX	79708	1.0
TX	79710	1.0
TX	79711	2.0
TX	79712	1.0
TX	79713	10.2
TX	79714	4.0
TX	79718	5.0
TX	79719	10.3
TX	79720	4.0
TX	79721	4.0
TX	79730	10.0
TX	79731	7.3
TX	79733	4.0
TX	79734	10.6
TX	79735	7.0
TX	79738	10.5
TX	79739	10.5
TX	79740	7.0
TX	79741	2.0
TX	79742	10.3
TX	79743	10.0
TX	79744	10.0
TX	79745	7.0
TX	79748	5.0
TX	79749	10.6
TX	79752	10.0
TX	79754	10.2
TX	79755	10.0
TX	79756	7.0
TX	79758	2.0
TX	79759	2.0
TX	79760	1.0
TX	79761	1.0
TX	79762	1.0
TX	79763	1.0
TX	79764	1.0
TX	79765	1.0
TX	79766	2.0
TX	79768	1.0
TX	79769	1.0
TX	79770	4.0
TX	79772	4.0
TX	79776	2.0
TX	79777	10.3
TX	79778	10.0
TX	79780	5.0
TX	79781	10.0
TX	79782	7.3
TX	79783	10.6
TX	79785	4.0
TX	79786	5.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
TX	79788	7.0
TX	79789	8.0
TX	79821	1.0
TX	79830	7.0
TX	79831	7.0
TX	79832	7.0
TX	79834	8.0
TX	79835	1.0
TX	79836	2.0
TX	79837	10.4
TX	79838	2.0
TX	79839	10.4
TX	79842	10.6
TX	79843	10.0
TX	79845	7.0
TX	79846	7.0
TX	79847	10.0
TX	79848	10.0
TX	79849	1.0
TX	79851	10.0
TX	79852	8.0
TX	79853	2.0
TX	79854	10.6
TX	79855	10.0
TX	79901	1.0
TX	79902	1.0
TX	79903	1.0
TX	79904	1.0
TX	79905	1.0
TX	79906	1.0
TX	79907	1.0
TX	79908	1.0
TX	79910	1.0
TX	79911	1.0
TX	79912	1.0
TX	79913	1.0
TX	79914	1.0
TX	79915	1.0
TX	79916	1.0
TX	79917	1.0
TX	79918	1.0
TX	79920	1.0
TX	79922	1.0
TX	79923	1.0
TX	79924	1.0
TX	79925	1.0
TX	79926	1.0
TX	79927	1.0
TX	79928	1.0
TX	79929	1.0
TX	79930	1.0
TX	79931	1.0
TX	79932	1.0
TX	79934	1.0
TX	79935	1.0
TX	79936	1.0
TX	79937	1.0
TX	79938	1.0
TX	79940	1.0
TX	79941	1.0
TX	79942	1.0
TX	79943	1.0
TX	79944	1.0
TX	79945	1.0
TX	79946	1.0
TX	79947	1.0
TX	79948	1.0
TX	79949	1.0
TX	79950	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
TX	79951	1.0
TX	79952	1.0
TX	79953	1.0
TX	79954	1.0
TX	79955	1.0
TX	79958	1.0
TX	79960	1.0
TX	79961	1.0
TX	79966	1.0
TX	79968	1.0
TX	79973	1.0
TX	79974	1.0
TX	79975	1.0
TX	79976	1.0
TX	79977	1.0
TX	79978	1.0
TX	79980	1.0
TX	79982	1.0
TX	79983	1.0
TX	79984	1.0
TX	79985	1.0
TX	79986	1.0
TX	79987	1.0
TX	79988	1.0
TX	79989	1.0
TX	79990	1.0
TX	79991	1.0
TX	79992	1.0
TX	79993	1.0
TX	79994	1.0
TX	79995	1.0
TX	79996	1.0
TX	79997	1.0
TX	79998	1.0
TX	79999	1.0
TX	88510	1.0
TX	88511	1.0
TX	88512	1.0
TX	88513	1.0
TX	88514	1.0
TX	88515	1.0
TX	88516	1.0
TX	88517	1.0
TX	88518	1.0
TX	88519	1.0
TX	88520	1.0
TX	88521	1.0
TX	88523	1.0
TX	88524	1.0
TX	88525	1.0
TX	88526	1.0
TX	88527	1.0
TX	88528	1.0
TX	88529	1.0
TX	88530	1.0
TX	88531	1.0
TX	88532	1.0
TX	88533	1.0
TX	88534	1.0
TX	88535	1.0
TX	88536	1.0
TX	88538	1.0
TX	88539	1.0
TX	88540	1.0
TX	88541	1.0
TX	88542	1.0
TX	88543	1.0
TX	88544	1.0
TX	88545	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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LEVEL BY STATE AND ZIP CODE—
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State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
TX	88546	1.0	UT	84031	10.0	UT	84107	1.0
TX	88547	1.0	UT	84032	7.0	UT	84108	1.0
TX	88548	1.0	UT	84033	10.6	UT	84109	1.0
TX	88549	1.0	UT	84034	7.0	UT	84110	1.0
TX	88550	1.0	UT	84035	5.0	UT	84111	1.0
TX	88553	1.0	UT	84036	10.6	UT	84112	1.0
TX	88554	1.0	UT	84037	1.0	UT	84113	1.0
TX	88555	1.0	UT	84038	10.0	UT	84114	1.0
TX	88556	1.0	UT	84039	10.6	UT	84115	1.0
TX	88557	1.0	UT	84040	1.0	UT	84116	1.0
TX	88558	1.0	UT	84041	1.0	UT	84117	1.0
TX	88559	1.0	UT	84042	1.0	UT	84118	1.0
TX	88560	1.0	UT	84043	1.0	UT	84119	1.0
TX	88561	1.0	UT	84044	1.0	UT	84120	1.0
TX	88562	1.0	UT	84046	10.0	UT	84121	1.0
TX	88563	1.0	UT	84047	1.0	UT	84122	1.0
TX	88565	1.0	UT	84049	7.0	UT	84123	1.0
TX	88566	1.0	UT	84050	2.0	UT	84124	1.0
TX	88567	1.0	UT	84051	10.0	UT	84125	1.0
TX	88568	1.0	UT	84052	10.6	UT	84126	1.0
TX	88569	1.0	UT	84053	10.3	UT	84127	1.0
TX	88570	1.0	UT	84054	1.0	UT	84128	1.0
TX	88571	1.0	UT	84055	10.6	UT	84130	1.0
TX	88572	1.0	UT	84056	1.0	UT	84131	1.0
TX	88573	1.0	UT	84057	1.0	UT	84132	1.0
TX	88574	1.0	UT	84058	1.0	UT	84133	1.0
TX	88575	1.0	UT	84059	1.0	UT	84134	1.0
TX	88576	1.0	UT	84060	7.3	UT	84136	1.0
TX	88577	1.0	UT	84061	10.6	UT	84138	1.0
TX	88578	1.0	UT	84062	1.0	UT	84139	1.0
TX	88579	1.0	UT	84063	10.0	UT	84141	1.0
TX	88580	1.0	UT	84064	10.0	UT	84143	1.0
TX	88581	1.0	UT	84065	1.0	UT	84144	1.0
TX	88582	1.0	UT	84066	7.0	UT	84145	1.0
TX	88583	1.0	UT	84067	1.0	UT	84147	1.0
TX	88584	1.0	UT	84068	7.3	UT	84148	1.0
TX	88585	1.0	UT	84069	2.0	UT	84150	1.0
TX	88586	1.0	UT	84070	1.0	UT	84151	1.0
TX	88587	1.0	UT	84071	2.0	UT	84152	1.0
TX	88588	1.0	UT	84072	10.0	UT	84153	1.0
TX	88589	1.0	UT	84073	10.0	UT	84157	1.0
TX	88590	1.0	UT	84074	4.1	UT	84158	1.0
TX	88595	1.0	UT	84075	1.0	UT	84165	1.0
UT	84001	10.3	UT	84076	10.6	UT	84170	1.0
UT	84002	10.3	UT	84078	4.0	UT	84171	1.0
UT	84003	1.0	UT	84079	4.0	UT	84180	1.0
UT	84004	1.0	UT	84080	2.0	UT	84184	1.0
UT	84006	1.0	UT	84082	7.0	UT	84189	1.0
UT	84007	10.3	UT	84083	7.0	UT	84190	1.0
UT	84008	4.0	UT	84084	1.0	UT	84199	1.0
UT	84010	1.0	UT	84085	10.6	UT	84201	1.0
UT	84011	1.0	UT	84086	10.0	UT	84244	1.0
UT	84013	2.0	UT	84087	1.0	UT	84301	10.5
UT	84014	1.0	UT	84088	1.0	UT	84302	4.2
UT	84015	1.0	UT	84089	1.0	UT	84304	7.4
UT	84016	1.0	UT	84090	1.0	UT	84305	2.0
UT	84017	10.6	UT	84091	1.0	UT	84306	7.4
UT	84018	2.0	UT	84092	1.0	UT	84307	10.5
UT	84020	1.0	UT	84093	1.0	UT	84308	2.0
UT	84021	10.0	UT	84094	1.0	UT	84309	7.4
UT	84022	7.0	UT	84095	1.0	UT	84310	2.0
UT	84023	10.0	UT	84097	1.0	UT	84311	7.4
UT	84024	10.6	UT	84098	2.0	UT	84312	7.4
UT	84025	1.0	UT	84101	1.0	UT	84313	10.6
UT	84026	10.6	UT	84102	1.0	UT	84314	10.5
UT	84027	10.0	UT	84103	1.0	UT	84315	1.0
UT	84028	10.0	UT	84104	1.0	UT	84316	10.6
UT	84029	3.0	UT	84105	1.0	UT	84317	2.0
UT	84030	10.6	UT	84106	1.0	UT	84318	1.0

ADDENDUM I.—RUCA RURALITY
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State	Zip code	RUCA level
UT	84319	1.0
UT	84320	2.0
UT	84321	1.0
UT	84322	1.0
UT	84323	1.0
UT	84324	4.2
UT	84325	1.0
UT	84326	1.0
UT	84327	1.0
UT	84328	2.0
UT	84329	10.6
UT	84330	10.6
UT	84331	10.6
UT	84332	1.0
UT	84333	2.0
UT	84334	7.4
UT	84335	1.0
UT	84336	10.6
UT	84337	7.4
UT	84338	2.0
UT	84339	1.0
UT	84340	4.2
UT	84341	1.0
UT	84401	1.0
UT	84402	1.0
UT	84403	1.0
UT	84404	1.0
UT	84405	1.0
UT	84407	1.0
UT	84408	1.0
UT	84409	1.0
UT	84412	1.0
UT	84414	1.0
UT	84415	1.0
UT	84501	4.0
UT	84510	8.0
UT	84511	7.0
UT	84512	7.0
UT	84513	10.5
UT	84515	7.0
UT	84516	10.0
UT	84518	10.5
UT	84520	5.0
UT	84521	10.5
UT	84522	10.0
UT	84523	10.0
UT	84525	10.6
UT	84526	4.0
UT	84527	4.0
UT	84528	10.5
UT	84529	4.0
UT	84530	10.6
UT	84531	10.0
UT	84532	7.0
UT	84533	7.0
UT	84534	8.0
UT	84535	10.6
UT	84536	10.0
UT	84537	10.5
UT	84539	5.0
UT	84540	7.0
UT	84542	4.0
UT	84601	1.0
UT	84602	1.0
UT	84603	1.0
UT	84604	1.0
UT	84605	1.0
UT	84606	1.0
UT	84620	10.6

ADDENDUM I.—RUCA RURALITY
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State	Zip code	RUCA level
UT	84621	7.0
UT	84622	7.0
UT	84623	10.6
UT	84624	7.0
UT	84626	2.0
UT	84627	7.0
UT	84628	3.0
UT	84629	10.6
UT	84630	7.0
UT	84631	10.6
UT	84632	10.6
UT	84633	2.0
UT	84634	7.0
UT	84635	8.0
UT	84636	10.6
UT	84637	10.6
UT	84638	7.0
UT	84639	7.3
UT	84640	7.0
UT	84642	7.0
UT	84643	7.0
UT	84644	10.6
UT	84645	3.0
UT	84646	10.6
UT	84647	10.6
UT	84648	7.3
UT	84649	7.0
UT	84650	8.0
UT	84651	2.0
UT	84652	10.6
UT	84653	2.0
UT	84654	10.6
UT	84655	2.0
UT	84656	10.6
UT	84657	7.0
UT	84660	2.0
UT	84662	10.6
UT	84663	1.0
UT	84664	1.0
UT	84665	7.0
UT	84667	10.6
UT	84701	7.0
UT	84710	10.6
UT	84711	7.0
UT	84712	10.0
UT	84713	10.0
UT	84714	5.0
UT	84715	10.0
UT	84716	10.0
UT	84717	10.0
UT	84718	10.0
UT	84719	10.2
UT	84720	4.0
UT	84721	4.0
UT	84722	2.0
UT	84723	10.6
UT	84724	8.0
UT	84725	2.0
UT	84726	10.0
UT	84728	8.0
UT	84729	10.6
UT	84730	7.0
UT	84731	10.0
UT	84732	10.6
UT	84733	1.0
UT	84734	10.0
UT	84735	10.0
UT	84736	10.0
UT	84737	7.1

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
UT	84738	1.0
UT	84739	8.0
UT	84740	10.6
UT	84741	7.0
UT	84742	4.0
UT	84743	10.6
UT	84744	7.0
UT	84745	7.1
UT	84746	7.1
UT	84747	10.0
UT	84749	10.0
UT	84750	10.6
UT	84751	10.0
UT	84752	10.0
UT	84753	5.0
UT	84754	8.0
UT	84755	10.6
UT	84756	5.0
UT	84757	10.1
UT	84758	10.6
UT	84759	10.0
UT	84760	10.2
UT	84761	10.2
UT	84762	10.6
UT	84763	7.1
UT	84764	10.0
UT	84765	1.0
UT	84766	8.0
UT	84767	7.1
UT	84770	1.0
UT	84771	1.0
UT	84772	10.2
UT	84773	10.0
UT	84774	7.1
UT	84775	10.0
UT	84776	10.0
UT	84779	7.1
UT	84780	1.0
UT	84781	2.0
UT	84782	1.0
UT	84783	1.0
UT	84784	7.0
UT	84790	1.0
UT	84791	1.0
UT	20101	1.0
UT	20102	1.0
UT	20103	1.0
UT	20104	1.0
UT	20105	2.0
UT	20106	2.0
UT	20107	1.0
UT	20108	1.0
UT	20109	1.0
UT	20110	1.0
UT	20111	1.0
UT	20112	1.0
UT	20113	1.0
UT	20115	2.0
UT	20116	2.0
UT	20117	2.0
UT	20118	2.0
UT	20119	2.0
UT	20120	1.0
UT	20121	1.0
UT	20122	1.0
UT	20124	1.0
UT	20128	2.0
UT	20129	2.0
UT	20130	2.0

ADDENDUM I.—RUCA-RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
VA	20131	2.0
VA	20132	2.0
VA	20134	2.0
VA	20135	2.0
VA	20136	1.0
VA	20137	2.0
VA	20138	2.0
VA	20139	2.0
VA	20140	2.0
VA	20141	2.0
VA	20142	2.0
VA	20143	2.0
VA	20144	2.0
VA	20146	1.0
VA	20147	1.0
VA	20148	1.0
VA	20149	1.0
VA	20151	1.0
VA	20152	1.0
VA	20153	1.0
VA	20155	2.0
VA	20156	2.0
VA	20158	2.0
VA	20159	2.0
VA	20160	2.0
VA	20163	1.0
VA	20164	1.0
VA	20165	1.0
VA	20166	1.0
VA	20167	1.0
VA	20168	2.0
VA	20169	2.0
VA	20170	1.0
VA	20171	1.0
VA	20172	1.0
VA	20175	1.0
VA	20176	1.0
VA	20177	1.0
VA	20178	1.0
VA	20180	2.0
VA	20181	2.0
VA	20182	2.0
VA	20184	2.0
VA	20185	2.0
VA	20186	2.0
VA	20187	2.0
VA	20188	2.0
VA	20189	1.0
VA	20190	1.0
VA	20191	1.0
VA	20192	1.0
VA	20193	1.0
VA	20194	1.0
VA	20195	1.0
VA	20196	1.0
VA	20197	2.0
VA	20198	2.0
VA	20199	1.0
VA	22003	1.0
VA	22009	1.0
VA	22015	1.0
VA	22025	1.0
VA	22026	1.0
VA	22027	1.0
VA	22030	1.0
VA	22031	1.0
VA	22032	1.0
VA	22033	1.0
VA	22034	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
VA	22035	1.0
VA	22036	1.0
VA	22037	1.0
VA	22038	1.0
VA	22039	1.0
VA	22040	1.0
VA	22041	1.0
VA	22042	1.0
VA	22043	1.0
VA	22044	1.0
VA	22046	1.0
VA	22047	1.0
VA	22060	1.0
VA	22066	1.0
VA	22067	2.0
VA	22079	1.0
VA	22081	1.0
VA	22082	1.0
VA	22092	1.0
VA	22093	1.0
VA	22095	1.0
VA	22096	1.0
VA	22101	1.0
VA	22102	1.0
VA	22103	1.0
VA	22106	1.0
VA	22107	1.0
VA	22108	1.0
VA	22109	1.0
VA	22116	1.0
VA	22118	1.0
VA	22119	1.0
VA	22120	1.0
VA	22121	1.0
VA	22122	1.0
VA	22124	1.0
VA	22125	1.0
VA	22134	1.0
VA	22135	1.0
VA	22150	1.0
VA	22151	1.0
VA	22152	1.0
VA	22153	1.0
VA	22156	1.0
VA	22158	1.0
VA	22159	1.0
VA	22160	1.0
VA	22161	1.0
VA	22172	1.0
VA	22180	1.0
VA	22181	1.0
VA	22182	1.0
VA	22183	1.0
VA	22184	1.0
VA	22185	1.0
VA	22191	1.0
VA	22192	1.0
VA	22193	1.0
VA	22194	1.0
VA	22195	1.0
VA	22199	1.0
VA	22201	1.0
VA	22202	1.0
VA	22203	1.0
VA	22204	1.0
VA	22205	1.0
VA	22206	1.0
VA	22207	1.0
VA	22209	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
VA	22210	1.0
VA	22211	1.0
VA	22212	1.0
VA	22213	1.0
VA	22214	1.0
VA	22215	1.0
VA	22216	1.0
VA	22217	1.0
VA	22218	1.0
VA	22219	1.0
VA	22222	1.0
VA	22223	1.0
VA	22225	1.0
VA	22226	1.0
VA	22227	1.0
VA	22229	1.0
VA	22230	1.0
VA	22234	1.0
VA	22240	1.0
VA	22241	1.0
VA	22242	1.0
VA	22243	1.0
VA	22244	1.0
VA	22245	1.0
VA	22246	1.0
VA	22301	1.0
VA	22302	1.0
VA	22303	1.0
VA	22304	1.0
VA	22305	1.0
VA	22306	1.0
VA	22307	1.0
VA	22308	1.0
VA	22309	1.0
VA	22310	1.0
VA	22311	1.0
VA	22312	1.0
VA	22313	1.0
VA	22314	1.0
VA	22315	1.0
VA	22320	1.0
VA	22321	1.0
VA	22331	1.0
VA	22332	1.0
VA	22333	1.0
VA	22334	1.0
VA	22336	1.0
VA	22401	1.0
VA	22402	1.0
VA	22403	1.0
VA	22404	1.0
VA	22405	1.0
VA	22406	2.0
VA	22407	1.0
VA	22408	1.0
VA	22412	2.0
VA	22427	10.4
VA	22428	10.4
VA	22430	1.0
VA	22432	10.0
VA	22433	9.0
VA	22435	10.0
VA	22436	8.0
VA	22437	8.1
VA	22438	8.0
VA	22442	10.0
VA	22443	7.0
VA	22446	2.1
VA	22448	10.4

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
VA	22451	10.4	VA	22625	2.0	VA	22815	2.0
VA	22454	8.1	VA	22626	7.3	VA	22820	2.0
VA	22456	10.0	VA	22627	10.4	VA	22821	2.0
VA	22460	10.0	VA	22630	4.2	VA	22824	8.0
VA	22463	1.0	VA	22637	2.0	VA	22827	2.0
VA	22469	10.0	VA	22638	1.0	VA	22830	2.0
VA	22471	2.0	VA	22639	2.0	VA	22831	2.0
VA	22472	10.6	VA	22640	10.4	VA	22832	2.0
VA	22473	10.0	VA	22641	9.0	VA	22833	1.0
VA	22476	8.0	VA	22642	2.0	VA	22834	2.0
VA	22480	10.0	VA	22643	2.0	VA	22835	7.0
VA	22481	10.4	VA	22644	9.0	VA	22840	2.0
VA	22482	10.0	VA	22645	2.0	VA	22841	1.0
VA	22485	10.4	VA	22646	10.4	VA	22842	10.6
VA	22488	10.0	VA	22649	6.1	VA	22843	2.0
VA	22501	3.0	VA	22650	7.0	VA	22844	10.4
VA	22503	10.0	VA	22652	10.6	VA	22845	9.0
VA	22504	8.1	VA	22654	2.0	VA	22846	1.0
VA	22507	10.0	VA	22655	1.0	VA	22847	10.6
VA	22508	3.0	VA	22656	2.0	VA	22848	1.0
VA	22509	8.0	VA	22657	7.3	VA	22849	3.0
VA	22511	10.0	VA	22660	9.0	VA	22850	2.0
VA	22513	10.0	VA	22663	1.0	VA	22851	10.6
VA	22514	3.0	VA	22664	7.0	VA	22853	2.0
VA	22517	10.0	VA	22701	7.3	VA	22901	1.0
VA	22520	10.0	VA	22709	10.6	VA	22902	1.0
VA	22523	10.0	VA	22711	10.4	VA	22903	1.0
VA	22524	10.0	VA	22712	2.0	VA	22904	1.0
VA	22526	10.4	VA	22713	8.3	VA	22905	1.0
VA	22528	10.0	VA	22714	10.6	VA	22906	1.0
VA	22529	10.0	VA	22715	10.6	VA	22907	1.0
VA	22530	10.0	VA	22716	10.4	VA	22908	1.0
VA	22534	2.1	VA	22718	10.6	VA	22909	1.0
VA	22535	2.0	VA	22719	10.4	VA	22910	1.0
VA	22538	2.0	VA	22720	2.0	VA	22911	1.0
VA	22539	10.0	VA	22721	10.4	VA	22920	10.1
VA	22542	9.0	VA	22722	10.6	VA	22922	2.0
VA	22544	10.4	VA	22723	10.4	VA	22923	2.0
VA	22545	1.0	VA	22724	2.0	VA	22924	1.0
VA	22546	3.0	VA	22725	10.6	VA	22931	2.0
VA	22547	10.4	VA	22726	10.6	VA	22932	2.0
VA	22548	10.6	VA	22727	10.4	VA	22935	2.0
VA	22552	3.0	VA	22728	2.0	VA	22936	2.0
VA	22553	1.0	VA	22729	7.3	VA	22937	2.0
VA	22554	1.0	VA	22730	10.6	VA	22938	2.0
VA	22555	1.0	VA	22731	10.4	VA	22939	6.0
VA	22556	1.0	VA	22732	10.6	VA	22940	2.0
VA	22558	10.0	VA	22733	7.3	VA	22942	3.0
VA	22560	7.3	VA	22734	2.0	VA	22943	2.0
VA	22565	1.0	VA	22735	8.3	VA	22945	1.0
VA	22567	9.0	VA	22736	10.6	VA	22946	2.0
VA	22570	10.0	VA	22737	2.0	VA	22947	2.0
VA	22572	10.6	VA	22738	10.6	VA	22948	10.6
VA	22576	10.0	VA	22739	2.0	VA	22949	10.4
VA	22577	10.0	VA	22740	10.4	VA	22952	4.0
VA	22578	10.0	VA	22741	10.6	VA	22954	10.4
VA	22579	10.0	VA	22742	2.0	VA	22957	7.0
VA	22580	2.1	VA	22743	10.4	VA	22958	10.1
VA	22581	10.0	VA	22746	2.0	VA	22959	2.0
VA	22601	1.0	VA	22747	10.4	VA	22960	7.0
VA	22602	1.0	VA	22748	10.4	VA	22963	2.0
VA	22603	2.0	VA	22749	10.4	VA	22964	10.4
VA	22604	1.0	VA	22801	1.0	VA	22965	2.0
VA	22610	5.2	VA	22802	1.0	VA	22967	10.4
VA	22611	7.3	VA	22803	1.0	VA	22968	2.0
VA	22620	10.4	VA	22807	1.0	VA	22969	2.0
VA	22622	2.0	VA	22810	9.0	VA	22971	2.0
VA	22623	4.2	VA	22811	2.0	VA	22972	3.0
VA	22624	2.0	VA	22812	1.0	VA	22973	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
VA	22974	2.0	VA	23108	3.0	VA	23230	1.0
VA	22976	10.4	VA	23109	10.4	VA	23231	1.0
VA	22980	4.0	VA	23110	3.0	VA	23232	1.0
VA	22987	2.0	VA	23111	1.0	VA	23233	1.0
VA	22989	10.6	VA	23112	1.0	VA	23234	1.0
VA	23001	1.0	VA	23113	1.0	VA	23235	1.0
VA	23002	2.0	VA	23114	1.0	VA	23236	1.0
VA	23003	2.0	VA	23115	7.3	VA	23237	1.0
VA	23004	10.4	VA	23116	1.0	VA	23238	1.0
VA	23005	1.0	VA	23117	2.0	VA	23240	1.0
VA	23009	2.0	VA	23119	10.4	VA	23241	1.0
VA	23011	3.0	VA	23120	2.0	VA	23242	1.0
VA	23014	2.0	VA	23123	10.4	VA	23249	1.0
VA	23015	2.0	VA	23124	2.0	VA	23250	1.0
VA	23017	2.0	VA	23125	10.4	VA	23255	1.0
VA	23018	1.0	VA	23126	2.0	VA	23260	1.0
VA	23021	10.4	VA	23127	1.0	VA	23261	1.0
VA	23022	10.1	VA	23128	10.4	VA	23269	1.0
VA	23023	2.0	VA	23129	2.0	VA	23270	1.0
VA	23024	2.0	VA	23130	10.4	VA	23272	1.0
VA	23025	10.4	VA	23131	1.0	VA	23273	1.0
VA	23027	2.0	VA	23138	10.4	VA	23274	1.0
VA	23030	2.0	VA	23139	2.0	VA	23275	1.0
VA	23031	10.4	VA	23140	2.0	VA	23276	1.0
VA	23032	10.0	VA	23141	2.0	VA	23278	1.0
VA	23035	10.4	VA	23146	2.0	VA	23279	1.0
VA	23038	2.0	VA	23147	2.0	VA	23280	1.0
VA	23039	2.0	VA	23148	2.0	VA	23282	1.0
VA	23040	2.0	VA	23149	10.4	VA	23284	1.0
VA	23043	10.4	VA	23150	1.0	VA	23285	1.0
VA	23045	10.4	VA	23153	2.0	VA	23286	1.0
VA	23047	2.0	VA	23154	2.0	VA	23288	1.0
VA	23050	10.4	VA	23155	2.0	VA	23289	1.0
VA	23055	10.1	VA	23156	3.0	VA	23290	1.0
VA	23056	10.4	VA	23160	2.0	VA	23291	1.0
VA	23058	1.0	VA	23161	2.0	VA	23292	1.0
VA	23059	1.0	VA	23162	1.0	VA	23293	1.0
VA	23060	1.0	VA	23163	10.4	VA	23294	1.0
VA	23061	2.0	VA	23168	2.0	VA	23295	1.0
VA	23062	1.0	VA	23169	10.4	VA	23297	1.0
VA	23063	2.0	VA	23170	3.0	VA	23298	1.0
VA	23064	10.4	VA	23173	1.0	VA	23301	10.0
VA	23065	2.0	VA	23175	10.4	VA	23302	9.0
VA	23066	10.4	VA	23176	10.4	VA	23303	9.0
VA	23067	3.0	VA	23177	2.0	VA	23304	2.0
VA	23068	10.4	VA	23178	2.0	VA	23306	10.0
VA	23069	2.0	VA	23180	10.0	VA	23307	10.0
VA	23070	10.4	VA	23181	7.3	VA	23308	10.0
VA	23071	10.4	VA	23183	2.0	VA	23310	10.0
VA	23072	1.0	VA	23184	1.0	VA	23313	10.0
VA	23075	1.0	VA	23185	1.0	VA	23314	1.0
VA	23076	10.4	VA	23186	1.0	VA	23315	3.0
VA	23079	10.0	VA	23187	1.0	VA	23316	10.0
VA	23081	1.0	VA	23188	1.0	VA	23320	1.0
VA	23083	2.0	VA	23190	2.0	VA	23321	1.0
VA	23084	10.1	VA	23191	2.0	VA	23322	1.0
VA	23085	2.0	VA	23192	2.0	VA	23323	1.0
VA	23086	2.0	VA	23218	1.0	VA	23324	1.0
VA	23089	3.0	VA	23219	1.0	VA	23325	1.0
VA	23090	1.0	VA	23220	1.0	VA	23326	1.0
VA	23091	2.0	VA	23221	1.0	VA	23327	1.0
VA	23092	10.4	VA	23222	1.0	VA	23328	1.0
VA	23093	3.0	VA	23223	1.0	VA	23336	7.0
VA	23101	2.0	VA	23224	1.0	VA	23337	9.0
VA	23102	2.0	VA	23225	1.0	VA	23341	10.0
VA	23103	2.0	VA	23226	1.0	VA	23345	10.0
VA	23105	2.0	VA	23227	1.0	VA	23347	10.0
VA	23106	2.0	VA	23228	1.0	VA	23350	10.0
VA	23107	1.0	VA	23229	1.0	VA	23354	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
VA	23356	9.0
VA	23357	10.0
VA	23358	10.0
VA	23359	10.0
VA	23389	10.0
VA	23395	9.0
VA	23396	9.0
VA	23397	2.0
VA	23398	10.0
VA	23399	10.0
VA	23401	10.0
VA	23404	10.0
VA	23405	10.0
VA	23407	10.0
VA	23408	10.0
VA	23409	10.0
VA	23410	10.0
VA	23412	10.0
VA	23413	10.0
VA	23414	10.0
VA	23415	9.0
VA	23416	9.0
VA	23417	10.0
VA	23418	10.0
VA	23419	10.0
VA	23420	10.0
VA	23421	10.0
VA	23422	10.0
VA	23423	10.0
VA	23424	1.0
VA	23426	10.0
VA	23427	10.0
VA	23429	10.0
VA	23430	2.0
VA	23431	2.0
VA	23432	1.0
VA	23433	1.0
VA	23434	4.1
VA	23435	1.0
VA	23436	1.0
VA	23437	5.1
VA	23438	5.1
VA	23439	4.1
VA	23440	10.0
VA	23441	10.0
VA	23442	9.0
VA	23443	10.0
VA	23450	1.0
VA	23451	1.0
VA	23452	1.0
VA	23453	1.0
VA	23454	1.0
VA	23455	1.0
VA	23456	1.0
VA	23457	2.0
VA	23458	1.0
VA	23459	1.0
VA	23460	1.0
VA	23461	1.0
VA	23462	1.0
VA	23463	1.0
VA	23464	1.0
VA	23465	1.0
VA	23466	1.0
VA	23467	1.0
VA	23468	1.0
VA	23471	1.0
VA	23479	1.0
VA	23480	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
VA	23482	10.0
VA	23483	9.0
VA	23486	10.0
VA	23487	2.0
VA	23488	9.0
VA	23501	1.0
VA	23502	1.0
VA	23503	1.0
VA	23504	1.0
VA	23505	1.0
VA	23506	1.0
VA	23507	1.0
VA	23508	1.0
VA	23509	1.0
VA	23510	1.0
VA	23511	1.0
VA	23512	1.0
VA	23513	1.0
VA	23514	1.0
VA	23515	1.0
VA	23517	1.0
VA	23518	1.0
VA	23519	1.0
VA	23520	1.0
VA	23521	1.0
VA	23523	1.0
VA	23529	1.0
VA	23530	1.0
VA	23541	1.0
VA	23551	1.0
VA	23601	1.0
VA	23602	1.0
VA	23603	1.0
VA	23604	1.0
VA	23605	1.0
VA	23606	1.0
VA	23607	1.0
VA	23608	1.0
VA	23609	1.0
VA	23612	1.0
VA	23628	1.0
VA	23630	1.0
VA	23631	1.0
VA	23651	1.0
VA	23653	1.0
VA	23661	1.0
VA	23662	1.0
VA	23663	1.0
VA	23664	1.0
VA	23665	1.0
VA	23666	1.0
VA	23667	1.0
VA	23668	1.0
VA	23669	1.0
VA	23670	1.0
VA	23681	1.0
VA	23690	1.0
VA	23691	1.0
VA	23692	1.0
VA	23693	1.0
VA	23694	1.0
VA	23696	1.0
VA	23701	1.0
VA	23702	1.0
VA	23703	1.0
VA	23704	1.0
VA	23705	1.0
VA	23707	1.0
VA	23708	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
VA	23709	1.0
VA	23801	1.0
VA	23803	1.0
VA	23804	1.0
VA	23805	1.0
VA	23806	1.0
VA	23821	10.6
VA	23822	2.0
VA	23824	7.3
VA	23827	10.6
VA	23828	10.6
VA	23829	10.0
VA	23830	2.0
VA	23831	1.0
VA	23832	1.0
VA	23833	2.0
VA	23834	1.0
VA	23836	1.0
VA	23837	10.6
VA	23838	2.0
VA	23839	3.0
VA	23840	2.0
VA	23841	2.0
VA	23842	2.0
VA	23843	10.6
VA	23844	9.0
VA	23845	9.0
VA	23846	3.0
VA	23847	7.0
VA	23850	2.0
VA	23851	7.0
VA	23856	7.0
VA	23857	9.0
VA	23860	1.0
VA	23866	3.0
VA	23867	3.0
VA	23868	7.0
VA	23870	7.0
VA	23872	2.0
VA	23873	9.0
VA	23874	10.6
VA	23875	1.0
VA	23876	10.6
VA	23878	3.0
VA	23879	8.0
VA	23881	2.0
VA	23882	3.0
VA	23883	2.0
VA	23884	3.0
VA	23885	2.0
VA	23887	9.0
VA	23888	10.4
VA	23889	10.6
VA	23890	3.0
VA	23891	3.0
VA	23893	9.0
VA	23894	2.0
VA	23897	2.0
VA	23898	3.0
VA	23899	2.0
VA	23901	7.2
VA	23909	7.0
VA	23915	8.0
VA	23917	10.0
VA	23919	8.0
VA	23920	9.0
VA	23921	10.0
VA	23922	7.3
VA	23923	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
VA	23924	7.0	VA	24044	1.0	VA	24146	7.3
VA	23927	10.0	VA	24045	1.0	VA	24147	10.6
VA	23930	7.3	VA	24048	1.0	VA	24148	4.0
VA	23934	10.0	VA	24050	1.0	VA	24149	2.0
VA	23936	10.0	VA	24053	10.5	VA	24150	2.0
VA	23937	10.0	VA	24054	5.0	VA	24151	7.3
VA	23938	10.0	VA	24055	5.0	VA	24153	1.0
VA	23939	10.1	VA	24058	4.2	VA	24155	1.0
VA	23941	10.0	VA	24059	2.0	VA	24156	1.0
VA	23942	10.6	VA	24060	1.0	VA	24157	1.0
VA	23943	7.2	VA	24061	1.0	VA	24161	9.0
VA	23944	10.6	VA	24062	1.0	VA	24162	2.0
VA	23947	10.0	VA	24063	1.0	VA	24165	5.0
VA	23950	8.0	VA	24064	1.0	VA	24167	10.6
VA	23952	10.6	VA	24065	2.0	VA	24168	4.0
VA	23954	10.6	VA	24066	2.0	VA	24171	10.5
VA	23955	7.3	VA	24067	2.0	VA	24174	8.3
VA	23958	7.1	VA	24068	1.0	VA	24175	1.0
VA	23959	10.0	VA	24069	2.0	VA	24176	3.0
VA	23960	7.0	VA	24070	2.0	VA	24177	10.5
VA	23962	10.0	VA	24072	10.4	VA	24178	1.0
VA	23963	10.0	VA	24073	1.0	VA	24179	1.0
VA	23964	10.0	VA	24076	10.5	VA	24184	3.0
VA	23966	10.3	VA	24077	1.0	VA	24185	10.5
VA	23967	10.0	VA	24078	4.0	VA	24201	1.0
VA	23968	10.0	VA	24079	10.4	VA	24202	2.0
VA	23970	7.0	VA	24082	10.2	VA	24203	1.0
VA	23974	10.6	VA	24083	2.0	VA	24209	1.0
VA	23976	10.0	VA	24084	4.2	VA	24210	4.2
VA	24001	1.0	VA	24085	2.0	VA	24211	5.2
VA	24002	1.0	VA	24086	2.0	VA	24212	4.2
VA	24003	1.0	VA	24087	2.0	VA	24215	7.0
VA	24004	1.0	VA	24088	10.6	VA	24216	7.0
VA	24005	1.0	VA	24089	5.0	VA	24217	10.6
VA	24006	1.0	VA	24090	2.0	VA	24218	10.0
VA	24007	1.0	VA	24091	10.4	VA	24219	7.0
VA	24008	1.0	VA	24092	8.3	VA	24220	10.0
VA	24009	1.0	VA	24093	10.6	VA	24221	10.0
VA	24010	1.0	VA	24094	2.0	VA	24224	10.0
VA	24011	1.0	VA	24095	2.0	VA	24225	10.0
VA	24012	1.0	VA	24101	2.0	VA	24226	10.6
VA	24013	1.0	VA	24102	8.4	VA	24228	10.6
VA	24014	1.0	VA	24104	2.0	VA	24230	8.0
VA	24015	1.0	VA	24105	10.4	VA	24236	6.1
VA	24016	1.0	VA	24111	1.0	VA	24237	10.6
VA	24017	1.0	VA	24112	4.0	VA	24239	10.0
VA	24018	1.0	VA	24113	4.0	VA	24243	8.0
VA	24019	1.0	VA	24114	4.0	VA	24244	2.0
VA	24020	1.0	VA	24115	4.0	VA	24245	2.0
VA	24022	1.0	VA	24120	10.5	VA	24246	7.0
VA	24023	1.0	VA	24121	2.0	VA	24248	10.5
VA	24024	1.0	VA	24122	2.0	VA	24250	2.0
VA	24025	1.0	VA	24124	10.6	VA	24251	2.0
VA	24026	1.0	VA	24126	4.2	VA	24256	10.0
VA	24027	1.0	VA	24127	2.0	VA	24258	2.0
VA	24028	1.0	VA	24128	2.0	VA	24260	10.0
VA	24029	1.0	VA	24129	4.2	VA	24263	10.0
VA	24030	1.0	VA	24130	2.0	VA	24265	10.0
VA	24031	1.0	VA	24131	2.0	VA	24266	10.0
VA	24032	1.0	VA	24132	4.2	VA	24269	10.6
VA	24033	1.0	VA	24133	10.2	VA	24270	2.0
VA	24034	1.0	VA	24134	10.6	VA	24271	2.0
VA	24035	1.0	VA	24136	2.0	VA	24272	10.6
VA	24036	1.0	VA	24137	8.4	VA	24273	7.0
VA	24037	1.0	VA	24138	2.0	VA	24277	10.0
VA	24038	1.0	VA	24139	9.0	VA	24279	8.0
VA	24040	1.0	VA	24141	4.2	VA	24280	10.0
VA	24042	1.0	VA	24142	4.2	VA	24281	10.5
VA	24043	1.0	VA	24143	4.2	VA	24282	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
VA	24283	10.6
VA	24290	1.0
VA	24292	10.0
VA	24293	7.0
VA	24301	7.4
VA	24311	10.6
VA	24312	10.6
VA	24313	8.0
VA	24314	10.6
VA	24315	10.5
VA	24316	10.6
VA	24317	5.0
VA	24318	10.6
VA	24319	10.6
VA	24322	10.3
VA	24323	10.3
VA	24324	7.4
VA	24325	10.0
VA	24326	10.6
VA	24327	5.0
VA	24328	6.0
VA	24330	8.0
VA	24333	7.0
VA	24340	6.1
VA	24343	10.0
VA	24347	8.4
VA	24348	10.6
VA	24350	8.0
VA	24351	5.0
VA	24352	10.0
VA	24354	7.0
VA	24360	8.0
VA	24361	5.0
VA	24363	10.0
VA	24366	10.6
VA	24368	10.3
VA	24370	10.0
VA	24374	10.3
VA	24375	10.6
VA	24377	10.6
VA	24378	10.0
VA	24380	10.4
VA	24381	10.6
VA	24382	7.0
VA	24401	4.0
VA	24402	4.0
VA	24407	4.0
VA	24411	10.5
VA	24412	10.0
VA	24413	10.0
VA	24415	10.6
VA	24416	7.0
VA	24421	10.2
VA	24422	7.0
VA	24426	7.0
VA	24430	10.5
VA	24431	10.5
VA	24432	10.5
VA	24433	10.0
VA	24435	10.6
VA	24437	10.5
VA	24438	2.0
VA	24439	10.6
VA	24440	10.5
VA	24441	2.0
VA	24442	10.0
VA	24445	10.0
VA	24448	7.0
VA	24450	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
VA	24457	7.0
VA	24458	10.0
VA	24459	10.5
VA	24460	10.0
VA	24463	4.0
VA	24464	10.4
VA	24465	10.0
VA	24467	2.0
VA	24468	10.0
VA	24469	10.5
VA	24471	1.0
VA	24472	10.5
VA	24473	10.6
VA	24474	7.0
VA	24476	10.6
VA	24477	7.4
VA	24479	10.2
VA	24482	4.0
VA	24483	10.6
VA	24484	10.0
VA	24485	10.5
VA	24486	2.0
VA	24487	10.0
VA	24501	1.0
VA	24502	1.0
VA	24503	1.0
VA	24504	1.0
VA	24505	1.0
VA	24506	1.0
VA	24512	1.0
VA	24513	1.0
VA	24514	1.0
VA	24515	1.0
VA	24517	7.3
VA	24520	9.0
VA	24521	10.1
VA	24522	10.1
VA	24523	8.3
VA	24526	2.0
VA	24527	2.0
VA	24528	10.4
VA	24529	10.0
VA	24530	2.0
VA	24531	10.4
VA	24533	10.1
VA	24534	8.0
VA	24535	9.0
VA	24536	2.0
VA	24538	2.0
VA	24539	8.0
VA	24540	1.0
VA	24541	1.0
VA	24543	1.0
VA	24544	1.0
VA	24549	2.0
VA	24550	2.0
VA	24551	1.0
VA	24553	2.0
VA	24554	2.0
VA	24555	10.6
VA	24556	2.0
VA	24557	9.0
VA	24558	8.0
VA	24562	2.0
VA	24563	8.0
VA	24565	10.4
VA	24566	2.0
VA	24569	8.0
VA	24570	8.3

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
VA	24571	8.3
VA	24572	1.0
VA	24574	2.0
VA	24576	10.4
VA	24577	8.0
VA	24578	10.6
VA	24579	10.6
VA	24580	10.0
VA	24581	2.0
VA	24585	8.0
VA	24586	2.0
VA	24588	2.0
VA	24589	8.0
VA	24590	2.0
VA	24592	7.0
VA	24593	10.1
VA	24594	2.0
VA	24595	10.1
VA	24597	8.0
VA	24598	8.0
VA	24599	2.0
VA	24601	10.6
VA	24602	10.6
VA	24603	10.0
VA	24604	10.6
VA	24605	4.0
VA	24606	4.0
VA	24607	10.0
VA	24608	7.4
VA	24609	7.0
VA	24612	7.0
VA	24613	4.0
VA	24614	10.0
VA	24618	10.0
VA	24619	10.6
VA	24620	10.0
VA	24622	10.6
VA	24624	10.0
VA	24627	10.0
VA	24628	10.0
VA	24630	10.6
VA	24631	10.0
VA	24634	10.6
VA	24635	4.0
VA	24637	10.6
VA	24639	7.0
VA	24640	7.0
VA	24641	7.0
VA	24646	10.0
VA	24647	7.0
VA	24649	10.0
VA	24651	7.4
VA	24656	10.0
VA	24657	10.6
VA	24658	10.0
VI	00801	R
VI	00802	R
VI	00803	R
VI	00804	R
VI	00805	R
VI	00820	R
VI	00821	R
VI	00822	R
VI	00823	R
VI	00824	R
VI	00830	R
VI	00831	R
VI	00840	R
VI	00841	R

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
VT	00850	R	VT	05155	10.0	VT	05460	8.0
VT	00851	R	VT	05156	7.0	VT	05461	2.0
VT	05001	5.0	VT	05158	10.6	VT	05462	2.0
VT	05009	5.0	VT	05159	10.6	VT	05463	10.1
VT	05030	7.4	VT	05161	10.6	VT	05464	2.0
VT	05031	10.5	VT	05201	4.0	VT	05465	1.0
VT	05032	10.0	VT	05250	10.0	VT	05466	2.0
VT	05033	10.5	VT	05251	10.0	VT	05468	1.0
VT	05034	10.0	VT	05252	10.5	VT	05469	10.4
VT	05035	10.0	VT	05253	10.0	VT	05470	10.6
VT	05036	10.0	VT	05254	10.0	VT	05471	10.6
VT	05037	10.0	VT	05255	10.0	VT	05472	10.6
VT	05038	10.5	VT	05257	4.0	VT	05473	2.0
VT	05039	10.5	VT	05260	5.0	VT	05474	10.1
VT	05040	10.5	VT	05261	5.0	VT	05476	10.6
VT	05041	10.0	VT	05262	5.0	VT	05477	2.0
VT	05042	10.0	VT	05301	7.0	VT	05478	7.1
VT	05043	5.0	VT	05302	7.0	VT	05479	7.1
VT	05045	5.0	VT	05303	7.0	VT	05481	7.1
VT	05046	10.0	VT	05304	7.0	VT	05482	1.0
VT	05047	5.0	VT	05340	10.0	VT	05483	8.3
VT	05048	5.0	VT	05341	10.0	VT	05485	8.3
VT	05049	7.4	VT	05342	10.0	VT	05486	2.0
VT	05050	10.6	VT	05343	10.6	VT	05487	2.0
VT	05051	10.5	VT	05344	7.0	VT	05488	8.0
VT	05052	5.0	VT	05345	10.3	VT	05489	2.0
VT	05053	10.5	VT	05346	8.0	VT	05490	2.0
VT	05054	5.0	VT	05350	10.5	VT	05491	7.2
VT	05055	5.0	VT	05351	10.3	VT	05492	10.0
VT	05056	10.0	VT	05352	10.5	VT	05494	2.0
VT	05058	5.0	VT	05353	10.6	VT	05495	1.0
VT	05059	5.0	VT	05354	8.0	VT	05601	4.0
VT	05060	10.0	VT	05355	10.6	VT	05602	4.0
VT	05061	10.0	VT	05356	10.0	VT	05603	4.0
VT	05062	10.0	VT	05357	7.0	VT	05604	4.0
VT	05065	10.5	VT	05358	10.6	VT	05609	4.0
VT	05067	10.5	VT	05359	10.6	VT	05620	4.0
VT	05068	10.5	VT	05360	10.6	VT	05633	4.0
VT	05069	10.0	VT	05361	10.0	VT	05640	5.0
VT	05070	10.5	VT	05362	10.3	VT	05641	4.0
VT	05071	10.5	VT	05363	10.0	VT	05647	5.0
VT	05072	10.5	VT	05401	1.0	VT	05648	5.0
VT	05073	10.5	VT	05402	1.0	VT	05649	4.0
VT	05074	5.0	VT	05403	1.0	VT	05650	5.0
VT	05075	5.0	VT	05404	1.0	VT	05651	5.0
VT	05076	10.5	VT	05405	1.0	VT	05652	10.0
VT	05077	10.5	VT	05406	1.0	VT	05653	10.0
VT	05079	10.5	VT	05407	1.0	VT	05654	4.0
VT	05081	10.5	VT	05439	1.0	VT	05655	10.0
VT	05083	5.0	VT	05440	10.1	VT	05656	10.0
VT	05084	10.5	VT	05441	8.3	VT	05657	10.0
VT	05085	10.5	VT	05442	10.0	VT	05658	5.0
VT	05086	10.5	VT	05443	10.4	VT	05660	3.0
VT	05088	5.0	VT	05444	2.0	VT	05661	10.0
VT	05089	7.4	VT	05445	2.0	VT	05662	10.4
VT	05091	10.5	VT	05446	1.0	VT	05663	7.4
VT	05101	7.0	VT	05447	10.6	VT	05664	7.4
VT	05141	10.6	VT	05448	8.3	VT	05665	10.0
VT	05142	9.0	VT	05449	1.0	VT	05666	5.0
VT	05143	10.6	VT	05450	10.6	VT	05667	5.0
VT	05144	10.6	VT	05451	1.0	VT	05669	7.4
VT	05146	10.6	VT	05452	1.0	VT	05670	4.0
VT	05148	10.0	VT	05453	1.0	VT	05671	9.1
VT	05149	10.6	VT	05454	2.0	VT	05672	10.4
VT	05150	7.0	VT	05455	8.3	VT	05673	10.0
VT	05151	8.0	VT	05456	2.0	VT	05674	10.0
VT	05152	10.0	VT	05457	8.3	VT	05675	10.5
VT	05153	9.0	VT	05458	2.0	VT	05676	9.1
VT	05154	10.6	VT	05459	8.3	VT	05677	9.1

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
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State	Zip code	RUCA level
VT	05678	4.0
VT	05679	5.0
VT	05680	10.0
VT	05681	5.0
VT	05682	5.0
VT	05701	4.0
VT	05702	4.0
VT	05730	5.0
VT	05731	7.2
VT	05732	7.2
VT	05733	10.5
VT	05734	10.6
VT	05735	7.2
VT	05736	5.0
VT	05737	5.0
VT	05738	10.5
VT	05739	10.0
VT	05740	7.0
VT	05741	10.5
VT	05742	5.0
VT	05743	7.2
VT	05744	5.0
VT	05745	10.5
VT	05746	10.5
VT	05747	10.6
VT	05748	10.6
VT	05750	10.5
VT	05751	10.5
VT	05753	7.0
VT	05757	10.2
VT	05758	5.0
VT	05759	5.0
VT	05760	10.6
VT	05761	10.0
VT	05762	5.0
VT	05763	5.0
VT	05764	10.5
VT	05765	5.0
VT	05766	10.6
VT	05767	10.0
VT	05768	10.0
VT	05769	10.6
VT	05770	10.6
VT	05772	10.5
VT	05773	5.0
VT	05774	10.5
VT	05775	10.0
VT	05776	10.0
VT	05777	4.0
VT	05778	10.6
VT	05819	7.0
VT	05820	10.0
VT	05821	10.6
VT	05822	10.6
VT	05823	7.0
VT	05824	9.0
VT	05825	10.6
VT	05826	10.0
VT	05827	10.0
VT	05828	10.6
VT	05829	10.3
VT	05830	10.3
VT	05832	8.0
VT	05833	10.6
VT	05836	10.0
VT	05837	10.0
VT	05838	7.0
VT	05839	10.0
VT	05840	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
VT	05841	10.0
VT	05842	10.0
VT	05843	10.0
VT	05845	10.0
VT	05846	10.0
VT	05847	10.0
VT	05848	7.0
VT	05849	7.0
VT	05850	7.0
VT	05851	7.0
VT	05853	10.6
VT	05855	7.0
VT	05857	10.6
VT	05858	10.0
VT	05859	10.6
VT	05860	10.6
VT	05861	7.0
VT	05862	10.0
VT	05863	7.0
VT	05866	10.6
VT	05867	10.6
VT	05868	10.6
VT	05871	8.0
VT	05872	10.6
VT	05873	10.6
VT	05874	10.6
VT	05875	10.0
VT	05901	10.0
VT	05902	10.0
VT	05903	10.0
VT	05904	10.0
VT	05905	10.0
VT	05906	10.0
VT	05907	10.0
WA	98001	1.0
WA	98002	1.0
WA	98003	1.0
WA	98004	1.0
WA	98005	1.0
WA	98006	1.0
WA	98007	1.0
WA	98008	1.0
WA	98009	1.0
WA	98010	1.0
WA	98011	1.0
WA	98012	1.0
WA	98013	2.0
WA	98014	2.0
WA	98015	1.0
WA	98019	1.0
WA	98020	1.0
WA	98021	1.0
WA	98022	1.0
WA	98023	1.0
WA	98024	2.0
WA	98025	1.0
WA	98026	1.0
WA	98027	1.0
WA	98028	1.0
WA	98029	1.0
WA	98030	1.0
WA	98031	1.0
WA	98032	1.0
WA	98033	1.0
WA	98034	1.0
WA	98035	1.0
WA	98036	1.0
WA	98037	1.0
WA	98038	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
WA	98039	1.0
WA	98040	1.0
WA	98041	1.0
WA	98042	1.0
WA	98043	1.0
WA	98045	2.0
WA	98046	1.0
WA	98047	1.0
WA	98050	1.0
WA	98051	2.0
WA	98052	1.0
WA	98053	1.0
WA	98054	1.0
WA	98055	1.0
WA	98056	1.0
WA	98057	1.0
WA	98058	1.0
WA	98059	1.0
WA	98061	1.0
WA	98062	1.0
WA	98063	1.0
WA	98064	1.0
WA	98065	2.0
WA	98068	7.3
WA	98070	2.0
WA	98071	1.0
WA	98072	1.0
WA	98073	1.0
WA	98074	1.0
WA	98075	1.0
WA	98077	1.0
WA	98082	1.0
WA	98083	1.0
WA	98087	1.0
WA	98089	1.0
WA	98092	1.0
WA	98093	1.0
WA	98101	1.0
WA	98102	1.0
WA	98103	1.0
WA	98104	1.0
WA	98105	1.0
WA	98106	1.0
WA	98107	1.0
WA	98108	1.0
WA	98109	1.0
WA	98110	1.0
WA	98111	1.0
WA	98112	1.0
WA	98113	1.0
WA	98114	1.0
WA	98115	1.0
WA	98116	1.0
WA	98117	1.0
WA	98118	1.0
WA	98119	1.0
WA	98121	1.0
WA	98122	1.0
WA	98124	1.0
WA	98125	1.0
WA	98126	1.0
WA	98127	1.0
WA	98129	1.0
WA	98131	1.0
WA	98132	1.0
WA	98133	1.0
WA	98134	1.0
WA	98136	1.0
WA	98138	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
ContinuedADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
WA	98139	1.0	WA	98252	2.0	WA	98343	4.0
WA	98141	1.0	WA	98253	2.0	WA	98344	1.0
WA	98144	1.0	WA	98255	1.0	WA	98345	1.0
WA	98145	1.0	WA	98256	2.0	WA	98346	2.1
WA	98146	1.0	WA	98257	2.0	WA	98348	2.0
WA	98148	1.0	WA	98258	2.0	WA	98349	2.0
WA	98151	1.0	WA	98259	2.0	WA	98350	7.0
WA	98154	1.0	WA	98260	2.0	WA	98351	2.0
WA	98155	1.0	WA	98261	10.0	WA	98352	1.0
WA	98158	1.0	WA	98262	10.1	WA	98353	1.0
WA	98160	1.0	WA	98263	1.0	WA	98354	1.0
WA	98161	1.0	WA	98264	7.1	WA	98355	5.0
WA	98164	1.0	WA	98266	2.0	WA	98356	10.5
WA	98165	1.0	WA	98267	2.0	WA	98357	10.0
WA	98166	1.0	WA	98270	2.0	WA	98358	8.0
WA	98168	1.0	WA	98271	2.0	WA	98359	1.0
WA	98170	1.0	WA	98272	1.0	WA	98360	1.0
WA	98171	1.0	WA	98273	1.0	WA	98361	10.0
WA	98174	1.0	WA	98274	1.0	WA	98362	4.0
WA	98175	1.0	WA	98275	1.0	WA	98363	4.0
WA	98177	1.0	WA	98276	2.0	WA	98364	1.0
WA	98178	1.0	WA	98277	4.0	WA	98365	10.4
WA	98181	1.0	WA	98278	4.0	WA	98366	1.0
WA	98184	1.0	WA	98279	10.0	WA	98367	1.0
WA	98185	1.0	WA	98280	10.0	WA	98368	7.0
WA	98188	1.0	WA	98281	10.0	WA	98370	1.0
WA	98190	1.0	WA	98282	2.0	WA	98371	1.0
WA	98191	1.0	WA	98283	2.0	WA	98372	1.0
WA	98194	1.0	WA	98284	1.0	WA	98373	1.0
WA	98195	1.0	WA	98286	10.0	WA	98374	1.0
WA	98198	1.0	WA	98287	2.0	WA	98375	1.0
WA	98199	1.0	WA	98288	2.0	WA	98376	10.4
WA	98201	1.0	WA	98290	2.0	WA	98377	10.0
WA	98203	1.0	WA	98291	2.0	WA	98378	1.0
WA	98204	1.0	WA	98292	2.0	WA	98380	2.1
WA	98205	2.0	WA	98293	2.0	WA	98381	10.0
WA	98206	1.0	WA	98294	2.0	WA	98382	7.4
WA	98207	1.0	WA	98295	2.0	WA	98383	1.0
WA	98208	1.0	WA	98296	1.0	WA	98384	1.0
WA	98213	1.0	WA	98297	10.0	WA	98385	1.0
WA	98220	2.0	WA	98303	2.0	WA	98386	1.0
WA	98221	4.2	WA	98304	2.0	WA	98387	1.0
WA	98222	4.2	WA	98305	10.3	WA	98388	1.0
WA	98223	2.0	WA	98310	1.0	WA	98390	1.0
WA	98224	2.0	WA	98311	1.0	WA	98391	1.0
WA	98225	1.0	WA	98312	1.0	WA	98392	1.0
WA	98226	1.0	WA	98314	1.0	WA	98393	1.0
WA	98227	1.0	WA	98315	1.0	WA	98394	2.0
WA	98228	1.0	WA	98320	10.4	WA	98395	1.0
WA	98229	1.0	WA	98321	1.0	WA	98396	1.0
WA	98230	2.0	WA	98322	1.0	WA	98397	1.0
WA	98231	2.0	WA	98323	1.0	WA	98398	10.0
WA	98232	2.0	WA	98324	7.4	WA	98401	1.0
WA	98233	1.0	WA	98325	8.0	WA	98402	1.0
WA	98235	1.0	WA	98326	10.0	WA	98403	1.0
WA	98236	2.0	WA	98327	1.0	WA	98404	1.0
WA	98237	2.0	WA	98328	2.0	WA	98405	1.0
WA	98238	1.0	WA	98329	1.0	WA	98406	1.0
WA	98239	5.0	WA	98330	2.0	WA	98407	1.0
WA	98240	7.3	WA	98331	7.0	WA	98408	1.0
WA	98241	2.0	WA	98332	1.0	WA	98409	1.0
WA	98243	10.0	WA	98333	1.0	WA	98411	1.0
WA	98244	2.0	WA	98335	1.0	WA	98412	1.0
WA	98245	10.0	WA	98336	10.5	WA	98413	1.0
WA	98247	2.0	WA	98337	1.0	WA	98415	1.0
WA	98248	2.0	WA	98338	1.0	WA	98416	1.0
WA	98249	2.0	WA	98339	8.0	WA	98418	1.0
WA	98250	10.0	WA	98340	2.1	WA	98421	1.0
WA	98251	2.0	WA	98342	2.1	WA	98422	1.0

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
WA	98424	1.0	WA	98559	7.4	WA	98643	10.4
WA	98430	1.0	WA	98560	10.5	WA	98644	7.0
WA	98431	1.0	WA	98561	7.0	WA	98645	2.0
WA	98433	1.0	WA	98562	7.4	WA	98647	10.4
WA	98438	1.0	WA	98563	5.0	WA	98648	5.1
WA	98439	1.0	WA	98564	10.5	WA	98649	2.0
WA	98442	1.0	WA	98565	5.0	WA	98650	4.0
WA	98443	1.0	WA	98566	5.0	WA	98651	5.0
WA	98444	1.0	WA	98568	10.4	WA	98660	1.0
WA	98445	1.0	WA	98569	7.4	WA	98661	1.0
WA	98446	1.0	WA	98570	5.0	WA	98662	1.0
WA	98447	1.0	WA	98571	7.4	WA	98663	1.0
WA	98450	1.0	WA	98572	5.0	WA	98664	1.0
WA	98455	1.0	WA	98575	5.0	WA	98665	1.0
WA	98460	1.0	WA	98576	2.0	WA	98666	1.0
WA	98464	1.0	WA	98577	7.0	WA	98667	1.0
WA	98465	1.0	WA	98579	4.2	WA	98668	1.0
WA	98466	1.0	WA	98580	2.0	WA	98670	6.0
WA	98467	1.0	WA	98581	2.0	WA	98671	1.0
WA	98471	1.0	WA	98582	5.0	WA	98672	4.0
WA	98477	1.0	WA	98583	5.0	WA	98673	6.0
WA	98481	1.0	WA	98584	4.2	WA	98674	7.1
WA	98492	1.0	WA	98585	5.0	WA	98675	2.0
WA	98493	1.0	WA	98586	7.0	WA	98682	1.0
WA	98497	1.0	WA	98587	10.5	WA	98683	1.0
WA	98498	1.0	WA	98588	2.0	WA	98684	1.0
WA	98499	1.0	WA	98589	2.0	WA	98685	1.0
WA	98501	1.0	WA	98590	7.0	WA	98686	1.0
WA	98502	1.0	WA	98591	10.5	WA	98687	1.0
WA	98503	1.0	WA	98592	6.1	WA	98801	1.0
WA	98504	1.0	WA	98593	10.5	WA	98802	1.0
WA	98505	1.0	WA	98595	10.5	WA	98807	1.0
WA	98506	1.0	WA	98596	5.0	WA	98811	10.1
WA	98507	1.0	WA	98597	2.0	WA	98812	10.0
WA	98508	1.0	WA	98599	1.0	WA	98813	10.0
WA	98509	1.0	WA	98601	2.0	WA	98814	10.0
WA	98511	1.0	WA	98602	6.0	WA	98815	2.0
WA	98512	1.0	WA	98603	7.1	WA	98816	7.3
WA	98513	1.0	WA	98604	1.0	WA	98817	7.3
WA	98516	1.0	WA	98605	5.0	WA	98819	8.0
WA	98520	4.0	WA	98606	2.0	WA	98821	2.0
WA	98522	5.0	WA	98607	1.0	WA	98822	10.1
WA	98524	2.0	WA	98609	1.0	WA	98823	7.4
WA	98526	10.5	WA	98610	10.0	WA	98824	7.0
WA	98527	7.0	WA	98611	2.0	WA	98826	10.4
WA	98528	2.0	WA	98612	10.4	WA	98827	10.0
WA	98530	2.0	WA	98613	6.0	WA	98828	2.0
WA	98531	4.2	WA	98614	10.6	WA	98829	7.0
WA	98532	5.0	WA	98616	7.1	WA	98830	10.0
WA	98533	5.0	WA	98617	6.0	WA	98831	10.6
WA	98535	7.4	WA	98619	7.0	WA	98832	5.0
WA	98536	7.4	WA	98620	7.0	WA	98833	10.0
WA	98537	4.0	WA	98621	10.4	WA	98834	10.0
WA	98538	5.0	WA	98622	1.0	WA	98836	1.0
WA	98539	5.0	WA	98623	4.0	WA	98837	4.0
WA	98540	1.0	WA	98624	7.0	WA	98840	7.0
WA	98541	7.4	WA	98625	2.0	WA	98841	7.0
WA	98542	5.0	WA	98626	1.0	WA	98843	10.0
WA	98544	4.2	WA	98628	6.0	WA	98844	10.0
WA	98546	5.2	WA	98629	2.0	WA	98845	10.4
WA	98547	10.5	WA	98631	7.0	WA	98846	10.0
WA	98548	5.2	WA	98632	1.0	WA	98847	2.0
WA	98550	4.0	WA	98635	6.0	WA	98848	7.0
WA	98552	5.0	WA	98637	8.0	WA	98849	8.0
WA	98554	7.0	WA	98638	10.6	WA	98850	1.0
WA	98555	5.2	WA	98639	5.1	WA	98851	8.0
WA	98556	1.0	WA	98640	8.0	WA	98852	10.1
WA	98557	3.0	WA	98641	8.0	WA	98853	5.0
WA	98558	2.0	WA	98642	2.0	WA	98855	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
WA	98856	10.0
WA	98857	10.5
WA	98858	10.4
WA	98859	10.0
WA	98860	5.0
WA	98862	10.0
WA	98901	1.0
WA	98902	1.0
WA	98903	1.0
WA	98904	1.0
WA	98907	1.0
WA	98908	1.0
WA	98909	1.0
WA	98920	2.0
WA	98921	4.2
WA	98922	7.3
WA	98923	2.0
WA	98925	7.3
WA	98926	4.0
WA	98929	2.0
WA	98930	7.4
WA	98932	6.0
WA	98933	2.0
WA	98934	4.0
WA	98935	10.5
WA	98936	2.0
WA	98937	2.0
WA	98938	6.0
WA	98939	2.0
WA	98940	7.3
WA	98941	7.3
WA	98942	1.0
WA	98943	7.3
WA	98944	4.2
WA	98946	5.0
WA	98947	2.0
WA	98948	4.2
WA	98950	4.0
WA	98951	2.0
WA	98952	10.4
WA	98953	4.2
WA	99001	1.0
WA	99003	2.0
WA	99004	7.1
WA	99005	2.0
WA	99006	2.0
WA	99008	10.4
WA	99009	2.0
WA	99011	4.1
WA	99012	2.0
WA	99013	2.0
WA	99014	7.1
WA	99015	2.0
WA	99016	1.0
WA	99017	10.4
WA	99018	2.0
WA	99019	1.0
WA	99020	7.1
WA	99021	1.0
WA	99022	4.1
WA	99023	2.0
WA	99025	1.0
WA	99026	2.0
WA	99027	1.0
WA	99029	10.4
WA	99030	2.0
WA	99031	2.0
WA	99032	10.4
WA	99033	10.4

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
WA	99034	2.0
WA	99036	2.0
WA	99037	1.0
WA	99039	2.0
WA	99040	10.0
WA	99101	8.0
WA	99102	4.0
WA	99103	10.0
WA	99104	10.2
WA	99105	10.0
WA	99107	10.0
WA	99109	10.0
WA	99110	2.0
WA	99111	7.4
WA	99113	10.5
WA	99114	8.0
WA	99115	10.0
WA	99116	10.0
WA	99117	10.0
WA	99118	10.0
WA	99119	10.0
WA	99121	10.0
WA	99122	10.4
WA	99123	10.0
WA	99124	10.0
WA	99125	10.4
WA	99126	10.3
WA	99127	10.4
WA	99128	10.2
WA	99129	10.0
WA	99130	10.2
WA	99131	10.6
WA	99133	10.0
WA	99134	10.4
WA	99135	10.0
WA	99136	10.5
WA	99137	10.6
WA	99138	10.0
WA	99139	10.0
WA	99140	10.0
WA	99141	10.3
WA	99143	10.5
WA	99144	10.4
WA	99146	10.3
WA	99147	10.0
WA	99148	2.0
WA	99149	10.4
WA	99150	10.0
WA	99151	10.3
WA	99152	10.0
WA	99153	10.0
WA	99154	10.4
WA	99155	10.0
WA	99156	2.0
WA	99157	10.3
WA	99158	10.2
WA	99159	10.4
WA	99160	10.0
WA	99161	10.2
WA	99163	4.0
WA	99164	4.0
WA	99165	4.0
WA	99166	10.0
WA	99167	10.3
WA	99169	10.0
WA	99170	10.4
WA	99171	10.4
WA	99173	10.4
WA	99174	7.4

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
WA	99176	10.2
WA	99179	10.5
WA	99180	10.0
WA	99181	10.4
WA	99185	10.0
WA	99201	1.0
WA	99202	1.0
WA	99203	1.0
WA	99204	1.0
WA	99205	1.0
WA	99206	1.0
WA	99207	1.0
WA	99208	1.0
WA	99209	1.0
WA	99210	1.0
WA	99211	1.0
WA	99212	1.0
WA	99213	1.0
WA	99214	1.0
WA	99215	1.0
WA	99216	1.0
WA	99217	1.0
WA	99218	1.0
WA	99219	1.0
WA	99220	1.0
WA	99223	1.0
WA	99224	1.0
WA	99228	1.0
WA	99251	1.0
WA	99252	1.0
WA	99256	1.0
WA	99258	1.0
WA	99260	1.0
WA	99299	1.0
WA	99301	1.0
WA	99302	1.0
WA	99320	2.0
WA	99321	10.0
WA	99322	7.0
WA	99323	2.0
WA	99324	4.0
WA	99326	7.3
WA	99327	7.0
WA	99328	7.4
WA	99329	5.0
WA	99330	2.0
WA	99332	7.0
WA	99333	10.5
WA	99335	1.0
WA	99336	1.0
WA	99337	1.0
WA	99338	1.0
WA	99341	10.0
WA	99343	7.3
WA	99344	7.0
WA	99345	7.3
WA	99346	1.0
WA	99347	10.4
WA	99348	2.0
WA	99349	10.0
WA	99350	7.3
WA	99352	1.0
WA	99353	1.0
WA	99354	1.0
WA	99356	7.0
WA	99357	10.0
WA	99359	5.0
WA	99360	5.0
WA	99361	5.0

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
WA	99362	4.0
WA	99363	5.0
WA	99371	10.0
WA	99401	1.0
WA	99402	1.0
WA	99403	1.0
WI	53001	3.0
WI	53002	3.0
WI	53003	1.0
WI	53004	2.0
WI	53005	1.0
WI	53006	10.4
WI	53007	1.0
WI	53008	1.0
WI	53010	10.5
WI	53011	2.0
WI	53012	1.0
WI	53013	2.0
WI	53014	7.0
WI	53015	2.0
WI	53016	10.5
WI	53017	2.0
WI	53018	1.0
WI	53019	2.0
WI	53020	2.0
WI	53021	2.0
WI	53022	1.0
WI	53023	9.1
WI	53024	1.0
WI	53026	9.1
WI	53027	2.0
WI	53029	1.0
WI	53031	1.0
WI	53032	7.0
WI	53033	2.0
WI	53034	2.0
WI	53035	3.0
WI	53036	2.0
WI	53037	2.0
WI	53038	3.0
WI	53039	10.5
WI	53040	6.1
WI	53042	7.3
WI	53044	1.0
WI	53045	1.0
WI	53046	1.0
WI	53047	4.2
WI	53048	10.4
WI	53049	2.0
WI	53050	7.0
WI	53051	1.0
WI	53052	1.0
WI	53056	1.0
WI	53057	2.0
WI	53058	1.0
WI	53059	2.0
WI	53060	4.1
WI	53061	7.3
WI	53062	7.3
WI	53063	2.0
WI	53064	1.0
WI	53065	2.0
WI	53066	1.0
WI	53069	1.0
WI	53070	2.0
WI	53072	1.0
WI	53073	7.1
WI	53074	2.0
WI	53075	2.0

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
WI	53076	2.0
WI	53078	2.0
WI	53079	2.0
WI	53080	1.0
WI	53081	1.0
WI	53082	1.0
WI	53083	1.0
WI	53085	1.0
WI	53086	2.0
WI	53088	7.0
WI	53089	1.0
WI	53090	4.1
WI	53091	10.4
WI	53092	1.0
WI	53093	2.0
WI	53094	4.2
WI	53095	4.1
WI	53097	1.0
WI	53098	4.2
WI	53099	3.0
WI	53101	4.2
WI	53102	2.0
WI	53103	1.0
WI	53104	2.0
WI	53105	4.2
WI	53108	2.1
WI	53109	2.0
WI	53110	1.0
WI	53114	4.0
WI	53115	4.0
WI	53118	1.0
WI	53119	2.0
WI	53120	2.0
WI	53121	7.0
WI	53122	1.0
WI	53125	9.1
WI	53126	2.0
WI	53127	1.0
WI	53128	4.2
WI	53129	1.0
WI	53130	1.0
WI	53132	1.0
WI	53137	5.2
WI	53138	4.2
WI	53139	9.1
WI	53140	1.0
WI	53141	1.0
WI	53142	1.0
WI	53143	1.0
WI	53144	1.0
WI	53146	1.0
WI	53147	4.2
WI	53148	4.2
WI	53149	2.0
WI	53150	1.0
WI	53151	1.0
WI	53152	4.2
WI	53153	1.0
WI	53154	1.0
WI	53156	2.0
WI	53157	4.2
WI	53158	1.0
WI	53159	4.2
WI	53167	2.0
WI	53168	2.0
WI	53170	2.0
WI	53171	1.0
WI	53172	1.0
WI	53176	7.0

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
WI	53177	1.0
WI	53178	2.0
WI	53179	2.0
WI	53181	2.0
WI	53182	9.1
WI	53183	1.0
WI	53184	9.1
WI	53185	2.0
WI	53186	1.0
WI	53187	1.0
WI	53188	1.0
WI	53189	1.0
WI	53190	4.0
WI	53191	9.1
WI	53192	2.0
WI	53194	2.0
WI	53195	4.2
WI	53201	1.0
WI	53202	1.0
WI	53203	1.0
WI	53204	1.0
WI	53205	1.0
WI	53206	1.0
WI	53207	1.0
WI	53208	1.0
WI	53209	1.0
WI	53210	1.0
WI	53211	1.0
WI	53212	1.0
WI	53213	1.0
WI	53214	1.0
WI	53215	1.0
WI	53216	1.0
WI	53217	1.0
WI	53218	1.0
WI	53219	1.0
WI	53220	1.0
WI	53221	1.0
WI	53222	1.0
WI	53223	1.0
WI	53224	1.0
WI	53225	1.0
WI	53226	1.0
WI	53227	1.0
WI	53228	1.0
WI	53233	1.0
WI	53234	1.0
WI	53235	1.0
WI	53237	1.0
WI	53259	1.0
WI	53263	1.0
WI	53267	1.0
WI	53268	1.0
WI	53270	1.0
WI	53274	1.0
WI	53277	1.0
WI	53278	1.0
WI	53280	1.0
WI	53281	1.0
WI	53284	1.0
WI	53285	1.0
WI	53288	1.0
WI	53290	1.0
WI	53293	1.0
WI	53295	1.0
WI	53401	1.0
WI	53402	1.0
WI	53403	1.0
WI	53404	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
WI	53405	1.0
WI	53406	1.0
WI	53407	1.0
WI	53408	1.0
WI	53490	1.0
WI	53501	1.0
WI	53502	6.0
WI	53503	2.0
WI	53504	10.4
WI	53505	2.0
WI	53506	10.6
WI	53507	2.0
WI	53508	2.0
WI	53510	10.5
WI	53511	1.0
WI	53512	1.0
WI	53515	2.0
WI	53516	10.4
WI	53517	2.0
WI	53518	9.0
WI	53520	7.3
WI	53521	2.0
WI	53522	5.0
WI	53523	2.0
WI	53525	10.4
WI	53526	10.6
WI	53527	1.0
WI	53528	2.0
WI	53529	2.0
WI	53530	10.0
WI	53531	2.0
WI	53532	2.0
WI	53533	7.3
WI	53534	2.0
WI	53535	7.3
WI	53536	7.1
WI	53537	1.0
WI	53538	4.0
WI	53540	9.0
WI	53541	10.5
WI	53542	1.0
WI	53543	10.6
WI	53544	2.0
WI	53545	1.0
WI	53546	1.0
WI	53547	1.0
WI	53548	1.0
WI	53549	4.0
WI	53550	5.0
WI	53551	7.3
WI	53553	10.6
WI	53554	10.5
WI	53555	2.0
WI	53556	9.0
WI	53557	10.4
WI	53558	1.0
WI	53559	2.0
WI	53560	2.0
WI	53561	3.0
WI	53562	1.0
WI	53563	1.0
WI	53565	10.6
WI	53566	4.0
WI	53569	10.6
WI	53570	2.0
WI	53571	2.0
WI	53572	2.0
WI	53573	10.6
WI	53574	2.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
WI	53575	2.0
WI	53576	2.0
WI	53577	10.6
WI	53578	7.3
WI	53579	10.4
WI	53580	10.6
WI	53581	7.0
WI	53582	2.0
WI	53583	7.3
WI	53584	9.0
WI	53585	4.0
WI	53586	10.4
WI	53587	10.5
WI	53588	10.4
WI	53589	1.0
WI	53590	1.0
WI	53591	1.0
WI	53593	1.0
WI	53594	7.3
WI	53595	7.3
WI	53596	1.0
WI	53597	1.0
WI	53598	2.0
WI	53599	10.4
WI	53701	1.0
WI	53702	1.0
WI	53703	1.0
WI	53704	1.0
WI	53705	1.0
WI	53706	1.0
WI	53707	1.0
WI	53708	1.0
WI	53711	1.0
WI	53713	1.0
WI	53714	1.0
WI	53715	1.0
WI	53716	1.0
WI	53717	1.0
WI	53718	1.0
WI	53719	1.0
WI	53725	1.0
WI	53726	1.0
WI	53744	1.0
WI	53774	1.0
WI	53777	1.0
WI	53778	1.0
WI	53779	1.0
WI	53782	1.0
WI	53783	1.0
WI	53784	1.0
WI	53785	1.0
WI	53786	1.0
WI	53788	1.0
WI	53789	1.0
WI	53790	1.0
WI	53791	1.0
WI	53792	1.0
WI	53793	1.0
WI	53794	1.0
WI	53801	10.6
WI	53802	10.6
WI	53803	10.4
WI	53804	10.6
WI	53805	7.0
WI	53806	10.6
WI	53807	10.4
WI	53808	10.4
WI	53809	10.6
WI	53810	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
WI	53811	2.0
WI	53812	10.4
WI	53813	7.0
WI	53816	10.6
WI	53817	7.0
WI	53818	4.0
WI	53820	6.1
WI	53821	7.0
WI	53824	2.0
WI	53825	10.5
WI	53826	8.0
WI	53827	10.6
WI	53901	7.3
WI	53910	10.0
WI	53911	2.0
WI	53913	4.0
WI	53916	4.0
WI	53917	4.0
WI	53919	10.4
WI	53920	9.0
WI	53922	9.0
WI	53923	10.4
WI	53924	10.6
WI	53925	7.3
WI	53926	10.0
WI	53927	10.0
WI	53928	2.0
WI	53929	10.6
WI	53930	9.0
WI	53931	10.4
WI	53932	2.0
WI	53933	10.5
WI	53934	10.0
WI	53935	10.4
WI	53936	10.6
WI	53937	10.6
WI	53939	10.0
WI	53940	4.0
WI	53941	8.0
WI	53942	8.0
WI	53943	10.6
WI	53944	9.0
WI	53946	10.6
WI	53947	10.0
WI	53948	7.0
WI	53949	10.6
WI	53950	10.6
WI	53951	7.3
WI	53952	10.6
WI	53953	10.6
WI	53954	3.0
WI	53955	2.0
WI	53956	6.0
WI	53957	6.0
WI	53958	7.4
WI	53959	7.4
WI	53960	2.0
WI	53961	6.0
WI	53962	10.6
WI	53963	4.0
WI	53964	10.6
WI	53965	7.4
WI	53968	10.6
WI	53969	3.0
WI	54001	7.3
WI	54002	7.3
WI	54003	3.0
WI	54004	10.6
WI	54005	10.6

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
WI	54006	10.0	WI	54171	2.0	WI	54422	10.6
WI	54007	9.1	WI	54173	1.0	WI	54423	5.0
WI	54009	10.4	WI	54174	10.4	WI	54424	8.0
WI	54010	10.4	WI	54175	10.0	WI	54425	7.0
WI	54011	10.4	WI	54177	10.5	WI	54426	2.0
WI	54013	10.4	WI	54180	2.1	WI	54427	2.0
WI	54014	5.2	WI	54182	3.0	WI	54428	10.6
WI	54015	2.0	WI	54201	7.3	WI	54429	10.1
WI	54016	2.0	WI	54202	10.6	WI	54430	8.0
WI	54017	7.3	WI	54204	8.3	WI	54432	10.1
WI	54020	10.4	WI	54205	2.0	WI	54433	10.6
WI	54021	2.0	WI	54207	10.5	WI	54434	10.6
WI	54022	4.2	WI	54208	2.0	WI	54435	5.2
WI	54023	2.0	WI	54209	10.6	WI	54436	10.5
WI	54024	10.4	WI	54210	10.0	WI	54437	10.0
WI	54025	2.0	WI	54211	10.0	WI	54439	10.6
WI	54026	3.0	WI	54212	10.0	WI	54440	2.0
WI	54027	10.4	WI	54213	8.0	WI	54441	4.0
WI	54028	7.3	WI	54214	4.0	WI	54442	5.2
WI	54082	2.0	WI	54215	5.0	WI	54443	5.0
WI	54101	2.0	WI	54216	10.4	WI	54446	10.5
WI	54102	10.5	WI	54217	2.0	WI	54447	10.6
WI	54103	10.0	WI	54220	4.0	WI	54448	2.0
WI	54104	10.5	WI	54221	4.0	WI	54449	4.0
WI	54106	2.0	WI	54226	7.0	WI	54450	7.0
WI	54107	3.0	WI	54227	5.2	WI	54451	7.0
WI	54110	7.3	WI	54228	5.0	WI	54452	4.2
WI	54111	3.0	WI	54229	2.0	WI	54454	10.2
WI	54112	10.5	WI	54230	10.5	WI	54455	1.0
WI	54113	1.0	WI	54232	7.3	WI	54456	10.0
WI	54114	10.5	WI	54234	10.0	WI	54457	5.0
WI	54115	1.0	WI	54235	7.0	WI	54458	5.0
WI	54119	10.5	WI	54240	2.0	WI	54459	10.0
WI	54120	5.0	WI	54241	4.0	WI	54460	10.6
WI	54121	10.2	WI	54245	5.0	WI	54462	10.6
WI	54123	7.3	WI	54246	10.0	WI	54463	8.0
WI	54124	10.4	WI	54247	5.0	WI	54464	7.0
WI	54125	10.5	WI	54301	1.0	WI	54465	10.6
WI	54126	2.0	WI	54302	1.0	WI	54466	6.0
WI	54127	7.3	WI	54303	1.0	WI	54467	4.0
WI	54128	10.6	WI	54304	1.0	WI	54469	4.0
WI	54129	3.0	WI	54305	1.0	WI	54470	8.0
WI	54130	1.0	WI	54306	1.0	WI	54471	2.0
WI	54131	1.0	WI	54307	1.0	WI	54472	4.0
WI	54135	10.0	WI	54308	1.0	WI	54473	5.0
WI	54136	1.0	WI	54311	1.0	WI	54474	1.0
WI	54137	3.0	WI	54313	1.0	WI	54475	4.0
WI	54138	10.0	WI	54324	1.0	WI	54476	1.0
WI	54139	10.4	WI	54344	1.0	WI	54479	5.0
WI	54140	1.0	WI	54401	1.0	WI	54480	8.0
WI	54141	2.0	WI	54402	1.0	WI	54481	4.0
WI	54143	4.0	WI	54403	1.0	WI	54484	5.0
WI	54149	10.0	WI	54404	4.0	WI	54485	10.6
WI	54150	10.0	WI	54405	7.0	WI	54486	10.0
WI	54151	4.0	WI	54406	5.0	WI	54487	7.4
WI	54152	7.3	WI	54407	5.0	WI	54488	10.5
WI	54153	7.3	WI	54408	2.0	WI	54489	5.0
WI	54154	7.3	WI	54409	7.0	WI	54490	8.0
WI	54155	1.0	WI	54410	10.2	WI	54491	10.6
WI	54156	10.5	WI	54411	2.0	WI	54492	4.0
WI	54157	5.0	WI	54412	10.2	WI	54493	10.0
WI	54159	5.0	WI	54413	6.0	WI	54494	4.0
WI	54160	7.0	WI	54414	10.1	WI	54495	4.0
WI	54161	10.5	WI	54415	10.2	WI	54498	10.6
WI	54162	2.0	WI	54416	10.0	WI	54499	10.1
WI	54165	7.3	WI	54417	1.0	WI	54501	8.0
WI	54166	7.0	WI	54418	8.0	WI	54511	10.0
WI	54169	1.0	WI	54420	10.5	WI	54512	10.0
WI	54170	2.0	WI	54421	10.6	WI	54513	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
WI	54514	10.0
WI	54515	10.0
WI	54517	8.0
WI	54519	10.0
WI	54520	10.0
WI	54521	10.0
WI	54524	10.0
WI	54525	7.0
WI	54526	8.0
WI	54527	10.0
WI	54529	10.0
WI	54530	8.0
WI	54531	10.0
WI	54532	7.4
WI	54534	7.0
WI	54536	8.0
WI	54537	10.0
WI	54538	10.0
WI	54539	10.0
WI	54540	10.0
WI	54541	10.0
WI	54542	10.0
WI	54543	8.0
WI	54545	10.0
WI	54546	10.6
WI	54547	10.0
WI	54548	10.0
WI	54550	7.0
WI	54552	10.0
WI	54554	10.0
WI	54555	10.0
WI	54556	10.0
WI	54557	10.0
WI	54558	10.0
WI	54559	8.0
WI	54560	10.0
WI	54561	10.0
WI	54562	8.0
WI	54563	8.0
WI	54564	10.0
WI	54565	8.0
WI	54566	10.0
WI	54568	10.0
WI	54601	1.0
WI	54602	1.0
WI	54603	1.0
WI	54610	10.0
WI	54611	8.0
WI	54612	10.0
WI	54613	10.0
WI	54614	2.0
WI	54615	7.0
WI	54616	10.0
WI	54618	10.6
WI	54619	10.6
WI	54620	7.3
WI	54621	2.0
WI	54622	6.0
WI	54623	2.0
WI	54624	2.0
WI	54625	3.0
WI	54626	10.6
WI	54627	10.4
WI	54628	10.6
WI	54629	5.0
WI	54630	10.4
WI	54631	10.0
WI	54632	2.0
WI	54634	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
WI	54635	9.0
WI	54636	1.0
WI	54637	10.6
WI	54638	8.0
WI	54639	10.0
WI	54640	10.6
WI	54641	10.6
WI	54642	8.0
WI	54643	7.0
WI	54644	2.0
WI	54645	10.0
WI	54646	10.6
WI	54648	10.6
WI	54649	7.0
WI	54650	1.0
WI	54651	10.0
WI	54652	10.6
WI	54653	2.0
WI	54654	10.0
WI	54655	10.0
WI	54656	7.3
WI	54657	10.6
WI	54658	2.0
WI	54659	9.0
WI	54660	7.0
WI	54661	3.0
WI	54662	7.0
WI	54664	10.6
WI	54665	7.0
WI	54666	8.0
WI	54667	10.4
WI	54669	2.0
WI	54670	10.6
WI	54701	1.0
WI	54702	1.0
WI	54703	1.0
WI	54720	1.0
WI	54721	10.0
WI	54722	10.4
WI	54723	5.2
WI	54724	7.1
WI	54725	6.0
WI	54726	2.0
WI	54727	2.0
WI	54728	10.6
WI	54729	1.0
WI	54730	5.0
WI	54731	8.0
WI	54732	2.0
WI	54733	10.6
WI	54734	6.0
WI	54735	4.0
WI	54736	10.4
WI	54737	5.0
WI	54738	2.0
WI	54739	2.0
WI	54740	10.4
WI	54741	10.4
WI	54742	2.0
WI	54743	10.4
WI	54745	3.0
WI	54746	10.0
WI	54747	10.0
WI	54748	2.0
WI	54749	6.0
WI	54750	10.5
WI	54751	4.0
WI	54754	8.0
WI	54755	10.4

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
WI	54756	10.0
WI	54757	3.0
WI	54758	10.4
WI	54759	10.0
WI	54760	10.4
WI	54761	10.5
WI	54762	10.6
WI	54763	10.5
WI	54764	10.4
WI	54765	10.5
WI	54766	8.0
WI	54767	10.4
WI	54768	10.4
WI	54769	10.0
WI	54770	10.4
WI	54771	10.0
WI	54772	10.5
WI	54773	10.0
WI	54774	1.0
WI	54801	7.0
WI	54805	10.6
WI	54806	7.0
WI	54810	3.0
WI	54812	7.0
WI	54813	10.0
WI	54814	10.0
WI	54816	10.3
WI	54817	10.0
WI	54818	7.0
WI	54819	10.6
WI	54820	2.0
WI	54821	10.0
WI	54822	8.0
WI	54824	10.4
WI	54826	10.0
WI	54827	10.0
WI	54828	10.0
WI	54829	10.0
WI	54830	10.0
WI	54832	10.3
WI	54834	10.0
WI	54835	10.0
WI	54836	2.0
WI	54837	10.0
WI	54838	2.0
WI	54839	10.3
WI	54840	10.4
WI	54841	7.0
WI	54842	2.0
WI	54843	10.0
WI	54844	10.4
WI	54845	10.0
WI	54846	8.0
WI	54847	10.3
WI	54848	7.0
WI	54849	2.0
WI	54850	10.3
WI	54853	10.0
WI	54854	2.0
WI	54855	8.0
WI	54856	10.3
WI	54857	10.0
WI	54858	10.4
WI	54859	10.0
WI	54861	7.0
WI	54862	10.0
WI	54864	2.0
WI	54865	10.4
WI	54867	10.0

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
WI	54868	7.0
WI	54870	7.0
WI	54871	10.6
WI	54872	10.0
WI	54873	2.0
WI	54874	2.0
WI	54875	10.0
WI	54876	10.0
WI	54880	1.0
WI	54888	8.0
WI	54889	10.6
WI	54890	10.0
WI	54891	10.3
WI	54893	10.0
WI	54895	10.6
WI	54896	10.0
WI	54901	1.0
WI	54902	1.0
WI	54903	1.0
WI	54904	1.0
WI	54906	1.0
WI	54909	5.0
WI	54911	1.0
WI	54912	1.0
WI	54913	1.0
WI	54914	1.0
WI	54915	1.0
WI	54919	1.0
WI	54921	5.0
WI	54922	2.0
WI	54923	7.3
WI	54926	10.0
WI	54927	2.0
WI	54928	9.0
WI	54929	7.0
WI	54930	10.0
WI	54931	2.0
WI	54932	2.0
WI	54933	7.0
WI	54934	7.3
WI	54935	1.0
WI	54936	1.0
WI	54937	1.0
WI	54940	2.0
WI	54941	10.6
WI	54942	1.0
WI	54943	10.0
WI	54944	2.0
WI	54945	10.0
WI	54946	7.0
WI	54947	2.0
WI	54948	10.6
WI	54949	10.0
WI	54950	10.6
WI	54952	1.0
WI	54956	1.0
WI	54957	1.0
WI	54960	10.0
WI	54961	7.1
WI	54962	10.0
WI	54963	2.0
WI	54964	2.0
WI	54965	3.0
WI	54966	10.5
WI	54967	3.0
WI	54968	10.6
WI	54969	2.0
WI	54970	3.0
WI	54971	7.0

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
WI	54974	2.0
WI	54975	7.1
WI	54976	10.0
WI	54977	10.0
WI	54978	10.6
WI	54979	2.0
WI	54980	2.0
WI	54981	7.0
WI	54982	10.0
WI	54983	10.6
WI	54984	10.0
WI	54985	1.0
WI	54986	2.0
WI	54990	10.0
WV	24701	4.0
WV	24712	4.0
WV	24714	5.0
WV	24715	5.0
WV	24716	10.5
WV	24719	10.5
WV	24724	5.0
WV	24726	10.5
WV	24729	5.0
WV	24731	5.0
WV	24732	4.0
WV	24733	5.0
WV	24736	5.0
WV	24737	4.0
WV	24738	4.0
WV	24739	4.0
WV	24740	4.0
WV	24747	5.0
WV	24751	4.0
WV	24801	7.0
WV	24808	7.0
WV	24811	10.0
WV	24813	10.0
WV	24815	10.0
WV	24816	10.6
WV	24817	10.0
WV	24818	7.4
WV	24820	7.0
WV	24821	10.0
WV	24822	10.0
WV	24823	10.0
WV	24824	10.0
WV	24825	6.0
WV	24826	10.0
WV	24827	10.0
WV	24828	10.6
WV	24829	7.0
WV	24830	7.0
WV	24831	6.0
WV	24834	10.0
WV	24836	7.0
WV	24839	10.0
WV	24842	7.0
WV	24843	10.6
WV	24844	10.0
WV	24845	10.0
WV	24846	10.0
WV	24847	10.5
WV	24848	7.0
WV	24849	10.0
WV	24850	10.0
WV	24851	10.0
WV	24852	7.0
WV	24853	7.0
WV	24854	7.4

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
WV	24855	6.0
WV	24856	7.0
WV	24857	7.4
WV	24859	10.0
WV	24860	7.4
WV	24861	6.0
WV	24862	10.0
WV	24866	10.0
WV	24867	10.0
WV	24868	6.0
WV	24869	10.0
WV	24870	7.4
WV	24871	7.0
WV	24872	10.0
WV	24873	10.0
WV	24874	10.0
WV	24878	7.0
WV	24879	10.0
WV	24880	10.0
WV	24881	10.6
WV	24882	10.0
WV	24884	10.0
WV	24887	5.0
WV	24888	7.0
WV	24892	10.0
WV	24894	10.0
WV	24895	7.0
WV	24896	10.0
WV	24897	6.0
WV	24898	10.0
WV	24899	10.0
WV	24901	7.0
WV	24902	7.0
WV	24910	10.6
WV	24915	10.0
WV	24916	8.0
WV	24917	7.0
WV	24918	10.6
WV	24920	10.0
WV	24924	10.0
WV	24925	10.3
WV	24927	10.0
WV	24931	10.6
WV	24934	10.0
WV	24935	10.0
WV	24936	10.3
WV	24938	10.6
WV	24941	10.0
WV	24943	8.0
WV	24944	10.0
WV	24945	10.6
WV	24946	10.0
WV	24950	10.0
WV	24951	10.6
WV	24954	10.0
WV	24957	10.6
WV	24961	7.0
WV	24962	10.0
WV	24963	10.6
WV	24966	10.0
WV	24970	10.3
WV	24974	10.0
WV	24976	10.0
WV	24977	10.6
WV	24981	10.0
WV	24983	10.6
WV	24984	10.0
WV	24985	10.0
WV	24986	7.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
WV	24991	10.6
WV	24993	10.6
WV	25002	1.0
WV	25003	1.0
WV	25004	5.0
WV	25005	2.0
WV	25007	5.0
WV	25008	5.0
WV	25009	2.0
WV	25010	10.0
WV	25011	1.0
WV	25015	1.0
WV	25019	10.4
WV	25021	10.0
WV	25022	10.6
WV	25024	2.0
WV	25025	1.0
WV	25026	2.0
WV	25028	10.0
WV	25030	10.4
WV	25031	1.0
WV	25033	2.0
WV	25035	1.0
WV	25036	1.0
WV	25039	1.0
WV	25040	1.0
WV	25043	10.4
WV	25044	5.0
WV	25045	2.0
WV	25046	2.0
WV	25047	7.0
WV	25048	5.0
WV	25049	2.0
WV	25051	2.0
WV	25053	7.1
WV	25054	1.0
WV	25057	1.0
WV	25059	10.4
WV	25060	5.0
WV	25061	1.0
WV	25062	5.0
WV	25063	3.0
WV	25064	1.0
WV	25067	1.0
WV	25070	2.0
WV	25071	2.0
WV	25075	1.0
WV	25076	10.6
WV	25079	2.0
WV	25081	10.1
WV	25082	2.0
WV	25083	1.0
WV	25085	1.0
WV	25086	1.0
WV	25088	10.4
WV	25090	1.0
WV	25093	10.1
WV	25102	1.0
WV	25103	1.0
WV	25106	10.5
WV	25107	1.0
WV	25108	3.0
WV	25109	2.0
WV	25110	1.0
WV	25111	10.4
WV	25112	1.0
WV	25113	10.4
WV	25114	10.0
WV	25115	4.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
WV	25118	2.0
WV	25119	2.0
WV	25121	9.0
WV	25123	5.0
WV	25124	1.0
WV	25125	10.4
WV	25126	1.0
WV	25130	7.0
WV	25132	1.0
WV	25133	3.0
WV	25134	1.0
WV	25136	1.0
WV	25139	2.0
WV	25140	5.0
WV	25141	3.0
WV	25142	2.0
WV	25143	1.0
WV	25147	1.0
WV	25148	2.0
WV	25149	10.0
WV	25150	3.0
WV	25152	1.0
WV	25154	2.0
WV	25156	2.0
WV	25159	1.0
WV	25160	1.0
WV	25161	2.0
WV	25162	1.0
WV	25164	10.4
WV	25165	2.0
WV	25168	2.0
WV	25169	2.0
WV	25173	2.0
WV	25174	5.0
WV	25177	1.0
WV	25180	5.0
WV	25181	10.1
WV	25183	10.6
WV	25185	1.0
WV	25186	1.0
WV	25187	10.5
WV	25193	10.1
WV	25201	1.0
WV	25202	1.0
WV	25203	7.1
WV	25204	10.0
WV	25205	7.0
WV	25206	10.0
WV	25208	10.0
WV	25209	5.0
WV	25211	10.4
WV	25213	2.0
WV	25214	1.0
WV	25231	2.0
WV	25234	10.6
WV	25235	10.6
WV	25239	10.6
WV	25241	10.6
WV	25243	8.3
WV	25244	2.0
WV	25245	2.0
WV	25247	10.5
WV	25248	2.0
WV	25251	2.0
WV	25252	10.6
WV	25253	10.5
WV	25259	2.0
WV	25260	10.5
WV	25261	10.6

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
WV	25262	10.6
WV	25264	10.6
WV	25265	10.5
WV	25266	2.0
WV	25267	10.0
WV	25268	10.6
WV	25270	8.0
WV	25271	7.3
WV	25275	10.6
WV	25276	7.0
WV	25279	2.0
WV	25281	2.0
WV	25285	3.0
WV	25286	8.3
WV	25287	5.0
WV	25301	1.0
WV	25302	1.0
WV	25303	1.0
WV	25304	1.0
WV	25305	1.0
WV	25306	1.0
WV	25309	1.0
WV	25311	1.0
WV	25312	1.0
WV	25313	1.0
WV	25314	1.0
WV	25315	1.0
WV	25317	1.0
WV	25320	2.0
WV	25321	1.0
WV	25322	1.0
WV	25323	1.0
WV	25324	1.0
WV	25325	1.0
WV	25326	1.0
WV	25327	1.0
WV	25328	1.0
WV	25329	1.0
WV	25330	1.0
WV	25331	1.0
WV	25332	1.0
WV	25333	1.0
WV	25334	1.0
WV	25335	1.0
WV	25336	1.0
WV	25337	1.0
WV	25338	1.0
WV	25339	1.0
WV	25350	1.0
WV	25356	1.0
WV	25357	1.0
WV	25358	1.0
WV	25360	1.0
WV	25361	1.0
WV	25362	2.0
WV	25364	1.0
WV	25365	1.0
WV	25375	1.0
WV	25387	1.0
WV	25389	1.0
WV	25392	1.0
WV	25396	1.0
WV	25401	1.0
WV	25402	1.0
WV	25410	2.0
WV	25411	10.0
WV	25413	2.0
WV	25414	4.2
WV	25419	1.0

ADDENDUM I.—RUCAL RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
WV	25420	2.0
WV	25421	2.0
WV	25422	3.0
WV	25423	2.0
WV	25425	2.0
WV	25427	2.0
WV	25428	2.0
WV	25429	6.0
WV	25430	6.0
WV	25431	10.4
WV	25432	2.0
WV	25434	2.0
WV	25437	2.0
WV	25438	4.2
WV	25440	2.0
WV	25441	4.2
WV	25442	6.0
WV	25443	7.3
WV	25444	2.0
WV	25446	3.0
WV	25501	3.0
WV	25502	10.5
WV	25503	10.5
WV	25504	1.0
WV	25505	10.6
WV	25506	2.0
WV	25507	1.0
WV	25508	8.0
WV	25510	1.0
WV	25511	2.0
WV	25512	2.0
WV	25514	3.0
WV	25515	10.5
WV	25517	3.0
WV	25520	10.5
WV	25521	2.0
WV	25523	10.4
WV	25524	10.0
WV	25526	1.0
WV	25529	3.0
WV	25530	1.0
WV	25534	10.4
WV	25535	2.0
WV	25537	2.1
WV	25540	3.0
WV	25541	1.0
WV	25544	10.4
WV	25545	2.1
WV	25547	9.0
WV	25550	4.0
WV	25555	2.0
WV	25557	2.0
WV	25559	2.0
WV	25560	1.0
WV	25562	1.0
WV	25564	2.0
WV	25565	3.0
WV	25567	2.0
WV	25569	1.0
WV	25570	2.0
WV	25571	2.0
WV	25572	2.0
WV	25573	2.0
WV	25574	2.0
WV	25601	7.0
WV	25606	10.6
WV	25607	10.6
WV	25608	10.0
WV	25611	10.6
WV	25612	10.6

 ADDENDUM I.—RUCAL RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
WV	25614	7.0
WV	25617	10.6
WV	25621	10.0
WV	25624	7.0
WV	25625	7.0
WV	25628	10.6
WV	25630	10.6
WV	25632	10.6
WV	25634	10.6
WV	25635	10.6
WV	25636	7.0
WV	25637	7.0
WV	25638	10.6
WV	25639	7.0
WV	25644	10.6
WV	25646	7.0
WV	25647	7.0
WV	25649	8.0
WV	25650	10.0
WV	25651	10.0
WV	25652	7.0
WV	25653	7.0
WV	25654	10.6
WV	25661	7.0
WV	25665	7.0
WV	25666	10.0
WV	25667	7.0
WV	25669	10.4
WV	25670	10.6
WV	25671	10.0
WV	25672	10.0
WV	25674	10.0
WV	25676	10.0
WV	25678	10.6
WV	25682	10.0
WV	25685	10.0
WV	25686	10.0
WV	25687	7.0
WV	25688	10.6
WV	25690	10.6
WV	25691	7.0
WV	25692	10.6
WV	25694	10.0
WV	25696	10.6
WV	25697	10.0
WV	25699	10.4
WV	25701	1.0
WV	25702	1.0
WV	25703	1.0
WV	25704	1.0
WV	25705	1.0
WV	25706	1.0
WV	25707	1.0
WV	25708	1.0
WV	25709	1.0
WV	25710	1.0
WV	25711	1.0
WV	25712	1.0
WV	25713	1.0
WV	25714	1.0
WV	25715	1.0
WV	25716	1.0
WV	25717	1.0
WV	25718	1.0
WV	25719	1.0
WV	25720	1.0
WV	25721	1.0
WV	25722	1.0
WV	25723	1.0

 ADDENDUM I.—RUCAL RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level
WV	25724	1.0
WV	25725	1.0
WV	25726	1.0
WV	25727	1.0
WV	25728	1.0
WV	25729	1.0
WV	25755	1.0
WV	25770	1.0
WV	25771	1.0
WV	25772	1.0
WV	25773	1.0
WV	25774	1.0
WV	25775	1.0
WV	25776	1.0
WV	25777	1.0
WV	25778	1.0
WV	25779	1.0
WV	25801	4.0
WV	25802	4.0
WV	25810	10.5
WV	25811	10.5
WV	25812	10.5
WV	25813	4.0
WV	25816	4.0
WV	25817	5.0
WV	25818	4.0
WV	25820	5.0
WV	25823	5.0
WV	25825	5.0
WV	25826	10.5
WV	25827	4.0
WV	25831	6.0
WV	25832	4.0
WV	25833	5.0
WV	25836	4.0
WV	25837	10.5
WV	25839	5.0
WV	25840	4.0
WV	25841	5.0
WV	25843	5.0
WV	25844	5.0
WV	25845	10.0
WV	25846	4.0
WV	25847	4.0
WV	25848	10.5
WV	25849	4.0
WV	25851	4.0
WV	25853	5.0
WV	25854	10.5
WV	25855	4.0
WV	25856	5.0
WV	25857	5.0
WV	25859	4.0
WV	25860	4.0
WV	25862	10.5
WV	25864	4.0
WV	25865	5.0
WV	25866	4.0
WV	25868	10.5
WV	25870	10.5
WV	25871	4.0
WV	25873	4.0
WV	25875	10.5
WV	25876	10.5
WV	25878	4.0
WV	25879	4.0
WV	25880	4.0
WV	25882	10.5
WV	25901	4.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
WV	25902	5.0
WV	25904	4.0
WV	25906	4.0
WV	25907	6.0
WV	25908	5.0
WV	25909	4.0
WV	25911	4.0
WV	25913	10.5
WV	25914	4.0
WV	25915	5.0
WV	25916	10.5
WV	25917	5.0
WV	25918	4.0
WV	25919	4.0
WV	25920	5.0
WV	25921	4.0
WV	25922	5.0
WV	25926	4.0
WV	25927	4.0
WV	25928	10.5
WV	25931	4.0
WV	25932	5.0
WV	25934	4.0
WV	25936	6.0
WV	25938	10.5
WV	25942	4.0
WV	25943	10.5
WV	25951	10.6
WV	25958	10.0
WV	25961	10.0
WV	25962	10.6
WV	25965	10.6
WV	25966	10.6
WV	25967	10.6
WV	25969	10.5
WV	25971	4.0
WV	25972	10.0
WV	25976	6.0
WV	25977	10.6
WV	25978	10.5
WV	25979	10.5
WV	25981	10.0
WV	25984	10.0
WV	25985	10.6
WV	25986	6.0
WV	25989	5.0
WV	26003	1.0
WV	26030	2.1
WV	26031	1.0
WV	26032	2.0
WV	26033	2.0
WV	26034	4.0
WV	26035	1.0
WV	26036	2.0
WV	26037	1.0
WV	26038	1.0
WV	26039	2.0
WV	26040	1.0
WV	26041	1.0
WV	26047	2.0
WV	26050	4.0
WV	26055	2.0
WV	26056	4.0
WV	26058	2.1
WV	26059	2.0
WV	26060	2.0
WV	26062	1.0
WV	26070	2.1
WV	26074	1.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
WV	26075	2.1
WV	26101	1.0
WV	26102	1.0
WV	26103	1.0
WV	26104	1.0
WV	26105	1.0
WV	26106	1.0
WV	26120	1.0
WV	26121	1.0
WV	26133	2.0
WV	26134	2.0
WV	26136	10.6
WV	26137	10.0
WV	26138	2.0
WV	26141	10.6
WV	26142	1.0
WV	26143	2.0
WV	26146	10.6
WV	26147	10.6
WV	26148	2.0
WV	26149	10.6
WV	26150	1.0
WV	26151	10.6
WV	26152	2.0
WV	26155	8.0
WV	26159	7.0
WV	26160	2.0
WV	26161	2.0
WV	26162	10.6
WV	26164	7.0
WV	26167	10.6
WV	26169	2.0
WV	26170	9.0
WV	26173	10.6
WV	26175	7.0
WV	26178	2.0
WV	26180	2.0
WV	26181	1.0
WV	26184	2.0
WV	26186	10.0
WV	26187	1.0
WV	26201	7.0
WV	26202	8.0
WV	26203	10.0
WV	26205	10.6
WV	26206	10.0
WV	26208	10.6
WV	26209	10.0
WV	26210	8.0
WV	26215	8.0
WV	26217	10.0
WV	26218	8.0
WV	26219	8.0
WV	26222	10.0
WV	26224	8.0
WV	26228	8.0
WV	26229	7.0
WV	26230	8.0
WV	26234	8.0
WV	26236	8.0
WV	26237	8.0
WV	26238	9.0
WV	26241	7.0
WV	26250	10.6
WV	26253	8.0
WV	26254	8.0
WV	26257	8.0
WV	26259	8.0
WV	26260	10.0

ADDENDUM I.—RUCA RURALITY
LEVEL BY STATE AND ZIP CODE—
Continued

State	Zip code	RUCA level
WV	26261	7.0
WV	26263	8.0
WV	26264	10.0
WV	26266	10.0
WV	26267	8.0
WV	26268	8.0
WV	26269	10.6
WV	26270	8.0
WV	26271	10.0
WV	26273	10.6
WV	26275	10.6
WV	26276	8.0
WV	26278	8.0
WV	26280	10.6
WV	26282	10.6
WV	26283	8.0
WV	26285	8.0
WV	26287	10.6
WV	26288	10.0
WV	26289	10.0
WV	26291	10.0
WV	26292	10.0
WV	26293	8.0
WV	26294	10.6
WV	26296	8.0
WV	26298	10.0
WV	26301	4.0
WV	26302	4.0
WV	26306	4.0
WV	26320	10.0
WV	26321	8.0
WV	26323	4.0
WV	26325	10.4
WV	26327	10.4
WV	26330	4.0
WV	26332	5.0
WV	26334	7.4
WV	26335	10.0
WV	26337	2.0
WV	26338	8.0
WV	26339	5.0
WV	26342	10.0
WV	26343	10.6
WV	26346	10.4
WV	26347	7.4
WV	26348	10.6
WV	26349	9.0
WV	26351	10.0
WV	26354	7.4
WV	26361	5.0
WV	26362	10.4
WV	26366	4.0
WV	26369	4.0
WV	26372	10.6
WV	26374	2.0
WV	26376	10.6
WV	26377	10.6
WV	26378	10.6
WV	26384	10.0
WV	26385	5.0
WV	26386	5.0
WV	26404	5.0
WV	26405	9.0
WV	26408	5.0
WV	26410	10.4
WV	26411	5.0
WV	26412	10.6
WV	26415	10.4
WV	26416	9.0

ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

 ADDENDUM I.—RUCA RURALITY
 LEVEL BY STATE AND ZIP CODE—
 Continued

State	Zip code	RUCA level	State	Zip code	RUCA level	State	Zip code	RUCA level
WV	26419	10.6	WV	26591	4.0	WV	26833	8.0
WV	26421	10.4	WV	26601	10.0	WV	26836	10.0
WV	26422	4.0	WV	26610	8.0	WV	26838	10.0
WV	26424	7.4	WV	26611	10.0	WV	26845	10.0
WV	26425	10.6	WV	26615	10.0	WV	26847	7.0
WV	26426	5.0	WV	26617	10.4	WV	26851	10.0
WV	26430	10.0	WV	26619	10.0	WV	26852	10.0
WV	26431	5.0	WV	26621	10.0	WV	26855	8.0
WV	26434	10.0	WV	26623	10.0	WV	26865	2.0
WV	26435	7.4	WV	26624	10.0	WV	26866	10.4
WV	26436	10.5	WV	26627	10.0	WV	26884	10.0
WV	26437	10.6	WV	26629	10.0	WV	26886	10.0
WV	26438	4.0	WV	26631	10.0	WY	82001	1.0
WV	26440	9.0	WV	26636	10.0	WY	82002	1.0
WV	26443	10.0	WV	26638	10.0	WY	82003	1.0
WV	26444	10.6	WV	26639	10.0	WY	82005	1.0
WV	26447	10.6	WV	26641	10.0	WY	82006	1.0
WV	26448	5.0	WV	26651	7.0	WY	82007	1.0
WV	26451	5.0	WV	26656	10.4	WY	82008	1.0
WV	26452	7.0	WV	26660	10.6	WY	82009	1.0
WV	26456	10.5	WV	26662	8.0	WY	82010	1.0
WV	26461	4.0	WV	26667	10.4	WY	82050	2.0
WV	26463	5.0	WV	26671	7.0	WY	82051	5.0
WV	26501	1.0	WV	26674	10.5	WY	82052	5.0
WV	26502	1.0	WV	26675	7.0	WY	82053	2.0
WV	26504	1.0	WV	26676	8.0	WY	82054	2.0
WV	26505	1.0	WV	26678	9.0	WY	82055	5.0
WV	26506	1.0	WV	26679	9.0	WY	82058	5.0
WV	26507	1.0	WV	26680	10.5	WY	82059	1.0
WV	26508	1.0	WV	26681	8.0	WY	82060	2.0
WV	26519	2.0	WV	26684	9.0	WY	82061	1.0
WV	26520	2.0	WV	26690	10.4	WY	82063	5.0
WV	26521	2.0	WV	26691	8.0	WY	82070	4.0
WV	26524	2.0	WV	26704	2.0	WY	82071	4.0
WV	26525	2.0	WV	26705	10.6	WY	82072	4.0
WV	26527	1.0	WV	26707	10.6	WY	82073	4.0
WV	26529	2.0	WV	26710	5.0	WY	82081	2.0
WV	26531	1.0	WV	26711	2.0	WY	82082	2.0
WV	26534	1.0	WV	26714	2.0	WY	82083	5.0
WV	26537	7.3	WV	26716	10.6	WY	82084	5.0
WV	26541	2.0	WV	26717	4.0	WY	82190	8.0
WV	26542	2.0	WV	26719	5.0	WY	82201	7.0
WV	26543	1.0	WV	26720	10.6	WY	82210	7.0
WV	26544	1.0	WV	26722	10.4	WY	82212	10.3
WV	26546	2.0	WV	26726	4.0	WY	82213	10.6
WV	26547	2.0	WV	26731	10.6	WY	82214	10.6
WV	26554	4.0	WV	26739	10.6	WY	82215	10.6
WV	26555	4.0	WV	26743	4.0	WY	82217	10.6
WV	26559	4.0	WV	26750	4.0	WY	82218	7.0
WV	26560	4.0	WV	26753	5.0	WY	82219	10.3
WV	26561	10.6	WV	26755	10.0	WY	82221	10.6
WV	26562	10.0	WV	26757	10.0	WY	82222	10.0
WV	26563	4.0	WV	26761	10.0	WY	82223	10.3
WV	26566	4.0	WV	26763	10.4	WY	82224	10.0
WV	26568	5.0	WV	26764	10.6	WY	82225	10.0
WV	26570	5.0	WV	26767	4.0	WY	82227	10.0
WV	26571	4.0	WV	26801	10.0	WY	82229	10.6
WV	26572	4.0	WV	26802	10.4	WY	82240	7.0
WV	26574	4.0	WV	26804	10.0	WY	82242	10.0
WV	26575	10.0	WV	26807	10.4	WY	82243	10.6
WV	26576	4.0	WV	26808	2.0	WY	82244	10.6
WV	26578	4.0	WV	26810	10.0	WY	82301	7.0
WV	26581	10.0	WV	26812	10.0	WY	82310	10.3
WV	26582	5.0	WV	26814	10.0	WY	82321	7.0
WV	26585	5.0	WV	26815	10.4	WY	82322	10.5
WV	26586	4.0	WV	26817	2.0	WY	82323	7.0
WV	26587	5.0	WV	26818	10.0	WY	82324	10.6
WV	26588	4.0	WV	26823	2.0	WY	82325	10.6
WV	26590	2.0	WV	26824	10.0	WY	82327	10.6

ADDENDUM I.—RUCA RURALITY LEVEL BY STATE AND ZIP CODE—Continued

State	Zip code	RUCA level
WY	82329	10.6
WY	82331	10.6
WY	82332	7.0
WY	82334	7.0
WY	82335	10.6
WY	82336	10.5
WY	82401	7.0
WY	82410	10.0
WY	82411	10.0
WY	82412	10.0
WY	82414	7.0
WY	82420	10.0
WY	82421	10.0
WY	82422	10.0
WY	82423	10.0
WY	82426	10.0
WY	82428	10.0
WY	82430	7.0
WY	82431	10.0
WY	82432	10.0
WY	82433	8.0
WY	82434	10.0
WY	82435	7.0
WY	82440	7.0
WY	82441	10.0
WY	82442	8.0
WY	82443	7.0
WY	82450	7.0
WY	82501	4.0
WY	82510	5.0
WY	82512	10.0
WY	82513	10.0
WY	82514	10.0
WY	82515	7.0
WY	82516	10.0
WY	82520	7.0
WY	82523	5.0
WY	82524	4.0
WY	82601	1.0
WY	82602	1.0
WY	82604	1.0
WY	82605	1.0
WY	82609	1.0
WY	82615	1.0
WY	82620	2.0
WY	82630	1.0
WY	82633	7.0
WY	82635	2.0
WY	82636	1.0
WY	82637	10.4
WY	82638	10.3
WY	82639	10.3
WY	82640	10.3
WY	82642	10.3
WY	82643	2.0
WY	82644	1.0
WY	82646	1.0
WY	82648	1.0
WY	82649	10.3
WY	82701	7.0
WY	82710	10.5
WY	82711	10.5
WY	82712	10.0
WY	82713	10.5
WY	82714	10.5
WY	82715	10.3
WY	82716	4.0
WY	82717	4.0
WY	82718	4.0

ADDENDUM I.—RUCA RURALITY LEVEL BY STATE AND ZIP CODE—Continued

State	Zip code	RUCA level
WY	82720	10.5
WY	82721	10.5
WY	82723	10.3
WY	82725	4.0
WY	82727	5.0
WY	82729	10.0
WY	82730	10.3
WY	82731	4.0
WY	82732	5.0
WY	82801	4.0
WY	82831	5.0
WY	82832	5.0
WY	82833	4.0
WY	82834	7.0
WY	82835	5.0
WY	82836	5.0
WY	82837	5.0
WY	82838	5.0
WY	82839	5.0
WY	82840	7.0
WY	82842	5.0
WY	82844	5.0
WY	82845	4.0
WY	82901	4.0
WY	82902	4.0
WY	82922	10.0
WY	82923	10.0
WY	82925	10.0
WY	82929	4.0
WY	82930	4.0
WY	82931	4.0
WY	82932	4.0
WY	82933	10.5
WY	82934	4.0
WY	82935	4.0
WY	82936	10.5
WY	82937	10.5
WY	82938	4.0
WY	82939	10.5
WY	82941	10.0
WY	82942	4.0
WY	82943	4.0
WY	82944	10.5
WY	82945	4.0
WY	83001	4.0
WY	83002	4.0
WY	83011	10.2
WY	83012	10.2
WY	83013	10.2
WY	83014	4.0
WY	83025	4.0
WY	83101	7.0
WY	83110	10.0
WY	83111	10.0
WY	83112	10.2
WY	83113	10.0
WY	83114	10.6
WY	83115	10.0
WY	83116	7.0
WY	83118	10.2
WY	83119	10.0
WY	83120	10.2
WY	83121	7.0
WY	83122	10.2
WY	83123	10.6
WY	83124	7.0
WY	83126	10.0
WY	83127	10.2
WY	83128	10.2

ADDENDUM I.—RUCA RURALITY LEVEL BY STATE AND ZIP CODE—Continued

State	Zip code	RUCA level
WY	83414	10.2

R = Rural
 U = Urban
 The use of either "R*" or "U*" as an indicator in the "RUCA Level" column signifies that this area is either a military installation or located outside the 50 United States. Therefore, a RUCA level is not available for it.

ADDENDUM J.—LIST OF CPT^{1/} HCPCS CODES USED TO DESCRIBE CERTAIN DESIGNATED HEALTH SERVICE CATEGORIES² UNDER SECTION 1877 OF THE SOCIAL SECURITY ACT

[Effective date January 1, 2007]

CLINICAL LABORATORY SERVICES

INCLUDE CPT codes for all clinical laboratory services in the 80000 series, except EXCLUDE CPT codes for the following blood component collection services:

86890	Autologous blood process
86891	Autologous blood, op salvage
86927	Plasma; fresh frozen
86930	Frozen blood prep
86931	Frozen blood thaw
86932	Frozen blood freeze/thaw
86945	Blood product/irradiation
86950	Leukocyte transfusion
86960	Vol reduction of blood/prod
86965	Pooling blood platelets
86985	Split blood or products
INCLUDE the following CPT and HCPCS level 2 codes for other clinical laboratory services:	
0026T	Measure remnant lipoproteins
0030T	Antiprothrombin antibody
0041T	Detect ur infect agnt w/cpas
0043T	Co expired gas analysis
0058T	Cryopreservation, ovary tiss
0059T	Cryopreservation, oocyte
0064T	Spectroscop eval expired gas
0085T	Breath test heart reject
0087T	Sperm eval hyaluronan
0103T	Holo-transcobalamin
0104T	At rest cardio gas rebreathe
0111T	RBC membranes fatty acids
0140T	Exhaled breath condensate ph
36415	Routine venipuncture
78110	Plasma volume, single
78111	Plasma volume, multiple
78120	Red cell mass, single
78121	Red cell mass, multiple
78122	Blood volume
78130	Red cell survival study
78191	Platelet survival
78270	Vit B-12 absorption exam
78271	Vit B-12 absorp exam, int fac
78272	Vit B-12 absorp, combined
78725	Kidney function study
78267	Breath tst attain/anal c-14
78268	Breath test analysis c-14
G0027	Semen analysis
G0103	Psa, total screening
G0123	Screen cerv/vag thin layer
G0124	Screen c/v thin layer by MD
G0141	Scr c/v cyto,autosys and md
G0143	Scr c/v cyto,thinlayer,rescr
G0144	Scr c/v cyto,thinlayer,rescr
G0145	Scr c/v cyto,thinlayer,rescr
G0147	Scr c/v cyto, automated sys
G0148	Scr c/v cyto, autosys, rescr
G0306	CBC/diffwbc w/o platelet

ADDENDUM J.—LIST OF CPT¹/
HCPCS CODES USED TO DESCRIBE
CERTAIN DESIGNATED HEALTH
SERVICE CATEGORIES² UNDER SECTION
1877 OF THE SOCIAL SECURITY
ACT—Continued

[Effective date January 1, 2007]

G0307	.....	CBC without platelet
G0328	.....	Fecal blood scm immunoassay
G0394	.....	Blood occult test colorectal
P2028	.....	Cephalin flocculation test
P2029	.....	Congo red blood test
P2033	.....	Blood thymol turbidity
P2038	.....	Blood mucoprotein
P3000	.....	Screen pap by tech w md supv
P3001	.....	Screening pap smear by phys
P9612	.....	Catheterize for urine spec
P9615	.....	Urine specimen collect mult
Q0111	.....	Wet mounts/w preparations
Q0112	.....	Potassium hydroxide preps
Q0113	.....	Pinworm examinations
Q0114	.....	Fem test
Q0115	.....	Post-coital mucous exam
PHYSICAL THERAPY, OCCUPATIONAL THER-		
APY, AND SPEECH-LANGUAGE PATHOLOGY		
INCLUDE the following CPT and HCPCS codes for		
physical therapy/occupational therapy/speech-lan-		
guage pathology services:		
0019T	.....	Extracorp shock wv tx, ms nos
0029T	.....	Magnetic tx for incontinence
64550	.....	Apply neurostimulator
90901	.....	Biofeedback train, any meth
90911	.....	Biofeedback per/uro/rectal
92506	.....	Speech/hearing evaluation
92507	.....	Speech/hearing therapy
92508	.....	Speech/hearing therapy
92526	.....	Oral function therapy
92597	.....	Oral speech device eval
92607	.....	Ex for speech device rx, 1hr
92608	.....	Ex for speech device rx addl
92609	.....	Use of speech device service
92610	.....	Evaluate swallowing function
92611	.....	Motion fluoroscopy/swallow
92612	.....	Endoscopy swallow tst (fees)
92614	.....	Laryngoscopic sensory test
92616	.....	Fees w/laryngeal sense test
93797	.....	Cardiac rehab
93798	.....	Cardiac rehab/monitor
94667	.....	Chest wall manipulation
94668	.....	Chest wall manipulation
95831	.....	Limb muscle testing, manual
95832	.....	Hand muscle testing, manual
95833	.....	Body muscle testing, manual
95834	.....	Body muscle testing, manual
95851	.....	Range of motion measure-
		ments
95852	.....	Range of motion measure-
		ments
96000	.....	Motion analysis, video/3d
96001	.....	Motion test w/ft press meas
96002	.....	Dynamic surface emg
96003	.....	Dynamic fine wire emg
96105	.....	Assessment of aphasia
96110	.....	Developmental test, lim
96111	.....	Developmental test, extend
97001	.....	Pt evaluation
97002	.....	Pt re-evaluation
97003	.....	Ot evaluation
97004	.....	Ot re-evaluation
97010	.....	Hot or cold packs therapy
97012	.....	Mechanical traction therapy
97016	.....	Vasopneumatic device therapy
97018	.....	Paraffin bath therapy
97022	.....	Whirlpool therapy
97024	.....	Diathermy eg, microwave
97026	.....	Infrared therapy
97028	.....	Ultraviolet therapy
97032	.....	Electrical stimulation
97033	.....	Electric current therapy
97034	.....	Contrast bath therapy
97035	.....	Ultrasound therapy

ADDENDUM J.—LIST OF CPT¹/
HCPCS CODES USED TO DESCRIBE
CERTAIN DESIGNATED HEALTH
SERVICE CATEGORIES² UNDER SECTION
1877 OF THE SOCIAL SECURITY
ACT—Continued

[Effective date January 1, 2007]

97036	.....	Hydrotherapy
97039	.....	Physical therapy treatment
97110	.....	Therapeutic exercises
97112	.....	Neuromuscular reeducation
97113	.....	Aquatic therapy/exercises
97116	.....	Gait training therapy
97124	.....	Massage therapy
97139	.....	Physical medicine procedure
97140	.....	Manual therapy
97150	.....	Group therapeutic procedures
97530	.....	Therapeutic activities
97532	.....	Cognitive skills development
97533	.....	Sensory integration
97535	.....	Self care mgmt training
97537	.....	Community/work reintegration
97542	.....	Wheelchair mgmt training
97545	.....	Work hardening
97546	.....	Work hardening add-on
97597	.....	Active wound care/20cm or <
97598	.....	Active wound care > 20cm
97602	.....	Wound(s) care nonselective
97605	.....	Neg press wound tx, < 50 cm
97606	.....	Neg press wound tx, > 50 cm
97750	.....	Physical performance test
97755	.....	Assistive technology assess
97760	.....	Orthotic mgmt and training
97761	.....	Prosthetic training
97762	.....	C/O for orthotic/prosth use
97799	.....	Physical medicine procedure
G0281	.....	Elec stim unattend for press
G0283	.....	Elec stim other than wound
G0329	.....	Electromagnetic tx for ulcers
RADIOLOGY AND CERTAIN OTHER IMAGING		
SERVICES		
INCLUDE the following CPT and HCPCS codes:		
0028T	.....	Dexa body composition study
0042T	.....	Ct perfusion w/contrast, cbf
0067T	.....	Ct colonography;dx
0144T	.....	Ct heart w/ dye; qual calc
0145T	.....	Ct heart w/w/ dye funct
0146T	.....	Ccta w/w/ dye
0147T	.....	Ccta w/w/ quan calcium
0148T	.....	Ccta w/w/ strxr
0149T	.....	Ccta w/w/ strxr quan calc
0150T	.....	Ccta w/w/ disease strxr
0151T	.....	Ct heart funct add-on
0159T	.....	Cad breast mri
0174T	.....	Cad crx with interp
0175T	.....	Cad crx remote
51798	.....	Us urine capacity measure
70100	.....	X-ray exam of jaw
70110	.....	X-ray exam of jaw
70120	.....	X-ray exam of mastoids
70130	.....	X-ray exam of mastoids
70134	.....	X-ray exam of middle ear
70140	.....	X-ray exam of facial bones
70150	.....	X-ray exam of facial bones
70160	.....	X-ray exam of nasal bones
70190	.....	X-ray exam of eye sockets
70200	.....	X-ray exam of eye sockets
70210	.....	X-ray exam of sinuses
70220	.....	X-ray exam of sinuses
70240	.....	X-ray exam, pituitary saddle
70250	.....	X-ray exam of skull
70260	.....	X-ray exam of skull
70300	.....	X-ray exam of teeth
70310	.....	X-ray exam of teeth
70320	.....	Full mouth x-ray of teeth
70328	.....	X-ray exam of jaw joint
70330	.....	X-ray exam of jaw joints
70336	.....	Magnetic image, jaw joint
70350	.....	X-ray head for orthodontia
70355	.....	Panoramic x-ray of jaws
70360	.....	X-ray exam of neck
70370	.....	Throat x-ray & fluoroscopy

ADDENDUM J.—LIST OF CPT¹/
HCPCS CODES USED TO DESCRIBE
CERTAIN DESIGNATED HEALTH
SERVICE CATEGORIES² UNDER SECTION
1877 OF THE SOCIAL SECURITY
ACT—Continued

[Effective date January 1, 2007]

70371	.....	Speech evaluation, complex
70380	.....	X-ray exam of salivary gland
70450	.....	Ct head/brain w/o dye
70460	.....	Ct head/brain w/dye
70470	.....	Ct head/brain w/o & w/dye
70480	.....	Ct orbit/ear/fossa w/o dye
70481	.....	Ct orbit/ear/fossa w/dye
70482	.....	Ct orbit/ear/fossa w/o & w/dye
70486	.....	Ct maxillofacial w/o dye
70487	.....	Ct maxillofacial w/dye
70488	.....	Ct maxillofacial w/o & w/dye
70490	.....	Ct soft tissue neck w/o dye
70491	.....	Ct soft tissue neck w/dye
70492	.....	Ct sft tsue nck w/o & w/dye
70496	.....	Ct angiography, head
70498	.....	Ct angiography, neck
70540	.....	Mri orbit/face/neck w/o dye
70542	.....	Mri orbit/face/neck w/dye
70543	.....	Mri orbit/fac/nck w/o & w/dye
70544	.....	Mr angiography head w/o dye
70545	.....	Mr angiography head w/dye
70546	.....	Mr angiograph head w/o&w/dye
70547	.....	Mr angiography neck w/o dye
70548	.....	Mr angiography neck w/dye
70549	.....	Mr angiograph neck w/o&w/dye
70551	.....	Mri brain w/o dye
70552	.....	Mri brain w/dye
70553	.....	Mri brain w/o & w/dye
70554	.....	Fmri brain by tech
70555	.....	Fmri brain by phys/psych
71010	.....	Chest x-ray
71015	.....	Chest x-ray
71020	.....	Chest x-ray
71021	.....	Chest x-ray
71022	.....	Chest x-ray
71023	.....	Chest x-ray and fluoroscopy
71030	.....	Chest x-ray
71034	.....	Chest x-ray and fluoroscopy
71035	.....	Chest x-ray
71100	.....	X-ray exam of ribs
71101	.....	X-ray exam of ribs/chest
71110	.....	X-ray exam of ribs
71111	.....	X-ray exam of ribs/chest
71120	.....	X-ray exam of breastbone
71130	.....	X-ray exam of breastbone
71250	.....	Ct thorax w/o dye
71260	.....	Ct thorax w/dye
71270	.....	Ct thorax w/o & w/dye
71275	.....	Ct angiography, chest
71550	.....	Mri chest w/o dye
71551	.....	Mri chest w/dye
71552	.....	Mri chest w/o & w/dye
71555	.....	Mri angio chest w or w/o dye
72010	.....	X-ray exam of spine
72020	.....	X-ray exam of spine
72040	.....	X-ray exam of neck spine
72050	.....	X-ray exam of neck spine
72052	.....	X-ray exam of neck spine
72069	.....	X-ray exam of trunk spine
72070	.....	X-ray exam of thoracic spine
72072	.....	X-ray exam of thoracic spine
72074	.....	X-ray exam of thoracic spine
72080	.....	X-ray exam of trunk spine
72090	.....	X-ray exam of trunk spine
72100	.....	X-ray exam of lower spine
72110	.....	X-ray exam of lower spine
72114	.....	X-ray exam of lower spine
72120	.....	X-ray exam of lower spine
72125	.....	Ct neck spine w/o dye
72126	.....	Ct neck spine w/dye
72127	.....	Ct neck spine w/o & w/dye
72128	.....	Ct chest spine w/o dye
72129	Ct chest spine w/dye
72130	Ct chest spine w/o & w/dye
72131	Ct lumbar spine w/o dye

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72132	Ct lumbar spine w/dye
72133	Ct lumbar spine w/o & w/dye
72141	Mri neck spine w/o dye
72142	Mri neck spine w/dye
72146	Mri chest spine w/o dye
72147	Mri chest spine w/dye
72148	Mri lumbar spine w/o dye
72149	Mri lumbar spine w/dye
72156	Mri neck spine w/o & w/dye
72157	Mri chest spine w/o & w/dye
72158	Mri lumbar spine w/o & w/dye
72170	X-ray exam of pelvis
72190	X-ray exam of pelvis
72191	Ct angiograph pelv w/o & w/ dye
72192	Ct pelvis w/o dye
72193	Ct pelvis w/dye
72194	Ct pelvis w/o & w/dye
72195	Mri pelvis w/o dye
72196	Mri pelvis w/dye
72197	Mri pelvis w/o & w/dye
72198	Mr angio pelvis w/o & w/dye
72200	X-ray exam sacroiliac joints
72202	X-ray exam sacroiliac joints
72220	X-ray exam of tailbone
73000	X-ray exam of collar bone
73010	X-ray exam of shoulder blade
73020	X-ray exam of shoulder
73030	X-ray exam of shoulder
73050	X-ray exam of shoulders
73060	X-ray exam of humerus
73070	X-ray exam of elbow
73080	X-ray exam of elbow
73090	X-ray exam of forearm
73092	X-ray exam of arm, infant
73100	X-ray exam of wrist
73110	X-ray exam of wrist
73120	X-ray exam of hand
73130	X-ray exam of hand
73140	X-ray exam of finger(s)
73200	Ct upper extremity w/o dye
73201	Ct upper extremity w/dye
73202	Ct uppr extremity w/o & w/ dye
73206	Ct angio upr extrm w/o & w/dye
73218	Mri upper extremity w/o dye
73219	Mri upper extremity w/dye
73220	Mri upr extremity w/o & w/dye
73221	Mri joint upr extrem w/o dye
73222	Mri joint upr extrem w/dye
73223	Mri joint upr extr w/o&w/dye
73500	X-ray exam of hip
73510	X-ray exam of hip
73520	X-ray exam of hips
73540	X-ray exam of pelvis & hips
73550	X-ray exam of thigh
73560	X-ray exam of knee, 1 or 2
73562	X-ray exam of knee, 3
73564	X-ray exam, knee, 4 or more
73565	X-ray exam of knees
73590	X-ray exam of lower leg
73592	X-ray exam of leg, infant
73600	X-ray exam of ankle
73610	X-ray exam of ankle
73620	X-ray exam of foot
73630	X-ray exam of foot
73650	X-ray exam of heel
73660	X-ray exam of toe(s)
73700	Ct lower extremity w/o dye
73701	Ct lower extremity w/dye
73702	Ct lwr extremity w/o&w/dye
73706	Ct angio lwr extr w/o&w/dye
73718	Mri lower extremity w/o dye
73719	Mri lower extremity w/dye
73720	Mri lwr extremity w/o&w/dye

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73721	Mri jnt of lwr extre w/o dye
73722	Mri joint of lwr extr w/dye
73723	Mri joint lwr extr w/o&w/dye
73725	Mr ang lwr ext w or w/o dye
74000	X-ray exam of abdomen
74010	X-ray exam of abdomen
74020	X-ray exam of abdomen
74022	X-ray exam series, abdomen
74150	Ct abdomen w/o dye
74160	Ct abdomen w/dye
74170	Ct abdomen w/o & w/dye
74175	Ct angio abdom w/o & w/dye
74181	Mri abdomen w/o dye
74182	Mri abdomen w/dye
74183	Mri abdomen w/o & w/dye
74185	Mri angio, abdom w orw/o dye
74210	Contrst x-ray exam of throat
74220	Contrast x-ray, esophagus
74230	Cine/vid x-ray, throat/esoph
74240	X-ray exam, upper gi tract
74241	X-ray exam, upper gi tract
74245	X-ray exam, upper gi tract
74246	Contrst x-ray uppr gi tract
74247	Contrst x-ray uppr gi tract
74249	Contrst x-ray uppr gi tract
74250	X-ray exam of small bowel
74290	Contrast x-ray, gallbladder
74291	Contrast x-rays, gallbladder
74710	X-ray measurement of pelvis
75552	Heart mri for morph w/o dye
75553	Heart mri for morph w/dye
75554	Cardiac MRI/function
75555	Cardiac MRI/limited study
75635	Ct angio abdominal arteries
76000	Fluoroscope examination
76010	X-ray, nose to rectum
76100	X-ray exam of body section
76101	Complex body section x-ray
76102	Complex body section x-rays
76120	Cine/video x-rays
76125	Cine/video x-rays add-on
76150	X-ray exam, dry process
76376	3d render w/o postprocess
76377	3d rendering w/postprocess
76380	CAT scan follow-up study
76499	Radiographic procedure
76506	Echo exam of head
76510	Ophth us, b & quant a
76511	Ophth us, quant a only
76512	Ophth us, b w/non-quant a
76513	Echo exam of eye, water bath
76514	Echo exam of eye, thickness
76516	Echo exam of eye
76519	Echo exam of eye
76536	Us exam of head and neck
76604	Us exam, chest
76645	Us exam, breast(s)
76700	Us exam, abdom, complete
76705	Echo exam of abdomen
76770	Us exam abdo back wall, comp
76775	Us exam abdo back wall, lim
76776	Us exam k transpl w/Doppler
76800	Us exam, spinal canal
76801	Ob us < 14 wks, single fetus
76802	Ob us < 14 wks, add'l fetus
76805	Ob us >= 14 wks, snl fetus
76810	Ob us >= 14 wks, addl fetus
76811	Ob us, detailed, snl fetus
76812	Ob us, detailed, addl fetus
76815	Ob us, limited, fetus(s)
76816	Ob us, follow-up, per fetus
76818	Fetal biophys profile w/nst
76819	Fetal biophys profil w/o nst
76820	Umbilical artery echo
76821	Middle cerebral artery echo

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76825	Echo exam of fetal heart
76826	Echo exam of fetal heart
76827	Echo exam of fetal heart
76828	Echo exam of fetal heart
76856	Us exam, pelvic, complete
76857	Us exam, pelvic, limited
76870	Us exam, scrotum
76880	Us exam, extremity
76885	Us exam infant hips, dynamic
76886	Us exam infant hips, static
76970	Ultrasound exam follow-up
76977	Us bone density measure
76999	Echo examination procedure
77014	Ct scan for therapy guide
77051	Computer dx mammogram add-on
77052	Comp screen mammogram add-on
77055	Mammogram, one breast
77056	Mammogram, both breasts
77057	Mammogram, screening
77058	Mri, one breast
77059	Mri, both breasts
77071	X-ray stress view
77072	X-rays for bone age
77073	X-rays, bone length studies
77074	X-rays, bone survey, limited
77075	X-rays, bone survey complete
77076	X-rays, bone survey, infant
77077	Joint survey, single view
77078	Ct bone density, axial
77079	Ct bone density, peripheral
77080	Dxa bone density, axial
77081	Dxa bone density/peripheral
77082	Dxa bone density, vert fx
77083	Radiographic absorptiometry
77084	Magnetic image, bone marrow
78000	Thyroid, single uptake
78001	Thyroid, multiple uptakes
78003	Thyroid suppress/stimul
78006	Thyroid imaging with uptake
78007	Thyroid image, mult uptakes
78010	Thyroid imaging
78011	Thyroid imaging with flow
78015	Thyroid met imaging
78016	Thyroid met imaging/studies
78018	Thyroid met imaging, body
78020	Thyroid met uptake
78070	Parathyroid nuclear imaging
78075	Adrenal nuclear imaging
78099	Endocrine nuclear procedure
78102	Bone marrow imaging, ltd
78103	Bone marrow imaging, mult
78104	Bone marrow imaging, body
78135	Red cell survival kinetics
78140	Red cell sequestration
78185	Spleen imaging
78190	Platelet survival, kinetics
78195	Lymph system imaging
78199	Blood/lymph nuclear exam
78201	Liver imaging
78202	Liver imaging with flow
78205	Liver imaging (3D)
78206	Liver image (3d) with flow
78215	Liver and spleen imaging
78216	Liver & spleen image/flow
78220	Liver function study
78223	Hepatobiliary imaging
78230	Salivary gland imaging
78231	Serial salivary imaging
78232	Salivary gland function exam
78258	Esophageal motility study
78261	Gastric mucosa imaging
78262	Gastroesophageal reflux exam
78264	Gastric emptying study

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78278	Acute GI blood loss imaging
78282	GI protein loss exam
78290	Meckel's divert exam
78291	Leveen/shunt patency exam
78299	GI nuclear procedure
78300	Bone imaging, limited area
78305	Bone imaging, multiple areas
78306	Bone imaging, whole body
78315	Bone imaging, 3 phase
78320	Bone imaging (3D)
78350	Bone mineral, single photon
78399	Musculoskeletal nuclear exam
78414	Non-imaging heart function
78428	Cardiac shunt imaging
78445	Vascular flow imaging
78456	Acute venous thrombus image
78457	Venous thrombosis imaging
78458	Ven thrombosis images, bilat
78459	Heart muscle imaging (PET)
78460	Heart muscle blood, single
78461	Heart muscle blood, multiple
78464	Heart image (3d), single
78465	Heart image (3d), multiple
78466	Heart infarct image
78468	Heart infarct image (ef)
78469	Heart infarct image (3D)
78472	Gated heart, planar, single
78473	Gated heart, multiple
78478	Heart wall motion add-on
78480	Heart function add-on
78481	Heart first pass, single
78483	Heart first pass, multiple
78491	Heart image (pet), single
78492	Heart image (pet), multiple
78494	Heart image, spect
78496	Heart first pass add-on
78499	Cardiovascular nuclear exam
78580	Lung perfusion imaging
78584	Lung V/Q image single breath
78585	Lung V/Q imaging
78586	Aerosol lung image, single
78587	Aerosol lung image, multiple
78588	Perfusion lung image
78591	Vent image, 1 breath, 1 proj
78593	Vent image, 1 proj, gas
78594	Vent image, mult proj, gas
78596	Lung differential function
78599	Respiratory nuclear exam
78600	Brain imaging, ltd static
78601	Brain imaging, ltd w/flow
78605	Brain imaging, complete
78606	Brain imaging, compl w/flow
78607	Brain imaging (3D)
78608	Brain imaging (PET)
78609	Brain flow imaging only
78615	Cerebral vascular flow image
78630	Cerebrospinal fluid scan
78635	CSF ventriculography
78645	CSF shunt evaluation
78647	Cerebrospinal fluid scan
78650	CSF leakage imaging
78660	Nuclear exam of tear flow
78699	Nervous system nuclear exam
78700	Kidney imaging, morphol
78701	Kidney imaging with flow
78707	K flow/funcnt image w/o drug
78708	K flow/funcnt image w/drug
78709	K flow/funcnt image, multiple
78710	Kidney imaging (3D)
78730	Urinary bladder retention
78740	Ureteral reflux study
78761	Testicular imaging w/flow
78799	Genitourinary nuclear exam
78800	Tumor imaging, limited area

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78801	Tumor imaging, mult areas
78802	Tumor imaging, whole body
78803	Tumor imaging (3D)
78804	Tumor imaging, whole body
78805	Abscess imaging, ltd area
78806	Abscess imaging, whole body
78807	Nuclear localization/abscess
78811	Tumor imaging (pet), limited
78812	Tumor image (pet)/skull-thigh
78813	Tumor image (pet) full body
78814	Tumor image pet/ct, limited
78815	Tumor image pet/ct skull-thigh
78816	Tumor image pet/ct full body
78890	Nuclear medicine data proc
78891	Nuclear med data proc
78999	Nuclear diagnostic exam
91110	Gi tract capsule endoscopy
91111	Esophageal capsule endoscopy
93303	Echo transthoracic
93304	Echo transthoracic
93307	Echo exam of heart
93308	Echo exam of heart
93320	Doppler echo exam, heart [if used in conjunction with 93303-93308]
93321	Doppler echo exam, heart [if used in conjunction with 93303-93308]
93325	Doppler color flow add-on [if used in conjunction with 93303-93308]
93875	Extracranial study
93880	Extracranial study
93882	Extracranial study
93886	Intracranial study
93888	Intracranial study
93890	Tcd, vasoreactivity study
93892	Tcd, emboli detect w/o inj
93922	Extremity study
93923	Extremity study
93924	Extremity study
93925	Lower extremity study
93926	Lower extremity study
93930	Upper extremity study
93931	Upper extremity study
93965	Extremity study
93970	Extremity study
93971	Extremity study
93975	Vascular study
93976	Vascular study
93978	Vascular study
93979	Vascular study
93980	Penile vascular study
93981	Penile vascular study
93990	Doppler flow testing
A4641	Radiopharm dx agent noc
A4642	In111 satumomab
A9500	Tc99m sestamibi
A9502	Tc99m tetrofosmin
A9503	Tc99m medronate
A9504	Tc99m apcitide
A9505	TL201 thallium
A9507	In111 capromab
A9508	I131 iodobenguane, dx
A9510	Tc99m disofenin
A9512	Tc99m pertechnetate
A9516	I123 iodide cap, dx
A9521	Tc99m exametazime
A9524	I131 serum albumin, dx
A9526	Nitrogen N-13 ammonia
A9528	Iodine I-131 iodide cap, dx
A9529	I131 iodide sol, dx
A9531	I131 max 100uCi
A9532	I125 serum albumin, dx
A9536	TC99m depreotide

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A9537	Tc99m mebrofenin
A9538	Tc99m pyrophosphate
A9539	Tc99m pentetate
A9540	Tc99m MAA
A9541	Tc99m sulfur colloid
A9542	In111 ibritumomab, dx
A9544	I131 tositumomab, dx
A9546	CO57/58
A9547	In111 oxyquinoline
A9548	In111 pentetate
A9550	Tc99m gluceptate
A9551	Tc99m succimer
A9552	F18 fdg
A9553	Cr51 chromate
A9554	I125 iohalamate, dx
A9555	Rb82 rubidium
A9556	Ga67 gallium
A9557	Tc99m bicisate
A9558	Xe133 xenon 10mci
A9559	Co57 cyano
A9560	Tc99m labeled rbc
A9561	Tc99m oxidronate
A9562	Tc99m mertiatide
A9565	In111 pentetate
A9566	Tc99m fanolesomab
A9567	Technetium Tc-99m
A9568	Tc99m arcitumomab
A9700	Echocardiography contrast
G0130	Single energy x-ray study
G0202	Screeningmammographydigital
G0204	Diagnosticmammographydigital
G0206	Diagnosticmammographydigital
G0288	Recon, CTA for surg plan
G0389	Ultrasound exam AAA screen
Q0092	Set up port xray equipment
Q9945	LOCM <=149mg/ml iodine, 1 ml
Q9946	LOCM 150-199mg/ml iodine,1ml
Q9947	LOCM 200-249mg/ml iodine,1ml
Q9948	LOCM 250-299mg/ml iodine,1ml
Q9949	LOCM 300-349mg/ml iodine,1ml
Q9950	LOCM 350-399mg/ml iodine,1ml
Q9951	LOCM>=400 mg/ml iodine,1ml
Q9952	Inj Gad-base MR contrast, ml
Q9953	Inj Fe-base MR contrast, ml
Q9954	Oral MR contrast, 100ml
Q9955	Inj perflerane lip micros,ml
Q9956	Inj octafluoropropane mic,ml
Q9957	Inj perflutren lip micros,ml
Q9958	HOCM <=149 mg/ml iodine, 1ml
Q9959	HOCM 150-199mg/ml iodine,1ml
Q9960	HOCM 200-249mg/ml iodine,1ml
Q9961	HOCM 250-299mg/ml iodine,1ml
Q9962	HOCM 300-349mg/ml iodine,1ml
Q9963	HOCM 350-399mg/ml iodine,1ml
Q9964	HOCM>=400mg/ml iodine, 1ml
R0070	Transport portable x-ray
R0075	Transport port x-ray multipl

RADIATION THERAPY SERVICES AND SUPPLIES

INCLUDE the following CPT and HCPCS codes:
 0073T Delivery, comp imrt
 19296 Place po breast cath for rad
 19297 Place breast cath for rad

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19298	Place breast rad tube/caths
31643	Diag bronchoscope/catheter
55875	Transperi needle place, pros
55876	Place rt device/marker, pros
57155	Insert uteri tandems/ovoids
58346	Insert heyman uteri capsule
61770	Incise skull for treatment
61793	Focus radiation beam
77261	Radiation therapy planning
77262	Radiation therapy planning
77263	Radiation therapy planning
77280	Set radiation therapy field
77285	Set radiation therapy field
77290	Set radiation therapy field
77295	Set radiation therapy field
77299	Radiation therapy planning
77300	Radiation therapy dose plan
77301	Radiotherapy dose plan, imrt
77305	Teletx isodose plan simple
77310	Teletx isodose plan intermed
77315	Teletx isodose plan complex
77321	Special teletx port plan
77326	Brachytx isodose calc simp
77327	Brachytx isodose calc interm
77328	Brachytx isodose plan compl
77331	Special radiation dosimetry
77332	Radiation treatment aid(s)
77333	Radiation treatment aid(s)
77334	Radiation treatment aid(s)
77336	Radiation physics consult
77370	Radiation physics consult
77371	Srs, multisource
77372	Srs, linear based
77373	Sbrt delivery
77399	External radiation dosimetry
77401	Radiation treatment delivery
77402	Radiation treatment delivery
77403	Radiation treatment delivery
77404	Radiation treatment delivery
77406	Radiation treatment delivery
77407	Radiation treatment delivery
77408	Radiation treatment delivery
77409	Radiation treatment delivery
77411	Radiation treatment delivery
77412	Radiation treatment delivery
77413	Radiation treatment delivery
77414	Radiation treatment delivery
77416	Radiation treatment delivery
77417	Radiology port film(s)
77418	Radiation tx delivery, imrt
77421	Stereoscopic x-ray guidance
77422	Neutron beam tx, simple
77423	Neutron beam tx, complex
77427	Radiation tx management, x5
77431	Radiation therapy management
77432	Stereotactic radiation trmt
77435	Sbrt management
77470	Special radiation treatment
77499	Radiation therapy management
77520	Proton trmt, simple w/o comp
77522	Proton trmt, simple w/comp
77523	Proton trmt, intermediate
77525	Proton treatment, complex
77600	Hyperthermia treatment
77605	Hyperthermia treatment
77610	Hyperthermia treatment
77615	Hyperthermia treatment
77620	Hyperthermia treatment
77750	Infuse radioactive materials
77761	Apply intrcav radiat simple
77762	Apply intrcav radiat interm
77763	Apply intrcav radiat compl
77776	Apply interstit radiat simpl
77777	Apply interstit radiat inter
77778	Apply interstit radiat compl

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77781	High intensity brachytherapy
77782	High intensity brachytherapy
77783	High intensity brachytherapy
77784	High intensity brachytherapy
77789	Apply surface radiation
77790	Radiation handling
77799	Radium/radioisotope therapy
79005	Nuclear rx, oral admin
79101	Nuclear rx, iv admin
79200	Nuclear rx, intracav admin
79300	Nuclr rx, interstit colloid
79403	Hematopoietic nuclear tx
79440	Nuclear rx, intra-articular
79445	Nuclear rx, intra-arterial
79999	Nuclear medicine therapy
92974	Cath place, cardio brachytx
A9517	I131 iodide cap, rx
A9527	Iodine I-125 sodium iodide
A9530	I131 iodide sol, rx
A9543	Y90 ibnumomab, rx
A9545	I131 tositumomab, rx
A9563	P32 Na phosphate
A9564	P32 chromic phosphate
A9600	Sr89 strontium
A9605	Sm 153 lexidronm
A9699	Radiopharm rx agent noc
G0173	Stereo radiosurgery, complete
G0243	Multisour photon stero treat
G0251	Linear acc based stero radio
G0339	Robot lin-radsurg com, first
G0340	Robt lin-radsurg fractx 2-5
Q3001	Brachytherapy Radioelements

EPO AND OTHER DIALYSIS-RELATED DRUGS

The physician self-referral prohibition does not apply to the following codes for EPO and other dialysis-related drugs furnished in or by an ESRD facility if the conditions in §411.355(g) are satisfied:

J0630	Calcitonin salmon injection
J0636	Inj calcitriol per 0.1 mcg
J0882	Darbepoetin alfa, esrd use
J0895	Deferoxamine mesylate inj
J1270	Injection, doxercalciferol
J1751	Iron dextran 165 injection
J1752	Iron dextran 267 injection
J1756	Iron sucrose injection
J1955	Inj levocarnitine per 1 gm
J2501	Paricalcitol
J2916	Na ferric gluconate complex
J2993	Retepase injection
J2995	Inj streptokinase/250000 IU
J2997	Alteplase recombinant
J3364	Urokinase 5000 IU injection
P9041	Albumin (human), 5%, 50ml
P9045	Albumin (human), 5%, 250ml
P9046	Albumin (human), 25%, 20ml
P9047	Albumin (human), 25%, 50ml
Q4081	Epoetin alfa, 100 units ESRD

**PREVENTIVE SCREENING TESTS,
IMMUNIZATIONS AND VACCINES**

The physician self-referral prohibition does not apply to the following tests if they are performed for screening purposes and satisfy the conditions in §411.355(h):

77052	Comp screen mammogram add-on
77057	Mammogram, screening
80061	Lipid panel [only when billed with one of the following ICD-9-CM codes: V81.0, V81.1, or V.81.2]
82270	Occult blood, feces

**ADDENDUM J.—LIST OF CPT 1/
HCPCS CODES USED TO DESCRIBE
CERTAIN DESIGNATED HEALTH
SERVICE CATEGORIES² UNDER SECTION
1877 OF THE SOCIAL SECURITY
ACT—Continued**

[Effective date January 1, 2007]

82465	Assay, bld/serum cholesterol [only when billed with one of the following ICD-9-CM codes: V81.0, V81.1, or V.81.2]
82947	Assay, glucose, blood quant [only when billed with ICD-9-CM code V77.1]
82950	Glucose test [only when billed with ICD-9-CM code V77.1]
82951	Glucose tolerance test (GTT) [only when billed with ICD-9-CM code V77.1]
83718	Assay of lipoprotein [dthly when billed with one of the following ICD-9-CM codes: V81.0, V81.1, or V.81.2]
84478	Assay of triglycerides [only when billed with one of the following ICD-9-CM codes: V81.0, V81.1, or V.81.2]
G0103	Psa, total screening
G0123	Screen cerv/vag thin layer
G0124	Screen c/v thin layer by MD
G0141	Scr c/v cyto, autosys and md
G0143	Scr c/v cyto, thinlayer, resc
G0144	Scr c/v cyto, thinlayer, resc
G0145	Scr c/v cyto, thinlayer, resc
G0147	Scr c/v cyto, automated sys
G0148	Scr c/v cyto, autosys, resc
G0202	Screening mammography digital
G0328	Fecal blood scm immunoassay
G0389	Ultrasound exam AAA screen
P3000	Screen pap by tech w md supv
P3001	Screening pap smear by phys

The physician self-referral prohibition does not apply to the following immunization and vaccine codes if they satisfy the conditions in §411.355(h):

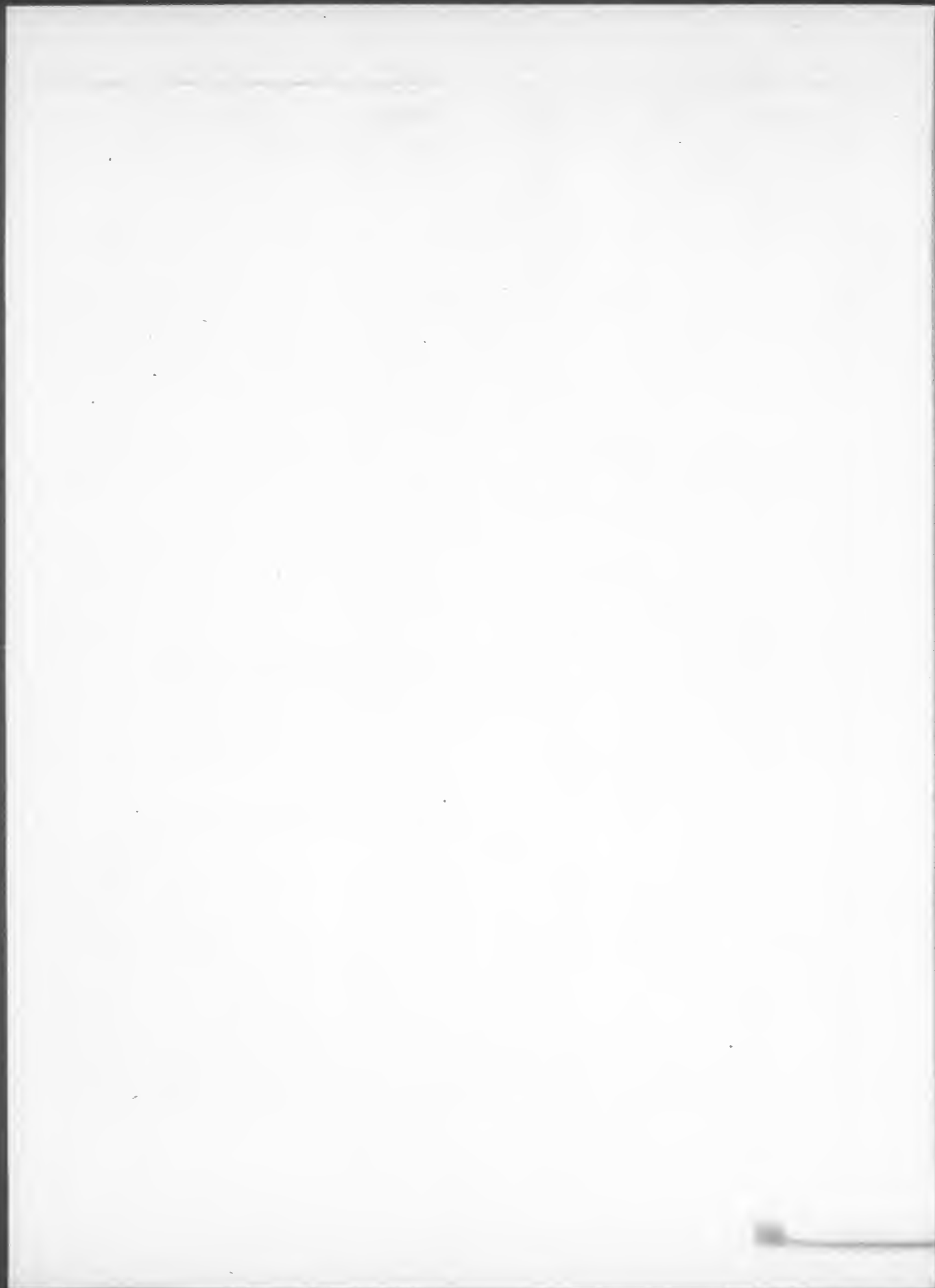
90655	Flu vaccine no preserv 6-35m
90656	Flu vaccine no preserv 3 & >
90657	Flu vaccine, 3 yrs, im
90658	Flu vaccine 3 yrs & >, im
90660	Flu vaccine, nasal
90732	Pneumococcal vaccine
90740	Hepb vacc, ill pat 3 dose im
90743	Hepb vacc, adol, 2 dose, im
90744	Hepb vacc ped/adol 3 dose im
90746	Hepb vaccine, adult, im
90747	Hepb vacc, ill pat 4 dose im

¹ CPT codes and descriptions only are copyright 2006 American Medical Association. All rights are reserved and applicable FARS/DFARS clauses apply.

² This list does not include codes for the following designated health service (DHS) categories: durable medical equipment and supplies; parenteral and enteral nutrients, equipment and supplies; prosthetics, orthotics, and prosthetic devices and supplies; home health services; outpatient prescription drugs; and inpatient and outpatient hospital services. For the definitions of these DHS categories, refer to §411.351. For more information, refer to <http://cms.hhs.gov/medlearn/rfphys.asp>.

[FR Doc. 06-9086 Filed 11-1-06; 5:00 pm]

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Federal Register

Friday,
December 1, 2006

Part III

**Department of
Transportation**

Federal Aviation Administration

**14 CFR Part 145
Repair Stations; Proposed Rule**

DEPARTMENT OF TRANSPORTATION**Federal Aviation Administration****14 CFR Part 145**

[Docket No. FAA-2006-26408]

RIN 2120-AI53

Repair Stations**AGENCY:** Federal Aviation Administration (FAA), DOT.**ACTION:** Notice of proposed rulemaking (NPRM).

SUMMARY: The FAA proposes to amend the regulations for repair stations by revising the system of ratings and requiring repair stations to establish a quality program. The FAA also proposes additional changes critical to maintaining safety. These include requiring a repair station to maintain a capability list, designating a chief inspector, and having permanent housing for its facilities, equipment, materials, and personnel. In addition, this proposal also specifies those instances when the FAA may deny a repair station certificate. The proposal looks at the particular cases where a previously held certificate has been revoked. Lastly, the FAA proposes to clarify recent revisions to the repair station regulations. This action is necessary to reflect changes in aviation technology and repair station business practices.

DATES: Send your comments on or before March 1, 2007.**ADDRESSES:** You may send comments identified by Docket Number FAA-2006-26408 using any of the following methods:

- **DOT Docket Web site:** Go to <http://dms.dot.gov> and follow the instructions for sending your comments electronically.

- **Government-wide rulemaking Web site:** Go to <http://www.regulations.gov> and follow the instructions for sending your comments electronically.

- **Mail:** Docket Management Facility; U.S. Department of Transportation, 400 Seventh Street, SW., Nassif Building, Room PL-401, Washington, DC 20590-001.

- **Fax:** 1-202-493-2251.

- **Hand Delivery:** Room PL-401 on the plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

For more information on the rulemaking process, see the **SUPPLEMENTARY INFORMATION** section of this document.

Privacy: We will post all comments we receive, without change, to <http://dms.dot.gov>, including any personal information you provide. For more information, see the Privacy Act discussion in the **SUPPLEMENTARY INFORMATION** section of this document.

Docket: To read background documents or comments received, go to <http://dms.dot.gov> at any time or to Room PL-401 on the plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: George W. Bean, General Aviation and Repair Station Branch, AFS-340, Federal Aviation Administration, 800 Independence Avenue, SW., Washington, DC 20591; telephone (202) 267-3109; facsimile (202) 267-5115, e-mail George.W.Bean@faa.gov.

SUPPLEMENTARY INFORMATION:**Comments Invited**

The FAA invites interested persons to take part in this rulemaking by sending written comments, data, or views. We also invite comments about the economic, environmental, energy, or federalism impacts that might result from adopting the proposals in this document. The most helpful comments reference a specific portion of the proposal, explain the reason for any recommended change, and include supporting data. We ask that you send us two copies of written comments.

We will file in the docket all comments we receive, as well as a report summarizing each substantive public contact with FAA personnel about this proposed rulemaking. The docket is available for public inspection before and after the comment closing date. If you wish to review the docket in person, go to the address in the **ADDRESSES** section of this preamble between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. You may also review the docket using the Internet at the web address in the **ADDRESSES** section.

Privacy Act: Using the search function of our docket Web site, anyone can find and read the comments received into any of our dockets, including the name of the individual sending the comment (or signing the comment on behalf of an association, business, labor union, etc.). You may review DOT's complete Privacy Act Statement in the **Federal Register** published on April 11, 2000 (65 FR 19477-78) or you may visit <http://dms.dot.gov>.

Before acting on this proposal, we will consider all comments we receive

by the closing date for comments. We will consider comments filed late if it is possible to do so without incurring expense or delay. We may change this proposal because of the comments we receive.

If you want the FAA to acknowledge receipt of your comments on this proposal, include with your comments a pre-addressed, stamped postcard on which the docket number appears. We will stamp the date on the postcard and mail it to you.

Proprietary or Confidential Business Information

Do not file in the docket information that you consider to be proprietary or confidential business information. Send or deliver this information directly to the person identified in the **FOR FURTHER INFORMATION CONTACT** section of this document. You must mark the information that you consider proprietary or confidential. If you send the information on a disk or CD ROM, mark the outside of the disk or CD ROM and also identify electronically within the disk or CD ROM the specific information that is proprietary or confidential.

Under 14 CFR 11.35(b), when we are aware of proprietary information filed with a comment, we do not place it in the docket. We hold it in a separate file to which the public does not have access, and place a note in the docket that we have received it. If we receive a request to examine or copy this information, we treat it as any other request under the Freedom of Information Act (5 U.S.C. 552). We process such a request under the DOT procedures found in 49 CFR part 7.

Availability of Rulemaking Documents

You can get an electronic copy using the Internet by:

- (1) Searching the Department of Transportation's electronic Docket Management System (DMS) Web page (<http://dms.dot.gov/search>);
- (2) Visiting the Office of Rulemaking's Web page at <http://www.faa.gov/avr/arm/index.cfm>; or
- (3) Accessing the Government Printing Office's Web page at <http://www.gpoaccess.gov/fr/index.html>.

You can also get a copy by sending a request to the Federal Aviation Administration, Office of Rulemaking, ARM-1, 800 Independence Avenue, SW., Washington, DC 20591, or by calling (202) 267-9680. Make sure to identify the docket number, notice number, or amendment number of this rulemaking.

Authority for This Rulemaking

The FAA's authority to issue rules regarding aviation safety is found in Title 49 of the United States Code. Subtitle I, section 106, describes the authority of the FAA Administrator. Subtitle VII, Aviation Programs, describes in more detail the scope of the agency's authority.

This rulemaking is promulgated under the authority described in title 49, subtitle VII, part A, subpart III, section 44701, General requirements, and Section 44707, Examining and rating air agencies. Under section 44701, the FAA may prescribe regulations and standards in the interest of safety for inspecting, servicing, and overhauling aircraft, aircraft engines, propellers, and appliances. It may also prescribe equipment and facilities for, and the timing and manner of, inspecting, servicing, and overhauling. Under section 44707, the FAA may examine and rate repair stations.

This regulation is within the scope of section 44701 since it establishes new regulations for a repair station to establish a quality program, requires a repair station to maintain a capability list, designate a chief inspector, and have permanent housing for all its facilities, equipment, materials, and personnel. This regulation is within the scope of section 44707 since it revises the system of ratings for repair stations and specifies those instances when the FAA may deny the issuance of a repair station certificate, especially when a previously held certificate has been revoked.

Background

In 1975, industry participants in the FAA's First Biennial Operations Review recommended that the agency revise Title 14, Code of Federal Regulations (CFR) part 145, Repair Stations. The FAA subsequently adopted minor amendments to part 145; however, the FAA did not make any major revisions until November 22, 1988 (Amendment No. 145-21, 53 FR 47376). In that amendment, the FAA expanded the scope of work that U.S.-certificated repair stations located outside the United States may perform. It also allowed certain repair stations to contract maintenance functions to noncertificated entities under specific conditions.

The FAA held four public meetings in 1989 as part of a regulatory review of 14 CFR part 43, Maintenance, Preventive Maintenance, Rebuilding, and Alteration, 14 CFR part 65, Certification: Airmen Other than Flight Crewmembers, subpart E, Repairmen,

and 14 CFR part 145. These meetings provided a forum for the public to comment on possible revisions to the rules governing repair stations. More than 500 representatives of repair stations, airlines, unions, manufacturers, foreign governments, industry organizations, and individuals attended the meetings.

The goal of the meetings was to gather enough factual information for the public to decide whether the FAA should revise the repair station regulations, and if so, to determine what revisions the FAA should make. To prepare for the meetings, the FAA identified several areas of the repair station rules that might need revision. These areas were:

- Organization and format;
- Ratings and classes;
- Operations and inspection procedures;
- Manufacturers' maintenance facilities;
- Contracting of maintenance by repair stations;
- Repair station privileges;
- Facility, housing, and equipment requirements;
- Recordkeeping and report requirements; and
- Management, inspection personnel, and repairmen qualifications.

Participants discussed these issues at the FAA public meetings and sent written comments to Docket No. 25965, which the FAA set up for the regulatory review. Responses from participants at the meetings and comments received in the docket showed a need to revise and update repair station regulations.

After considering the comments and data collected, the FAA issued Notice of Proposed Rulemaking No. 99-09, "Part 145 Review: Repair Stations" (64 FR 33142, June 21, 1999). On July 30, 2001, the FAA issued "Repair Stations; Final rule with request for comments and direct final rule with request for comments" (66 FR 41088, August 6, 2001). The FAA requested comments on removing appendix A from part 145, which the FAA had not proposed originally, and on the paperwork burden. In that final rule, the FAA:

- Reorganized and clarified certain subparts and sections of part 145;
- Removed limited ratings for manufacturers' maintenance facilities;
- Changed repair station housing and equipment requirements;
- Included rules for exchanging equipment among satellite repair stations and for leasing equipment;
- Required repair stations to develop a repair station manual that prescribes its operating procedures;
- Required repair stations to develop a quality control manual that is similar

to the previously required inspection procedures manual;

- Provided for the operation of satellite repair stations;
- Expanded the scope of contract maintenance; and
- Required repair stations to develop a training program.

Although the FAA proposed a new system of ratings and classes in Notice No. 99-09, the FAA kept the existing system in the final rule.

The FAA received a significant number of comments opposing the proposal. Commenters agreed the repair station industry needs new ratings, however, they opposed the FAA's proposed system of ratings and classes. Therefore, the FAA decided to seek advice and recommendations from the affected aviation community before developing new rules for ratings and classes.

Also, the final rule did not include a quality assurance program, as proposed originally. Again, the FAA decided to seek advice and recommendations from the affected aviation community before developing new rules for quality assurance. The FAA also elected to use an established Federal advisory committee to gather information regarding ratings and quality assurance.

On October 15, 2001, FAA tasked the Aviation Rulemaking Advisory Committee (ARAC) to address ratings and quality assurance for repair stations. (66, FR 53281, October 19, 2001) The FAA asked ARAC to recommend a system of ratings for repair stations that would mitigate problems associated with the existing system and allow for growth of the aviation industry. Also, the FAA tasked ARAC to recommend a quality assurance program that would reflect industry requirements and account for the varying scope of repair station operations. Specifically, under the ratings task, the FAA tasked ARAC to:

- Review the existing system of ratings and classes contained in the current part 145 and in any other documents issued by the FAA pertaining to aeronautical repair stations.
- Review comments submitted to the FAA in response to the public meetings held in 1989 and the system of ratings proposed in June 1999 in Notice No. 99-09.
- Review challenges reported by Aviation Safety Inspectors (ASIs) under the existing system of ratings.
- Identify the challenges that aeronautical repair stations encounter under the existing system of ratings and classes, including those pertaining to:

- Current business practices that are not regulated that may require some form of control;
- Provisions in the current regulation that prevent repair stations from performing desired business practices; and
- Enforcement problems associated with the current regulations.
 - Draft a Technical Report that:
- Presents a review of the existing system of ratings and classes;
- Identifies various choices for rating systems;
- Identifies the advantages and disadvantages of each option;
- Provides economic information for each of the alternative rating systems; and
- Recommends a preferred system of ratings.

Under the quality assurance task, the FAA tasked ARAC to:

- Review the discussion about quality assurance in the June 1999 Notice of Proposed Rulemaking (Notice No. 99-09).
- Review comments relating to quality assurance submitted to the FAA in response to the public meetings held in 1989 and the quality assurance program requirements proposed in Notice No. 99-09.
- Review current industry practices relating to quality assurance issues to:
 - Identify quality assurance systems currently used by some repair stations; and
 - Analyze the elements of the systems used by the aviation industry.
 - Develop a Technical Report that:
- Presents a review of regulatory requirements that comprise a quality assurance program;
- Identifies various options for regulating quality assurance programs;
- Identifies the advantages and disadvantages of each option;
- Provides information on the economic impacts of applying a quality assurance system to various segments of the repair station industry; and
- Recommends a preferred quality assurance program or system.

ARAC sent its technical reports and recommendations to the FAA on August 13, 2002. The technical reports and recommendations contain details about each of the various options. Information on ARAC is available on the ARAC Web site: <http://www.faa.gov/avr/arm/arac>.

Action

In this rulemaking action, the FAA proposes a new rating system for repair stations and proposes requirements for

a quality system. The FAA bases this proposed rule on the public meetings held in 1989, comments to Docket No. 25965, comments to Notice No. 99-09, and recommendations from ARAC. The FAA also proposes additional changes critical to maintaining safety. These include: requiring a repair station to maintain a capability list; designating a chief inspector; and having permanent housing for all its facilities, equipment, materials, and personnel. In addition, the proposal also specifies those instances when the FAA may deny a repair station certificate. The proposal looks at the particular cases where a previously held certificate has been revoked. Lastly, the FAA proposes several minor amendments to the July 30, 2001 final rule. These amendments are necessary to clarify the rule.

Section-by-Section Analysis

Subpart B—Certification

Section 145.51 Application for Certificate

The FAA proposes to add a provision to the application procedures that would require an applicant for a repair station certificate to provide the FAA with a letter explaining how the applicant intends to comply with the requirements of part 145. Under long-standing FAA policy and practice, repair station certificate applicants have provided this letter that the FAA refers to as a "Letter of Compliance." Since the letter is an essential part of the application process, the FAA finds it appropriate to include a requirement to provide the letter in the regulations for application for a repair station certificate.

The FAA proposes an editorial change to current § 145.51(a)(2) (proposed § 145.51(a)(3)) to make the wording consistent with proposed § 145.211(d). It would refer to a "quality system manual" rather than a "quality control manual."

The FAA proposes adding the words "manufacturer" and "category" to proposed § 145.51(a)(4) to ensure consistency with the capability list requirements found in § 145.215.

The FAA proposes to clarify the text of § 145.51(b) by removing the ambiguity in the relieving provision concerning the availability of the equipment at the time of certification. This ambiguity results from the phrase specifying that the equipment requirement of the paragraph could be met "if the applicant has a contract acceptable to the FAA with another person to make the equipment available to the applicant at the time of

certification. * * * " The FAA believes that the phrase lacks clarity and could be subject to arbitrary application in individual cases; i.e., one inspector might require the contract to be executed and all the equipment brought to the premises for a pre-certification inspection, while another inspector might only review the contract for the specified items. In the first example, the equipment could be returned to the supplier the next day, and not be returned to the repair station until the relevant work is being performed, as required by § 145.109(a).

Consistent with the requirement in § 145.109(a), and as noted by some of the commenters to the proposal in Notice No. 99-09, it is important that the equipment be in place when the work is being performed. That is the safety basis for the equipment requirement. If, at the time of initial certification or rating approval, an applicant has a contract acceptable to the FAA to make the equipment available when the relevant work is being performed, the FAA will be able to determine that the repair station has assessed its relevant needs, and that it has the means to obtain the pertinent equipment, tools, and test apparatus when necessary. The applicant, of course, retains the option to have the equipment, tools, and test apparatus in place during the certification process. The requirement remains in § 145.109(a) that those items be on the premises and under the repair station's control whenever the work is being performed.

Additionally, the FAA notes that the text of existing § 145.109(a) contains a requirement to have "tools," in addition to equipment and materials, whereas existing § 145.51(b) does not refer to tools. Section 145.109(a) currently requires a repair station to "have the equipment, tools, and materials necessary to perform the maintenance, preventive maintenance, or alterations. * * * " [and that] The equipment, tools, and materials must be located on the premises and under the repair station's control when the work is being done." The FAA did not include the term "tools" in § 145.51(b) because of possible uncertainty as to what tools should be required for an applicant to have on site or under contract at the time of certification. We did not believe that an applicant, in order to obtain a repair station certificate, should be required to have on site at the time of initial certification or rating approval all the particular hand tools, etc., that an individual repairman or mechanic might possess. The term "equipment" in § 145.51(b) was meant to include items the FAA would consider to be "tools"

of the repair station. For example, a repair station's equipment might include items such as machines, jigs, fixtures, basic shop tools and associated tooling, necessary for the repair station to perform the work for which it is rated, as reflected on its proposed operations specifications and capability list.

We propose to clarify the scope of the kinds of items a repair station must have for initially obtaining certification by adding both *tools* and *test apparatus* to the list of items a repair station must have either on site or under contract. While the term *equipment* could be interpreted to include many examples of each, i.e., basic shop tools and test equipment, adding the term "tools" to the regulation would ensure that an applicant for a repair station certificate also includes on site, or in the contract, certain tools necessary for the rating sought that individual mechanics or repairmen might not possess. For example, this might include tools that are of a specialized nature for the rating or other tools that might be too large or expensive, or of a limited specialized nature. For the same reasons, and for consistency with the requirements in 14 CFR § 43.13(a), we propose to add "test apparatus" to the list of items a repair station must have in place for inspection or under contract at the time of initial certification or rating approval.

The FAA also proposes to remove the modifier "technical" from the term "data" for consistency with the other sections of the rule that use the term "data."

The FAA proposes to add a new paragraph (e) to § 145.51 to detail conditions under which a person may not apply for a repair station certificate. Unless otherwise authorized by the FAA, the following persons could not apply for a repair station certificate (nor would the FAA accept such an application) for one year from the date a previously revoked certificate was surrendered pursuant to the FAA's order of revocation:

- Any person who held a repair stations certificate that was revoked; and
- Any person who had a substantial ownership interest or substantial control over the operations of a repair station that has had its certificate revoked and who materially contributed to the circumstances causing the revocation.

The proposed rule would specify that the one-year period would begin to run on the date the certificate is surrendered to the FAA pursuant to the order of revocation. This proposed paragraph parallels § 61.13(d)(2), which pertains to pilots being able to reapply for a

certificate following revocation. Under the proposed text, a person whose certificate has been revoked needs prior authorization only if the person wishes to apply before the one-year term is up. The FAA revokes repair station certificates only for serious infractions of the regulations. The FAA believes that imposing a waiting period would serve as an additional deterrent against serious violations of the repair station regulations, thereby enhancing safety in the repair station industry.

Section 145.53 Issuance of certificate

Section 145.53 identifies who is entitled to a repair station certificate and appropriate ratings. Specifically, the section states that a person who meets the requirements of part 145 is entitled to a repair station certificate and appropriate ratings. Section 145.53(b) states, "if the person is located in a country with which the United States has a bilateral aviation safety agreement, the FAA may find that the person meets the requirements of this part based on certification from the civil aviation authority of that country." The FAA proposes to amend § 145.53(b) to state that the FAA may also base such finding on certification from an authority acceptable to the FAA.

This change permits the Administrator to base such a finding on a recommendation from a civil aviation authority that may not necessarily be the civil aviation authority of the country in which the repair station is located. Recent changes in Europe, for example, have led to the European Union forming the European Aviation Safety Agency (EASA). This new agency will carry out certain civil aviation safety functions for the European Community. The FAA must consider that over a period of time the United States may enter into aircraft maintenance agreements under which the FAA may base its actions on a certification made by a civil aviation authority other than a national aviation authority. Therefore, the proposal would revise the current regulation to allow for these different types of agreements. The FAA has determined that the change has no additional technical or economic impact on the regulation.

Also, the FAA proposes to add a new paragraph to § 145.53 identifying reasons the FAA may use to deny the issuance of a repair station certificate. The FAA proposes to deny a person a repair station certificate if:

- The applicant does not meet the eligibility requirements for the certificate sought, or does not complete the certification process.

- The applicant previously held a repair station certificate that was revoked.

- The applicant intends to fill or fills a key management position, (for example, accountable manager or chief inspector), with an individual who exercised control over or who held the same or a similar position with a repair station whose certificate was revoked, or was in the process of being revoked. That individual must have materially contributed to the circumstances causing the revocation or revocation process.

- The applicant held a key management position with a repair station certificate holder whose certificate was revoked, or was in the process of being revoked. The applicant must have materially contributed to the circumstances causing the revocation or causing the revocation process.

- An individual who will have control over or substantial ownership interest in the applicant had the same or similar control or interest in a repair station whose certificate was revoked, or is in the process of being revoked. That individual must have materially contributed to the circumstances causing revocation or causing the revocation process.

The last four criteria for denial are necessary because the FAA is aware of recent instances where persons whose repair station certificates were revoked continued to operate by obtaining new repair station certificates shortly after the revocation process. In a similar situation, a key management official with decision-making authority (chief inspector) from a repair station that lost its certificate for serious maintenance-related safety violations applied for and received a new repair station certificate. That individual also became the chief inspector at the newly certificated repair station. While under the chief inspector's direction, employees of the newly certificated station performed improper maintenance on a number of propellers, one of which came apart in flight causing a fatal accident.

As a result of this incident, the National Transportation Safety Board (NTSB), in a Safety Recommendation dated February 9, 2004 (A-04-01 and A-04-02), expressed concern that the FAA did not have a mechanism for preventing individuals who were associated with a previously revoked repair station, such as the owner described above, from continuing to operate through a new repair station. The NTSB made a number of observations.

The FAA has such a mechanism in place for air carriers and other commercial operators.

14 CFR § 119.39(b) allows the FAA to deny an application for a Part 121 or 135 air carrier or operating certificate. This can occur if the applicant previously held a certificate that was revoked or if a person who exercised control over (or held a key management position in) a previously revoked operator will be exercising control over (or hold a key management position in) the new operator.

The Part 119 rule allows the FAA to deny certification to an applicant who is substantially owned by (or intends to fill a key management position with) an individual who had a similar interest in a certificate holder whose certificate

was (or is being) revoked when that individual materially contributed to the circumstances causing the revocation.

The NTSB, pointing out the safety concerns offered by the FAA when it issued the above-described rules for air carriers and commercial operators, believed the same reasoning should apply equally to Part 145 certificate holders. The FAA agrees. The proposed language is consistent with other revocations that the FAA imposes. The changes that we propose are based to a large extent on the language contained in § 119.39(b). In 1978, when the predecessor regulation to § 119.39(b) was published, the FAA stated:

Noncompliance data is a significant factor to consider with an application for an ATCO [air taxi/commercial operator] operating

certificate. Similar information has been helpful in evaluating air carrier applicants and the persons they propose for management positions. The FAA revokes an operating certificate only for a very serious infraction of the regulations. If a person contributes materially to that infraction, the fact should be considered as a factor in evaluating the new application. This does not mean the approval of the application or employment position will be automatically withheld, but that each situation will be carefully evaluated on its merits. (43 FR 46762, Oct. 10, 1978)

Section 145.59 Ratings

The FAA proposes to revise the ratings and classes that may be issued to certificated repair stations. A comparison of the proposed ratings with the current ratings follows.

Current Rating	Proposed Rating
Airframe Rating	Aircraft Rating
Class 1: Composite construction of small aircraft Class 2: Composite construction of large aircraft Class 3: All-metal construction of small aircraft Class 4: All-metal construction of large aircraft	The Aircraft rating, which the FAA did not divide into classes, would replace the Airframe rating and its associated classes. The FAA proposes to expand the current Airframe rating to include all articles except those for which a Powerplant, Propeller, or Avionics rating is required.
Powerplant Rating	Powerplant Rating
Class 1: Reciprocating engines of 400 horsepower or less Class 2: Reciprocating engines of more than 400 horsepower Class 3: Turbine engines	Class 1: Reciprocating engines. Class 2: Turbine engines. Class 3: Auxiliary power units (APU).
Propeller Rating	Propeller Rating
Class 1: All fixed-pitch and ground-adjustable propellers of wood, metal, or composite construction. Class 2: All other propellers, by make.	This proposed Propeller rating no longer includes classes. This rating would not include the main and auxiliary rotors (airframe articles) or rotating airfoils of aircraft engines (powerplant articles). This rating would allow a repair station to remove and replace articles attached to the propeller and to remove and reinstall the propeller. Also, the rating would allow a repair station to remove, replace, install, and test the propeller.
Radio Rating	Avionics Rating
Class 1: Communication equipment Class 2: Navigational equipment. Class 3: Radar equipment.	The Avionics rating would combine the Radio, Instrument, and parts of the Accessory ratings into a single rating. The proposed Avionics rating would group together items that operate electrically or electronically and that require a unique set of skills not associated with other ratings. In addition, this rating would allow repair stations to perform maintenance on in-flight entertainment units or other electronic units, as specified in their operations specifications.
Instrument Rating	
Class 1: Mechanical. Class 2: Electrical. Class 3: Gyroscopic. Class 4: Electronic.	
Accessory Rating	Component Rating
Class 1: Mechanical accessories that depend on friction, hydraulics, mechanical linkage, or pneumatic pressure for operation. Class 2: Electrical accessories that depend on electrical energy for their operation. Class 3: Electronic accessories that depend on an electron tube, transistor, or similar device.	The Component rating would allow a repair station to perform maintenance, preventive maintenance, and alterations on individual component parts that are not installed on or in aircraft, powerplant, propeller, or avionics equipment. The Component rating would include any item that is not a complete aircraft, powerplant, propeller, or avionics article.

Current Rating	Proposed Rating
Limited Rating (§ 145.61)	Limitations to a Rating (§ 145.61)
For airframes; engines; propellers; instruments; radio equipment; accessories; landing gear; components; floats; nondestructive inspection, testing, and processing; emergency equipment; rotor blades by make and model; aircraft fabric work; and other purposes.	In response to industry and ARAC recommendations, the FAA would no longer issue limited ratings. Instead, the FAA would issue limitations to the rating of a certificated repair station governing maintenance or alterations on a particular type of aircraft, powerplant, propeller, avionics, or component part thereof for which part 43 applies.
Limited Rating for Specialized Service (§ 145.61)	Specialized Service Rating (§ 145.63)
For example, landing gear components; nondestructive inspection, testing, and processing; emergency equipment; aircraft fabric work; and any other specialized service the FAA finds appropriate for this rating.	The proposed Specialized Service rating is substantially the same as the existing Limited Specialized Service rating. The FAA would issue the Specialized Service rating to a repair station that performs only specific processes associated with the maintenance, preventive maintenance, and alterations of an aviation article.

Aircraft Rating

Currently, the FAA may issue a repair station an Airframe rating with any of four class ratings: Classes 1, 2, 3, and 4. These classes are based on aircraft weight (large or small as defined in 14 CFR § 1.1) and construction (composite or all-metal). The FAA finds that issuing ratings for aircraft based on their construction is no longer appropriate because modern aircraft are no longer built of either all composite material or all metal. Further, the FAA finds that classifying aircraft by weight is no longer appropriate. The FAA proposes to remove the Airframe rating and its associated class ratings and establish an Aircraft rating without classes.

In its technical report, ARAC noted that in 1962, most aircraft had a dope and fabric or wood construction. The aviation industry commonly referred to aircraft made from a combination of wood, fabric, and metal materials as aircraft with a "composite" construction. ARAC noted that a better description of the term "composite" may have been "not-all metal." The term "composite material" also refers to carbon-carbon compounds and advanced polymers.

Many modern aircraft have an airframe made of both metal and composite materials. The airframe is metal while certain portions, such as control surfaces and fairings, are composite materials. This causes confusion among FAA inspectors and the aviation industry over how much of an airframe must be of composite or metal construction for various class ratings within the Airframe category.

Since defining "composite" is difficult and the current classes are no longer suitable for the repair station industry, the FAA has tentatively determined that a better approach is to adopt general ratings. ARAC found that a repair station rating based solely on the type or variety of material in aircraft

construction is unduly restrictive. These factors no longer determine the scope of work repair stations are able to perform under the Airframe rating. ARAC found that airframe maintenance capabilities do not depend on the materials used in aircraft construction.

Further, ARAC found that classification of ratings by weight is no longer appropriate. Historically, the FAA and the aviation industry used the weight classification of small and large aircraft to distinguish aircraft used in commercial air carrier service from general aviation aircraft. Commercial operations normally used aircraft over 12,500 pounds while general aviation typically used smaller aircraft. This distinction also reflected the relative complexity of the aircraft. Today, however, aircraft weight does not reflect the complexity or intended use of an aircraft.

The Aircraft rating, which is not divided into classes, would replace the Airframe rating and its associated classes. Under the Aircraft rating, a repair station could perform maintenance, preventive maintenance, and alterations on the complete aircraft, except those articles for which a Powerplant, Propeller, or Avionics rating is required. Replacing the current Airframe rating with an Aircraft rating would allow for inclusion of future technological advancements in aircraft construction. The Aircraft rating would allow the repair station to work on the aircraft electrical distribution system external to avionics units. In addition, a repair station could remove, replace, install, and test any powerplant, propeller, or avionics equipment to perform its rated work on the complete aircraft and approve it for return to service if the repair station has the capabilities.

At the time of application, the FAA would require an applicant for an Aircraft rating to identify the manufacturer, type, make, model, or

series of aircraft on which the repair station intends to perform maintenance, preventive maintenance and alterations. The repair station must list the aircraft on its capability list, which would be required by § 145.215. The FAA would require the repair station to demonstrate that it has on its premises and under its control the necessary housing, facilities, equipment, tools, test apparatus, trained personnel, and data to perform the maintenance, preventive maintenance, and alterations on the aircraft listed.

After the FAA certifies a repair station, the repair station could add additional capabilities as needed. The repair station could change its capability list after performing a self-evaluation that is part of the repair station's quality system. This internal review would ensure that the FAA could evaluate the work being performed under the rating and confirm that a repair station has the capabilities to perform the specified maintenance, preventive maintenance, and alterations.

It is not the FAA's intent to allow a repair station to change its ratings simply by performing the self-evaluation. The self-evaluation is used to add capabilities to its capability list that are within the scope of its rating. Aircraft-rated repair stations would be required to list the type, make, model, or series of aircraft on its capability list. The Aircraft rating, along with the types of aircraft the repair station may maintain, constitutes its rating. An Aircraft-rated repair station could not add different aircraft types to its capability list by performing the self-evaluation. For example, if its operations specifications authorize the repair station to maintain B-737 aircraft types, and it was currently maintaining only B-737-100-500 models, it could perform the self-evaluation to add other B-737 models to its capability list, but it could not add B-757 aircraft.

The word "aircraft type" when used in the text associated with an Aircraft rating is defined in 14 CFR part 1 and means those aircraft that are similar in design. Examples include: DC-7 and DC-7C; 1049G and 1049H; and F27 and F27F.

Powerplant Rating

The current Powerplant rating has three classes: Class 1: Reciprocating engines of 400 horsepower or less, Class 2: Reciprocating engines of more than 400 horsepower, and Class 3: Turbine engines.

When the FAA established the current Powerplant ratings, reciprocating radial engines that produced more than 400 horsepower powered nearly all large aircraft. In its report, ARAC noted that these engines differed substantially from the horizontally opposed reciprocating engines with less than 400 horsepower that manufacturers used to power general aviation aircraft. Distinguishing powerplant classes by horsepower was helpful considering the engines in use at that time. Today, however, it is possible for small horizontally opposed reciprocating engines to produce more than 400 horsepower. Further, most modern transport category aircraft have turbine engines, and manufacturers no longer produce high horsepower radial engines. ARAC determined, therefore, that separate classes for reciprocating engines are no longer useful.

When the FAA established the current Powerplant rating, manufacturers were just beginning to use turbine engines on civil aircraft. Therefore, the FAA found it appropriate to establish a class for turbine engines.

Unlike the other ratings, the FAA would retain classes for the Powerplant rating. The Powerplant rating still has natural and permanent divisions between reciprocating, turbine, and APU engines. Engines do not cross the boundaries between these classes. This would not be true for the other ratings, especially the Aircraft rating.

Under the proposed rating system, a repair station holding a new Powerplant rating may perform maintenance, preventive maintenance, and alterations of the powerplant and all components necessary for the powerplant to work properly. The proposed Powerplant rating includes aircraft engines, as defined in 14 CFR 1.1, and auxiliary power units.

An Auxiliary Power Unit (APU) refers to any gas turbine-powered unit delivering rotating shaft power or compressed air, or both, that is not intended for the propelling of an aircraft. APUs often drive aircraft generators and air-conditioning packs.

In some cases APUs also can be used as an additional source of energy to start the primary aircraft engines. The design configurations of some aircraft rely on an APU for provisional back-up electrical power in flight in the event of a failure of the primary power sources. The APU has been included in the Powerplant rating due to its similarity to an aircraft turbine engine.

The proposed rating, therefore, would still have 3 classes. However, the classes would be organized as follows:

- Class 1: Reciprocating engines, combining current Classes 1 and 2;
- Class 2: Turbine engines, encompassing current Class 3; and
- Class 3: Auxiliary power units (APU).

This rating, like the Aircraft rating, would allow repair stations to remove and replace propellers and powerplant components, as needed, and to perform powerplant maintenance, preventive maintenance, and alterations. Powerplant-rated repair stations also could remove and replace nacelles and fairings because most engine work cannot be performed unless the repair station removes these items. However, this rating would not allow the repair station to remove or replace engines. To perform this function, the repair station would, at a minimum, have to hold an Aircraft rating with a limitation to remove and replace engines. Also, this rating would not allow a repair station to perform maintenance, preventive maintenance, and alterations on the aircraft or propeller.

An application for the Powerplant rating must include a list of the make, model, or series of all powerplant articles that the repair station intends to maintain. The repair station must list these articles on its capability list. The repair station may add different makes and models of engines within its class rating to its capability list by following the self-evaluation procedures of the repair station's quality system. The FAA does not intend that a repair station alter its rating by adding powerplants outside the scope of the powerplant class the repair station is rated to maintain. This means a Class 1-rated repair station cannot add a Class 2 powerplant simply by performing a self-evaluation. This would be considered a change of rating, and must be handled through the certification process.

Propeller Rating

Under the current regulations, a repair station holding a Class 1 Propeller rating may perform maintenance, preventive maintenance, and alterations on all fixed-pitch and ground-adjustable propellers of wood, metal, or composite construction. A repair station holding a

Class 2 Propeller rating may perform maintenance, preventive maintenance, and alterations on all other propellers by make.

In its report, ARAC noted that this distinction is based on the different levels of complexity between a propeller with no moving parts and a propeller with a mechanical system that controls the pitch of the propeller while operating. ARAC also noted that aircraft with small reciprocating engines generally have fixed pitch propellers, while aircraft with high horsepower engines have variable pitch propellers. ARAC found that, although varying levels of complexity exist for propellers, most repair stations performing maintenance on propellers hold both class ratings. Therefore, ARAC recommended that the FAA eliminate class ratings that distinguish the types of propellers.

The proposed Propeller rating would allow a repair station to perform maintenance, preventive maintenance, and alterations on propellers. This rating does not include the main and auxiliary rotors (airframe articles) or rotating airfoils of aircraft engines (powerplant articles). This rating would allow a repair station to remove and replace control components attached to the propeller. Also, the rating would allow a repair station to remove, replace, install, and test the propeller. However, it would not allow a repair station to perform installations that would constitute a major alteration to an aircraft or aircraft engine.

An applicant for a Propeller rating must list the make, model, or series of propellers to be included on its capability list. The repair station could add makes or models of propellers to its capability list by following the self-evaluation procedures of the repair station's quality system. Although a repair station holding a Propeller rating could remove and install the propeller on an aircraft engine, it could not perform any maintenance, preventive maintenance, or alterations on the aircraft, aircraft engine, or airframe. For example, a repair station that intends to install propellers of a different make and model using a supplemental type certificate (STC) would be required to hold a Propeller rating and would need an Aircraft rating, with the necessary limitation.

Avionics and Component Ratings

The proposed Avionics and Component ratings present different challenges to the rating system because of the sheer volume of articles that can be addressed by the ratings, the variety of these articles, and the number of

manufacturers of similar articles. Providing only the make, model, or series of these articles may not provide the necessary information to determine what requirements the repair station must meet in order to be eligible for a rating. As a result, the FAA must include a requirement for the name of the manufacturer of the articles to be included in the capability list. Also, the FAA proposes a requirement that the capability list for a repair station certificated to maintain avionics or component articles be separated by categories to make it easier for both the repair station's customers and the FAA to ascertain the capabilities of the repair station.

The inclusion of the manufacturer on the capability list is necessary because, unlike the aircraft or powerplant manufacturers, there are several manufacturers who produce similar articles, such as radios, integrated electronic units, pumps, and actuators. Because the rule requires repair stations to use the data, tools, and equipment recommended by the manufacturer, these items will differ between manufacturers even though the articles may be similar in design. Also, since repair stations will be performing self-evaluations to add items to their capability lists, not identifying the different items required for articles produced by different manufacturers could make it difficult for a repair station to determine if it has the capability to maintain articles from various manufacturers.

Identifying the manufacturer would assist the FAA in separating the capability list into categories. The category headings can be broad to encompass several similar articles, but should be detailed enough so that a cursory review can determine the types of articles maintained by the repair station. Examples of categories may include: radios, instruments, integrated modules, hydraulic pumps, fuel pumps, hydraulic actuators, brakes, integrated entertainment systems, cargo loading units/pallets, or cargo floor tracks and locks. Under these categories, the repair station would list each article by manufacturer, make, model, or series.

Avionics Rating

The Avionics rating would combine the current Radio, Instrument, and parts of the Accessory ratings into a single rating. This rating would include all articles used for aircraft communication, navigation, and operation that operate electrically or electronically.

The proposed Avionics rating groups together items that operate electrically or electronically and that require a

unique set of skills not associated with other ratings. In addition, this rating would allow repair stations to perform work on in-flight entertainment units or other electronic units. The current rating and classification system does not have a rating or class that clearly includes in-flight entertainment electronics. In its report, ARAC stated that although the aviation industry typically does not consider these devices as avionics equipment, the FAA should include them with other electronic devices that require similar skills to maintain.

The current Radio rating consists of three classes: Class 1: Communication equipment, Class 2: Navigation equipment, and Class 3: Radar equipment. In its report, ARAC indicated that technological advances in avionics have led to much controversy over this categorization of equipment. ARAC noted that modern avionics equipment typically integrates communication and navigation functions into a single avionics appliance. Radar and radio equipment that operate using pulse technology also serve communication and navigation functions. Therefore, repair stations performing work on avionics equipment often hold a Radio rating with all three of the classes.

The current Instrument rating consists of four classes: Class 1: Mechanical, Class 2: Electrical, Class 3: Gyroscopic, and Class 4: Electronic. The FAA established these classes based on the technology available at the time. However, ARAC notes that today, most instruments operate using a combination of these principles. Therefore, class distinctions are no longer appropriate.

The current Accessory rating has three classes. Class 1: Mechanical includes accessories that depend on friction, hydraulics, mechanical linkage, or pneumatic pressure for operation. Class 2: Electrical includes accessories that depend on electrical energy for their operation and generators. Class 3: Electronic includes accessories that depend on the use of an electron tube, transistor, or similar devices. Similar to the Instrument rating, the classes for the Accessory rating identify the article's principle of operation. Many articles maintained under this rating use a combination of principles, thus requiring repair stations to hold all the class ratings for an Accessory rating.

The proposed Avionics rating would allow a repair station with the required capabilities to remove and reinstall access panels, brackets, or clamps in accordance with the manufacturer's instructions on aircraft, powerplants, or

propellers, as needed, to gain access to avionics equipment or instruments. The repair station also could remove, replace, install, and test the avionics equipment on an aircraft, provided the repair station does not alter the aircraft. An Avionics-rated repair station would not be authorized to remove articles that it was not rated to reinstall. To perform a major or minor alteration to an aircraft, powerplant, or propeller, a repair station would be required to hold the appropriate additional ratings.

As with the Aircraft, Powerplant, and Propeller ratings, a repair station with an Avionics rating would have to identify on its capability list the articles that it intends to maintain. Unlike the other ratings, in addition to identifying the article by make or model and series, the Avionics-rated repair station must also include the manufacturer and the category of the article, such as communication, navigation, pulsed (radar), mechanical, electric, gyroscopic, or electronic.

Component Rating

The Component rating would allow a repair station to perform maintenance, preventive maintenance, and alterations on individual uninstalled component parts that are included on or in aircraft, powerplant, propeller, or avionics equipment. The Component rating would include any item that is not a complete aircraft, powerplant, propeller, or avionics article. However, a Component-rated repair station must have a limitation to an Aircraft, Powerplant, or Propeller rating to remove and install articles. A repair station with an Aircraft, Powerplant, Propeller, or Avionics rating would not need a Component rating to work on items associated with its respective rating and capabilities. For example, an Aircraft or Powerplant-rated repair station would not need a Component rating to perform work on an airfoil surface, engine case, or other parts of the aircraft or powerplant, as applicable.

The capability list for this rating must provide enough detail to ensure that a repair station has the appropriate housing, facilities, equipment, tools, test apparatus, training, personnel, and data at certification and when the work is being performed. The FAA agrees with ARAC's recommendation that a repair station list the general part nomenclature of an item, and that it is unnecessary to list articles by part number. The capability list would have to identify each component by manufacturer, make, model, or other nomenclature as designated by the manufacturer.

Section 145.61 Limitations to Ratings

In response to industry and ARAC recommendations, the FAA would no longer issue limited ratings. Instead, the FAA would issue limitations to the rating of a certificated repair station governing maintenance, preventive maintenance, or alterations on a particular type of aircraft, powerplant, propeller, avionics unit, or component part thereof. Currently, the rule allows for limited ratings based on the repair station performing maintenance, preventive maintenance, or alterations on particular makes or models of aircraft, powerplants, or propellers. However, as the repair industry has become more specialized, the concept of limited ratings had to be stretched to apply to repair stations performing only certain maintenance, preventive maintenance, or alteration functions on one or several makes/models of articles. Eliminating limited ratings would allow more flexibility in determining what rating an applicant or a repair station should obtain. For example, if a repair station intends to perform only a specific maintenance, preventive maintenance, or alteration function, such as interior configuration work or aircraft painting, the FAA would issue the repair station an Aircraft rating and list that function as a limitation on the repair station's operations specifications. The repair station's operations specifications would specify the rating to which the limitation applies and the limitation to that rating in sufficient detail to describe the maintenance capabilities of the repair station.

Section 145.63 Specialized Service Rating

Currently, the FAA issues limited ratings to repair stations to perform maintenance, preventive maintenance, and alterations to airframes, engines, propellers, instruments, radio equipment, accessories, landing gear components, emergency equipment, rotor blades, and floats, and to perform specialized services.

The proposed Specialized Service rating is substantially the same as the existing Limited Specialized Service rating. The Specialized Service rating would allow a repair station to perform a specific process associated with the maintenance, preventive maintenance, or alteration of an article; this work might not constitute a complete repair sufficient to approve an article for return to service. The repair station's operations specifications would contain the specification used in performing that specialized service. The

specification could be a military-, industry-, or applicant-developed specification that was approved by the FAA. Examples of specialized services would include, but not be limited to, non-destructive testing or inspection, welding, heat treating, plating, and plasma spraying.

There are three situations in which the FAA would issue a Specialized Service rating. The FAA would issue this rating to a repair station that:

- Performs only a specific process;
- Has in-house capabilities to perform the specific process but the work being requested is not within the scope of its rating; or
- Performs a function not found in the manufacturer's data.

If specialized service tasks are contained within a repair station's data for existing ratings, the repair station would not require an additional rating to perform that service. For example, if an Aircraft-rated repair station wants to perform plating on a propeller part, it would need a Specialized Service rating to perform the operation on the propeller part. If, however, a Powerplant-rated repair station has the in-house capability to perform x-ray inspections, it would not need to have a Specialized Service rating to perform that same maintenance for another repair station on powerplant articles for which it is already rated.

The Specialized Service rating would require the repair station to have the housing, facilities, equipment, tools, test apparatus, trained personnel, and data to perform the process on an aviation article. The process specification on the operations specifications would set forth the minimum standards for performing the generic process (specialized service). For example, the process specification would include an explanation of the housing, facilities, equipment, tools, test apparatus, trained personnel, and data necessary to perform the overall process. The applicable manufacturer's maintenance manual, air carrier manual, or other data acceptable to or approved by the FAA would define the specific parameters associated with performing the process on the particular aviation article.

Section 145.101 General

The current section states that a certificated repair station must provide housing, facilities, equipment, materials, and data that meets the applicable requirements for the issuance of the certificate and rating the repair station holds. The FAA proposes to revise this section specifically to require repair stations to provide tools and test

apparatus as already required in § 145.109 of this part.

Section 145.103 Housing and Facilities

Paragraph (a)(1) of this section requires each certificated repair station to provide housing for the facilities, equipment, materials, and personnel consistent with its ratings. The FAA proposes to revise this section to require "permanent" housing. It has long been FAA policy that repair stations, unlike other certificate holders, have a permanent fixed location from which to operate. The proposed rule would not prohibit these certificate holders from having mobile capabilities. It would, however, reinforce the need for repair stations to provide adequate assurance that work is performed in the best of environments and to the best of standards. This means protection of workers from unfavorable weather conditions so that their performance and the airworthiness of the articles they are maintaining is not adversely affected by those weather conditions. Repair stations would be required to provide suitable housing to protect the articles being maintained from contamination, foreign object debris, or conditions that may promote corrosion or other deteriorating conditions.

Further, the FAA is proposing to add new paragraph (d) to allow a repair station to use multiple fixed locations in performing maintenance, preventive maintenance, and alterations under its repair station certificate if the locations are within close proximity to the principal base of operations. These locations should be able to be reached in a reasonable amount of travel time so that FAA inspectors could provide the same level of surveillance at each fixed location. Such fixed locations should be located within the same geographic boundary of the FAA office with oversight responsibility for the repair station. Any fixed location outside of the geographic boundary of the FAA office with oversight responsibilities must either be certificated as a satellite repair station and meet the requirements of § 145.107, or it must obtain its own repair station certificate under the provisions of § 145.51 and § 145.53. Repair stations would be required to obtain a certificate for each fixed location outside of such boundaries as a satellite or stand-alone repair station.

Section 145.107 Satellite Repair Stations

The FAA proposes to change paragraph (a) of this section to clarify the requirements for a satellite repair station. The FAA also proposes to remove the restriction that a satellite

repair station may not hold a rating not held by the certificated repair station with managerial control. The FAA would not impose additional restrictions on satellite repair stations that do not apply to other repair stations.

Additionally, the FAA proposes to add a new paragraph stating that a satellite repair station may use the same repair station and quality system manuals as the repair station with managerial control. If a satellite repair station intends to use these manuals, it would have to identify any specific processes or procedures unique to the satellite repair station in appendices or sections of the manuals.

Finally, the FAA proposes to change paragraph (b) to state that inspection personnel may be away from the premises, but must be readily available. This language eliminates the need to specify that personnel be available by telephone, radio, or other electronic means. They would have to be readily available regardless of the means of communication.

Section 145.109 Equipment, Tools, Test Apparatus, Materials, and Data Requirements

The FAA proposes to amend this section to add the word "tools" to the heading to make it consistent with the requirement currently in the text of the section and to meet the agency's intent. The text of existing § 145.109(a) requires that each repair station have on the premises and under its control the equipment, tools, and materials necessary to perform the requisite work when it is being performed. The requirement in this section to have on site the equipment and tools "necessary to perform the maintenance, preventive maintenance, or alterations * * *" may in some instances be more comprehensive than the requirement in § 145.51(b) for those items at the time of initial certification or rating approval. As explained previously in this preamble, an applicant for a repair station certificate does not have to have on site or under contract at the time of initial certification or rating approval all of the individual hand tools that its employees may possess and need when they are performing the work of the repair station.

We propose to add *test apparatus* to the list of items that a repair station must have on the premises and under its control when it is performing work for the reasons previously stated in the § 145.51(b) discussion. This would remove potential uncertainty surrounding whether a necessary piece of test apparatus was considered to be

"equipment" or "tools" or neither. In addition, including *test apparatus* would be consistent with the requirements in 14 CFR § 43.13(a). Accordingly, we are revising the section heading to include test apparatus.

Finally, we also propose to amend the text of § 145.109(a) for clarification and ease of understanding.

Section 145.151 Personnel Requirements

The FAA proposes to add the requirement that repair stations designate a chief inspector. Although this position was not previously required, prior to the 2001 amendments, former § 145.43 required each repair station to have and maintain a roster listing, among other personnel, its "inspection personnel, including the names of the chief inspector." Many repair stations already have or have previously had a chief inspector as part of their staff. The FAA has received numerous requests to add the chief inspector requirement to this rule. This position is considered a critical function and is necessary to ensure the airworthiness of the articles a repair station maintains. There needs to be a technical person with the responsibility for regulatory compliance as well as the quality control duties. This person may be required to make critical decisions or countermand an errant finding from a quality control inspector. The quality of a product is directly related to the safety of the product. Part 121 of 14 CFR requires air carriers to have a chief inspector. This rulemaking will help to harmonize parts 121 and 145.

Section 145.155 Inspection Personnel Requirements

The FAA proposes to amend this section to set forth the experience requirements for the chief inspector position. Specifically, the FAA proposes to require the chief inspector of a repair station located within the United States be certificated under part 65. The FAA also proposes to add experience requirements for the chief inspector. Any person designated as a chief inspector for a repair station located either within or outside the United States must have at least 3 years of experience using the various types of inspection equipment and techniques appropriate for any article to be inspected. This includes the procedures, practices, inspection methods, materials tools, machine tools, and equipment generally used in the maintenance and alteration of articles for which the repair station is rated.

Currently, before mechanics can obtain an inspection authorization, they

must exercise the privileges of their certificate for a minimum of 3 years to demonstrate the competency needed to make judgment calls necessary to sign off on certain aircraft inspections. The FAA believes a chief inspector should meet similar criteria since the types of decisions that a mechanic with an inspection authorization and a chief inspector make are frequently similar and often just as critical.

The FAA proposes changes to § 145.155(a)(2) to ensure consistency with proposed § 145.155(d) by specifying that an inspector must be proficient in the use of "inspection equipment and techniques" rather than the more restrictive "inspection equipment and visual inspection aids."

Section 145.161 Records of Management, Supervisory, and Inspection Personnel

The FAA proposes to amend this section to reflect proposed changes to § 145.151 that require repair stations to designate a chief inspector. The proposed amendment would require that repair stations include the name of the chief inspector in the roster of inspection personnel required in paragraph (a)(2) of this section.

In addition, the FAA proposes to remove the requirement to include the total years of experience in the summaries of employment required in current paragraph (a)(4)(ii) of this section. Current paragraphs (a)(4)(iii) and (iv) already require past relevant employment experience as well as the scope of present employment. The current separate requirement to maintain a record of total years of experience of an individual is therefore redundant. Additionally, proposed paragraph (a)(4)(ii) includes a requirement to list past relevant employment with "position, and type of maintenance performed." It was necessary to include the word "position" since some management personnel may not have performed maintenance.

Section 145.203 Work Performed at Another Location

After redesignating the introductory text of the section, the FAA proposes adding a new paragraph that would require a repair station to obtain approval in writing prior to conducting any maintenance, preventive maintenance, and alterations outside of its domicile country. The current rule authorizing work to be performed at another location does not include specific provisions for a repair station to perform work under its certificate at a location outside the geographic borders

of the country where the repair station is located or domiciled. The proposal would require the repair station to obtain authorization to perform the work from the country in which the work is to be performed. It would also require the repair station to submit evidence of that authorization and a description of the procedures to be used to the FAA.

FAA policy currently allows an Aircraft-rated repair station located outside the United States that is also an operator holding an FAA Letter of Authorization per 14 CFR § 129.14, to qualify for geographic authorization under its Aircraft rating. This authorization ensures that U.S.-registered aircraft are maintained in accordance with a program approved by the FAA. The proposal would standardize the practice used to permit repair stations to perform work outside the country in which they are domiciled.

Section 145.205 Maintenance, Preventive Maintenance, and Alterations Performed for Certificate Holders Operating Under Parts 121, 125, or 135, or for Foreign Air Carriers or Foreign Persons Operating U.S.-Registered Aircraft in Common Carriage Under Part 129

The FAA proposes to clarify the requirements of the current section. Specifically, the FAA would add a requirement clarifying that certificated repair stations performing maintenance, preventive maintenance, and alterations for an air carrier or commercial operator conducting operations under parts 121 or 135, a certificate holder conducting operations under part 125, or a foreign air carrier or foreign person operating U.S.-registered aircraft under part 129 must comply with the applicable parts of this chapter. The FAA would also add the wording, "appropriately rated," to § 145.205(d) to ensure that a repair station would not perform line maintenance on articles that are outside the scope of its repair station certificate and ratings.

Section 145.211 Quality System

The FAA proposes to expand the quality control system requirements in existing § 145.211 to include elements of a more complete quality system for repair stations. While the FAA would keep the existing quality control elements, this proposal would add requirements for additional management oversight and follow-up. The FAA would also add a requirement for a repair station to establish an internal evaluation program. The FAA believes that if repair stations conduct

periodic internal evaluations of their processes and procedures, they could discover problem areas and take corrective actions before improper maintenance, preventive maintenance, or alterations are performed. Aviation safety would be enhanced accordingly.

Existing § 145.211 requires a final inspection of maintained articles. However, if the underlying benchmark processes or procedures against which the articles are being evaluated are flawed, defective articles can be and sometimes are approved for return to service. Such defective articles installed on aircraft have resulted in accidents involving damage to or loss of aircraft, and personal injuries and loss of life. At a minimum, these errors are costly and require the parts to be reworked or scrapped.

Under the proposed quality system requirements, a repair station would conduct internal evaluations of its operations and establish a management review and follow-up system. These two elements represent a significant part of the expansion the FAA would require of the existing quality control system.

The addition of an internal evaluation requirement would help ensure that repair stations' manuals comply with FAA regulations and that their operations conform to their manuals. In addition, a meaningful internal evaluation should identify deficiencies and generate an action plan to correct the deficiencies. Internal evaluations would also provide the information required by management to answer the following questions:

- Are our ongoing evaluations identifying and eliminating problems?
 - Are our processes effective?
- Management review and follow-up evaluations would determine the effectiveness of the internal evaluations. Management review and follow-up enhance the internal evaluation by—
- Analyzing the action plans to ensure compliance with regulations and good repair station practices;
 - Conducting reviews to determine the extent to which the action plans are correcting problems identified by ongoing internal evaluations;
 - Reviewing the over-all results of the internal evaluations to see if the ongoing evaluations are identifying and correcting deficiencies before the deficiencies result in product returns.

Below are two examples of FAA programs and procedures designed to identify and address problems that can occur. The illustrations are intended to show how a quality system with active management oversight and follow-up could prevent or limit the severity of

these problems brought about in maintenance systems.

The FAA's system of Airworthiness Directives (ADs) is the source of examples of defects that could lead to unsafe conditions. An AD is issued for a particular product when the FAA finds that an unsafe condition exists in that product and that the same unsafe condition is likely to exist or develop in other products of the same type design. Most ADs are issued to correct a design or a maintenance/inspection program deficiency. Sometimes, however, they are issued to correct an improper repair of a product if the improper repair was performed, or was likely to have been performed, on multiple units of the same product. An AD describes the unsafe condition and prescribes the actions required to correct it. Each AD specifies the models of the affected product to which it applies. ADs are legally enforceable rules. As such they are published in the **Federal Register** as amendments to 14 CFR 39.13. Below is an example of a corrective action taken through the FAA's AD program.

In 1998, the FAA issued an AD directed at specific reciprocating engines with crankshafts that had been repaired by a particular repair station. The FAA's data indicated that deficient process controls existed at the repair station during a particular time period causing the improper repairs. The improper repairs resulted in heat check cracking of the nitrided bearing surfaces that led to crankshaft failure due to cracking. The AD required inspections for potentially affected engines to determine applicability, an additional inspection and dimensional check of the crankshaft journals of the affected engines, and, if necessary, rework or removal from service of the affected crankshafts and replacement with serviceable parts. These actions were necessary to prevent crankshaft failure due to cracking that, in turn, could lead to in-flight engine failure and a possible forced landing.

The FAA estimated the total cost of complying with the AD to be over \$3 million. The FAA estimated that 10,000 engines would require at least the removal of the spinner, at a total cost of \$600,000, to determine whether an unsafe condition existed. The remainder of the cost was for the necessary rework on the estimated 291 engines that had been returned to service with defective crankshafts repaired by the repair station.

The FAA found that deficient process controls existed at the repair station. If a quality system had been in place, the internal evaluation could have revealed the deficient process controls. The

improper repair process could have been corrected immediately. The cost savings to U.S. operators would have been significant, and the FAA also could have avoided the costs associated with processing the AD.

Sometimes, as in the examples above, parts maintained by a repair station are approved for return to service after passing a final inspection even though they are not airworthy. This could be due either to a hidden defect or to a faulty inspection procedure. It is important to prevent these types of situations from developing. Early detection and prevention can be accomplished with a quality system in place at each repair station. Important additions to the quality system, as proposed in this notice, would include requirements that a repair station conduct periodic internal evaluations of its operations. This internal evaluation would ensure that the repair station's manuals and procedures comply with applicable regulatory requirements. It would also ensure that procedures are in place for conducting follow-up evaluations to ensure that corrective actions bring any deficiencies into compliance. The quality system requirement would include:

- A reporting system to record and maintain completed evaluations and corrective and preventive action plans,
- A schedule for conducting annual quality system evaluations,
- Corrective action procedures to ensure any deficiencies are corrected,
- Procedures for conducting follow-up evaluations to ensure corrective action(s) bring any deficiencies into compliance,
- Procedures for qualifying, training, and authorizing persons to perform internal evaluations, and
- Procedures for revising the internal evaluation system as necessary.

The internal evaluation would identify where additional quality standards are needed and validate the adequacy of existing standards and procedures. It also would help ensure that the procedures are being followed and achieve the desired results. Management review and follow-up would help ensure that all findings and discrepancies found during the internal evaluations are corrected in a timely manner and that they are effectively prevented from recurring. With the proposed comprehensive quality system, a repair station could demonstrate that it is achieving quality performance that means fewer errors, fewer delays, and improved productivity.

The FAA notes that a repair station could divide the internal evaluation into

sections, provided the entire repair station operation is evaluated within the applicable interval. For example, if a repair station's quality system requires an internal evaluation of its operations once every year, the repair station could evaluate different divisions of its operations separately, provided it evaluates its entire operation within the 1-year timeframe.

Quality systems with internal evaluations and management follow-up, such as the FAA is proposing here, have benefited manufacturers and service organizations that have adopted them. While initial costs are associated with adopting a quality system, organizations have realized long-term benefits. Such benefits have been in the form of reduced errors and delays that resulted in increased productivity. Requiring repair stations to adopt the additional quality system elements would increase their productivity, reduce errors and delays, and ultimately reduce the number of aircraft accidents and incidents.

As with other regulatory requirements in this part, the expanded quality system could be tailored to meet the needs of individual repair stations. If a large complex repair station requires a comprehensive quality system including full-time auditors and an auditing schedule, the proposed requirements provide the flexibility for such individually-developed systems. If, however, a small repair station with few ratings or limited capabilities requires only internal management review of its procedures to verify compliance with the regulations, it will have the flexibility to do so. Whether an internal evaluation is done by a professional team or by a repair station manager, the goals are the same: to—

- Ensure the repair station's procedures and data comply with applicable regulatory requirements,
- Ensure the procedures are still effective and appropriate for the work performed,
- Ensure the procedures are being followed, and
- Verify that the desired level of quality is achieved.

The FAA would further complement the proposed quality system by including a requirement that all repair stations maintain a suspected unapproved parts (SUP) program acceptable to the FAA. The FAA has a program to track SUP. Within the SUP program's parts reporting database, the FAA tracks parts that have been approved for return to service but that were subsequently found not to have been maintained in accordance with the current manufacturer's instructions or

other data approved by the FAA. In a search of the SUP program database, the FAA found that from October 1998 to May 2004, there were 238 cases involving repair stations and suspect parts. Of those cases, 219 involved parts that had not been maintained in accordance with the current manufacturer's instructions or other data approved by the FAA. Had these parts not been found and replaced by correctly maintained parts, those 219 cases of unapproved parts potentially could have resulted in accidents or incidents. It is likely that the more comprehensive quality system proposed here could have resulted in finding and correcting the underlying deficiencies before the parts were approved for return to service. Currently there is no rule requiring repair stations to participate in FAA's SUP program.

The FAA's existing SUP program was established in 1993 to coordinate the agency's efforts to minimize safety risks posed by the entry of "unapproved" aircraft parts into the U.S. aviation inventory and their installation on aircraft. The program, established by FAA Order 8120.10: (Suspected Unapproved Part Program, September 23, 1993), provides for the reporting and investigating of suspected unapproved parts. The SUP office was created in 1995. FAA published guidance for this program in AC 21-29, Detecting and Reporting Suspected Unapproved Parts. As a result, most repair stations already maintain a SUP program. FAA proposes to formalize this current practice by incorporating it into the rule.

As a matter of practice, the proposed additional quality elements are already being done by some repair stations. Most repair stations have incorporated a SUP program in accordance with current guidance for part 145 repair stations. Repair stations already implementing these features would incur no new costs. The FAA proposes to formalize a number of existing practices by making them part of the rule.

Section 145.215 Capability List

Under the current rule, a certificated repair station with a Limited rating may perform maintenance, preventive maintenance, and alterations on an article if the article is listed on its current capability list acceptable to the FAA or on the repair station's operations specifications. Under the provisions of the current rule, use of a capability list is optional since repair stations can also maintain their capabilities on their operations specifications. However, the FAA finds that a mandatory capability list is

necessary to maintain safety under the system of ratings proposed in this notice. The capability list would now be referenced on the operations specifications under the applicable rating.

The proposed rating system would not provide a separation between articles, such as large vs. small aircraft, or communication vs. navigation equipment. In addition, the proposed rating system would be more general, and new technologies could be encompassed under the rating system without requiring an amendment to the rule. It is imperative to maintain a document that identifies the actual capabilities of a repair station. To accomplish this, all FAA-certificated repair stations would be required to maintain a capability list. The FAA further proposes that capability list revisions be available to the FAA within 30 business days of the revision.

Further, FAA proposes to redesignate paragraphs (c) and (d) as (d) and (e) respectively and insert a new paragraph (c) to require the capability list for Avionics- and Component-rated repair stations be organized by category of article and identify the manufacturer. The inclusion of the manufacturer on these capability lists is necessary because, unlike the aircraft or powerplant manufacturers, there are several manufacturers who produce similar articles, such as radios, integrated electronic units, pumps, and actuators. Because the rule requires repair stations to use the data, tools, test apparatus, and equipment recommended by the manufacturer, it is easy for these items to differ among manufacturers even though the articles may be similar in design. Also, since repair stations will be performing self-evaluations to add items to their capability lists, not identifying the different data, tools, test apparatus, and equipment among manufacturers could make it difficult for a repair station to determine if it indeed has the capability to maintain articles from various manufacturers.

The FAA would also amend current requirements for a repair station to perform a self-evaluation by prohibiting a repair station with an Aircraft or Powerplant rating from performing a self-evaluation to add a different type of aircraft or powerplant to their ratings, respectively. The FAA did not intend for a repair station to make such a change to its ratings through the self-evaluation process.

Section 145.217 Contract Maintenance

The FAA proposes revisions to this section to provide clarification of

contract maintenance. The proposal would revise the current rule by removing the requirement in current paragraph (a)(1) that maintenance functions contracted to all outside sources be approved by the FAA. Only a maintenance function contracted to an outside source not certificated under part 145 would have to be approved. A repair station contracting a maintenance function to a repair station certificated under part 145 would not have to comply with the proposed requirements of paragraph (b).

Section 145.223 FAA Inspections

Section 145.223 would be revised to prohibit a repair station from contracting for the performance of a maintenance function on an article with a non-FAA-certificated maintenance provider under the terms of an aviation safety agreement unless the contract specified that the FAA has the right to inspect and observe the performance of work. If the article is subject to the airworthiness regulations of another civil aviation authority the contract must specify that the FAA may inspect and observe the work on behalf of that civil aviation authority. A repair station would be prohibited from approving the article for return to service after the performance of the work unless these provisions were met.

Paperwork Reduction Act

Under the procedures established by the Paperwork Reduction Act of 1995 (44 U.S.C. 3507(d)), a person is not required to respond to a collection of information by a Federal agency unless the collection displays a valid OMB control number. This proposed rule contains a "collection of information" as that term is defined by OMB at 5 CFR part 1320. As a result, the FAA proposes to review the currently approved collection of information (*OMB Control Number: 2120-0682*).

Agency: Federal Aviation Administration (FAA).

Title: Part 145—Repair Stations.

Type of Request: Revision of Currently Approved Collection of Information.

OMB Control Number: 2120-0682.

Form Number: This collection of information will not use any standard forms.

Requested Expiration Date of Clearance: At present Control Number 2120-0682 is scheduled to expire on February 28, 2009. The FAA does not anticipate asking for an extension of this collection.

Summary of the Collection Information

In the "Paperwork Reduction Act" section of the August 6, 2001 Repair Station Final Rule (66 FR 41112), the FAA discussed the consequences of its proposed collection of information. Comments were invited on this proposal. As a result of this proposed rule, the FAA would amend its description of information in the 2001 final rule as follows. The final rule estimated the burden hours for a repair station's quality control manual and capability list requirements. The paperwork burden in the proposed rule was anticipated in the hours estimated in the 2001 final rule. This proposed rule would require repair stations to develop an internal evaluation program and a reporting system to record and maintain completed evaluations and corrective action plans. The FAA estimates that a small repair station would require 300 man-hours initially to establish a quality system. A large repair station would require 3 man-years initially. We estimate that the burden for developing the quality evaluation and reporting program would be less than that required to develop the entire quality system. Most of the paperwork involved is already part of the overall quality system. Furthermore, there is not requirement that any of the quality system reports be submitted to the FAA. The reporting and retention of evaluation and corrective action plans may be recorded and maintained electronically or in a format chosen by the individual repair station.

The FAA estimates that the administrative burden to repair stations to prepare a capability list would require 4 hours of maintenance management time plus 4 hours of administrative support personnel time for small repair stations and corresponding times of 8 hours for large repair stations.

International Compatibility

In keeping with U.S. obligations under the Convention on International Civil Aviation, it is FAA policy to comply with International Civil Aviation Organization (ICAO) Standards and Recommended Practices to the maximum extent practicable. The FAA has reviewed the corresponding ICAO Standards and Recommended Practices and has identified no differences with these regulations.

Economic Assessment

Proposed changes to Federal regulations must undergo several economic analyses. First, Executive Order 12866 directs each Federal agency

to propose or adopt a regulation only upon a reasoned determination that the benefits of the intended regulation justify its costs. Second, the Regulatory Flexibility Act of 1980 requires agencies to analyze the economic impact of regulatory changes on small entities. Third, the Trade Agreements Act (19 U.S.C. §§ 2531–2533) prohibits agencies from setting standards that create unnecessary obstacles to the foreign commerce of the United States. In developing U.S. standards, this Trade Act also requires agencies to consider international standards and, where appropriate, use them as the basis of U.S. standards. Fourth, the Unfunded Mandates Reform Act of 1995 (Public Law 104–4) requires agencies to prepare a written assessment of the costs, benefits, and other effects of proposed or final rules that include a Federal mandate likely to result in the expenditure by State, local, or tribal governments, in the aggregate, or by the private sector, of \$100 million or more annually (adjusted for inflation.)

In conducting these analyses, FAA has determined this rule (1) would create a safer flying environment and is a “significant regulatory action” as defined in section 3(f)(4) of Executive Order 12866 and is “significant” as defined in DOT’s Regulatory Policies and Procedures; (2) will not have a

significant economic impact on a substantial number of small entities; (3) will not affect international trade; and (4) does not impose an unfunded mandate on state, local, or tribal governments, or on the private sector. These analyses, available in the docket, are summarized below.

Total Costs and Benefits of This Rulemaking

The estimated quantifiable net cost of this proposed rule for the period 2004–2013 is \$144.8 million (\$108.8 million, discounted) over 10 years. The cost to a small repair station that currently does not have a quality system is estimated at \$34,500 (\$25,600 discounted) over 10 years. The cost to the approximately half of the small repair stations that already have quality systems would be minimal.

This proposal would require repair stations to conduct periodic internal evaluations that could discover problem areas and to take corrective actions before improper maintenance, preventive maintenance, or alterations are done. Such actions would result in both quantifiable and non-quantifiable benefits. If the rule prevents all the accidents or incidents that may be associated with repair station failure to take corrective actions, the potential benefits of the rule (based on the related

accident or incident history) could be as much as \$164.7 million (\$119.3 million, discounted) over 10 years. However, the FAA does not claim adoption of the proposed rule would result in the elimination of all repair station related accidents or incidents.

Who Is Potentially Affected by This Rulemaking

All certificated repair stations would have to develop and follow a quality system and capability list. The FAA would issue new certificates to all repair stations to implement the proposed new rating system.

Our Cost Assumptions and Sources of Information

- Discount rate—7%
- Period of analysis—2004–2013
- Monetary values expressed in 2003 dollars
- Value of:
 - fatality avoided—\$3 million
 - serious injury avoided—\$580,700
 - minor injury avoided—\$42,900
- Source: U.S. Department of Transportation, Federal Aviation Administration, Office of Aviation Policy, Plans, and Management Analysis Bulletin dated February 2002 (APO–02–1)

Labor rates:

TABLE 1.—PERSONNEL COST ESTIMATES
[2003 dollars]

Item	Small repair station	Average	Large repair station
Value of 1 hour of FAA administrative support personnel time (GS–5, Step 5). ¹		\$19.01	
Value of 1 hour of FAA administrative support personnel time (GS–7, Step 5) ¹		23.55	
Value of 1 hour of FAA inspector personnel time (GS–13, Step 5) ¹		49.67	
Value of 1 hour of FAA inspector personnel time (GS–14, Step 5) ¹		58.69	
Value of 1 hour of Repair Station General Manager time ²	\$38.96	58.50	90.27
Value of 1 hour of Repair Station 1st Line Supervisor time ²	25.56	33.25	42.22
Value of 1 hour of Repair Station Mechanic and Service Technicians time ²	20.25	24.95	30.59
Value of 1 hour of Repair Station Office Manager time ²	16.20	21.07	27.50
Value of 1 hour of Repair Station Accounting Clerk time ²	15.12	18.93	23.69

¹U.S. Office of Personnel Management, 2003 General Schedule Locality Rates of Pay for Washington-Baltimore hourly rate multiplied by 1.3245 for benefits. Benefit value from Table 4–5 U.S. DOT, FAA Office of Policy and Plans, *Economic Analysis of Investment and Regulatory Decision—A Guide* (FAA–APO–98–4; January 1996).

²U.S. Dept. of Labor 2001 *National Industry Specific Occupational Employment and Wage Estimates—SIC 372—Aircraft and Parts* median hourly rate multiplied by 1.2345 for benefits and by 1.0239 for inflation. “Small” and “Large” calculated by multiplying the 25th and 75th percentiles for total occupational title to average SIC 372 salary for that occupation. Benefit value from Table 4–5 FAA–APO–98–4.

Aircraft Values:

Aircraft type		Cost	Aircraft type		Cost
Population weighted replacement cost for Part 91, 133, and 137 aircraft	\$582,030	741,475	Population weighted restoration cost for Scheduled Part 121 aircraft	2,453,000	
Population weighted restoration cost for Part 91, 133, and 137 aircraft	148,295	159,445			

Note: Cost is based on FAA, Office of Aviation Policy and Plans, *Economic Values for Evaluation of FAA Investment and Regulatory Programs* (FAA–APO–98–8; June 1998) pages E–4, E–5 adjusted to 2003 cost using the PPI change of 11.5%.

Other References:

ARAC for Air Carrier and General Aviation Maintenance: "A Report on requiring a Quality Assurance System in Part 145 of title 14, Code of Federal Regulations" May 2002

ARAC for Air Carrier and General Aviation Maintenance: A Report on proposed rule changes to Sections 145.31 and 145.33 of title 14, Code of Federal Regulations" May 2002

Alternatives We Considered

New rating systems and a quality assurance program had been proposed in NPRM No. 99-09. The 2001 Final Rule did not include either proposal since the FAA received a significant number of comments opposing the proposals. FAA tasked ARAC to address these two issues. ARAC, after reviewing various alternatives, sent its technical reports and recommendations to FAA. The FAA is making this proposal based on recommendations from ARAC, and comments received from the public.

Benefits of This Rulemaking

The additional management oversight and follow-up required by this proposed rule has potential benefits. These potential benefits include fostering an operating environment of constant awareness of potential sources of failure in repair processes and correction of deficient process controls. This awareness and corrective action could preclude in-flight failures and the possibility of accidents.

An analysis of National Transportation Safety Board (NTSB) data from July 1997 through June 2003 indicated there were 1,762 accidents coded by the NTSB in the "narrative" or "probable cause" sections containing the word "maintenance." The FAA determined that of these 1,762 accidents, there were 58 over the six-year period that can be interpreted to mean a repair station accomplished the maintenance that may have caused or contributed to the accident. These 58 accidents resulted in a total of 19 fatalities, 17 serious injuries, and 27 minor injuries. 43 aircraft sustained substantial damage and 15 aircraft were destroyed. The average was used to estimate the potential values. In total, the FAA calculates the potential value of preventing all accidents that can be interpreted to mean a repair station accomplished the maintenance could be as high as \$146.3 million, or \$102.8 million discounted, over 10 years.

Preventing Airworthiness Directives (ADs) that are issued to correct improper maintenance done on aircraft parts is another area where a quality system would be of benefit. Some ADs are issued to correct an improper repair

of a product if the improper repair was performed, or was likely to have been performed, on multiple units of the same product. The FAA reviewed four AD cases attributable to repair station related quality problems that may have been prevented by a quality system. The total estimated cost to U.S. operators of these ADs is \$18.4 million or \$16.5 million, discounted. More importantly, if a quality system had been in place, internal evaluations could have revealed the deficient process controls. The improper repair process could have been corrected immediately and prevented possible in-flight mechanical failures and the resulting consequences.

The potential discounted quantitative benefits of the rule could be as high as \$119.3 million, if the rule were 100 percent effective in eliminating accidents that can be interpreted to mean a repair station accomplished the maintenance (at \$102.8 million) and preventing AD cases attributable to repair station related quality problems (estimated to cost U.S. operators \$16.5 million). However, it is unreasonable to assume the rule would eliminate all accidents or incidents that may be associated with repair station activity. Also, the FAA cannot determine at this time what portion of those accidents or incidents would be eliminated as a result of this rulemaking. Therefore, the FAA cannot quantify the benefits of this rulemaking.

There would also be unquantified benefits. The proposed rating system and capability list would allow repair stations to incorporate future technological advancements in the aviation industry on its capability list as provided by § 145.215. Additionally, it would provide the FAA with the tools necessary for uniform interpretation and enforcement of the requirements. Experience in other industries has shown that the establishment of a quality system could lead to cost savings and reductions in errors and customer complaints.

Costs of This Rulemaking

From 2004 to 2013, the total cost of the proposed rule would be approximately \$145.0 million before cost-savings of \$0.2 million giving a net cost of \$144.8 million (\$108.8 million, discounted). The repair station industry would incur net costs of \$136.6 million (\$101.2 million, discounted) and the FAA would incur costs of \$8.2 million (\$7.6 million, discounted). The costs associated with the quality assurance program account for over 90 percent of the total costs of the proposed rule.

Regulatory Flexibility Determination

Agencies must perform a review to determine whether a proposed or final rule will have a significant economic impact on a substantial number of small entities. If the agency determines that it will, the agency must prepare a regulatory flexibility analysis as described in the Regulatory Flexibility Act.

In many cases, the Small Business Administration suggests that "small" represents the impacted entities based on annual revenue. For this proposed rule, a small entity is defined as "Other Support Activities for Air Transportation" (North American Industrial Classification System 488190) with revenues of \$6 million or less. Revenue data compiled by Dun and Bradstreet indicates that some 2,354 repair stations have revenues of \$6 million or less and that the average revenue per small entity is \$1,272,500. The initial cost per small repair station to implement the quality system is estimated at \$8,700 and this cost would not be incurred by approximately half of the small repair stations that already have voluntarily implemented quality systems. However, these repair stations would incur some additional minimal costs to comply with the proposed requirement. In addition, a small repair station would incur administrative costs of \$490 to comply with the rating system and the capability list requirements. The \$490 consists of \$325 for rating system costs, and \$165 to prepare a capability list. The total initial cost for a small repair station without a quality system is \$9,200 (\$8,700 + \$490) or approximately seven-tenths of one percent of the average small repair station's annual revenue. The annual cost for a small repair station to maintain the quality system is estimated at \$2,900. The FAA does not find the costs associated with this proposal to be a significant burden.

The FAA certifies that this proposed rule would not have a significant economic impact on a substantial number of small entities. The FAA seeks public comments regarding this finding and requests that all comments be accompanied with detailed supporting data.

Trade Impact Assessment

The Trade Agreements Act of 1979 prohibits Federal agencies from establishing any standards or engaging in related activities that create unnecessary obstacles to the foreign commerce of the United States. Legitimate domestic objectives, such as safety, are not considered unnecessary

obstacles. The statute also requires consideration of international standards and, where appropriate, that they be the basis for U.S. standards.

The proposed rule is not expected to affect trade opportunities for U.S. firms doing business overseas or for foreign firms doing business in the United States. Furthermore, the proposed rule is consistent with the terms of several trade agreements to which the United States is a signatory, such as the Trade Agreements Act of 1979 (19 U.S.C. 2501 et seq.), incorporating the Agreement on Trade in Civil Aircraft (31 U.S.T. 619) and the Agreement on Technical Barriers to Trade (Standards) (19 U.S.C. 2531), as well as the General Agreement on Trade in Services (19 U.S.C. 3511). The proposed revision to part 145 is also consistent with 49 U.S.C. 40415, formerly 1102(a) of the Federal Aviation Act of 1958, as amended, which requires the FAA to exercise and perform its powers and duties consistently with any obligation assumed by the United States in any agreement that may be in force between the United States and any foreign country or countries.

Unfunded Mandates Assessment

The Unfunded Mandates Reform Act of 1995 (the Act) is intended, among other things, to curb the practice of imposing unfunded Federal mandates on State, local, and tribal governments. Title II of the Act requires each Federal agency to prepare a written statement assessing the effects of any Federal mandate in a proposed or final agency rule that may result in an expenditure of \$100 million or more (adjusted annually for inflation) in any one year by State, local, and tribal governments, in the aggregate, or by the private sector; such a mandate is deemed to be a "significant regulatory action." The FAA currently uses an inflation-adjusted value of \$120.7 million in lieu of \$100 million.

This proposed rule does not contain such a mandate. The requirements of Title II of the Act, therefore, do not apply.

Executive Order 13132, Federalism

The FAA has analyzed this proposed rule under the principles and criteria of Executive Order 13132, Federalism. We determined that this action will not have a substantial direct effect on the States, or the relationship between the national Government and the States, or on the distribution of power and responsibilities among the various levels of government, and therefore does not have federalism implications.

Environmental Analysis

FAA Order 1050.1E identifies FAA actions that are categorically excluded from preparation of an environmental assessment or environmental impact statement under the National Environmental Policy Act in the absence of extraordinary circumstances. The FAA has determined this proposed rulemaking action qualifies for the categorical exclusion identified in paragraph 312(d) and involves no extraordinary circumstances.

Energy Impact

The energy impact of the notice has been assessed in accordance with the Energy Policy and Conservation Act (EPCA) Public Law 94-163, as amended (42 U.S.C. 6362) and FAA Order 1053.1. We have determined that the proposed rule is not a major regulatory action under the provisions of the EPCA.

List of Subjects in 14 CFR Part 145

Air carriers, Air transportation, Aircraft, Aviation safety, Recordkeeping and reporting, Safety.

The Amendment

In consideration of the foregoing, the Federal Aviation Administration proposes to amend Part 145 of Chapter I of Title 14, Code of Federal Regulations as follows:

PART 145—REPAIR STATIONS

1. The authority citation for part 145 is revised to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701-44702, 44707, 44709, 44717.

2. Revise § 145.51(a) and (b) and add new paragraph (e) to read as follows:

§ 145.51 Application for certificate.

(a) An application for a repair station certificate and rating must be made in a format acceptable to the FAA and include the following:

(1) A Letter of Compliance detailing how the applicant will comply with this chapter;

(2) A repair station manual acceptable to the FAA as required by § 145.207;

(3) A quality system manual acceptable to the FAA as required by § 145.211(d);

(4) A list by manufacturer, type, make, model, or category, as appropriate, of each article for which the application is made;

(5) An organizational chart of the repair station and the names and titles of managing and supervisory personnel;

(6) A description of the housing and facilities, including the physical address, in accordance with § 145.103;

(7) A list of the maintenance functions, for approval by the FAA, to be performed for the repair station under contract by another person in accordance with § 145.217; and

(8) A training program for approval by the FAA in accordance with § 145.163.

(b) The equipment, tools, test apparatus, personnel, data, housing, and facilities required for the certificate and rating, or for an additional rating, must be in place for inspection at the time of certification or rating approval by the FAA. However, the requirement to have the equipment, tools, and test apparatus in place at the time of initial certification or rating approval may be met if the applicant has a contract acceptable to the FAA with another person to make the equipment, tools, and test apparatus available to the repair station at any time it is necessary when the relevant work is being performed.

* * * * *

(e) Unless otherwise authorized by the FAA, neither the holder of a repair station certificate that has been revoked, nor any person who had a substantial ownership interest or substantial control over the operations of a repair station that has had its certificate revoked and who materially contributed to the circumstances causing the revocation, may apply for a repair station certificate until one year after the date the certificate is surrendered to the FAA pursuant to the order of revocation.

3. Revise § 145.53 to read as follows:

§ 145.53 Issuance of certificate.

(a) Except as provided in paragraph (c) of this section, a person who meets the requirements of this part is entitled to a repair station certificate with appropriate ratings prescribing such operations specifications and limitations as are necessary in the interest of safety.

(b) If the person is located in a country with which the United States has a bilateral aviation safety agreement, the FAA may find that the person meets the requirements of this part based on a certification from the civil aviation authority of that country or an authority acceptable to the FAA. This certification must be made in accordance with implementation procedures signed by the Administrator or the Administrator's designee.

(c) An application for a repair station certificate may be denied if the FAA finds that:

(1) The applicant does not meet the eligibility requirements for the certificate sought, or does not complete the certification process;

(2) The applicant previously held a repair station certificate that was revoked;

(3) The applicant intends to fill or fills a key management position, including the position of accountable manager or chief inspector, with an individual who exercised control over or who held the same or a similar position with a repair station whose certificate was revoked, or was in the process of being revoked, and that individual materially contributed to the circumstances causing the revocation or causing the revocation process;

(4) The applicant held a key management position, including the position of accountable manager or chief inspector, with a repair station whose certificate was revoked, or was in the process of being revoked, and the applicant materially contributed to the circumstances causing the revocation or causing the revocation process; or

(5) An individual who will have control over or substantial ownership interest in the applicant had the same or similar control or interest in a repair station whose certificate was revoked, or was in the process of being revoked, and that individual materially contributed to the circumstances causing revocation or causing the revocation process.

4. Revise § 145.59 to read as follows:

§ 145.59 Ratings.

The following ratings are issued under this subpart:

(a) *Aircraft rating.* (1) A certificated repair station with an Aircraft rating listed on its operations specifications may perform maintenance, preventive maintenance, and alterations on complete aircraft that are listed on the repair station's capability list required by § 145.215.

(2) A certificated repair station with an Aircraft rating may not perform maintenance, preventive maintenance, and alterations on those articles for which a Powerplant, Propeller, or Avionics rating is required, unless the repair station possesses the appropriate rating.

(3) A certificated repair station with an Aircraft rating is not required to obtain a separate Component rating to maintain articles associated with its rating and capabilities.

(b) *Powerplant rating.* (1) A certificated repair station with a Powerplant rating listed on its operations specifications may perform maintenance, preventive maintenance, and alterations on a powerplant listed on the repair station's capability list required by § 145.215 under the following class ratings:

(i) Class 1: Reciprocating engines.

(ii) Class 2: Turbine engines.

(iii) Class 3: Auxiliary Power Units (APU).

(2) A certificated repair station with a Powerplant rating may not perform maintenance, preventive maintenance, and alterations on those articles associated with another rating, unless the repair station possesses the appropriate rating.

(3) A certificated repair station with a Powerplant rating is not required to obtain a separate Component rating to maintain articles associated with its rating and capabilities.

(c) *Propeller rating.* (1) A certificated repair station with a Propeller rating listed on its operations specifications may perform maintenance, preventive maintenance, and alterations on propellers that are listed on the repair station's capability list required by § 145.215, including individual component parts that are installed on or in those propellers.

(2) A certificated repair station with a Propeller rating may not perform maintenance, preventive maintenance, and alterations on those articles associated with another rating, unless the repair station possesses the appropriate rating.

(3) A certificated repair station with a Propeller rating is not required to obtain a separate Component rating to maintain articles associated with its rating and capabilities.

(d) *Avionics rating.* (1) A certificated repair station with an Avionics rating listed on its operations specifications may perform maintenance, preventive maintenance, and alterations on aircraft electrical and electronic systems and components, instruments, radios, integrated modular systems, in-flight entertainment units, or other electrical and electronic articles that are listed on the repair station's capability list required by § 145.215.

(2) A certificated repair station with an Avionics rating may remove and reinstall access panels, brackets, or clamps in accordance with the applicable maintenance instructions on aircraft, powerplants, or propellers, as needed, to gain access to those articles authorized in § 145.59 (d)(1).

(3) A certificated repair station with an Avionics rating may remove, replace, install, and test the avionics equipment on an aircraft.

(4) A certificated repair station with an Avionics rating must have a limitation in accordance with § 145.61 to an Aircraft, Powerplant, or Propeller rating to perform a major or minor alteration.

(e) *Component rating.* (1) A certificated repair station with a

Component rating listed on its operations specifications may perform maintenance, preventive maintenance, and alterations on articles listed on the repair station's capability list required by § 145.215 that are not installed on an aircraft, powerplant, propeller, or avionics article.

(2) A certificated repair station with a Component rating must have a limitation in accordance with § 145.61 to an Aircraft, Powerplant, or Propeller rating to remove or install articles on those products.

5. Revise § 145.61 to read as follows:

§ 145.61 Limitations to ratings.

(a) The FAA may issue limitations to the ratings of a certificated repair station that maintains or alters only a particular type of aircraft, powerplant, propeller, avionics, component, or part thereof, that is listed on the repair station's capability list required by § 145.215. A limitation to a rating may be issued for a:

(1) Specific make and model aircraft, powerplant, or propeller.

(2) Constituent part of any part.

(3) Specific maintenance function or process.

(b) The repair station's operations specifications must identify the rating in § 145.59 to which the limitation applies and the limitation to that rating must describe the maintenance capabilities of the repair station in sufficient detail.

6. Add § 145.63 to read as follows:

§ 145.63 Specialized Service ratings.

(a) The FAA may issue a Specialized Service rating to a certificated repair station that:

(1) Performs a specialized maintenance function that requires equipment and skills not ordinarily performed under another repair station rating;

(2) Performs a maintenance function on articles not covered by its rating; or

(3) Performs a maintenance function that is not described in the manufacturer's data.

(b) A specialized maintenance function must be performed in accordance with an FAA-approved process specification.

(c) The repair station's operations specifications must contain the specification used to perform the specialized service. The specification may be:

(1) A current industry or military specification approved by the FAA.

(2) A specification developed by the applicant and approved by the FAA.

(d) A certificated repair station may, under its Specialized Service rating, perform only the specialized services

that are listed on the repair station's capability list required by § 145.215.

7. Revise § 145.101 to read as follows:

§ 145.101 General.

A certificated repair station must provide housing, facilities, equipment, tools, materials, and data that meet the applicable requirements for the issuance of the certificate and any rating the repair station holds.

8. Revise § 145.103(a)(1), (b), and (c) and add new paragraph (d) to read as follows:

§ 145.103 Housing and facilities requirements.

(a) * * *

(1) Permanent housing for the facilities, equipment, materials, and personnel consistent with its ratings.

* * * * *

(b) A certificated repair station with an Aircraft rating must provide suitable permanent housing to enclose the largest type and model of aircraft listed on its capability list.

(c) A certificated repair station may perform maintenance, preventive maintenance, and alterations on articles outside of its permanent housing if it provides suitable facilities that are acceptable to the FAA and meet the requirements of § 145.103(a) and part 43 of this chapter.

(d) A certificated repair station may apply to use additional fixed locations within close proximity to the certificated repair station and to each other to perform the maintenance, preventative maintenance, alterations, for which it is rated.

(1) The repair station's request must be approved by the FAA before exercising the privileges of its certificate and ratings at each additional fixed location.

(2) Any fixed location outside of the geographic boundary of the FAA office with oversight responsibility for the repair station must either be certificated as a satellite repair station and meet the requirements of § 145.107, or must obtain its own repair station certificate under the provisions of § 145.51 and § 145.53.

9. Revise § 145.107(a) and (b) to read as follows:

§ 145.107 Satellite repair stations.

(a) A certificated repair station under the managerial control of another certificated repair station may operate as a satellite repair station with its own certificate issued by the FAA. A satellite repair station:

(1) Must meet the requirements for each rating it holds;

(2) Must submit a repair station manual acceptable to the FAA;

(3) Must submit a quality system manual acceptable to the FAA; and

(4) May submit the same repair station and quality system manuals as the repair station that exercises managerial control over the satellite repair station. The manuals must identify any specific processes or procedures unique to the satellite repair station in appendices or additional sections.

(b) Unless the FAA indicates otherwise, personnel and equipment from the certificated repair station with managerial control and each satellite repair station may be shared. However, inspection personnel must be designated for each satellite repair station and be available at the satellite repair station any time a determination of airworthiness or an approval for return to service is made. In other circumstances, inspection personnel may be away from the premises but must be readily available.

* * * * *

10. Revise § 145.109, section heading, paragraph (a), and paragraph (d) introductory text to read as follows:

§ 145.109 Equipment, tools, test apparatus, materials, and data requirements.

(a) Except as otherwise prescribed by the FAA, when a repair station is performing work under its repair station certificate and operations specifications, the repair station must have on the premises and under its control the equipment, tools, test apparatus, and materials necessary to perform the maintenance, preventive maintenance, or alterations in accordance with part 43.

* * * * *

(d) A certificated repair station must maintain, in a format acceptable to the FAA, the documents and data required for the performance of maintenance, preventive maintenance, and alterations under its repair station certificate and operations specifications in accordance with part 43. The following documents and data must be current, available, and accessible when the relevant work is accomplished:

* * * * *

11. Revise § 145.151 to read as follows:

§ 145.151 Personnel requirements.

Each certificated repair station must:

(a) Designate a repair station employee as the accountable manager;

(b) Designate a repair station employee as the chief inspector;

(c) Provide qualified personnel to plan, supervise, perform, and approve for return to service the maintenance, preventive maintenance, and alterations

performed under the repair station certificate and operations specifications;

(d) Ensure it has a sufficient number of employees with the training, knowledge, and experience in the performance of maintenance, preventive maintenance, and alterations authorized by the repair station certificate and operations specifications to ensure all maintenance is performed in accordance with part 43; and

(e) Determine the abilities of its noncertified employees performing maintenance, preventive maintenance, and alterations based on training, knowledge, experience, or practical tests.

12. Revise § 145.155 (a)(2) and add new paragraphs (c) and (d) to read as follows:

§ 145.155 Inspection personnel requirements.

(a) * * *

(1) * * *

(2) Proficient in using the various types of inspection equipment and techniques appropriate for the article being inspected.

* * * * *

(c) The chief inspector of a repair station located within the United States must be certificated under part 65.

(d) Personnel designated as chief inspectors for certificated repair stations within and outside the United States must have at least three years experience using the various types of inspection equipment and techniques appropriate for the article being inspected.

13. Revise § 145.161(a)(2) and (a)(4)(i), (ii), (iii), and (iv) and remove paragraph (a)(4)(v) to read as follows:

§ 145.161 Records of management, supervisory, and inspection personnel.

(a) * * *

(2) A roster with the names of all inspection personnel, including the chief inspector;

* * * * *

(4) * * *

(i) Present title.

(ii) Past relevant employment with names of employers, periods of employment, positions, and types of maintenance performed.

(iii) Scope of present employment.

(iv) The type of mechanic or repairman certificate held and the ratings on that certificate, if applicable.

* * * * *

14. Amend § 145.203 by redesignating the introductory text as paragraph (a), redesignating paragraphs (a) and (b) as paragraphs (a)(1) and (a)(2) respectively, and adding new paragraph (b) to read as follows:

§ 145.203 Work performed at another location.

* * * * *

(b) A certificated repair station may not perform maintenance, preventive maintenance, or alterations outside its domicile country unless:

(1) The repair station obtains authorization from the country where the work is to be performed;

(2) The repair station submits a request to the FAA accompanied by:

(i) A description of the procedures that will be used to ensure that repair station personnel adhere to the procedures identified in its manual;

(ii) Evidence of authorization to perform the work from the country where that work is to be performed.

(3) The performance of that work has been approved in writing by the FAA prior to its commencement.

15. Revise § 145.205(a), (b), (c), and (d) introductory text to read as follows:

§ 145.205 Maintenance, preventive maintenance, and alterations performed for certificate holders operating under parts 121, 125, or 135, or for foreign air carriers or foreign persons operating U.S.-registered aircraft in common carriage under part 129.

(a) A certificated repair station that performs maintenance, preventive maintenance, or alterations for an air carrier or commercial operator that has a continuous airworthiness maintenance program under part 121 or part 135 must comply with the applicable parts of this chapter and follow the air carrier or commercial operator's program and applicable sections of its maintenance manual.

(b) A certificated repair station that performs inspections for a certificate holder conducting operations under part 125 must comply with the applicable parts of this chapter and follow the operator's FAA-approved inspection program.

(c) A certificated repair station that performs maintenance, preventive maintenance, or alterations for a foreign air carrier or foreign person operating a U.S.-registered aircraft under part 129 must comply with the applicable parts of this chapter and follow the operator's FAA-approved maintenance program.

(d) Notwithstanding the housing requirement of § 145.103(b), the FAA may grant approval for an appropriately-rated repair station to perform line maintenance for an air carrier or commercial operator conducting operations under part 121 or part 135, or a foreign air carrier or foreign person operating a U.S.-registered aircraft in common carriage under part 129, on any aircraft operated by that air carrier,

commercial operator, or person, provided:

* * * * *

16. Revise § 145.211 to read as follows:

§ 145.211 Quality system.

(a) A certificated repair station must establish and maintain a quality system acceptable to the FAA that ensures—

(1) The maintenance, preventive maintenance, and alterations performed by the repair station and its contractors result in articles that are airworthy with respect to the work performed—

(2) The repair station's procedures are complied with and are appropriate for the ratings it holds and the complexity and scope of the maintenance accomplished; and

(3) The repair station remains in compliance with the applicable regulations of this chapter.

(b) The quality system must include the following elements:

(1) An inspection system and procedures for

(i) Inspecting incoming raw materials and articles to ensure acceptable quality;

(ii) Performing preliminary inspection of all articles that are maintained;

(iii) Inspecting all articles that have been involved in an accident or incident for hidden damage before maintenance, preventive maintenance, or alteration is performed; and

(iv) Performing final inspection and approval for return to service of maintained articles.

(2) An internal evaluation program to ensure the repair station's manuals and procedures comply with the requirements of this part.

(3) A reporting system to record and maintain completed evaluations and corrective action plans.

(4) A schedule for conducting annual quality system evaluations.

(5) A corrective action procedure to ensure any deficiencies are corrected.

(6) Procedures for conducting follow-up evaluations to ensure corrective action(s) bring any deficiencies into compliance.

(7) Procedures for qualifying, training, and authorizing persons to perform quality system internal evaluations.

(8) Procedures for revising the repair station's internal evaluation system as its ratings or capabilities change and for notifying the FAA certificate holding district office of revisions to its quality system.

(9) Procedures for establishing and maintaining proficiency of inspection personnel.

(10) Procedures for establishing and maintaining current data for maintaining articles.

(11) Procedures for establishing and maintaining a suspected unapproved parts program.

(12) Procedures for qualifying and surveilling noncertificated persons who perform maintenance, preventive maintenance, or alterations for the repair station.

(13) Procedures for calibrating measuring and test equipment used in maintaining articles, including the intervals at which the equipment will be calibrated.

(c) A certificated repair station must make its quality system evaluations and its corrective action plans available for inspection by the FAA.

(d) A certificated repair station must prepare and keep current a quality system manual in a format acceptable to the FAA that includes the following:

(1) A description of the elements defined in § 145.211(b).

(2) References, where applicable, to the manufacturer's or other applicable inspection standards for a particular article, including reference to any data specified in those standards.

(3) A sample of the inspection and maintenance forms and instructions for completing such forms or a reference to a separate forms manual.

(4) Procedures for revising the quality system manual required under this section.

(5) Procedures for notifying its certificate holding district office of revisions to its quality system manual.

(e) Repair station personnel must follow the quality system manual when performing maintenance, preventive maintenance, and alterations under the repair station certificate and operations specifications.

17. Revise § 145.215 to read as follows:

§ 145.215 Capability list.

(a) Each certificated repair station must establish and maintain a capability list acceptable to the FAA that includes all the articles for which it is rated to perform maintenance, preventive maintenance, and alterations.

(b) The capability list for each certificated repair station must identify each article by manufacturer and the type, make, model, category, or other nomenclature designated by the article's manufacturer and be available in a format acceptable to the FAA.

(c) The capability list for a certificated repair station with an Avionics or Component rating must also be organized by category of article.

(d) An article may be listed on the capability list only if the article is within the scope of the ratings of the repair station's certificate, and only after

the repair station has performed a self-evaluation in accordance with the procedures described in its repair station manual.

(1) The repair station must perform this self-evaluation to determine that the repair station has the housing, facilities, equipment, tools, test apparatus, material, data, processes, and trained personnel in place to perform the work on the article in accordance with part 145.

(i) A repair station with an aircraft rating may not perform a self-evaluation to add a different type of aircraft to its Aircraft rating.

(ii) A repair station with a Powerplant rating may not perform a self-evaluation to add a different class powerplant to its Powerplant rating.

(2) The repair station must retain the documentation of the self-evaluation and ensure that completed self-evaluations are available to the FAA.

(e) Within 30 business days of listing an additional article on its capability list, the repair station must provide its FAA certificate holding district office with a copy of the revised capability list in accordance with the procedures described in its repair station manual.

18. Revise § 145.217(a) and (b) and add new paragraph (d) to read as follows:

§ 145.217 Contract maintenance.

(a) A certificated repair station may contract a maintenance function

pertaining to an article to an outside source provided the repair station maintains and makes available to its certificate holding district office, in a format acceptable to the FAA:

(1) The maintenance functions contracted to each outside facility; and

(2) The name of each outside facility to which the repair station contracts maintenance functions and the type of certificate and ratings, if any, held by each facility.

(b) A certificated repair station may contract a maintenance function pertaining to an article to a person not certificated under part 145 provided:

(1) The FAA approves the maintenance function;

(2) The noncertificated person follows a quality system equivalent to the system followed by the certificated repair station;

(3) The certificated repair station remains directly in charge of the maintenance performed by the noncertificated person; and

(4) The certificated repair station verifies, by test and/or inspection, that the maintenance, preventive maintenance, and alterations have been performed satisfactorily by the noncertificated person and that the article is airworthy before approving it for return to service.

* * * * *

(d) A certificated repair station may not contract any maintenance functions

for which it is not rated to a noncertificated person.

19. Amend § 145.223 by revising paragraph (c) and adding new paragraph (d) to read as follows:

§ 145.223 FAA inspections.

* * * * *

(c) A certificated repair station may not contract for the performance of a maintenance function on an article with a noncertificated person when the maintenance function is to be performed under the terms of an aviation safety agreement and the article is subject to the airworthiness regulation of another civil aviation authority unless the contract with the noncertificated person specifies that the FAA may inspect and observe the performance of the work on behalf of that civil aviation authority.

(d) A certificated repair station may not approve any article for return to service on which a maintenance function was performed by a noncertificated person if the noncertificated person does not permit the FAA to inspect and observe the performance of the work as described in paragraphs (b) and (c) of this section.

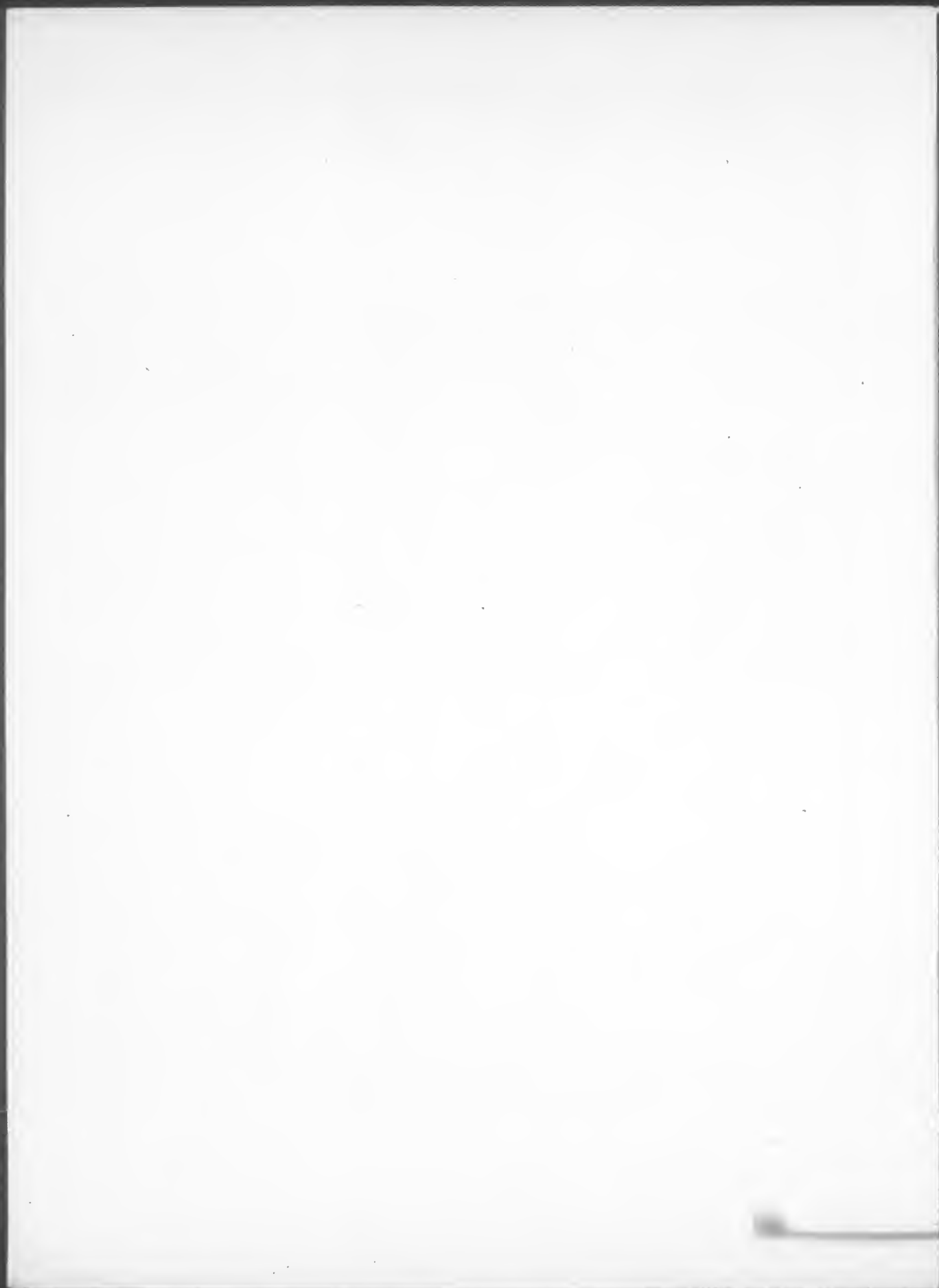
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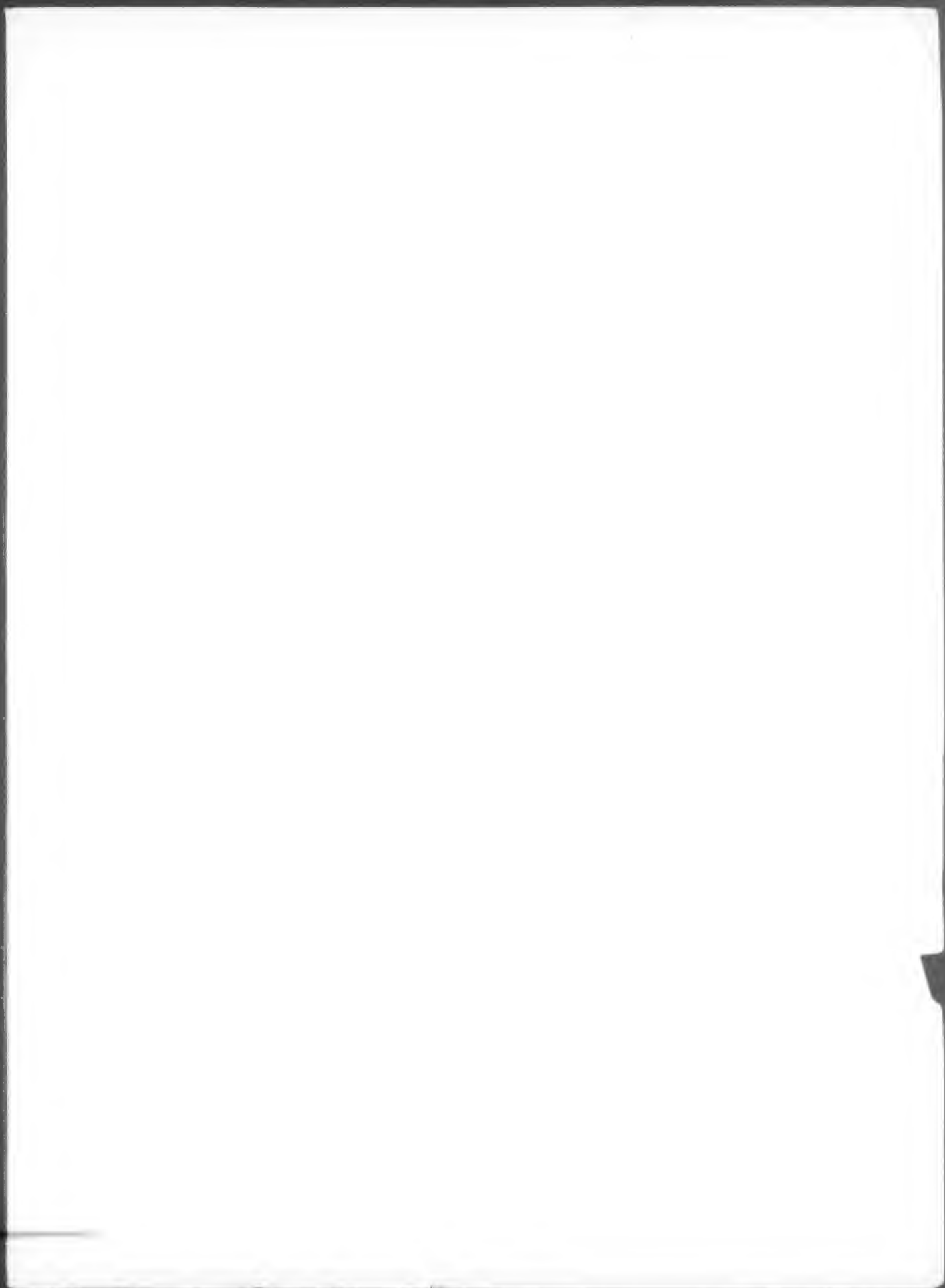
James Ballough,

Director, Flight Standards Service.

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