Participating patients: The number and percentage of active patients on whom urine tests were collected;

Discharge: The percentage of patients who were discharged from the program each quarter reported by type of discharge (successfully completed treatment, left against program advice, transferred to another program, died, arrested, etc.).

The second format would also present the urine and retention results by problem severity category, but it would aggregate the data by length of time in treatment rather than by calendar period. For this purpose, patients would be compared by weekly cohorts; i.e., each cohort of patients would consist of those patients first admitted to treatment during any 1 week. The following measures would be reported:

Drug use: The percentage of the cohort of patients in each week of treatment (up to the 104th week) whose urine specimens were found to be positive for each illicit drug or negative for methadone;

Retention: The percentage of the cohort of patients that actually remain in treatment;

Participating patients: The number and percentage of active patients in a given week of treatment from whom urine tests were collected.

In addition to this information, from time-to-time other parameters might be included in the quarterly reports or in special reports. Each participating treatment program would be provided with results for the patients in its program.

H. Patient Confidentiality

In order to comply with the Federal regulation relating to confidentiality of patient records (42 CFR Part 2), programs would supply data relating to patient enrollment, urine test results and discharge data, by patient identification number only.

I. Cost

The pilot study would be funded by NIDA and operated by an independent contractor. Nonetheless, the agencies are particularly interested in comments from treatment programs and other interested parties concerning the anticipated costs that would be incurred with these data collection and reporting procedures and recommendations for mechanisms that might be implemented to maximize cost-effectiveness.

Interested persons may, on or before May 1, 1989, submit to the Dockets Management Branch (address above) written comments regarding this advance notice of proposed rulemaking. Three copies of any comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Received comments may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday.

Charles R. Schuster,

Director, National Institute on Drug Abuse.

Frank E. Young,

Commissioner of Food and Drugs.

Dated: January 9, 1989.

[FR Doc. 89-4687 Filed 3-1-89; 8:45 am]

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Part IV

Department of the Interior

Office of Surface Mining Reclamation and Enforcement

30 CFR Parts 773, 778, and 843

Requirements for Surface Coal Mining and Reclamation Permit Approval; Ownership and Control Information; Reporting of Violations; Final Rule

DEPARTMENT OF THE INTERIOR

Office of Surface Mining Reclamation and Enforcement

30 CFR Parts 773, 778, and 843

Requirements for Surface Coal Mining and Reclamation Permit Approval; Ownership and Control Information; Reporting of Violations

AGENCY: Office of Surface Mining Reclamation and Enforcement, Interior.

ACTION: Final rule.

SUMMARY: The Office of Surface Mining Reclamation and Enforcement (OSMRE) of the U.S. Department of the Interior (DOI) is revising its regulations governing the requirements for an application for a permit to conduct surface coal mining operations. This rule will require a permit applicant to submit more detailed information on persons who own or control it, and will revise the requirements for reporting violations. The rule also will require a regulatory authority to make its decision to approve or disapprove a permit application on the basis of up-to-date information concerning the compliance record of the applicant and related persons. The revisions are needed to conform the permit application requirements with changes in the permitting process and to insure that permits are issued based on current compliance review information.

EFFECTIVE DATE: April 3, 1989.

FOR FURTHER INFORMATION CONTACT: Andrew F. DeVito, Office of Surface Mining Reclamation and Enforcement, U.S. Department of the Interior, 1951 Constitution Avenue NW., Washington, DC 20240; telephone (202) 343–5241 (Commercial or FTS).

SUPPLEMENTARY INFORMATION:

I. Background

This rule conforms the requirements for an application for a permit to conduct surface coal mining operations with related changes in the permit review process. On October 3, 1988 (53 FR 38868) OSMRE published a final rule which amended its regulations dealing with the review and approval of permit applications. That rule added a definition of the terms "owned or controlled" and "owns or controls" as these concepts are used in section 510(c) of the Surface Mining Control and Reclamation Act of 1977 (the Act or SMCRA), 30 U.S.C. 1201 et seq., and expanded the scope of the compliance review which a regulatory authority is required to make prior to the approval of a permit application.

This rule will require a permit applicant to include in his or her application detailed information on the owners and controllers of related operations, and to update that information immediately prior to the issuance of a permit. The rule also will require a regulatory authority to use the updated information in making a final decision to approve or disapprove the application.

The information reported under this rule will provide an essential part of the data contained in OSMRE's computer-based Applicant/Violator System, which processes multiple sources of applicant and violation information to match applicants and their owners and controllers to violators of the Act and its implementing regulatory programs. It is important that the information submitted pursuant to this rule be as complete and up-to-date as is reasonably possible to insure a thorough and accurate review of the compliance record of the permit applicant and related persons prior to making a decision on whether to issue a permit.

The proposed rule to amend 30 CFR 773.15(e) was published on July 16, 1986 (51 FR 25822). The proposed rule to amend 30 CFR 773.17, 778.13 and 778.14 was published on May 28, 1987 (52 FR 20032). No request was received for a public hearing and none was held. The two proposals are being adopted together because their information reporting requirements are interrelated.

II. Discussion of the Rule

The rule language in the proposed rule published on May 28, 1987 has been modified to clarify the reporting requirements in response to comments and to break them into logical components. Any substantive changes from the proposed rule are noted in the preamble discussions of the various sections.

Section 773.15(e)—Final Compliance Review

Under 30 CFR 773.15(b)(1), a regulatory authority may not issue a permit to an applicant if any surface coal mining and reclamation operation owned or controlled by either the applicant or by any person who owns or controls the applicant is currently in violation of the Act or certain other environmental laws and regulations. Experience has shown that the time that elapses between the submission of an application and the issuance of the permit typically is several months at a minimum. Information submitted with the application may become dated by the time of permit issuance, thus making it impossible for the regulatory authority to make an accurate compliance review under § 773.15(b)(1).

This rule adds to § 773.15 a new paragraph (e) to require that before a permit is issued the regulatory authority reconsider its initial § 773.15(b)(1) compliance review in light of any new information submitted pursuant to §§ 778.13(i) and 778.14(d) of this rule, which are discussed subsequently. If the applicant fails or refuses to respond as required, the regulatory authority will be unable to make the final compliance review required by § 773.15(e) and a permit will not be issued. The final compliance review based on this updated information will insure that the regulatory authority makes an accurate permitting decision under § 773.15(b)(1). Authority for this section is contained in sections 101, 102, 201(c)(1), 201(c)(2), 412(a), 501(b), 504, 505, 507(b)(4), 510 (a), (b) and (c), 511, 518, 701(16) and 701(19) of the Act.

The proposed rule, published on July 16, 1986, would have added paragraphs (e)(1)(i), (e)(1)(ii) and (e)(2) to § 773.15. Proposed paragraphs (e)(1)(i) and (e)(1)(ii) have been adopted in this rule as §§ 778.13(i) and 778.14(d), respectively, and are discussed later in this preamble. Proposed § 773.15(e)(2) has been adopted in this rule as § 773.15(e).

Section 773.17(i)—Permit Condition

Section 773.17(i) is a new permit condition requiring the submission, correction or update of certain information after the issuance of a cessation order. It applies to all permits to conduct surface coal mining operations, including those issued prior to the adoption of this rule.

Section 773.17(i) will require that within thirty days of the issuance of a cessation order under 30 CFR 843.11, or the State program equivalent, the permittee of the surface coal mining and reclamation operation for which the cessation order was issued shall either submit, correct or update and furnish to the regulatory authority that issued the permit, the information required by § 778.13(c) of this rule concerning the identity of persons who own or control the permittee. The information must be current to the date the cessation order was issued. If there has been no change in the information previously submitted, the permittee must notify the regulatory authority of that fact in writing. The regulatory authority will enter any new information into the Applicant/Violator

System, which will insure that the data in the System is current.

A permittee's failure to comply with this permit condition will result in appropriate enforcement action by the regulatory authority. The obligation to furnish the updated information applies even if the cessation order is under appeal. This obligation is consistent with 43 CFR 4.1116, which states that except where temporary relief is granted pursuant to section 525(c) or 526(c) of the Act, cessation orders issued under the Act shall remain in effect during the pendency of review before an administrative law judge or the Interior Board of Land Appeals. If temporary relief from a cessation order is granted, the permittee need not comply with the permit condition as long as the temporary relief is in effect.

The proposed rule would have required that this information be updated and furnished to the regulatory authority on an annual basis. However, once a permit is issued the updated information is needed only if a violation which would require that a new permit be denied occurs and remains uncorrected. In response to comments objecting to the burden of information submittal, OSMRE has decided to require the information update at the issuance of a cessation order, which is such a violation. This will eliminate a superfluous reporting obligation for the majority of permittees who operate in accordance with their permits. If a notice of violation is issued, timely abatement of the violation will avoid not only the issuance of a failure-to-abate cessation order, but also the obligation to submit updated information on owners and controllers. In this manner, the commenters' concern over the amount of information that must be submitted is partially alleviated. The rule will insure that the regulatory authority obtains the names of the owners and controllers of the permittee at the time a cessation order is issued in order to withhold the issuance of new permits to such persons if the underlying violation remains unabated.

Section 778.10—Information collection

Section 778.10 of the rule concerns the information collection requirements in 30 CFR Part 778 including approval by the Office of Management and Budget (OMB) to collect the information and the clearance number assigned by OMB. This rule revises § 778.10 by deleting the reference to clearance number 1029–0037. As stated in § 778.10, the clearance number assigned by OMB to the information collection requirements in Part 778 is 1029–0034.

Section 778.13—Identification of Interests

As stated in the May 28, 1987 proposed rule, the information reporting requirements in this final rule have been conformed as necessary to the recently promulgated final definition of "owned or controlled" and "owns or controls" at 30 CFR 773.5.

Section 778.13(b) of the rule will require each applicant for a permit to conduct surface coal mining operations to include in his or her application the name, address, telephone number, and, as applicable, the employer identification number of the applicant, the applicant's resident agent who will accept service of process and the person who will pay the abandoned mine land reclamation fee. Section 778.13(b) also requests the social security numbers of the above persons, but indicates that the disclosure of any social security number is voluntary.

Section 7(a) of the Privacy Act of 1974, 88 Stat. 1896, specifies that it shall be unlawful for any Federal, State or local government agency to deny to any individual any right, benefit or privilege provided by law because of such individual's refusal to disclose his or her social security number unless the disclosure is required by Federal law or was required under statute or regulation prior to January 1, 1975. Since SMCRA does not specifically require the disclosure of an individual's social security number, and since the information was not required prior to January 1, 1975, no benefit, right or privilege, including a permit to conduct a surface coal mining operation, may be denied for failure to disclose a social security number under this rule.

Section 7(b) specifies that when an individual is asked to disclose his or her social security number, the individual shall be told whether the requirement is mandatory or voluntary. OSMRE is requesting the voluntary disclosure of an individual's social security number pursuant to the authority granted under sections 201 (c)(1) and (c)(2) of the Act. The information will be used to process permit applications and to perform the compliance review required by section 510(c) of the Act and 30 CFR 773.15(b)(1). This exemption from mandatory disclosure applies only to a social security number and not to an employer identification number, which is the taxpayer identification number for business entities such as corporations and partnerships, and for sole proprietors if they pay wages to one or more employees. The submission of the employer identification number is mandatory under this rule.

The requirement in § 778.13(b) of this rule to supply the name of the person who will pay the abandoned mine land reclamation fee is in addition to the requirement in § 778.13(c) to list the operator. Section 402(a) of the Act requires that an operator of a surface coal mining and reclamation operation pay the reclamation fee required by the Act. Experience has shown that often the reclamation fee is paid for the operator by agents such as attorneys, trustees, accounting firms, banks or other companies, or by the permittee if different from the operator. Furnishing the name of the person paying the reclamation fee will assist OSMRE in collecting the money and arranging for audits when necessary. Supplying the name of the person who will actually pay the reclamation fee does not in any way alter the legal obligation of other persons responsible for its payment.

As originally proposed, paragraph (b) requested the social security number *or* taxpayer identification number of the applicant, the operator, the applicant's resident agent, the person who will pay the abandoned mine land reclamation fee, and any contractor who will conduct the surface coal mining and reclamation operation. Since a taxpayer identification number can be either a social security number or an employer identification number, OSMRE has substituted the term "employer identification number" for the term "taxpayer identification number" in order to eliminate any confusion.

The final rule requests the disclosure of both a social security number *and* an employer identification number. OSMRE is requesting both numbers because of the possibility that a person may have used a social security number on some occasions and an employer identification number on others. Requesting both numbers will help to insure that the data in the Applicant/Violater System is complete. A similar change has been made in paragraph (c).

The reference in proposed § 778.13(b) to the operator, and the requirement to furnish information concerning the operator, have been transferred to paragraph (c) of the final rule.

Proposed § 778.13(b) also requested the name of any contractor who will conduct the surface coal mining and reclamation operation. In the final rule, the requirement to furnish information concerning contract mining operations has been transferred to paragraph (c).

Final § 778.13(c) will require the applicant to submit the following information, as applicable, for any person who owns or controls the applicant under the definition of "owned

or controlled" and "owns or controls" in 30 CFR 773.5:

(1) The person's name, address, social security number, and employer identification number;

(2) The person's ownership or control relationship to the applicant, including the percentage of ownership and location in the organizational structure;

(3) The title of the person's position, date position was assumed, and when submitted under § 773.17(i) of this rule, the date of departure from the position;

(4) Each additional name and identifying number, including, employer identification number, Federal or State permit number and MSHA number with date of issuance, under which the person owns or controls, or previously owned or controlled, a surface coal mining and reclamation operation in the United States within the five years preceding the date of the application; and

(5) The application number or other identifier of, and the regulatory authority for, any other pending surface coal mining operation permit application filed by the person in any State in the United States.

Under the referenced definition in 30 CFR 773.5 the permit applicant must furnish the above information for all: (1) Operators; (2) officers, directors, and any other persons who perform a function similar to an officer or director; (3) persons having the ability to commit the financial or real property assets or working resources of an entity; (4) general partners; (5) shareholders owning of record a ten percent or greater interest; (6) persons owning or controlling the coal to be mined under the proposed permit under a lease, sublease or other contract, and having the right to receive such coal after mining or having authority to determine the manner in which the proposed surface coal mining and reclamation operation is to be conducted; (7) persons who have any other relationship with the permit applicant which gives them authority directly or indirectly to determine the manner in which the proposed surface coal mining operation is to be conducted; and (8) persons who own or control the persons specified in paragraphs (1) through (7), either directly or indirectly through intermediary entities.

The requirements to list "persons having the ability to commit the financial or real property assets or working resources of an entity," and "persons owning or controlling the coal to be mined * * *" have been added to the final rule because under the definition of "owned or controlled" and "owns or controls" at 30 CFR 773.5 those persons are presumed to own or control the permit applicant. The addition was necessary in order to conform these information reporting requirements with the definition.

Like the proposed rule, the final rule requires a permit applicant to report both direct and indirect ownership and control relationships. As explained in the October 3, 1988 final rule (53 FR 38868) defining "owned or controlled" and "owns or controls," the ten percent ownership presumption applies at each level of a business structure. If a ten percent or greater ownership interest exists at any level, that interest must be reported along with the controllers at that level. For example, if company "A" owned ten percent of company "B," and company "B" owned ten percent of company "C," and company "C" owned ten percent of the applicant, the permit application must list companies "A," "B" and "C" along with the controllers of companies "A," "B" and "C." However, if company "A" owned ten percent of company "B", and company "B" owned nine percent of company "C," and company "C" owned ten percent of the applicant, the permit application would be required to list only company "C" and its controllers. The permit applicant would not be required to list company "A" or company "B" because the ownership interest between company "B" and company "C" was less than ten percent.

If the operator is a business entity and a subsidiary of another corporation, then the operator, its owners and controllers and the owners and controllers of the parent corporation must be reported by the permit applicant. The same also applies to anyone owning or controlling the coal to be mined by another person under a lease, sublease or other contract and having the right to receive such coal after mining or having authority to determine the manner in which that person or another person conducts a surface coal mining and reclamation operation. If that person is a business entity and a subsidiary of another corporation, then the owners and controllers of the parent corporation must be reported by the permit applicant, along with an explanation of how each person is linked in the chain of ownership or control.

The requirement of § 778.13(c) to furnish information on anyone owning or controlling the coal to be mined by another person under a lease, sublease or other contract and having the right to receive such coal after mining or having authority to determine the manner in which that person or another person conducts a surface coal mining and reclamation operation does not apply to persons who receive coal as an in-kind royalty payment. However, simply labeling the receipt of coal as in-kind royalty payments will not automatically exempt a person or operation from the reporting requirements of this section if the in-kind payment is more than a simple royalty or if the recipient otherwise controls the conduct of the surface coal mining operation.

Under final § 778.13(c)(2), the permit applicant must explain each identified person's ownership or control relationships to the applicant, including the percentage of ownership and the location of the owner or controller in the organizational structure. In the example given above, if company "A" owns ten percent of company "B," and company "B" owns ten percent of company "C," and company "C" owns ten percent of the applicant, the permit application must list companies "A," "B" and "C" along with the controllers of "A," "B" and "C", and must clearly indicate that "A" owns "B," and that "B" owns "C". The applicant must also furnish the percentage of ownership at each level, and when listing officers, directors, general partners, and other persons required to be reported, indicate the business entity they work for. All of the information must be furnished in a manner that will enable the regulatory authority to precisely determine the organizational structure of the applicant and its owners and controllers.

In the proposed rule at § 778.13(d), OSMRE requested the "permit or application numbers or other identifiers" for all current and previous coal mining permits in the United States during the five year period preceding the date of the application. In the final rule, OSMRE has reworded this requirement to "Federal or State permit number, and MSHA number with date of issuance." OSMRE has specifically included the MSHA number here and elsewhere in the final rule so that there is no doubt the number must be included in the permit application. The date of issuance of the MSHA number is being asked for because MSHA reassigns previously issued numbers. If a violation is linked to a particular MSHA number and the number is later reassigned, the date the number was reassigned will allow the regulatory authority to determine that the current site should not be associated with the prior violation.

Final § 778.13(d) will require for any surface coal mining operation owned or controlled by either the applicant or by any person who owns or controls the applicant under the definition of "owned

or controlled" and "owns or controls" in 30 CFR 773.5, the operation's:

(1) Name, address, identifying numbers, including employer identification number, the Federal or State permit number and MSHA number, the date of issuance of the MSHA number, and the regulatory authority; and

(2) Ownership or control relationship to the applicant, including the percentage of ownership and the location in the organizational structure.

Section 778.13(i) of the final rule requires that after an application has been approved but before the permit to conduct a surface coal mining operation is issued, the applicant shall, as applicable, bring up to date, correct, or indicate that no change has occurred in the information previously submitted under paragraphs (a) through (d). If the applicant fails or refuses to submit the information required under § 778.13(i), the regulatory authority will not issue the permit. The updated information will enable the regulatory authority to make an accurate § 773.15(b)(1) compliance review and to take appropriate action.

This provision was proposed on July 16, 1986 (51 FR 25828) as § 773.15(e)(1)(i). It has been codified in the final rule in § 778.13(i) so that the obligation to update information will be located with the requirement for the information that must be updated.

Under § 778.13(j), a permit applicant will be required to submit the information required by §§ 778.13 and 778.14 in any prescribed format that is issued by OSMRE. In the final rule, OSMRE has substituted the term "format" for the term "form." OSMRE has made the substitution to allow for the electronic transfer of data if that can be done in a manner compatible with the operation of the Applicant/Violator System.

For the present OSMRE contemplates use of a standard form as the prescribed format. If a standard form is issued, use of the form will be required by all permit applicants when submitting the information regardless of whether the permit application is filed with OSMRE or a State regulatory authority. The form will cover only the information required by §§ 778.13 and 778.14, and will be in addition to any permit application forms required by any of the State regulatory authorities.

Use of a standard form should facilitate the imput of legal, financial and compliance data into the Applicant/Violator System and help reduce errors when that data is transferred from a permit application to the computer. It should also prove helpful to those applying for permits because it will indicate what information must be furnished pursuant to the regulations. OSMRE will state on any forms requesting a social security number that the submission of a social security number is voluntary. Development and use of any such form will not limit any additional information collection requirements of any approved program.

Section 778.14—Violation Information

Section 778.14(c) will require a permit applicant to submit a list of all violation notices received by the applicant and a list of all cessation orders and air and water quality violation notices received by any surface coal mining operation owned or controlled by either the applicant, or by any person who owns or controls the applicant, during the three year period preceding the application date. The list must cover violations of any provision of the Act, or of any law, rule or regulation of the United States, or of any State law, rule or regulation enacted pursuant to Federal law, rule or regulation pertaining to air or water environmental protection. The lists also must contain any identifying numbers for the operation, including the Federal or State permit number and MSHA number, the date of issuance of the violation notice and MSHA number, the name of the person to whom the violation notice was issued, and the name of the issuing regulatory authority, department or agency. The purpose of this information is to provide the data necessary to perform the compliance review required by section 510(c) of the Act and 30 CFR 773.15(b)(1) prior to making a final decision on whether to issue a permit.

A *violation notice,* as defined in 30 CFR 701.5, includes any written notification from a governmental entity of a violation of law, whether by letter, memorandum, legal or administrative pleading, or other written communication. While all notices of violation (NOV's) are violation notices, not all violation notices are NOV's. For example, a violation notice may also be a cessation order issued by a regulatory authority or a notice of noncompliance issued by the Environmental Protection Agency. Under § 778.14(c), the permit applicant must list all violation notices, including NOV's, cessation orders, notices of noncompliance, and other citations, regardless of terminology, for any violation of any provision of the Act, or of any law, rule or regulation of the United States, or of any State law, rule or regulation enacted pursuant to Federal law, rule or regulation pertaining to air or water environmental protection in connection with any surface coal mining operation. For any surface coal mining operation owned or controlled by either the applicant or by any person who owns or controls the applicant only cessation orders and air and water quality violation notices must be reported.

The proposed rule would have required the date of issuance of the violation notice, the name of the person to whom the violation notice was issued, and the issuing regulatory authority department or agency. In the final rule, OSMRE is also requesting any identifying numbers, including the Federal or State permit number and MSHA number associated with the operation, and the dates of issuance of the violation notice and MSHA number. This additional information will assist the regulatory authority in linking a violation notice to a particular mine site and its owners and controllers.

The requirement in the prior regulations to list violation notices, including NOV's, received by any subsidiary, affiliate, or persons controlled by or under the common control with the applicant has been deleted for two reasons. First, the information concerning NOV's incurred by any subsidiary, affiliate, or persons controlled by or under common control with the applicant is not required by the Act and is not needed in view of a presumption contained in revised 30 CFR 773.15(b)(1). That presumption holds that in the absence of a failure-to-abate cessation order an NOV is presumed to be in the process of being corrected to the satisfaction of the agency that has jurisdiction over the violation. It is because of the presumption that cessation orders but not NOV's must be reported for any surface coal mining operation owned or controlled by the applicant or by any person who owns or controls the applicant. In spite of the presumption, all NOV's received directly by the applicant must still be reported under revised § 778.14(c) because section 510(c) of the Act requires that an application list all NOV's incurred directly by the applicant.

The second reason for revising the previous requirement to list violation notices "received by any subsidiary, affiliate, or persons controlled by or under the common control with the applicant" was the desire of OSMRE to eliminate confusion and conform the scope and language of the persons about whom information must be submitted with the coverage of the compliance review requirements of 30 CFR 773.15 (b)(1) and (b)(3). As revised on October 3, 1988 (53 FR 38868), those sections do not use the terms "subsidiary,"

"affiliate" or "common control." Instead they refer to operations "owned or controlled by either the applicant or by any person who owns or controls the applicant."

Section 778.14(d) of the rule requires that after a surface coal mining and reclamation permit application has been approved, but before the permit is issued, the applicant shall, as applicable, bring up to date, correct or indicate that no change has occurred in the information previously submitted under § 778.14(c). If the applicant fails or refuses to submit the information required under § 778.14(d), the regulatory authority will not issue the permit. The updated information will enable the regulatory authority to make an accurate § 773.15(b)(1) compliance review.

Section 778.14(d) was proposed on July 16, 1986 (51 FR 25828) as § 773.15(e)(1)(ii). It has been codified in the final rule in § 778.14(d) so that the requirement to update information will be located with the requirement to provide the information that must be updated.

Section 843.11—Cessation Orders

Section 843.11(g) required that where OSMRE is the regulatory authority, within sixty days of the issuance of a cessation order, OSMRE must notify all owners and controllers identified pursuant to 30 CFR 778.13(c) that the cessation order has been issued and that they have been identified as owners or controllers of the violator.

As described earlier in this preamble, § 773.17(i) of the rule requires a permittee to submit to the regulatory authority within thirty days after a cessation order is issued, updated information on its owners and controllers. Upon receipt of this information, OSMRE will send the notification required by § 843.11(g). If updated information is not received, OSMRE will send the notice to the persons currently in its records as owners or controllers.

OSMRE has added this provision to the final rule for three reasons. First, notification to the owners and controllers will insure that they are aware of the violation, and that unless the violation is abated their names will be linked to the violation in the Applicant/Violator System. Second, where the person notified of the violation is no longer linked with the violator, notification will allow the person to immediately notify the regulatory authority that a link no longer exists. This will help prevent any problems in the future for that person should the permittee fail to submit the update information required by § 773.17(i) indicating that the link no longer exists or if it submits erroneous information. Third, where the violator is a corporation, the notification to the individual owners and controllers will also provide a basis for the assessment of an individual civil penalty under section 518(f) of the Act and 30 CFR Part 846 or the State program equivalent.

Since this section contains a procedural requirement relating to enforcement sanctions, pursuant to § 840.13(c) each state regulatory authority must adopt the same or similar requirements.

III. Discussion of Public Comments

One commenter objected to the rule on procedural grounds. The commenter said that the proposed rule was based on the April 16, 1986 (51 FR 12879) option for defining ownership and control, and not on the option published for comment on May 4, 1987 (52 FR 16275). The commenter said that the data collection requirements varied dramatically between the two proposed definitions of ownership and control, and that it was not possible for the public to comment intelligently on the agency's approach to data collection. The commenter said that this failure violated the basic tenets of the Administrative Procedure Act (APA).

OSMRE disagrees. The APA requires that an agency publish "either the terms or substance of the proposed rule or a description of the subjects and issues involved." 5 U.S.C. 553(b)(3). OSMRE complied with this requirement on May 28, 1987 (52 FR 20032) when it published proposed rule language which would conform the permit application requirement in §§ 778.13 and 778.14 with the April 16, 1986 option for the definition for "owned or controlled" and "owns or controls." The requirements adopted in this rule are substantially similar to those published on May 28, 1987. The requirements published on May 28, 1987 were based on the April 16, 1986 option because the definitions discussed in that option were more inclusive than the option published on April 5, 1985 (50 FR 13724).

In the May 28, 1987 notice, OSMRE also stated that if the May 4, 1987 option for the definition were selected rather than the April 16 option, the information reporting requirements might be changed, and indicated the nature of the change and specifically requested comments on alternative reporting requirements. Thus, this rule complies with the requirements of the APA.

One commenter objected to including in the rule any provision which would require an applicant to submit any information other than that specifically required by section 507(b) of the Act. The commenter argued that since the Congress articulated, with specificity, precise permit information requirements with respect to the applicant's corporate officers and owners, it was arbitrary and capricious for OSMRE to impose more expansive information reporting requirements. In support for this position, the commenter cited In re: Permanent Surface Mining Regulation Litigation, 14 E.R.C. 1083, 1097 (D.D.C. February 26, 1980).

OSMRE disagrees. The case cited by the commenter dealt with the narrow issue of whether the Secretary of the Interior could require the submission of hydrologic information for areas outside a permit area. In its decision the court concluded that the Congress articulated, with specificity, those instances in which hydrologic information outside the permit area was necessary, and consequently the Secretary's requirements which went beyond those instances specified by the Congress were arbitrary and capricious. *Id.*

In the case of In re: Permanent Surface Mining Regulation Litigation, 653 F.2d 514 (D.C. Cir. 1981), cert. denied, 454 U.S. 822 (1981), the U.S. Court of Appeals for the District of Columbia Circuit decided the question of whether the Secretary had rulemaking authority to require a permit applicant to submit any items of information beyond those enumerated in the Act. The court held that the Act's explicit listings of permit information were not exhaustive and did not preclude the Secretary from requiring additional information needed to ensure compliance with the Act. *Id.* at 527. The court held that both sections 201(c)(2) and 501(b) of the Act provide adequate authority for the Secretary to require the submission of additional information.

Section 201(c)(2) authorizes the Secretary to "publish and promulgate such rules and regulations as may be necessary to carry out the purposes and provisions of this Act." Section 501(b) directs the Secretary to promulgate regulations "establishing procedures and requirements for preparation, submission and approval of State programs."

In addition to the two sections cited by the court, support for the rule may also be found in sections 201(c)(1), 507(b), 510(c) and 517(b)(1)(E) of the Act. The rule aids implementing the section 102(c)(1) requirement that permits be withheld for noncompliance with the Act. Section 507(b) requires the identification of owners and controllers,

and also requests information on any suspension, revocation or bond forfeiture incurred by the applicant or any subsidiary, affiliate or person controlled by or under common control with the applicant in the five years preceding the date of the application. Section 510(c) requires a listing of all notices of violation incurred by the applicant during the three year period preceding the date of the application. Section 517(b)(1)(E) authorizes the regulatory authority to require any permittee to provide such other information relative to surface coal mining and reclamation operations as the regulatory authority deems necessary for purposes of developing or assisting in the development, administration and enforcement of any approved State or Federal program, or of determining whether any person is in violation of any requirement of any such State or Federal program. It is evident, therefore, that the Secretary has ample authority to adopt the information reporting requirements contained in this rule.

One commenter said that the final § 733.15(b)(1) compliance review required by § 773.15(e) should be limited to any new information received in the information update required by §§ 778.13(i) and 778.14(d). Presumably the comment was made out of concern that the final compliance review could delay the issuance of the permit.

OSMRE believes that the final compliance review will not be a time-consuming process. When the updated information is submitted by the applicant pursuant to §§ 778.13(i) and 778.14(d) of this rule, OSMRE or the appropriate State regulatory authority will enter the information into the Applicant/Violator System. Both the initial and the second § 773.15(b)(1) compliance review may be made using the Applicant/Violator System. Use of the computer-based system to make the review will take very little time and should not result in a delay in the issuance of the permit if the updated information does not result in a match between the applicant and a violator.

One commenter stated that a permit should be rescinded if the permittee failed to comply with the requirement of § 773.17(i) to update certain information on its owners and controllers on an annual basis. In the proposed rule OSMRE stated that failure to submit the information could result in rescission of the permit.

As previously discussed, the updating requirement in § 773.17(i) has been changed in the final rule to make it contingent upon the issuance of a cessation order. Once such a provision is incorporated into a regulatory program, if the permittee fails to furnish the required information, the permittee will have violated a permit condition and be subject to appropriate enforcement measures under the applicable regulatory program.

One commenter requested clarification concerning the requirement in § 778.13(b) to furnish the name, address and telephone number of the person who will pay the abandoned mine land reclamation fee. The commenter wanted to know if the regulation required the submission of an organization such as a bank, or the name of a particular person at the bank who would make the payments on behalf of the operator.

The term person is defined in section 701(19) of the Act to mean an individual, partnership, association, society or joint stock company, firm company, corporation or other business organization. Consequently, if a financial institution makes the required payment for the operator the name of the institution would suffice. The name of the person actually paying the abandoned mine land reclamation fee on behalf of the operator is being requested in order to facilitate requests for audits and financial information.

Several commenters objected to the requirement in § 778.13(i) and 778.14(d) of the rule for an applicant to submit updated information at the time a permit is approved but before it is issued. One commenter objected on the grounds that the Act requires that the information be submitted only once, and that the requirement to update the permit application information immediately prior to the issuance of the permit would be burdensome.

OSMRE disagrees. The commenter submitted no evidence to support the assertion that the requirement would be burdensome. The requirement could be burdensome only if numerous changes had occurred since the permit application was submitted. Where such changes have occurred in the ownership or control of the proposed mining operation or in the type and number of outstanding violations, it is only appropriate that the compliance history of the permit applicant and its owners and controllers be reviewed to insure that the permit is not issued in violation of section 510(c) of the Act.

Another commenter said that the proposed requirement to update the information in the permit application at the time of the submission of the bond would destroy the two-step process envisioned by the Act for permit issuance. The commenter stated that the decision to issue the permit should be based on the material submitted with the permit application, and the decision to accept the bond should be based on satisfaction of the bonding requirements in section 509 of the Act.

OSMRE disagrees. There is nothing in the Act to prevent the Secretary from requiring that the permit application be complete and accurate at the time of permit issuance. Clearly, it is the intent of the Congress that the permit be issued based on accurate information contained in the permit application.

Another commenter said that any delays between the submission of the permit application and the issuance of the permit were caused by the regulatory authority. Therefore, the commenter concluded, the applicant should not be required to update the information in the application.

OSMRE disagrees. Very often the delay between the time when a permit application is submitted and when the permit is issued is the result of factors such as the large size of the planned mining operation, the extent of the mining plan, requests for clarification concerning information in the permit application, or the need to prepare environmental documents. The lapse of time caused by such factors can be minimized but not entirely avoided. The only way of insuring that the permit is approved based on current information is to require that the information be updated. It is to the advantage of the permit applicant to update the information in the application in order to insure that the permit is issued based on accurate information.

One commenter suggested that the entire package of compliance information should be required only once at the time of bond submittal.

The suggestion to have the compliance information submitted only at the time the bond is submitted could delay the issuance of a permit. If the compliance information is submitted only at the time the bond is submitted, OSMRE or a State regulatory authority would not be able to conduct a compliance review until the very end of the permit application review process. By requiring the information to be submitted in the beginning, the regulatory authority is able to make an initial compliance review of the application and alert the applicant to any potential problem early enough to give the applicant sufficient time to correct it or to submit information indicating that the results of the initial compliance review were erroneous. This process should reduce or eliminate delays in the issuance of a permit. In addition, the regulatory authority's

communication with the applicant at the outset concerning any problem that could preclude permit issuance will allow the regulatory authority to avoid expending resources on technical review of a permit application until a substantial likelihood exists that withholding of the permit will not be required.

One commenter suggested that OSMRE should have the responsibility to update that information at the time of permit issuance, based upon the information contained in the original application and OSMRE records.

OSMRE disagrees. The regulatory authority cannot totally update information without assistance from the applicant because it would have no way of knowing who any new owners or controllers of the applicant may be or what new violations may exist, but have not yet been entered into the Applicant/Violator System.

One commenter objected to the rule on the grounds that it did not require sufficient information concerning the rebuttable presumptions contained in the definition of "owned or controlled" and "owns or controls". The commenter argued that the rule should require the submission of information describing the role of each officer in a company, and the legal authority and duties of each director. In effect, the commenter wanted a permit applicant to submit sufficient information to either rebut or confirm the presumptions contained in the definition of ownership and control. The commenter was concerned that if the information were submitted at the time of a permit block, the individuals linked to a violator would "come forth on a piece-meal basis with self-selected information" to rebut the presumption.

OSMRE did not adopt the commenter's suggestion. Under the definition at 30 CFR 773.5 certain relations create a presumption of ownership or control. For example, owning at least ten percent of the applicant, or being an officer, director, general partner, or operator of the applicant results in a presumption of control. However, for the purpose of processing permit applications a presumption of control is important only if there is an outstanding violation to which a shareholder, officer, director, general partner, operator or other person covered by the definition is linked. If there is a violation, then it becomes important to determine if the control presumed by the rule does not in fact exist. OSMRE believes that it would result in an unreasonable expenditure of time, effort and resources by both the regulatory authority and the permit applicant if the regulations were to require all permit applicants to submit the information needed to rebut a presumption of control if no link to a violation existed and therefore there was no reason to rebut the presumption. An applicant can always submit the information if the compliance review indicates a link between an applicant and a violator. Once the link is discovered, both the applicant and the regulatory authority can focus their attention on the specific relationship in question and will know what information is actually needed to rebut the presumption.

One commenter objected to the exception in § 778.14(c) of the rule, which does not require the permit applicant to report all notices of violation (NOV's). Section 778.14(c) requires that only NOV's incurred directly by the applicant be reported. NOV's incurred to surface coal mining and reclamation operations owned or controlled by the applicant or by anyone who owns or controls the applicant need not be reported. The commenter argued that all NOV's should be listed and that they should be taken into consideration during the compliance review because the absence of a cessation order does not indicate the absence of a violation. The commenter further argued that the receipt of an NOV serves as an important indicator of an applicant's willingness and ability to comply with necessary legal restrictions and permit requirements.

OSMRE did not adopt the commenter's suggestion that NOV's incurred by operations owned or controlled by the applicant or by anyone who owns or controls the applicant be reported. Section 778.14(c) as adopted complies with the requirements of section 510(c) of the Act. That section requires that notices of violations incurred "by the applicant" be listed. The Act does not require that notices of violations incurred at surface coal mining operations owned or controlled by the applicant or by any person who owns or controls the applicant be reported. OSMRE believes that the exception to reporting NOV's incurred by operations owned or controlled by the applicant or by any person who owns or controls the applicant is reasonable in view of the Secretary's revision of the scope of the compliance review in § 773.15(b)(1) and the presumption contained in that section that "in the absence of a failure-to-abate cessation order, the regulatory authority may presume that a notice of violation has been or is in the process of being corrected to the satisfaction of the agency with jurisdiction over the violation, except where evidence to the contrary is set forth in the permit application."

In addition to the above, the Secretary is adding to the regulations in § 778.14(d) a new requirement. That section requires that after the approval of the permit, but before its issuance, the permit applicant must bring up to date, correct, or indicate no change has occurred in the violation information previously submitted pursuant to § 778.14(c). Consequently, any unreported NOV's which were outstanding at the time the permit application was filed, and for which a cessation order was subsequently issued prior to the issuance of the permit, would have to be reported in the information update required immediately prior to the issuance of the permit, and would result in the permit being blocked unless the violation was in the process of being abated or else was the subject of a good faith appeal, in which case the permit would be conditionally issued.

Several commenters said that the information reporting requirements of the rule would be very burdensome. As an example, one commenter said that an existing company might be required to list on a permit application the names and addresses of one direct parent company, five second generation parent corporations (none of whom were primarily engaged in coal production), and an unknown number of third generation owners holding ten percent or more of the stock of the five second generation owners; three affiliates which are coal producing companies and ten affiliates which are not; in addition to officers, directors and violations of all of the above. By the commenter's calculations, the permit applicant would be required to list information for forty-three surface coal mining operations in ten States.

OSMRE is aware that for some large corporations the reporting requirements of this rule could be extensive. After the initial compilation of such material, however the incremental amount of effort to maintain and update the data for future applications would be less than the initial effort. These requirements are well within the discretion granted to the Secretary by the Act and are necessitated by the complex business structures created by companies mining coal.

One commenter disagreed with OSMRE's determination that the time and effort required to fulfill the data collection requirements of this rule would be minimal. The commenter said that the operating costs, time and effort involved in complying with the rule

would have a substantial impact on all companies regardles of size. The commenter said that the annual updating of permit information could easily require an additional man-year or more to track all corporate personnel changes and violations and their ultimate resolution.

OSMRE's determination of the impact of the rule was based on calculations contained in its Determination of Effects, which indicates that in 1985, 73.4% of all operations could be classified as small operations. The result would be that most operations would not need much time to gather, organize and mail information required under the rule. The commenter did not submit any evidence to support the assertion that one man-year or more would be required. Moreover, the commenter said that many companies have already developed their own computerized data processing systems to track some of the required information. This should minimize any increase in burden that might result. Also, in order to address concerns about the information reporting requirements, OSMRE did not adopt an annual update. Instead, updated information is required only after a cessation order is issued. Thus companies acting in compliance with their permits, or who abate violations within the time specified in a notice of violation can avoid having to submit updates of ownership and control information.

One commenter said that the regulatory authority should collect ownership information up and down the corporate chain. The commenter stated that requiring such information will not place a burden on coal companies because this data should be readily available in coal company records.

OSMRE agrees that such information must be submitted in a permit application. The rule requires the submission of information on owners and controllers of the permit applicant as well as mining operations owned or controlled by the applicant. See § 778.13 (c) and (d) of the rule and the preamble discussion of those two sections.

One commenter asked for clarification of how OSMRE would determine control based on indirect ownership. For an example and discussion of indirect ownership, see the OSMRE final rule defining "owned or controlled" and "owns or controls," published on October 3, 1988 (53 FR 38868) at page 38874.

One commenter objected to the requirement in § 778.13(j) for the use of a standard form to report the information required by this rule because it could cause additional burdens for the many companies that have already developed their own data processing systems to track some of the required information.

OSMRE believes that use of a standard form to report the information required by this rule can assist those applying for a permit application by indicating on the face of the form what information they must submit with regard to the identification of interests and violation history. Also, the use of a standard form can assist OSMRE and the State regulatory authorities in entering the information from the permit application into the Applicant/Violator System and minimize the amount of data entry error that might result. Any additional burden the use of a standard form might impose would be offset by these important advantages.

One commenter said that a permit applicant should be required to list all violations for which a permit block can be imposed.

OSMRE disagrees. While it is true a permit block can be imposed for violations an applicant is not required to list, OSMRE does not believe that it is necessary for the permit applicant to submit all of the information for which a permit block may be imposed because much of the information already is available to OSMRE and the State regulatory authorities. Final § 778.14(c) and the existing regulations in § 778.13 (a) and (b) together require the submission of most of the information suggested by the commenter, with the exception of outstanding Federal and State civil penalties and delinquent AML fees.

With regard to outstanding Federal civil penalties and delinquent AML fees, OSMRE has two computer-based systems which supply Federal violation data to the Applicant/Violator System. One is the Collection Management Information System (CMIS), and the other is the Abandoned Mine Land Fee Collection System (AML System). CMIS contains information on all delinquent Federal civil penalties while the AML System contains information on delinquent AML fees. With regard to delinquent State civil penalties, OSMRE intends to collect the relevant data and add it to the Applicant/Violator System at a later date after the quality of the data has been checked.

One commenter suggested that the rule should include a general provision which requires ownership and control information for anyone in an ownership or control relationship with the applicant or operator. For example, the commenter said, family members are frequently used as shams or fronts by irresponsible coal operators, and it would be a minimal burden to the applicant and the operator to list immediate family members who have mined in the past five years. The commenter also suggested that information be requested on mine managers, subcontractors and mine foremen.

OSMRE did not adopt the commenter's suggestion. The final rule at § 778.13(c) requests information for any person who owns or controls the applicant under the definition of "owned or controlled" and "owns or controls" at 30 CFR 773.5. Under § 778.13(c) the permit applicant is required to list the operator and those who own or control the operator.

If a family member, mine manager or subcontractor controls the applicant, there is an obligation under §§ 778.13(c) and 773.5(a)(3) to list that person in the permit application. However, the rule does not specifically require information when control does not exist. First, the Act does not require OSMRE to collect such information, and second, the Congress has imposed limitations on information collection. OSMRE, like all other Federal agencies, is required by the Congress to reduce where possible the information collection burden it imposes on the public. In order to do this OSMRE has limited the information reporting requirements of this rule to those specifically required by the Act or clearly necessary for the compliance review required by 30 CFR 773.15(b). There has to be some reasonable limit on the information collected for the compliance review. If OSMRE were to request all data which may be useful but not essential for performing the compliance review, the data when added to that already required by other sections of the Act and regulations would be difficult and expensive to process for both the permit applicant and the regulatory authority.

The regulations at 30 CFR 773.13(b) allow for public participation in the permitting process. Through that process, the regulatory authority can receive, and often does receive, pertinent information about the permit applicant and its owners and controllers, which may affect the permitting decision.

One commenter said that there should be a specific requirement for the applicant to state whether the proposed operation is a contract mine, and if so, the applicant should be required to list the entity or entities involved in that relationship. The commenter stated that ownership and control information should be required for both parties to the contract, and a copy of the contract should be required as part of the permit

application, If the contract is oral, its basic provisions should be described in the application.

OSMRE agrees in part. The rule in § 778.13(c) requires that the permit application contain the name of any person owning or controlling coal to be mined under the proposed permit under a lease, sublease or other contract, and having the right to receive such coal after mining or having authority to determine the manner in which the proposed surface coal mining operation is to be conducted. Section 778.13(e) requires that the permit application contain the name and address of each legal or equitable owner of record of the mineral property to be mined and each leaseholder of record of any leasehold interest in the property to be mined. Consequently, with the exception of the terms of the contract, information concerning the parties to a contract mining operation, where control is presumed, is required by the rule. Information on the contracts of other mines is not needed unless the contracts result in control over the mines. Although the submittal of every contract would reduce the likelihood of the regulatory authority not discovering control relationships, a requirement for applicants to submit and regulatory authorities to review such information appears overly burdensome.

Under the definition of "owned or controlled" and "owns or controls" at 30 CFR 773.5, there is a presumption of control for any person who owns or controls coal to be mined by another person under a lease, sublease or other contract and has the right to receive this coal after mining or has authority to determine the manner in which the other person mines the coal. If a presumption of control exists in a particular permitting situation, the permit applicant may rebut the presumption if the compliance review indicates a link between the applicant and the violator. In order to rebut the presumption in a contract mining situation, the applicant would be required, at a minimum, to submit the terms of the contract for examination. OSMRE does not believe that it should require the submission of the contract until such time as there is a need to rebut the presumption of control because of a potential permit block.

The same commenter also wanted the permit application to contain information on past contract mining operations of the applicant and operator along with the permit number, Mine Safety Health Administration (MSHA) number, and any outstanding violations.

OSMRE agrees in part with the commenter. This information with regard to past contract mining operations owned or controlled by the applicant is required by the rules in §§ 778.13(c)(4) and 778.14(c)(1).

One commenter suggested that previous § 778.14(c) should be retained without change. Prior to revision, § 778.14(c) required information on violation notices received by the applicant or any subsidiary, affiliate or persons controlled by or under common control with the applicant. As revised, § 778.14(c) requires information on violation notices received by the applicant or any surface coal mining operation owned or controlled by the applicant or by anyone who owns or controls the applicant.

OSMRE declined to adopt the commenter's suggestion. The language adopted in § 778.14(c) mirrors the language in 30 CFR 773.15(b)(1) governing compliance review. The language is no less inclusive than the compliance review required by section 773.15(b)(1), and in fact results in a review of companies under common control with the applicant. Use of this same terminology in both §§ 778.14(c) and 773.15(b)(1) will eliminate confusion.

One commenter stated that § 778.14(c) of the rule should require the applicant to include the status of any violation. This information is already required by § 778.14(c)(4) of the existing regulations.

One commenter also suggested that the permittee be required to submit updated information on an annual basis concerning all outstanding violations previously reported pursuant to § 778.14(c).

OSMRE disagrees. The violation information submitted with the permit application is needed for the compliance review required by § 773.15(b)(1). Once that review has been completed and the permit issued an update is not needed because any violation which occurs after the issuance of a permit will not affect the validity of the permit, and any violation which has already been reported pursuant to § 778.14(c) will remain in the records of the regulatory authority until the violation is abated.

One commenter requested clarification of the responsibility of the regulatory authority with regard to verifying the information supplied by the permit applicant or challenging any information the regulatory authority has reason to believe may be incorrect.

The regulatory authority may independently verify the information contained in a permit application if it has reason to believe that the information is either inaccurate or incomplete. If the regulatory authority determines that the permit application is inaccurate or incomplete it may refuse to process the application until the missing information is submitted, or it may block the permit because of a violation or an ownership or control relationship discovered as a result of its own investigation. In either event, the regulatory authority should notify the permit applicant to submit additional information, which may indicate that the application is in fact accurate and complete or that a permit should be issued because there is no ownership or control link between the applicant and the violator. After such notice, the burden to respond is on the applicant.

One commenter suggested that the permittee be required to update the information at midterm review rather than on an annual basis, and to make any other updates only if changes occur. Another commenter suggested that updates be made only at the time of permit revision.

OSMRE did not adopt these suggestions. As previously discussed, the final rule requires a permittee to update the information contained in the permit application within thirty days of the issuance of a cessation order for the permitted site. OSMRE believes that it will be more advantageous to request the information at the time of a violation rather than on an annual basis. If no violation has occurred at midterm, there is no need for an information update. If a violation has occurred prior to an application for a permit revision, then the updated information is needed so that appropriate alternative enforcement action may be taken if necessary.

IV. Procedural Matters

Effect in Federal Program States and on Indian Lands

The rule will apply through cross-referencing to the following Federal program States: California, Georgia, Idaho, Massachusetts, Michigan, North Carolina, Oregon, Rhode Island, South Dakota, Tennessee and Washington. The Federal programs for these States appear at 30 CFR Parts 905, 910, 912, 921, 922, 933, 937, 939, 941, 942 and 947, respectively. Comments were specifically solicited in the proposed rule as to whether unique conditions existed in any of these States relating to the proposal which should be reflected in the final rule either as changes to the national rules or as State-specific amendments to any or all of the Federal programs. No comments were received.

The rule also applies through cross-referencing to Indian lands under the Federal program for Indian lands as provided in 30 CFR Part 750.

Effect on State Programs

Following promulgation of the final rule, OSMRE will evaluate permanent State regulatory programs approved under section 503 of the Act to determine any changes in these programs that will be necessary. When the director determines that certain State program provisions should be amended in order to be made no less effective than the revised Federal rules, the individual States will be notified in accordance with the provision of 30 CFR 732.17.

Paperwork Reduction Act

The information collection requirements contained in this rule have been approved by the Office of Management and Budget as required by 44 U.S.C. 3501 *et seq.*, and assigned clearance numbers 1029–0034 and 1029–0041.

The public reporting burden for this information is estimated to average one hour per response for § 773.17(i), and 13.5 hours per response for the sections located in Part 778 amended by this rule. The estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. You may send comments regarding these burden estimates or any other aspect of this collection of information, including suggestions for reducing the burden, to Information Collection Clearance Officer, Office of Surface Mining Reclamation and Enforcement, 1951 Constitution Avenue NW., Washington, DC 20240; and the Office of Management and Budget, Paperwork Reduction Project (1029–0034), Washington, DC 20503.

The information is needed to meet the requirements of sections 201, 507 and 510 of Pub. L. 95–87. The information will be used by OSMRE in reviewing and approving permit applications. Except for the disclosure of a social security number, the obligation to respond is mandatory in accordance with sections 201(c)(1), 201(c)(2), 501(b), 507(b), 510(c) and 517(b)(1)(E).

Executive Order 12291

The Department of the Interior has examined the rule according to the criteria of Executive Order 12291 (February 17, 1981) and has determined that it is not major and does not require a regulatory impact analysis. This determination is based on the findings that the regulatory revisions and additions of this rule will cause very little increase in the costs of operating a mine in a manner that meets the requirements of the Act. Further, there will be no significant impacts on competition, employment, productivity, innovation or on the ability of U.S.-based enterprises to compete with foreign-based enterprises.

Regulatory Flexibility Act

The Department of the Interior has also determined, pursuant to the Regulatory Flexibility Act, 5 U.S.C. 601 *et seq.*, that the proposed rule will not have a significant economic impact on a substantial number of small entities because although the rule will impose new regulatory burdens on small entities, the time and effort required for a small entity to fulfill the additional data collection requirements will be minimal.

National Environmental Policy Act

The rule has been reviewed by OSMRE and it has been determined to be categorically excluded from the National Environmental Policy Act (NEPA) process in accordance with the Department of the Interior Manual (516 DM 2, Appendix 1.10) and the Council on Environmental Quality Regulations for Implementing the Procedural Provisions of NEPA (40 CFR 1507.3).

Author

The principal author of this rule is Andrew F. DeVito, Office of Surface Mining Reclamation and Enforcement, 1951 Constitution Avenue NW., Washington, DC 20240; Telephone: 202–343–5241 (Commercial or FTS).

List of Subjects

30 CFR Part 773

Administrative practice and procedure, Reporting and recordkeeping requirements, Surface mining, Underground mining.

30 CFR Part 778

Reporting and recordkeeping requirements, Surface mining, Underground mining.

30 CFR Part 843

Administrative practice and procedure, Law enforcement, Reporting and recordkeeping requirements, Surface mining, Underground mining.

Accordingly, 30 CFR Parts 773, 778 and 843 are amended as set forth below.

Date: December 8, 1988.

James E. Cason,

Deputy Assistant Secretary—Land and Minerals Management.

PART 773—REQUIREMENTS FOR PERMITS AND PERMIT PROCESSING

1. The authority citation for Part 773 continues to read as follows:

Authority: 30 U.S.C. 1201 *et seq.*, 16 U.S.C. 470 *et seq.*, 16 U.S.C. 1531 *et seq.*, 16 U.S.C. 661 *et seq.*, 16 U.S.C. 703 *et seq.*, 16 U.S.C. 668a *et seq.*, 16 U.S.C. 469 *et seq.*, 16 U.S.C. 470aa *et seq.*, and Pub. L. 100–34.

2. Section 773.15 is amended by adding paragraph (e) to read as follows:

§ 773.15 Review of permit applications.

* * * * *

(e) *Final compliance review.* After an application is approved, but before the permit is issued, the regulatory authority shall reconsider its decision to approve the application, based on the compliance review required by paragraph (b)(1) of this section in light of any new information submitted under §§ 778.13(i) and 778.14(d) of this chapter.

3. Section 773.17 is amended by adding paragraph (i) to read as follows:

§ 773.17 Permit conditions.

* * * * *

(i) Within thirty days after a cessation order is issued under § 843.11 of this chapter, or the State program equivalent, for operations conducted under the permit, except where a stay of the cessation order is granted and remains in effect the permittee shall either submit to the regulatory authority the following information, current to the date the cessation order was issued, or notify the regulatory authority in writing that there has been no change since the immediately preceding submittal of such information:

(1) Any new information needed to correct or update the information previously submitted to the regulatory authority by the permittee under § 778.13(c) of this chapter; or

(2) If not previously submitted, the information required from a permit applicant by § 778.13(c) of this chapter.

PART 778—PERMIT APPLICATIONS—MINIMUM REQUIREMENTS FOR LEGAL, FINANCIAL, COMPLIANCE AND RELATED INFORMATION

4. The authority citation for Part 778 is revised to read as follows:

Authority: Pub. L. 95–87, 30 U.S.C. 1201 *et seq.*, and Pub. L. 100–34.

5. Section 778.10 is revised to read as follows:

§ 778.10 Information collection.

The information collection requirements contained in Part 778 have been approved by the Office of Management and Budget under 44 U.S.C. 3507 and assigned clearance number 1029–0034. The information is being used to meet the requirements of sections 201, 507(b), 508(a), and 510(c) of the Act, which require that persons conducting surface coal mining operations submit to the regulatory authority relevant information regarding ownership and control of the property to be affected by such operations, compliance status and history. This information will be used by the regulatory authority to insure that all legal, financial and compliance requirements are satisfied prior to making a decision to issue or deny a permit under the permanent regulatory program. Except where specifically noted, the obligation to respond is mandatory in accordance with sections 201(c)(1), 201(c)(2), 501(b), 507(b), 510(c), and 571(b)(1)(E).

6. Section 778.13 is amended by revising the introductory text and paragraphs (b), (c) and (d), and by adding paragraphs (i) and (j) to read as follows:

§ 778.13 Identification of interests.

An application shall contain the following information, except that the submission of a social security number is voluntary:

* * * * *

(b) The name, address, telephone number and, as applicable, social security number and employer identification number of the:

(1) Applicant;

(2) Applicant's resident agent; and

(3) Person who will pay the abandoned mine land reclamation fee.

(c) For each person who owns or controls the applicant under the definition of "owned or controlled" and "owns or controls" in § 773.5 of this chapter, as applicable:

(1) The person's name, address, social security number and employer identification number;

(2) The person's ownership or control relationship to the applicant, including percentage of ownership and location in organizational structure;

(3) The title of the person's position, date position was assumed, and when submitted under § 773.17(i) of this chapter, date of departure from the position;

(4) Each additional name and identifying number, including employer identification number, Federal or State permit number, and MSHA number with date of issuance, under which the person owns or controls, or previously owned or controlled, a surface coal mining and reclamation operation in the United States within the five years preceding the date of the application; and

(5) The application number or other identifier of, and the regulatory authority for, any other pending surface coal mining operation permit application filed by the person in any State in the United States.

(d) For any surface coal mining operation owned or controlled by either the applicant or by any person who owns or controls the applicant under the definition of "owned or controlled" and "owns or controls" in § 773.5 of this chapter, the operation's:

(1) Name, address, identifying numbers, including employer identification number, Federal or State permit number and MSHA number, the date of issuance of the MSHA number, and the regulatory authority; and

(2) Ownership or control relationship to the applicant, including percentage of ownership and location in organizational structure.

* * * * *

(i) After an applicant is notified that his or her application is approved, but before the permit is issued, the applicant shall, as applicable, update, correct or indicate that no change has occurred in the information previously submitted under paragraphs (a) through (d) of this section.

(j) The applicant shall submit the information required by this section and by § 778.14 of this part in any prescribed OSMRE format that is issued.

7. Section 778.14 is amended by revising the introductory text, the introductory text to paragraph (c), and paragraph (c)(1) and by adding paragraph (d) to read as follows:

§ 778.14 Violation information.

Each application shall contain the following information:

* * * * *

(c) For any violation of a provision of the Act, or of any law, rule or regulation of the United States, or of any State law, rule or regulation enacted pursuant to Federal law, rule or regulation pertaining to air or water environmental protection incurred in connection with any surface coal mining operation, a list of all violation notices received by the applicant during the three year period preceding the application date, and a list of all unabated cessation orders and unabated air and water quality violation notices received prior to the date of the application by any surface coal mining and reclamation operation owned or controlled by either the applicant or by any person who owns or controls the applicant. For each violation notice or cessation order reported, the lists shall include the following information, as applicable:

(1) Any identifying numbers for the operation, including the Federal or State permit number and MSHA number, the dates of issuance of the violation notice and MSHA number, the name of the person to whom the violation notice was issued, and the name of the issuing regulatory authority, department or agency;

* * * * *

(d) After an applicant is notified that his or her application is approved, but before the permit is issued, the applicant shall, as applicable, update, correct or indicate that no change has occurred in the information previously submitted under this section.

PART 843—FEDERAL ENFORCEMENT

7. The authority citation for Part 843 continues to read as follows:

Authority: Pub. L. 95–87, 30 U.S.C. 1201 et seq., and Pub. L. 100–34.

8. Section 843.11 is amended by adding paragraph (g) to read as follows:

§ 843.11 Cessation orders.

* * * * *

(g) Where OSMRE is the regulatory authority, within sixty days after issuing a cessation order, OSMRE shall notify in writing any person who has been identified under §§ 773.17(i) and 778.13 (c) and (d) of this chapter as owning or controlling the permittee, that the cessation order was issued and that the person has been identified as an owner or controller.

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Part V

Department of Health and Human Services

Health Care Financing Administration

42 CFR Part 405

Medicare Program; Fee Schedules for Radiologist Services; Interim Rule with Comment Period

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Part 405

[BERC-478-IFC]

Medicare Program; Fee Schedules for Radiologist Services

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Interim rule with comment period.

SUMMARY: As required by section 4049 of the Omnibus Budget Reconciliation Act of 1987, this interim rule with comment period sets forth the relative value scale and the methodology for determining fee schedules upon which Medicare Part B payment for radiologist services will be determined. This method of payment will be implemented for services furnished on or after April 1, 1989.

DATES: Effective Date: The amendments to the Code of Federal Regulations are effective April 1, 1989. By statute, the fee schedules (which are not published in the Code of Federal Regulations) are effective for services furnished on or after January 1, 1989. Initial implementation of the fee schedules will be for services furnished on or after April 1, 1989.

Comment Date: Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5:00 p.m. on May 1, 1989.

ADDRESS: Mail comments to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: BERC-478-IFC, P.O. Box 26676, Baltimore, Maryland 21207.

If you prefer, you may deliver your comments to one of the following addresses:

Room 309-G, Hubert H. Humphrey Building, 200 Independence Ave. SW., Washington, DC.

Room 132, East High Rise Building, 6325 Security Boulevard, Baltimore, Maryland.

In commenting, please refer to file code BERC-478-IFC. Comments received timely will be available for public inspection as they are received, beginning approximately three weeks after publication of this document, in Room 309-G of the Department's offices at 200 Independence Ave. SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5:00 p.m. (phone: 202-245-7890).

FOR FURTHER INFORMATION CONTACT: William Morse, (301) 966-4520.

SUPPLEMENTARY INFORMATION:

I. Background

Currently, under the provisions of sections 1833 and 1842 of the Social Security Act (the Act), payment for most physician and other medical and health services furnished under Part B of the Medicare program (Supplementary Medical Insurance) is made on a reasonable charge basis through contractors known as carriers. There are some exceptions to the rule of Part B payments made on a reasonable charge basis such as hospital outpatient services, which are usually reimbursed on a reasonable cost basis, and diagnostic laboratory services, which are reimbursed on a fee schedule basis.

In accordance with section 1842(b)(3) of the Act, when payment is made on a charge basis, the charge must be reasonable. In determining the reasonableness of a physician's charge for Medicare purposes, carriers are required to consider the following factors and, in general, payment for the physician services is to be based on the lowest of these factors:

- The actual billed charge for the service.
- The customary charge for similar services generally made by the physician for the service.
- The prevailing charge in the locality for similar services.

After adjustment for the annual deductible amount, Medicare pays 80 percent of the reasonable charge. The rules governing payment of reasonable charges for Medicare Part B services are set forth in Part 405, Subpart E (§§ 405.501 through 405.580).

II. Summary of New Legislation

Section 4049(a)(1) of the Omnibus Budget Reconciliation Act of 1987 (Pub. L. 100-203), which was enacted on December 22, 1987, amended section 1833(a)(1) of the Act by adding a new subparagraph (J) to require that, effective with services furnished on or after January 1, 1989, radiologist services are reimbursed at 80 percent of the lesser of the actual charge for the services or the amount set under a radiology fee schedule. Section 4049(a)(2) of Pub. L. 100-203 added a new section 1834(b) to the Act to provide for the development of a fee schedule for radiologist services. Section 411(f)(8) of the Medicare Catastrophic Coverage Act of 1988 (Pub. L. 100-360) enacted on July 1, 1988, made several amendments to section 4049(a)(2) of Pub. L. 100-203, and those changes are incorporated in our discussion below. Section 1834(b) of the Act provides for the following:

- Section 1834(b)(1)(A) of the Act requires the Secretary to develop a relative value scale to serve as the basis for payment for radiologist services. Using this relative value scale and appropriate conversion factors, the Secretary is required under section 1834(b)(1)(B) of the Act to develop fee schedules (on either a regional, statewide, or carrier service area basis) for payment for radiologist services under Medicare Part B. The fee schedules are to be implemented for those services furnished during 1989.
- Section 1834(b)(2) of the Act requires the Secretary, in developing the relative value scale and fee schedules, to consult closely and regularly with the Physician Payment Review Commission, the American College of Radiology (ACR), and other organizations representing physicians and suppliers who furnish radiologist services. The Secretary is required to share with these organizations the data and data analysis being used to make the determinations in developing the relative value scale and fee schedules, including data on variations in current Medicare payments by geographic area and by service and physician specialty.
- Under section 1834(b)(3) of the Act, the Secretary must, in developing the relative value scale and fee schedules, consider variations in the cost of furnishing radiologist services among geographic areas and any different sites of service. The Secretary may also consider other factors concerning the manner in which physicians in different specialties furnish these services to ensure equitable payment amounts and to promote effective and efficient provision of radiologist services by physicians in different specialties.
- Section 1834(b)(4) of the Act requires that the Secretary develop preliminary fee schedules for 1989 that are budget neutral; that is, the preliminary fee schedules are designed to result in the same amount of aggregate payment (net of coinsurance and deductible amounts) for radiologist services in calendar year 1989 as would have been made absent the enactment of section 4049 of Pub. L. 100-203. However, the fee schedules that are established for actual payment purposes for radiologist services furnished in 1989 must be 97 percent of the amounts established in the preliminary fee schedules. The fee schedules that will be effective in years subsequent to 1989 will be equal to the previous year's fee schedule updated by the percentage increase in the Medicare Economic Index (MEI). In addition, each fee schedule is required to provide that the

payment rate for nonparticipating physicians and suppliers is equal to the appropriate percent (as defined in section 1842(b)(4)(A)(iv) of the Act) of the payment rate recognized for participating physicians and suppliers.

• Section 1834(b)(5) of the Act requires that the actual charge made by a nonparticipating physician or supplier for a radiology service that is paid on the basis of a radiology fee schedule be limited as follows:

—In 1989, the charge must be no more than 125 percent of the applicable fee schedule amount for the service.
—In 1990, the charge must be no more than 120 percent of the applicable fee schedule amount for the service.
—In years subsequent to 1990, the charge must be no more than 115 percent of the applicable fee schedule amount for the service.

If a physician or supplier knowingly and willfully bills in excess of these amounts, the Secretary may impose sanctions against the physician or supplier in accordance with section 1842(j)(2) of the Act, with the sanctions set forth in that section applying to suppliers in the same manner as those sanctions apply to a physician. (A separate rulemaking document addressing these sanction and penalty provisions will be developed by the Office of Inspector General.)

• Section 1834(b)(6) of the Act defines radiologist services as radiology services performed by, or under the direction or supervision of, a physician who is certified or eligible to be certified by the American Board of Radiology, or for whom radiology services account for at least 50 percent of the total amount of charges made by the physician for Medicare Part B services.

III. Consultation Requirements

In accordance with the provisions of section 1834(b)(2) of the Act, we have consulted with interested organizations in the preparation in this interim rule. As a part of this process, we shared data on draft conversion factors and a national relative value scale with the American College of Radiology (ACR), the Physician Payment Review Commission, the American Osteopathic Association, and other interested organizations. The ACR developed its own relative value scale, which it shared with us. As discussed below in more detail, we have decided to adopt the ACR's relative value scale for determining the radiology fee schedules.

IV. System of Coding

To facilitate the reporting of items and services provided to Medicare beneficiaries and the processing of claims for those items and services, codes are used in lieu of narrative descriptions. For purposes of the radiology fee schedules, radiology services will be defined by codes contained in the HCFA Common Procedure Coding System (HCPCS). HCPCS was developed to satisfy the operational needs of the Medicare and Medicaid fee-for-service reimbursement programs and to ease communication between them by replacing various uncoordinated systems with a single national coding system. HCPCS is based upon the American Medical Association's (AMA) *Physicians' Current Procedure Terminology, Fourth Edition* (commonly referred to as CPT–4). In addition to CPT–4, HCPCS contains codes and modifiers developed by other professionals and insurers to meet their reporting needs as well as the codes developed by HCFA, State agencies, and Medicare contractors to meet the claims processing needs of the Medicare and Medicaid programs. While the coding system is designed to improve the ability of the physicians and suppliers to communicate the services they furnish, more importantly, the codes offer a degree of specificity and uniformity that permits a uniform application of HCFA coverage and payment policies.

HCPCS is designed with three levels of codes and modifiers. There is an upward progression of these codes from the lowest level (local assignment) to the highest level (national assignment) with HCFA and other third parties monitoring the entire system to ensure uniformity. The first level (national assignment) contains only the AMA's CPT–4 codes. These codes are all five-digit numeric. The AMA maintains responsibility for this level of codes. The second level contains the codes for physician and nonphysician services that are not included in CPT–4, (for example, ambulance, durable medical equipment, orthotics and prosthetics). These codes are alpha-numeric and are maintained jointly by HCFA, the Blue Cross and Blue Shield Association, and the Health Insurance Association of America. The third level (local assignment) contains the codes for services needed by the individual carrier or State agency to process Medicare and Medicaid claims. These codes are used for services that are not contained in either of the first two levels. The local codes are also alpha-numeric, but are restricted to the code ranges beginning with W, X, Y, and Z. These codes are used for items and services not having the frequency of use, geographic distribution, or general applicability to justify a code assignment at a higher level.

V. Provisions of the Interim Rule

In order to implement the provisions of section 4049 of Pub. L. 100–203, we are adding new §§ 405.530 through 405.533 to the regulations to provide for the following:

A. Effective Date

Initially we have decided to implement this interim rule for services furnished on or after April 1, 1989, instead of the statutory effective date of January 1, 1989. This delay is necessary because of unexpected problems in calculating budget neutral conversion factors, which prevented publication of this rule before January 1, 1989. If the statutory effective date remains unchanged, we plan eventually to apply the fee schedule to services between January 1 and March 31, 1989. We will announce such a plan in the **Federal Register.**

B. Applicability

Effective with services furnished on or after April 1, 1989, Medicare Part B payment for radiologist services will be equal to 80 percent of the lesser of—

• The actual charge for the service; or
• The amount set under the applicable radiology fee schedule.

In accordance with section 1834(b)(6) of the Act, radiologist services are defined as radiology services performed by or furnished under the supervision of a physician who—

• Is certified by or eligible to be certified by the American Board of Radiology (ABR); or
• Bills at least 50 percent of his or her total amount of charges for Medicare Part B services for radiology services.

If a radiology service is performed by or under the supervision of a physician who does not meet either of these two requirements, the usual Medicare reasonable charge method of payment will apply. Thus, in order for the fee schedule to apply to a service, the service must meet both the following criteria: (1) The service must be a radiology service; and (2) the service must be provided by or supervised by an ABR-certified or ABR-eligible physician or by a physician with at least 50 percent radiology service charges.

C. Definition of Radiology Services

For purposes of the radiology fee schedules, the following services are defined as radiology services:

• Services represented by level I HCPCS "Radiology procedure codes

(that is, codes beginning with the number 7) from CPT–4.

• Services represented by level II HCPCS codes that begin with "R", including R0070—Transporting of portable X-ray equipment.

• Services represented by level III (local assignment) HCPCS radiology codes.

In defining radiology services, we considered prohibiting the use of any level III (local assignment) HCPCS codes by the carriers. In fact, carriers were advised in September, 1988 to convert any of their level III codes for radiology services to CPT–4 or level II alpha-numeric codes by January 1, 1989 so that the services requested by those codes would be subject to national relative values. However, many of the carriers objected to the total elimination of all local radiology codes and requested that we reconsider our decision. In support of their request, the carriers identified a number of local codes for which there are no appropriate CPT–4 or level II alpha-numeric codes.

We have accepted the carriers' recommendation and will include level III (local assignment) HCPCS codes in our definition of radiology services. These codes will be paid based on local relative values as described below in section V.E.1 of this preamble. We expect that the number of local codes will be small and that those carriers that were able to convert many of their local codes to CPT–4 or level II alpha-numeric codes, will leave those conversions in place. we have begun to review all of the remaining local codes in use by the carriers and hope to further reduce their use through the conversion to an existing code or the assignment of a national CPT–4 or alpha-numeric code where appropriate.

D. Services Not Included in the Fee Schedule

1. Visit and Consultation Services

We are not including the visit and consultation services defined by the codes in the Medicare section of CPT–4 on the radiology fee schedule. We considered including these services when they are performed by radiologists because, in those cases, the services would often be related to the performance of radiology procedures. However, if we were to consider visits and consultations to be "radiology services," it could result in many internists and family practitioners being included as "radiologists" because of the "at least 50 percent of charges" criterion. Although these visits and consultations would not usually be related to radiology, if we were to view visits and consultations to be radiology services, then these physicians and our payment to them for visits and consultations would be subject to the radiology fee schedule. We do not believe that this result was intended by Congress in enacting section 4049 of Pub. L. 100–203. In 1985, radiologists performed less than 1 percent of the total number of any single visit code and no more than five percent of any single consultation service.

Moreover, when ranked by allowed charges, only one visit or consultation service falls within the top 100 services furnished by radiologists. That service is comprehensive consultation (CPT–4 code 90620) and its 1985 allowed charges were $4.7 million. The top 100 services represent approximately 80 percent of the $1.6 billion in allowed charges for radiologists in 1985. Therefore, only a small percentage of dollars paid to radiologists are for visit and consultation services. For these reasons, we are providing that visit and consultation services performed by radiologists continue to be paid for on a reasonable charge basis.

2. Codes for Injection Procedures

We are not including the codes for injection procedures associated with interventional radiology procedures or diagnostic studies as radiology services on the radiology fee schedule. We do not consider "injection-only" codes to be radiology services since they generally describe services performed by physicians other than the radiologists performing the associated radiology service. Further, codes for these separate injection procedures are not listed in the "Radiology" section but rather in the "Surgery," section of CPT–4. The performance of a given diagnostic radiology study may be coded with either a single code from the Radiology section for the complete procedure or with two codes—one for "injection only" from the Surgery section and one for "supervision and interpretation only" from Radiology section. The CPT–4 definitions for "complete" and "supervision and interpretation only" services are as follows:

• Complete Procedures: If a single physician performs an international radiology procedure or diagnostic study involving injection of contract media and all usual preinjection and postinjection services are included, then the service is designated as a "complete procedure." A complete procedure includes injection of the necessary local anesthesia, placement of needle or catheter, injection of contrast media, supervision of the study, and interpretation of results.

• Supervision and Interpretation Only: If an interventional radiology procedure or diagnostic study is performed by a radiologist-clinician team, the study service is designated as "supervision and interpretation only" code. This supervision and interpretation only code is used only when a procedure is performed by more than one physician, for example, a radiologist-clinician team.

Numerous CPT–4 codes in the Surgery section describe only the injection of contrast media, or the introduction of a catheter. For example, the narrative for CPT–4 code 21116 is "injection procedure for temperomandibular joint arthrography." The narrative for CPT–4 code 36100 is "introduction of needle or intracatheter, carotid or vertebral artery." These codes generally describe the services of a surgeon assisting a radiologist in the performance of an arthrogram and artheriogram respectively. If the "complete" radiology service is billed, no payment for the injection-only procedure code is made, because payment for the complete procedure includes payment for the injection procedure.

Both the "supervision and interpretation only" and "complete" radiology services will be included on the radiology fee schedule. Thus, to the extent that injections are included in the complete procedure, they are encompassed in payment for the complete procedure under the fee schedule.

3. Procedures Requiring Radiologic Guidance

Some CPT–4 codes in the Radiology section represent the performance of surgical procedures under radiologic guidance; that is, they include both the radiologic guidance as well as the performance of the actual procedure. These radiology codes are generally listed as "complete procedure". Other radiologic guidance procedure codes involve only radiologic guidance, and the procedure for which the guidance is provided is coded and billed separately (usually by a surgeon). These radiology codes are generally listed as "supervision and interpretation only".

When a surgical procedure is performed under radiologic guidance by a radiologist-clinician team, the surgical procedure itself is not considered to be a radiology service and is therefore not included on the radiology fee schedule. Only the radiologic guidance itself (as described by the appropriate "supervision and interpretation" code is included on the fee schedule. However, if the surgical procedure is performed

under radiologic guidance by a single physician, then it is coded as a "complete procedure" and is included on the fee schedule. For example, if fluid is removed by a surgeon from a patient's chest cavity through a needle inserted under ultrasonic guidance provided by a radiologist, the surgeon bills for his service under code 32000, "Thoracentesis, puncture of pleural cavity for aspiration" and the radiologist bills under code 76934, "Ultrasonic guidance for thoracentesis; supervision and interpretation only". Code 32000 will not be on the radiology fee schedule because it is considered to be a surgical procedure. Code 76934 will be on the radiology fee schedule because it is a radiology service. If, however, the radiologist performs the thoracentesis alone under radiologic guidance then he would bill under code 76935, "Ultrasonic guidance for thoracentesis; complete procedure." Code 76935 will also be on the radiology fee schedule because it too is a radiology service.

We note, however, that there are some procedures in CPT–4 that include radiology services that will not be included as radiology services on the fee schedule because they are frequently performed by nonradiologists and they are listed outside of the Radiology section of CPT–4 (for example, codes 43260 through 43272). We invite public comment on the appropriateness of excluding these codes from the fee schedule.

E. Physicians and Suppliers Subject to the Fee Schedule

We will apply the fee schedule when paying any claim for radiology services submitted by the following:

- Physicians who have identified themselves as radiologists to Medicare carriers.
- Physicians whose charges for radiology services are at least 50 percent of their total charges for Medicare Part B services.
- Hospitals billng for the services of hospital-based physicians.
- Multispecialty clinics listed under the HCFA Part B Medicare Annual Data System (BMAD) specialty 70.
- Portable x-ray suppliers listed under HCFA BMAD specialty 63.
- Any other supplier or nonphysician entity.

A physician has identified himself or herself as a radiologist if the carrier reports that physician's charges in the BMAD system under specialty 30 (radiology), specialty 31 (roentgenology, radiology—osteopaths only), specialty 32 (radiation therapy—osteopaths only), or specialty 36 (nuclear medicine).

Carriers will be required to review the bills submitted by all physicians in their areas for the 1989 charge year (that is, July 1, 1987 through June 31, 1988) in order to determine which of them meet the "at least 50 percent of charges" criterion.

A physician or other entity may rebut the application of the fee schedule. For example, a physician may demonstrate that although he or she is a radiologist on the carrier's file, he or she is not ABR-certified or ABR-eligible. Similarly, a clinic or portable x-ray supplier billing for a technical component radiology service may demonstrate that the physician who furnished or supervised the service was not ABR-certified, ABR-eligible, or did not meet the at least 50 percent of charges criterion. (In order to be covered by Medicare, such technical component services must be furnished under the supervision of a physician (section 2070 of the Medicare Carriers Manual (HCFA Pub. 14)).)

A BMAD specialty 70 clinic or a hospital may demonstrate that a physician other than an ABR-certified, ABR-eligible, or at least 50 percent radiology-billing physician furnished or supervised a radiology service for which the clinic or hospital is billing and thereby exempt the claim from the fee schedule.

Carriers will be required to review the status of physicians for the purpose of determining whether they are subject to the radiology fee schedule only at the time of the annual fee screen update. (Update screens are prepared in the fall of each year and are effective on the following January 1.) At that time, carriers will determine which physicians continue to identify themselves as radiologists or specialty 70 clinics and which physicians continue to meet the at least 50 percent of charges criterion.

Carriers will make their determinations based on the most recent charge year data. The carrier will then decide whether the physician will be paid under the fee schedule for the upcoming calendar year. Carriers will make this determination for any entity that receives payment for services under Medicare Part B at the time of the update. Both in the initial year and in subsequent years, physicians and suppliers whose bills are to be subject to the fee schedule will be permitted to rebut the carrier's assumption that the radiology services being billed were furnished directly or under the supervision of an ABR-certified or ABR-eligible physician or a physician that meets the at least 50 percent of charges criterion.

A new physician who identifies himself or herself to the carrier as a radiologist and who begins practice after an annual fee screen update and, thus, after the latest radiology status review, will, from the outset, be paid under the fee schedule. The status of these physicians will be reviewed with the status of other physicians at the time of the next fee screen update. A new physician who does not identify himself or herself as a radiologist will be paid on a reasonable charge basis and the physician's status will be subject to review at the time of the next annual fee screen update.

As is true for other physicians, a new physician may rebut the carrier's determination that the physician's billings are subject to the fee schedule. For example, a new physician filing as a radiologist may indicate to the carrier that he or she furnishes the radiology services for which he or she bills but that he or she is not certified or eligible to be certified by the ABR.

Any physician not subject to the fee schedule because of not being identified as a "radiologist" or not meeting the at least 50 percent of charges criterion may nevertheless demonstrate to the carrier that he or she should be subject to the fee schedule. For example, such a physician may be an ABR-certified physician who is not listed as a radiologist with the carrier.

F. Development of the Fee Schedules for Radiologist Services

As required by section 1834(b)(1) of the Act, the fee schedule for radiologist services will be based on a relative value scale and appropriate conversion factors.

1. Development of a Relative Value Scale

Section 1834(b)(1)(A) of the Act requires that, as a first step in developing radiology fee schedules, we develop a relative value scale for radiologist services. In accordance with Congressional intent, we are providing a national relative value scale that will be uniform across the country. (See H.R. Rep. No. 391, 100th Cong., 1st Sess. 397 (1987).)

We had developed, based on 1986 BMAD data, a charge-based national relative value scale. It established relative values for professional services by computing the national average submitted charge for each service and weighting the services in relation to each other, based on those national average charges. Consistent with our regulations (§ 405.555(c)(2)), our charge-based relative value scale valued the professional service at 40 percent of the global service. This was accomplished

by making the global value 2.5 times the professional value.

However, the national relative value scale that we have adopted, and that is published as Appendix A of this interim rule, was developed by the ACR. It is based on extensive data, including the following:

- A national charge survey sent to more than 3,000 radiology practices.
- A "magnitude estimation" survey sent to more than 2,000 radiologists. (Magnitude estimation is a technique for providing comparisons about a subjective dimension, such as the level of technical skill needed to perform a procedure.)
- A survey of technical component costs.
- Meetings of consensus panels that used the survey results and judgments of the survey results in arriving at the values proposed by ACR.

According to ACR, its panels were composed of members from academic and nonacademic settings, geographic areas throughout the country, all radiology specialty organizations, and all subspecialties of radiology, as well as representatives from the College of Nuclear Physicians, the Society of Nuclear Medicine, and the American Osteopathic College of Radiology.

We believe it is appropriate to adopt the ACR relative value scale, rather than the charge-based scale that we developed. As noted above, the ACR methodology appeared to be thorough and inclusive of a wide range of interests and views and represents a refinement to the charge-based relative value scale. Appendix C of this interim rule compares the separate sets of values for certain high-volume procedures.

We have accepted ACR's relative values for all services except angiography and interventional radiology. ACR's recommendations for global values for most angiography and interventional radiology codes exceeds ACR's charge-based values for these two types of codes by more than two to one. For all other categories of services, this is not the case. Because of this apparent discrepancy, and because of the low volume of office-based or global angiography, we are not adopting ACR's global relative values for any angiography and interventional radiology. Instead, these services will be paid for under locally-established global relative values. The angiography and interventional codes to be paid based on local global relative values are listed in Appendix B to this interim rule.

Additional services, such as the level II "RHCPCS" codes, level III local codes and services described by any new CTP-4 codes will also be paid based on local relative values. This is because there are no current national relative values for those services. (See Appendix B.) Carriers will establish local values based on advice from their medical directors and the relationships between charges and allowances for various services. We will review the local relative values established by carriers to ensure that those values are reasonable.

We are aware that another recently released study establishes resources based values for certain radiology services. The study by William C. Hsiao, Ph.D., et al., "A National Study of Resource-Based Relative Value Scales for Physician Services", *The New England Journal of Medicine*, 319 (1988), 835, was conducted by the Harvard School of Public Health and its subcontractor, the American Medical Association, and funded by HCFA. We intend to review that analysis or other available data that are brought to our attention and, if appropriate, may propose revisions to the radiology relative value scale. Such revisions may be made effective at times other than the three-year update intervals discussed below.

Currently, in some carrier areas, three aspects of radiology services have been or can be billed. The physician can bill for the "professional only" aspects of a service, such as reading an X-ray. This is a professional component billing. An entity can also bill for only the technical component of a radiology service, such as the taking of an X-ray. Finally, there can also be a bill for the complete or global service (that is, both the professional and the technical components). Therefore, a radiology service may technically be three services. Only a small amount of technical component billing is actually done under the reasonable charge methodology. Most radiology service billings are on a global or professional only basis.

The relative value scale in Appendix A has a global, professional, and technical component breakdown for each radiology service listed. The base procedure on that relative value scale is the professional component of code 71010, single view chest x-ray; that service has been given a value of one (1.00).

Some CPT-4 radiology codes have payment-related modifiers representing something other than global, professional, or technical services. For example, some may have a modifier of "22", which means that the procedure involved unusual circumstances. Others may have a modifier of "52", which means reduced services. In carrier areas where prevailing charge screens have not been established for claims with payment-related modifiers other than blank (global service), "26" (professional service), or "TC" (technical service) and those claims are instead paid on a case-by-case or individual consideration basis, this practice will be continued during 1989. If a carrier currently establishes screens for radiology codes with other than blank, "26" or "TC" modifiers, the carrier will establish a local relative value for the service, as modified. (See Appendix B.) Effective for services furnished on or after January 1, 1990, no payment-related unusual modifiers will be recognized for fee schedule payment purposes. We are recognizing them for one year to give carriers sufficient time to phase out their use. We do not believe that these modifiers should continue to be recognized since the values established in the fee schedule are intended to represent the correct value for the HCPCS identified code, regardless of whether or not unusual circumstances were associated with furnishing the services.

Also, in the relative value scales, values are established for only weekly management radiation therapy codes. No values are established for daily management. This is because, effective April 1, 1989, payment will be made on only a weekly management basis. Weekly management services will include most covered services furnished by radiation therapists or in conjunction with radiation therapy. Daily management services will no longer be recognized for a Medicare payment because of the difficulty of obtaining documentation showing that daily physician services were provided to a patient. Weekly management, on the other hand, can be payable even if a covered physician service is not furnished at the time of each individual treatment. By paying a "global" weekly treatment fee, fragmentation of services, which occurs with daily fees, will be reduced.

2. Development of Conversion Factors

As required by section 1834(b)(1)(B) of the Act, we must develop appropriate conversion factors to be used in determining the fee schedules for radiologist services. The conversion factor is the dollar value used as a multiplier with the service's relative value in order to determine the fee schedule amount for the radiology service.

The requirement under section 1834(b)(4) of the Act that the fee schedules developed for 1989 be budget

neutral was a significant consideration in our development of appropriate conversion factors. Budget neutral means that the application of the fee schedule is to result in outlays for radiologist services that are no greater nor any less than would have occurred in 1989 had the fee schedules not been implemented.

Another issue that we considered was the geographic basis for which conversion factors should be computed, that is, at the locality, the carrier area, or the national level. The computation of one conversion factor for the entire nation would have the effect of creating one fee schedule applicable nationwide. We decided against this approach in favor of locality conversion factors, because of the provision in section 1834(b)(3)(A) of the Act that we take geographic cost variations into consideration when developing the fee schedules.

Locality-specific conversion factors will result in each locality's keeping the same amount of aggregate payment for radiology services furnished by radiology providers as would have resulted if these services continued to be paid under the usual reasonable charge methodology. Therefore, to the extent that geographic variations in our Medicare allowed charges reflect geographic cost variations, those cost variations have been considered in the calculation of the conversion factor. The result will be a fee schedule for each locality in the carrier's service area.

We are planning, however, to have carriers compute a carrierwide conversion factor to be available for fee schedule pricing in localities where no current locality conversion factor can be computed. This could occur in localities where there are currently no portable x-ray suppliers or no radiologists. (See subsequent discussion regarding separate conversion factors for these two groups). A carrierwide factor would be available to be applied in such localities if a physician or supplier covered by the fee schedule were to move into the area.

The conversion factors (CF) will be computed by dividing the estimated total Medicare charges that would have been allowed in 1989 under the reasonable charge methodology for physicians and suppliers subject to the fee schedule by the sum of each radiology service's relative value (RV) times the frequency (Freq) that the service (Proc) was performed by the individuals in the year ending June 30, 1988. The estimated total Medicare charges are determined by multiplying the lowest of the 1989 reasonable charge screen (RCS) that would have gone into effect absent the fee schedule under the provisions of § 405.502 and § 405.555(c)(2) for each physician or supplier (MD), by the frequency (Freq) with which the service (Proc) was performed in the year ending June 30, 1988. The quotient is then multiplied by .97 to yield the three percent savings required by law.

Thus,

$$CF = 0.97\left[\frac{(\text{Freq MD}_1\text{Proc}_1)(\text{RCS})+\ldots+(\text{Freq MD}_1\text{Proc}_n)(\text{RCS})+(\text{Freq MD}_2\text{Proc}_1)(\text{RCS})+\ldots+(\text{Freq MD}_n\text{Proc}_n)(\text{RCS})}{(\text{Freq Proc}_1)(\text{RV Proc}_1)+(\text{Freq Proc}_2)(\text{RV Proc}_2)+\ldots+(\text{Freq Proc}_n)(\text{RV Proc}_n)}\right]$$

The conversion factors will be computed by each carrier and will be subject to HCFA regional office approval.

Thus, as required by the statute, we have set the fee schedule payment amounts at 97 percent of the amounts, in the aggregate, that would have been paid in the absence of the fee schedule. To the extent the implementation of the fee schedule results in behavioral changes in the provision of radiology services, the fee schedule may not result in a three percent reduction in aggregate Medicare payments. We intend to monitor the aggregate amounts being paid under the fee schedule to determine how closely they approximate 97 percent of the amounts that would have been payable on a reasonable charge basis.

One aspect that we will specifically evaluate will be the relationship of actual charges to the fee schedule amount, compared with the relationship of actual charges to the reasonable charge screens used prior to the fee schedule. Generally, under the reasonable charge system, Medicare payment is based on the lower of the actual charge or the applicable reasonable charge screen. In establishing the conversion factor, we used the applicable reasonable charge screen; however, we did not factor into the conversion factor computation the effect of actual charges lower than the reasonable charge screen. Our reasons for not doing this are that—

- Situations in which physicians charge less than the reasonable charge screen are relatively rare and insignificant when they do occur; and
- The degree to which radiologists occasionally charged less than the reasonable charge screen in the past will likely be the same under the fee schedule.

Thus, our assumption is that the resultant conversion factors under the fee schedule are budget neutral (minus three percent) compared to what would have been paid under the reasonable charge system. During 1989 we intend to closely review both our experience under the fee schedule and historic charging practices of radiologists, to evaluate the validity of our assumptions. If they prove to be incorrect, we will propose an appropriate downward adjustment in the conversion of factor at the time of a subsequent update.

Section 1834(b)(3)(B) provides that we may consider specialty differentials in developing the relative value scale and fee schedules. We have decided that carriers should establish conversion factors for portable x-ray suppliers separate from those applicable to all other entitles. Although portable x-ray suppliers are paid under the same codes as others, the technical component x-ray services that they furnish are generally different from the x-ray services furnished by others. Portable x-ray services tend to involve special equipment requiring extra time for assembling and dismantling. Also, the patients are often elderly nursing home or homebound patients requiring extra time and care for the set-up of the x-ray. Therefore, to the extent that the experience of nonportable x-ray suppliers has influenced the relative value amounts of the "common" codes, portable x-ray suppliers could be disadvantaged. A separate conversion factor accommodates for this and the ultimate payment outcome amounts to a separate relative value scale for portable x-ray suppliers. Other categories of radiology supplier, on the other hand, do not often share their high-volume codes with other types of suppliers. For example, radiation therapy codes are generally billed by only radiation oncologists. Therefore, generally, no other category of supplier has influenced the relative values established for these codes. As a consequence, no separate relative value scale or conversion factor is needed to limit the influence of one type of supplier on the most pertinent relative values of another.

3. Code Collapsing

There are over 700 codes that we are considering to represent radiology services. We receive very few bills for many of those codes. Although we are not deleting or revising any of the radiology codes as a part of this interim rule, we are soliciting suggestions for radiology code deletions or revisions. Any comments we receive concerning the revision or deletion of radiology codes will be considered as a part of any future changes HCFA may recommend as a part of the CPT–4 procedure code update process.

F. Method of Payment Under the Radiology Fee Schedules

As discussed above in section IV.A. of this preamble, section 1833(a)(1)(J) of the Act requires that Medicare's payment for radiologist services is 80 percent of the lesser of the actual charge or the radiology fee schedule amount. However, section 1834(b)(4)(D) of the Act requires that the same payment distinctions between participating and nonparticipating physicians that apply to prevailing charges as set forth in section 1842(b)(4)(A)(iv) of the Act also apply to radiology fee schedule payments. Section 4042(c) of Pub. L. 100–203, as amended by 411(f)(2) of Pub. L. 100–360, amended section 1842(b)(4)(A)(iv) of the Act to provide that the prevailing charge level for nonparticipating physicians is 95 percent of the level for participating physicians. Therefore, nonparticipating physicians' and suppliers' fee schedule amounts are equal to 95 percent of the fee schedule amount applicable to participating physicians and suppliers.

In addition, sections 1834(b)(5)(A) and (B) of the Act place a limit on the amount a nonparticipating physician or supplier can charge a Medicare beneficiary for a service for which payment is made under a radiology fee schedule. In 1989 (that is, April 1, 1989 through December 31, 1989), the nonparticipating physician or supplier can charge no more than 125 percent of the fee schedule amount applicable to the service. In 1990, the limit on charges is 120 percent of the fee schedule amount and after 1990, the limit on charges is 115 percent of the fee schedule amount. (Since a nonparticipating physician's or supplier's fee schedule amount is 95 percent of a participating physician's or supplier's fee schedule amount, the limit on the charge made to the beneficiary in 1989 on or after April 1, 1989, for example, is 125 percent of the 95 percent.) When the charge limit specified by section 1834(b)(5)(A) and (B) applies, the maximum allowable actual charges (MAACs), established under section 1842(j)(1)(B) of the Act, do not apply.

Under section 1834(b)(5)(C) of the Act, if a physician or supplier knowingly or willfully imposes a charge in violation of the limit on charges, the Secretary may apply sanctions against the physician or supplier (that is, excluding the physician or the supplier from the program or imposing civil money penalties, or both). These regulations do not include details regarding the sanctions process. Regulations now being developed by the Department's Office of Inspector General will include details on this provision.

G. Updating the Relative Value Scale and Conversion Factors

As required in section 1834(b)(4)(C) of the Act, fee schedule values will be updated annually by the percentage increase in the MEI.

We will also revise the radiology fee schedules at least every three years, primarily for the purpose of adding new services or new procedure codes. Until these revisions are made, carriers will pay for any new services or new codes under a local fee schedule (that is, on the basis of a local relative value scale and the locality's conversion factor). (See Appendix B.) New services will be added to the national relative value scale fee schedules after we have had the opportunity to consult with the American College of Radiology and other interested organizations regarding appropriate values for the new services.

At the time of the revisions, new national relative values and conversion factors will be established.

If, after a fee schedule is effective, there is deletion of a CPT–4 code with a cross-referral to a different current code, we will implement that change in the fee schedules when HCPCS changes in the reasonable charge system are being made. This will not involve the establishment of new fee schedule values.

When there is merely a deletion of a code from HCPCS and no cross-referral to another code, there is no need to develop a new fee schedule value. Implementation of the deletion will occur when HCPCS changes are made in the reasonable charge system.

If there is a fragmentation of a current code and the new codes are not components of the old (for example, procedure code X represents a procedure done on either the right or the left side and that code is fragmented into two—one for the procedure on the left side and the other for the procedure on the right side), each of the one or more new codes will receive the fee schedule value of the predecessor code. Again, there will be no new fee schedule values involved and we will implement the change when the HCPCS changes are made in the reasonable charge system. If the new codes were components of the old, the relative value of the old code will be divided evenly among the new codes unless we instruct otherwise.

If two or more "component" codes are collapsed, into a single new code, the fee schedule values for the resulting codes will be the sum of the values of the component services. The change will be implemented when HCPCS changes are made in reasonable charge.

When language revisions are made in the description of a given code, we will make any appropriate changes in the code's relative value at HCPCS conversion time.

H. Continuation of Reasonable Charge Screens

Since the radiology services furnished by physicians and suppliers who are not subject to the fee schedule continue to be paid under the general reasonable charge rules, we will continue to compute reasonable charge screens for radiology services.

Customary charges for radiology services will continue to be computed for all physicians and suppliers, including physicians and suppliers who are subject to the fee schedule. Physicians and suppliers not subject to the fee schedule must continue to have customary charges computed for them because they will continue to receive payment for radiology services on a reasonable charge basis. Fee schedule physicians and suppliers also must continue to have customary charges computed for their radiology services because, as is discussed below, those customary charges will be used to compute prevailing charges.

Carriers will have to continue to compute area prevailing charges for radiology services.

In carrier areas where radiologists' charges are merged with those of other physicians to compute prevailing charges (that is, where there is no unique radiology prevailing charge), prevailing charges must be computed—to be applicable to any physician not subject to the fee schedule—and those prevailing charges must be based on the customary charges of both physicians subject to the fee schedule and those who are not.

In computing prevailing charges for radiology services, we will include in the array the customary charges of

physicians and suppliers who are subject to the fee schedule. This is because the concept of a prevailing charge (that is, not the MEI-adjusted prevailing charge) is that it is a measure of how physicians in the area have been charging, not a measure of how they have been or will be paid. It is therefore irrelevant how Medicare pays physicians (on a reasonable charge or a fee schedule basis) when determining whether their charges, if available in our data system, should be used in computing customary and prevailing charges. All actual charges, regardless of our method of payment to the physicians, will be used. This is consistent with our regulations at § 405.504, which discuss how prevailing charges are to be determined. That section does not indicate that only customary charges of physicians under the reasonable charge system are to be used.

VI. Regulatory Impact Statement and Flexibility Analysis

A. Executive Order 12291

Executive Order 12291 (E.O. 12291) requires us to prepare and publish a regulatory impact analysis for any interim rule that meets one of the E.O. criteria for a "major rule"; that is, that will be likely to result in—

- An annual effect on the economy of $100 million or more;
- A major increase in costs or prices for consumers, individual industries, Federal, State, or local government agencies, or geographic regions; or
- Significant adverse effects on competition, employment, investment, productivity, innovation, or on the ability of United States-based enterprises to compete with foreign-based enterprises in domestic or export markets.

According to data from HCFA's BMAD system, allowed charges for radiology procedures performed by radiologists in calendar year 1986 were approximately $1.6 billion. Section 1834(b)(4) of the Act requires that the Secretary develop preliminary fee schedules for 1989 that are budget neutral. However, the fee schedules that are established for actual payment purposes for radiologist services furnished in 1989 must be 97 percent of the amounts established in the preliminary fee schedules.

We anticipate that this interim rule will result in the following savings:

TABLE I.—PROJECTED MEDICARE SAVINGS AS A RESULT OF FEE SCHEDULES FOR RADIOLOGIST SERVICES [1]

FY 1989	FY 1900	FY 1991	FY 1922	FY 1993	FY 1994
$15	$35	$40	$50	$55	$60

[1] Rounded to the nearest $5 million.

Although we have reduced the fee schedule amounts by three percent, our estimates do not reflect a three-percent savings. This is due to the effects of rounding to the nearest five million dollars, anticipated changes in the behavior patterns of physicians, savings not being realized in the year in which the service is furnished due to a time lag in billing, and the regulation's implementation date of April 1, 1989 (which means that only six months of savings are realized).

In addition, we anticipate that physicians, in response to this fee schedule, may change their behavioral patterns. These changes may include increased utilization or increased intensity of services, in order for them to maintain current levels of Medicare reimbursement.

This interim rule does not meet the $100 million criterion nor do we believe that it meets the other E.O. 12291 criteria. Therefore, this interim rule is not a major rule under E.O. 12291, and an interim regulatory impact analysis is not required.

B. Regulatory Flexibility Act

We generally prepare a regulatory flexibility analysis that is consistent with the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 through 612) unless the Secretary certifies that an interim rule will not have a significant economic impact on a substantial number of small entities. For purposes of the RFA, all physicians are treated as small entities.

This interim rule implements sections 1833(a)(1)(J) and 1834(b) of the Act as amended by section 4049 of Pub. L. 100-203 and section 411(f)(8) of Pub. L. 100-360. We are preparing a regulatory flexibility analysis for this interim rule because of the large number of physicians who will be affected and the significance and potential controversy of these provisions.

Section 1102(b) of the Social Security Act requires the Secretary to prepare a regulatory impact analysis if an interim rule may have a significant impact on the operations of a substantial number of small rural hospitals. Such an 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 with fewer than 50 beds located outside of a Metropolitan Statistical Area.

We are not preparing a rural hospital impact statement since we have determined, and the Secretary certifies, that this interim rule will not have a significant economic impact on the operations of a substantial number of small rural hospitals.

1. Impact on Physicians

It is clear that the fee schedule established by this regulation will affect a substantial number of physicians. These physicians can be divided into three categories. Those who are American Board of Radiology (ABR)-certified, ABR-eligible, or physicians for whom at least 50 percent of their total Medicare Part B charges are for radiology services. As of December 31, 1986, there were 8,345 radiologists practicing in the United States with 6,365 being certified by their corresponding board (Physician Characteristics and Distribution in the U.S., 1986. Department of Data Release Services, Division of Survey and Data Resources, American Medical Association, 1987). We expect that most of these physicians will be subject to the fee schedules.

In order for the fee schedule to apply to a radiology service, the service has to meet the following criteria: (1) The service must be a radiology service; and (2) the service must be performed by or under the supervision of an ABR-certified or ABR-eligible physician or by a physician with at least 50 percent radiology service charges. Radiologists as a group had a Medicare participation rate of 40 percent in 1987 and a Medicare assignment rate of 73 percent in 1986.

As added, section 1834(b)(4)(A) of the Act provides that the Secretary will develop preliminary fee schedules for 1989, that are designed to result in the same amount of aggregate payments (less any coinsurance and deductibles under sections 1833(a)(1)(J) and 1833(b) of the Act) for radiologist services furnished in 1989 as would have been made if this section had not been enacted. Section 1834(b)(4)(B) of the Act requires that the fee schedules established under this paragraph for radiologist services furnished in 1989 be 97 percent of the amounts permitted under the preliminary fee schedules developed under 1834(b)(4)(A) of the Act. Consequently, the overall impact of the fee schedules on the radiology industry as a whole in 1989 will be an average three-percent reduction in Medicare fee levels. For those years after 1989, fee schedule values will be

updated annually by the Medicare Economic Index. At least every three years, new services will be added as appropriate and the fee schedule system will be rebased using a new relative value scale and new conversion factors.

a. *Participating Physicians.* The three percent reduction in the fee schedule amounts will not necessarily result in a three percent reduction in Medicare payments to an individual physician. First, there may be redistributions involved in the shift from the reasonable charge payment methodology to the fee schedule. Payment for an individual service and for the particular mix of services furnished by a physician may be more or less than 97 percent of the amount the physician currently receives on a reasonable charge basis for the same services. Second, there may be behavioral changes, for example, changes in the volume or mix of services a physician provides, in response to the different amounts received under the fee schedule that would affect the total payments received from Medicare. Finally, payments for any nonradiologic services furnished by the physician are unaffected by the fee schedule.

b. *Nonparticipating Physicians.* Nonparticipating physicians will also be affected by this interim rule to the extent that their covered services will be subject to the fee schedule. Section 1834(b)(5)(B) of the Act places an upper limit on the amount that a nonparticipating physician or supplier can charge beneficiaries. In 1989, the first year of implementation, the maximum allowable actual charge will be 125 percent of the fee schedule amount. In the second year, it will be 120 percent of the fee schedule amount, and, in the third and subsequent years, it will be 115 percent of the fee schedule amount. A nonparticipating physician's fee schedule amount will be 95 percent of a participating physician's fee schedule amount. Therefore, in 1989, for example, the nonparticipating physician's upper charge limit will be 125 percent of 95 percent of the amount allowed for participating physicians.

2. Impact on Portable X-ray Suppliers

Portable X-ray suppliers bill using specialty code 63 under the HCFA BMAD system. As of April 1988, there were approximately 440 portable X-ray suppliers in the United States. These suppliers account for slightly less than two percent of all total allowed charges for radiology services.

We are using a separate conversion factor for portable X-ray suppliers because if we were to use a combined conversions factor (that is, one that includes both portable X-ray suppliers and physicians furnishing radiology services) payments would be redistributed between portable X-ray suppliers and other physicians furnishing radiology services.

We believe that the impact on these suppliers will be similar to the one experienced by physicians. Our rationale is the same as the one advanced above for participating physicians.

3. Impact on Beneficiaries

We believe that this interim rule will have a negligible effect upon beneficiaries out-of-pocket expenses. Our main concern is the effect on Medicare beneficiaries out-of-pocket expenes on nonassigned claims. Congress has addressed this concern by placing an upper limit on the amount which a nonparticipating physician could charge beneficiaries. In 1989, the upper limit will be 125 percent of the fee schedule, in 1990 it will be 120 percent of the fee schedule, and in 1991 and subsequent years it will be 115 percent of the fee schedule.

C. Alternatives Considered

Our consideration of alternatives is limited because of the provisions set forth in section 4049 of Pub. L. 100–203. However, within this overall constraint, we have latitude in establishing the relative value scale, and the conversion factors. In section V of this preamble, we discuss the methodologies that we considered for each of these policy issues and our rationale for choosing a particular methodology.

D. Concluson

Medicare payment for radiologist services will vary among individual participating and nonparticipating physicians to the extent that there are differences in the particular mix of covered radiology services they furnish to Medicare patients and in the amount physicians charge for covered services prior to the implementation of this fee schedule.

Similarly, Medicare payment for radiologist services provided by portable X-ray suppliers will vary among individual suppliers depending on how much of their business is Medicare derived, and the amounts they charge for their services.

VII. Other Required Information

A. Interim Rule With Comment Period

Section 4049(b)(2) of Pub. L.100–203 established January 1, 1989, as the effective date for the implementation of the radiology fee schedule. However, for the reasons discussed below, we have been unable to meet that deadline. In order to achieve the objectives of section 4049 within a timeframe as close as possible to the Congressionally-prescribed effective date, we have determined that it is necessary to publish this regulation as an interim rule pursuant to the authority granted in section 4039(g) of Pub. L. 100–203. This regulation will be implemented April 1, 1989.

The development of a new relative value scale and fee schedule for radiologist services that meets the standards prescribed by Congress has proved to be an exceedingly complex task. Congress directed that the fee schedule be based on a variety of factors respecting the manner in which physicians furnish radiology services and that the fee schedule be equitable and promote efficient and effective provision of those services. Congress also directed that, in developing the schedule, we consult closely with the Physician Payment Review commission, the American College of Radiology, and other affected organizations. We have acted as expeditiously as possible to gather data, to meet with affected parties, to solicit their input on the design of the relative value scale and to discuss with them the numerous options that have come under consideration. We have also sought to expedite the process through shortened timeframes. Despite these efforts, publication by the January 1, 1989 effective date has eluded us.

We had expected to publish an interim rule before January 1, 1989. However, shortly before publication, we discovered several methodological problems with the computation of the conversion factors necessary for translating the relative values of the relative value scale into the payment amounts found on the fee schedule. These methodological errors had the effect of lowering the payment for all services. After consulting with American College of Radiology and other interested groups we determined that it was necessary to delay implementation of the fees schedule until April 1, 1989 in order to correct those methodological errors.

Section 4039(g) of Pub. L. 100–203 provides that, if necessary, we may issue regulations to implement certain provisions of that law, including the radiology fee schedule and other Medicare reforms, on an interim basis. Congress, in Pub. L. 100–203, charged the agency with developing and implementing several significant and complex payment reforms. Congress recognized, however, that the agency may not be able to both develop the

regulations necessary to implement these reforms and engage in the time-consuming and resource-consuming process entailed by the notice and comment procedure before the effective dates which it prescribed. At the same time, Congress recognized that interested parties should be given an opportunity to comment on implementing regulations. Therefore, it authorized the Secretary to provide a comment period after implementation of the regulation and, in the case of the radiology fee schedule, specified that there be close consultation between the agency and affected groups. For reasons explained below, we believe that this procedure is a particularly appropriate means of accommodating the interests and needs of all parties—the agency, the affected groups, and the public at large—in this case.

Publication of an interim rule is necessary in order for us to realize the objectives that Congress intended the radiology fee schedule to achieve. Congress intended the radiology fee schedule to provide for an equitable method of radiology payment under which payment for those radiology procedures determined to be overvalued would be reduced and payment for hitherto undervalued procedures would be increased. The fee schedule was also intended to achieve a three percent budgetary savings. Congress, moreover, believed that the public interest would be served best if this new payment policy were put in place on January 1, 1989. The methodological errors in the conversion factors would have resulted in the underpayment of all procedures, thereby frustrating the goal of equitable payment among radiologists. Therefore, in order to achieve this goal, we felt it necessary to delay implementation of the fee schedule until the errors were corrected. Now that the errors have been corrected, however, we feel it necessary to proceed as promptly as possible.

Were we to go through the traditional notice and comment process, we would have to leave the current radiology payment policy in place for an extended period of time subsequent to the date Congress intended the new payment policy to go into effect. This would make realization of the three percent savings more difficult. It would also be contrary to Congress's admonition that we put the fee schedule in place by January 1, 1989. We believe that our delay to correct the erroneous methodology coupled with publication of this regulation in interim form is necessary to preserve the objectives of equitable payment, cost-savings, fee schedule integrity, and timely implementation to the maximum extent possible.

In addition, the process we have employed in the development of this rule and the process we will employ in the interim between publication of this interim rule and publication of a final rule are more than adequate to ensure that all interested parties have an opportunity to voice their ideas and concerns and have them considered by the agency. As already noted, we have consulted closely and extensively with the American College of Radiology and a variety of other groups through each step of the regulation-development process. Nevertheless, we are interested in comments and advice regarding changes that should be made to this interim rule. Therefore, we are providing a 60-day comment period for public comments.

Because of the large number of items of correspondence we normally receive concerning regulations, we cannot acknowledge or respond to the comments individually. However, in preparing the final rule, we will consider all comments that we receive by the date and time specified in the "Dates" section of this preamble, and we will respond to the comments in the preamble of that rule.

B. Paperwork Reduction Act

This interim rule does not impose information collection requirements. Consequently, it need not be reviewed by the Executive Office of Management and Budget under the authority of the Paperwork Reduction Act of 1980 (44 U.S.C. 3501–3511).

List of Subjects in 42 CFR Part 405

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Laboratories, Medicare, Nursing homes, Reporting and recordkeeping requirements, Rural areas, X-rays.

We are amending 42 CFR Part 405, Subpart E as set forth below:

CHAPTER IV—HEALTH CARE FINANCING ADMINISTRATION, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Subchapter B—Medicare Program

PART 405—FEDERAL HEALTH INSURANCE FOR THE AGED AND DISABLED

1. The authority citation for Part 405, Subpart E is revised to read as follows:

Authority: Secs. 1102, 1814(b), 1832, 1833(a), 1834(b), 1842 (b) and (h), 1861 (b) and (v), 1862(a)(14), 1866(a), 1871, 1881, 1886, 1887, and 1889 of the Social Security Act as amended (42 U.S.C. 1302, 1395f(b), 1395k, 1395l(a), 1395m(b), 1395u (b) and (h), 1395x (b) and (v), 1395y(a)(14), 1395cc(a), 1395hh, 1395rr, 1395ww, 1395xx, and 1395zz).

2. The table of contents for Part 405 Subpart E is amended by revising the title of the subpart, adding the titles for new §§ 405.530 through 405.533, and revising the titles for §§ 405.551 and 405.555, to read as follows:

Subpart E—Criteria for Determination of Reasonable Charges; Radiology Fee Schedules; and Reimbursement for Services of Hospital Interns, Residents, and Supervising Physicians

* * * * *

Secs.

405.530 Payment of radiologist services under a fee schedule.

405.531 Basic methodology for calculating radiology fee schedules for calendar year 1989.

405.532 Calculating radiology fee schedules for calendar years after 1989.

405.533 Special rules for nonparticipating physicians furnishing radiology services.

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405.551 Payment of charges for physician services in providers: General provisions.

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405.555 Payment of charges for radiology services.

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3. Section 405.501 is amended by revising paragraph (a), redesignating paragraph (c) as paragraph (d), and adding a new paragraph (c) to read as follows:

§ 405.501 Determination of reasonable charges.

(a) Except as specified in paragraphs (b) and (c) of this section, Medicare pays no more for Part B medical and other health services than the "reasonable charge" for such service. The reasonable charge is determined by the carriers (subject to any deductible and co-insurance amounts as specified in §§ 410.152 and 410.160 of this chapter.)

* * * * *

(c) For services furnished on or after April 1, 1989, payment under Medicare Part B for radiologist services is governed by radiology fee schedules that are determined in accordance with the provisions of §§ 405.530 through 405.533.

* * * * *

4. New §§ 405.530 through 405.533 are added to read as follows:

§ 405.530 Payment of radiologist services under a fee schedule.

(a) *Purpose.* This section and §§ 405.531 through 405.533 implement sections 1833(a)(1)(J) and 1834(b) of the Act by establishing fee schedules for radiologist services.

(b) *Method of payment.* For services furnished on or after April 1, 1989, the amount paid under Medicare Part B for radiologist services is 80 percent of the lesser of—

(1) The actual charge; or

(2) The amount provided under the radiology fee schedules.

(c) *Definitions.* For purposes of this subpart, the following definitions apply:

"Radiology services" means services represented by—

(1) Level I HCFA Common Procedure Coding System (HCPCS) radiology procedure codes (that is, all codes beginning with the number 7) from the Physicians' Current Procedural Terminology, Fourth Edition (commonly referred to as CPT–4);

(2) Level II HCPCS alpha-numeric "R" codes, including R0070—Transporting of portable x-ray equipment; and

(3) Level III (local assignment) HCPCS radiology codes.

"Radiologist services" means radiology services furnished by or under the direct supervision of a physician—

(1) Who is certified, or eligible to be certified, by the American Board of Radiology; or

(2) For whom radiology services account for at least 50 percent of the physician's total amount of charges made under Medicare Part B.

§ 405.531 Basic methodology for calculating radiology fee schedules for calendar year 1989.

(a) *General rule.* For services furnished on or after April 1, 1989 and before January 1, 1990, each carrier establishes a radiology fee schedule for each locality in its service area based on a national relative value scale and any appropriate local relative value scale multiplied by locality-specific conversion factors computed as described in paragraphs (b) through (d) of this section.

(b) *Relative value scales.*

(1) *National relative value scale.* HCFA establishes a national scale.

(2) *Local relative value scale.* Each carrier establishes a local scale (at the carrier service area level) for radiology services that are not included in the national scale and that are not reimbursed on an individual or case-by-case basis.

(c) *Conversion factors.* After separating the portable x-ray data from all other data, each carrier establishes two conversion factors for each locality (one for portable x-ray suppliers and another for all other radiology physicians and suppliers) by—

(1) Computing the locality's total Medicare reasonable charges that would have been recognized during 1989 under the reasonable charge methodology (see §§ 405.502 and 405.555(c)(2));

(2) Dividing that amount by the sum of each radiologist service's relative value, multiplied by the 1989 charge year (that is, July 1, 1987 through June 30, 1988) frequency in the locality; and

(3) Multiplying that amount by 97 percent.

§ 405.532 Calculating radiology fee schedules for calendar years after 1989.

(a) *Annual update.* Radiology fee scheduels for services furnished in a calendar year after 1989 are established by updating the previous calendar year's fee schedules by the percentage increase in the Medicare economic index as described in § 405.504(a)(3)(i).

(b) *Revisions.* Using the methodology set forth in § 405.531, at least every three years—

(1) HCFA establishes new relative values; and

(2) Carriers established new conversion factors.

(c) *New radiology services.* New radiology services are added to the national relative value scale at the time of a revision under the provisions of paragraph (b) of this section. Until they are included on the national relative value scale, these services are paid on the basis of local relative value scales, established by the carriers.

§ 405.533 Special rules for nonparticipating physicians furnishing radiology services.

(a) *Fee schedule amounts.* The payment amount recognized under the radiology fee schedules for a nonparticipating physician or a nonparticipating supplier is limited to the applicable percent (as set forth in section 1842(b)(4)(A)(iv) of the Act) of the fee schedule amount.

(b) *Limit on actual charge.* The charge made to a beneficiary by a nonparticipating physician or a nonparticipating supplier for a radiology service for which payment is made under a radiology fee schedule is limited as follows:

(1) In 1989, the charge may not exceed 125 percent of the fee schedule amount applicable to the service.

(2) In 1990, the charge may not exceed 120 percent of the fee schedule amount applicable to the service.

(3) For years after 1990, the charge may not exceed 115 percent of the fee schedule amount applicable to the service.

5. In § 405.550, the introductory text of paragraph (b) is revised, the introductory text of paragraph (e) is republished, and paragraph (e)(1) is revised to read as follows:

§ 405.550 Conditions for payment of charges for physician services to patients in providers: General provisions.

* * * * *

(b) *Conditions for payment for services of physicians to provider patients.* The carrier pays for services of physicians to patients of providers on a reasonable charge basis or, for radiologist services, under a fee schedule only if the following requirements are met:

* * * * *

(e) *Effect of physician's assumption of operating costs.* If a physician or other entity enters into an agreement (such as a lease or concession) with a provider, under which the physician (or entity) assumes some or all of the operating costs of the provider department in which the physician furnishes physician services in the provider, the following rules apply:

(1) The carrier makes payment under a radiology fee schedule or on a reasonable charge basis only for a physician's services to an individual patient.

* * * * *

6. Section 405.551 is amended by revising the heading and paragraphs (a) and (f) to read as follows:

§ 405.551 Payment of charges for physician services in providers: General provisions.

(a) *Scope.* The carrier determines payment of charges for physician services to patients in providers in accordance with the general rules governing reasonable charge payment in §§ 405.501 through 405.508, except as provided in paragraphs (b) through (f) of this section.

(f) *Rules for certain specialties.* In determining the amount of payment for anesthesiology or radiology services furnished by a physician to an individual patient, the carrier applies the rules in this section and in §§ 405.553 and 405.555 in addition to the general rules governing reasonable charges at §§ 405.501 through 405.508 and the rules concerning payment of radiologist services on a fee schedule basis at §§ 405.530 through 405.533.

7. Section 405.554 is revised to read as follows:

§ 405.554 Conditions for payment of charges: Radiology services.

(a) *Services to patients.* The carrier reimburses radiology services furnished by a physician to an individual patient on a radiology fee schedule or reasonable charge basis only if the services meet the conditions for reasonable charge payment in

§ 405.550(b) and are identifiable, direct, and discrete diagnostic or thereapeutic services to an individual patient, such as interpretation of X-ray plates, angiograms, myelograms, pyelograms, or ultrasound procedures.

(b) *Services to providers.* The carrier does not pay on a radiology fee schedule or reasonable charge basis for physician services to the provider (for example, administrative or supervisory services) or for provider services needed to produce the X-ray films or other items that are interpreted by the radiologist. However, allowable costs for such services will be paid to the provider by the intermediary. (See § 405.480 for provider costs, and § 405.550(e)(2) for costs borne by a physician, such as under a lease or concession agreement.)

8. In § 405.555, the heading and paragraph (b) are revised, the introductory test of paragraph (c) is republished, and paragraph (c)(1) is revised to read as follows:

§ 405.555 Payment of charges for radiology services.

* * * * *

(b) *Services not furnished in providers.* If the services are furnished in a radiologist's office, a freestanding radiology clinic, or any other setting that is not part of a provider, the carrier determines the amount of payment for the services under the general reasonable charge rules in §§ 405.501 through 405.508 or the rules governing payment under a radiology fee schedule in §§ 405.530 through 405.533.

(c) *Services furnished in providers.* If the services are furnished in a hospital radiology department or any other setting that is part of a provider, the following rules apply:

(1) The carrier determines the amount of payment under the payment of charges rules for physician services in providers in § 405.551 and the general reasonable charge rules in §§ 405.501 through 405.508 or the radiology fee schedule rules in §§ 405.30 through 405.533.

* * * * *

(Catalogue for Federal Domestic Assistance Program No. 13.773, Medicare—Hospital Insurance Program)

Dated: February 16, 1989.

Terry Coleman,

Acting Administrator, Health Care Financing Administration.

Approved: February 24, 1989.

Don M. Newman,

Acting Secretary.

Note: Appendices A, B, and C will not appear in the Code of Federal Regulations.

BILLING CODE 4120-01-M

APPENDIX A

RADIOLOGY NATIONAL RELATIVE VALUE SCALE

Proc Code	Description	GLOBAL RVS	PROFESSIONAL RVS	TECHNICAL RVS
70030	eye for f.b. detect	2.18	0.97	1.21
70100	mandible,partial,<4 views	2.54	1.02	1.52
70110	mandible,compl,min 4 views	3.20	1.38	1.82
70120	mastoids,<3 views per side	2.84	1.02	1.82
70130	mastoids,compl,>2 views per side	4.13	1.85	2.28
70134	internal aud meati, compl	3.98	1.85	2.12
70140	facial bones,<3 views	2.87	1.05	1.82
70150	facial bones,compl,>2 views	3.73	1.45	2.28
70160	nasal bones,compl,>2 views	2.47	0.95	1.52
70170	dacryocystography,naso-lac duct,s&i	4.36	1.63	2.73
70171	dacryocystography,naso-lac dt,compl	7.79	5.06	2.73
70190	optic foramina	3.01	1.19	1.82
70200	orbits,compl,>3 views	3.82	1.55	2.28
70210	sinuses, paranasal,up to 2 vws	2.77	0.95	1.82
70220	sinuses, paranas,cmpl,3 or more views	3.66	1.38	2.28
70240	sella turcica	2.29	1.08	1.21
70250	skull,<4 views, w/wo stereo	3.18	1.35	1.82
70260	skull,compl,>3 views,w/wo stereo	4.43	1.85	2.58
70300	teeth,single view	1.31	0.55	0.76
70310	teeth,part,less than full mouth	2.07	0.86	1.21
70320	teeth,compl,full mouth	3.52	1.24	2.28
70328	tmj,open&closed mouth,unilat	2.46	1.02	1.44
70330	tmj,open&closed mouth,bil	3.78	1.35	2.43
70332	tmj arthrography,s&i	9.17	3.10	6.07
70333	tmj arthrography,compl	14.48	8.40	6.07
70350	cephalogram,orthodontic	1.97	0.91	1.06
70355	orthopantogram	2.78	1.11	1.67
70360	neck,soft tissue	2.15	0.94	1.21
70370	pharynx/larynx,w/fluoro and magnif	5.56	1.77	3.79
70371	pharynx,/speech eval,cine/video	10.77	4.70	6.07
70373	laryngography,contrast,s&i	7.62	2.46	5.16
70374	laryngography,contrast,compl	11.44	6.28	5.16
70380	salivary gland for calculus	2.93	0.95	1.97
70390	sialography,s&i	7.23	2.07	5.16
70391	sialography,compl	10.66	5.50	5.16
70450	CT,head/brain;w/o contrast material	19.96	4.78	15.18
70460	CT,head/brain;w/contrast materials	24.52	6.30	18.21
70470	CT,head/brain;wo/contr,then contr	29.90	7.13	22.76
70480	CT,orbit,sella,pos fossa/ear;wo/con	22.36	7.19	15.18
70481	CT,orbit,sella,pos fossa/ear;w/con	25.95	7.74	18.21
70482	CT,orb,sella,p.fossa/ear;wo/thenw/c	30.89	8.13	22.76
70486	CT maxillofacial,wo/contrast	21.54	6.36	15.18
70487	CT maxillofacial,w/contrast	25.48	7.27	18.21
70488	CT face;wo/,then w/contr&other sects	30.75	7.99	22.76
70490	CT neck;wo/contrast	22.36	7.19	15.18

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Proc Code	Description	GLOBAL RVS	PROFESSIONAL RVS	TECHNICAL RVS
70491	CT neck;w/contrast	25.95	7.74	18.21
70492	CT neck;wo/,then w/contr&furth sec	30.89	8.13	22.76
70540	MR;orbit,face and neck	44.34	8.29	36.04
70551	MR;brain (including brain stem)	44.34	8.29	36.04
71010	chest,single view, frontal	2.36	1.00	1.37
71015	chest,stereo,frontal	2.68	1.16	1.52
71020	chest,2 views,frontal and lat	3.04	1.22	1.82
71021	chest,2 vws,fr&lat,w/ap lord proc	3.59	1.47	2.12
71022	chest,2 vws,fr&lat,w/obl proj	3.84	1.71	2.12
71023	chest,2 vws,fr&lat,w/fluor	4.38	2.10	2.28
71030	chest,compl,min 4 views	3.99	1.71	2.28
71034	chest,compl,min 4 views, w/fluor	6.77	2.60	4.17
71035	chest,spec vws,(eg lat decub,Bucky)	2.51	1.00	1.52
71036	n-bx intrath les w/fu;fl loc only	7.65	3.10	4.55
71037	n-bx intrath les w/fu film;compl	19.54	14.98	4.55
71038	fluoro loc transbronch bx/brush	7.95	3.10	4.86
71040	bronchography,unilat,s&i	7.54	3.29	4.25
71041	bronchography,unilat,compl	13.12	8.87	4.25
71060	bronchography,bil,s&i	10.52	4.15	6.37
71061	bronchography,bil,compl	16.11	9.73	6.37
71090	insert pacemaker,fluor&rad,s&i	7.95	3.10	4.86
71100	ribs,unilat,2 views	2.91	1.24	1.67
71101	ribs,unilat,w/post/ant chest,>2 vws	3.47	1.49	1.97
71110	ribs,bil,3 views	3.77	1.49	2.28
71111	ribs,bil;w/p/a chest,min 4 views	4.32	1.74	2.58
71120	sternum,min 2 views	3.00	1.11	1.90
71130	sternoclav jt/s,min 3 vws	3.27	1.22	2.05
71250	CT,thorax;wo/contrast	25.47	6.50	18.97
71260	CT,thorax;w/contrast	29.73	6.97	22.76
71270	CT,thorax;wo/,then w/contr&sections	36.20	7.74	28.46
71550	MR;chest	45.03	8.99	36.04
72010	spine,entire,survey,a/p and lat	5.44	2.48	2.96
72020	spine,single vw, specify level	2.03	0.82	1.21
72040	spine,cx, a/p and lat	2.96	1.22	1.75
72050	spine,cx; min 4 vws	4.29	1.71	2.58
72052	spine,cx,compl,w/obl&flex,&/ext st	5.23	1.96	3.26
72070	spine,thor,a/p and lat	3.11	1.22	1.90
72072	spine,thor,a/p &lat,w/swim cx/th jx	3.34	1.22	2.12
72074	spine,thor,compl,w/obl,min 4 vws	3.87	1.22	2.66
72080	spine,thor-lumb,a/p and lat	3.19	1.22	1.97
72090	spine,scoliosis st/ w/sup & erect	3.49	1.52	1.97
72100	spine,ls,a/p and lat	3.19	1.22	1.97
72110	spine, ls,compl w/obl vws	4.37	1.71	2.66
72114	spine,ls,compl w/ bending vws	5.38	1.96	3.41
72120	spine,ls,bending vws only,min 4	3.80	1.22	2.58

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Proc Code	Description	GLOBAL RVS	PROFESSIONAL RVS	TECHNICAL RVS
72125	CT,cervical spine;wo/contrast	25.47	6.50	18.97
72126	CT,cervical spine;w/contrast	29.59	6.83	22.76
72127	CT,cerv.spine;wo/,then w/contr&sections	35.59	7.13	28.46
72128	CT,thoracic spine;wo/contrast	25.47	6.50	18.97
72129	CT,thoracic spine;w/contrast	29.59	6.83	22.76
72130	CT,thor.spine;wo/ then w/contr&sections	35.59	7.13	28.46
72131	CT,lumbar spine; wo/contrast	25.47	6.50	18.97
72132	CT,lumbar spine;w/contrast	29.59	6.83	22.76
72133	CT.lum.spine;wo/ then w/contr&sect	35.59	7.13	28.46
72141	MR,spinal canal and contents;cerv.	45.03	8.99	36.04
72143	MR,spinal canal and contents;thor.	45.03	8.99	36.04
72144	MR;spinal canal and contents;lum.	44.34	8.29	36.04
72170	pelvis, a/p only	2.41	0.89	1.52
72180	pelvis,stereo	2.55	1.03	1.52
72190	pelvis,compl,min 3 vws	3.14	1.17	1.97
72192	CT,pelvis;wo/contrast	25.03	6.05	18.97
72193	CT,pelvis;w/contrast	28.50	6.50	22.01
72194	CT,pelvis;wo/ then w/contr&sections	34.15	6.83	27.32
72196	MR;pelvis	45.03	8.99	36.04
72200	sacroiliac jts, <3 views	2.50	0.98	1.52
72202	sacroiliac jts,3 or more vws	2.90	1.08	1.82
72220	sacrum&coccyx,min 2 views	2.64	0.97	1.67
72285	diskography,cx,s&i	28.90	4.62	24.28
72286	diskography,cx,compl	39.65	15.37	24.28
72295	diskography,lumbar,s&i	27.38	4.62	22.76
72296	diskography,lumbar,compl	38.14	15.37	22.76
73000	clavicle,compl	2.36	0.85	1.52
73010	scapula,compl	2.46	0.94	1.52
73020	shoulder, 1 view	2.16	0.80	1.37
73030	shoulder,compl, min 2 views	2.66	0.99	1.67
73040	shoulder,arthrography,s&i	9.17	3.10	6.07
73041	shoulder,arthrography,compl	13.07	6.99	6.07
73050	acromioclav jt,bil,w/wo wgted distr	3.06	1.09	1.97
73060	humerus,min 2 views	2.56	0.90	1.67
73070	elbow, a/p and lat	2.34	0.82	1.52
73080	elbow,compl, min 3 views	2.64	0.97	1.67
73085	elbow,arthrography,s&i	9.17	3.10	6.07
73086	elbow,arthrography,compl	13.07	6.99	6.07
73090	forearm, a/p and lat	2.39	0.87	1.52
73092	upper ext, infant, min 2 views	2.27	0.83	1.44
73100	wrist, a/p and lat	2.27	0.83	1.44
73110	wrist, compl, min 3 views	2.56	0.97	1.59
73115	wrist,arthrography,s&i	7.65	3.10	4.55
73116	wrist,arthrography,compl	11.55	6.99	4.55
73120	hand, 2 views	2.27	0.83	1.44

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Proc Code	Description	GLOBAL RVS	PROFESSIONAL RVS	TECHNICAL RVS
73130	hand, min 3 views	2.56	0.97	1.59
73140	finger or fingers, min 2 views	1.91	0.69	1.21
73200	CT,upper extremity;wo/contrast	21.99	6.05	15.94
73201	CT,upper extremity;w/contrast	25.47	6.50	18.97
73202	CT,upp ext;wo/ then w/contr&sections	30.73	6.83	23.90
73220	MR,upper extremity	44.34	8.29	36.04
73500	hip, unilat, one view	2.28	0.91	1.37
73510	hip,compl,min 2 views	2.83	1.16	1.67
73520	hips,bil,min 2vws each hip,w/ap pelv	3.41	1.44	1.97
73525	hip,arthrography,s&i	9.17	3.10	6.07
73526	hip,arthrography,compl	13.07	6.99	6.07
73530	hip, during OR proc	3.12	1.60	1.52
73540	pelvis &hips,infant/child,min 2 vws	2.80	1.13	1.67
73550	femur,a/p and lat	2.62	0.95	1.67
73560	knee,a/p and lat	2.40	0.88	1.52
73562	knee,a/p and lat, w/obl(s),min 3vws	2.69	1.02	1.67
73564	knee,compl,w/obl(s),&/tun,pat,stndg	3.07	1.24	1.82
73580	knee,arthrography,s&i	10.68	3.10	7.59
73581	knee,arthrography,compl	15.33	7.74	7.59
73590	tibia and fibula, a/p and lat	2.40	0.88	1.52
73592	lower ext,infant, min 2 views	2.27	0.83	1.44
73600	ankle, a/p and lat	2.27	0.83	1.44
73610	ankle, compl, min 3 views	2.56	0.97	1.59
73615	ankle,arthrography,s&i	9.17	3.10	6.07
73616	ankle,arthrography,compl	13.07	6.99	6.07
73620	foot, a/p and lat	2.27	0.83	1.44
73630	foot, compl, min 3 views	2.56	0.97	1.59
73650	calcaneus, min 2 views	2.20	0.83	1.37
73660	toe/toes, min 2 views	1.91	0.69	1.21
73700	CT,lower extremity;wo/contrast	21.99	6.05	15.94
73701	CT, lower extremity, w/contrast	25.47	6.50	18.97
73702	CT,low ext;wo/ then w/contr&sections	30.73	6.83	23.90
73720	MR,lower extremity	44.34	8.29	36.04
74000	abdomen, single a/p	2.51	1.00	1.52
74010	abdomen, a/p and add obl & cone vws	2.93	1.26	1.67
74020	abdomen,compl,w/decub &/ erect	3.31	1.49	1.82
74022	abd;compl ac abd w/sup,erct,&/dec	3.87	1.74	2.12
74150	CT,abdomen;wo/ contrast	24.85	6.64	18.21
74160	CT,abdomen;w/ contrast	29.14	7.13	22.01
74170	CT,abdomen;wo/ then w/contr&sections	35.17	7.85	27.32
74181	MR,abdomen	45.03	8.99	36.04
74210	pharynx &/cx esoph	5.35	1.94	3.41
74220	esophagus	6.04	2.63	3.41
74230	swallow fxn,phar&/esop,w/cine&/vid	6.84	3.04	3.79
74235	rem fb esoph w/ball cath w/fluoro	14.22	6.64	7.59

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Proc Code	Description	GLOBAL RVS	PROFESSIONAL RVS	TECHNICAL RVS
74240	UGI;w/wo delay film,wo/KUB	8.12	3.87	4.25
74241	UGI;w/wo delay film,w/KUB	8.20	3.87	4.33
74245	UGI;w/sm bowel,w/mult series	12.02	5.11	6.91
74246	UGI,aircont w/wo gluc/delay,wo/KUB	8.65	3.87	4.78
74247	UGI,aircont w/wo gluc/delay,w/KUB	8.73	3.87	4.86
74249	ugi,aircon,w/wo gluc;w/sm b follow	12.55	5.11	7.44
74250	small bowel,w/mult serial vws	6.44	2.64	3.79
74260	duodenography, hypotonic	7.17	2.85	4.33
74270	colon, barium enema	8.80	3.87	4.93
74280	colon;air contr w/hi dens,w/wo glu	11.98	5.53	6.45
74290	cholecystography,oral contrast	3.87	1.74	2.12
74291	cholcystog,or con;add/rpt/mult day	2.32	1.11	1.21
74305	cholangiogr&/pancreatog,post-op	4.63	2.35	2.28
74310	cholangiogr&/pancreatog,iv	6.72	2.93	3.79
74315	cholangiogr&/pancreatog,oral contr	5.76	1.96	3.79
74320	cholangiogram, percu, transhep, s&i	12.20	3.10	9.11
74321	cholangiogram,percu,transhep,compl	24.09	14.98	9.11
74328	endocath bil ductal sys,fl mon&rad	13.03	3.93	9.11
74329	endocath pancr duct sys,fl mon&rad	13.03	3.93	9.11
74330	endocath bil/pancr duct ,fl mon&rad	13.03	3.93	9.11
74340	intro long gi tube, rad guide only	10.68	3.10	7.59
74350	percu place g-tube,rad guide only	13.36	4.26	9.11
74351	percu place g-tube,complete	30.65	23.06	7.59
74355	percu pl enterocly-tube,rad guid only	11.85	4.26	7.59
74356	percu pl enterocly tube;compl	30.65	23.06	7.59
74360	intralum dil strct&/obs;radguid only	12.20	3.10	9.11
74361	intralum dil strct&/obs;compl	31.91	22.81	9.11
74400	IVP w/wo KUB	7.62	2.76	4.86
74405	IVP, w/wo KUB,w/htn contr&/clear st	8.53	2.76	5.77
74410	urography,infusion, drip &/bolus	8.38	2.76	5.62
74415	urography,infus,drip&/bol,w/nephrot	8.91	2.76	6.15
74420	urography,retro,w/wo kub	9.52	1.94	7.59
74425	urography, antegr, s&i	5.73	1.94	3.79
74426	urography,antegr,compl	7.80	4.01	3.79
74430	cystography, min 3 views, s&i	4.78	1.74	3.04
74431	cystography,min 3 views, compl	6.30	3.26	3.04
74440	vaso,vesiculo,/epididymography,s&i	5.34	2.07	3.26
74441	vaso,vesiculo,/epididymography,compl	7.41	4.15	3.26
74445	corpora cavernosography,s&i	9.65	6.39	3.26
74446	corpora cavernosography,compl	25.82	22.56	3.26
74450	urethrocystography, retro, s&i only	6.05	1.80	4.25
74451	urethrocystography,retro, compl	7.71	3.46	4.25
74455	urethrocystography, voiding, s&i only	6.35	1.80	4.55
74456	urethrocystography,voiding, compl	8.42	3.87	4.55
74470	renal cyst st, translum,cont vis, s&i	6.74	3.10	3.64

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Proc Code	Description	GLOBAL RVS	PROFESSIONAL RVS	TECHNICAL RVS
74471	renalcyst st,translum,cont vis,compl	18.60	14.96	3.64
74485	dil nephrostomy/uret w/mon&rad,s&i	12.20	3.10	9.11
74486	dil nephrostomy,uret w/mon&rad,compl	38.11	29.00	9.11
74710	pelvimetry,w/wo placental local	4.92	1.88	3.04
74720	abd,fet age,pos&/plac loc;single vw	2.59	1.07	1.52
74725	abd,fetal age,pos&/plac loc,mult	3.33	1.36	1.97
74740	hysterosalpingography;s&i	5.87	2.07	3.79
74741	hysterosalpingography;compl	9.63	5.83	3.79
74775	perineogram(eg vaginogram for anom)	7.76	3.51	4.25
75552	MR,myocardium	45.03	8.99	36.04
75898	angio thr exist cth,f/u tx/emb/inf	12.30	9.26	3.04
75984	change percu cath w/contr mon,s&i	9.68	4.06	5.62
75985	change percu cath w/contr mon;compl	16.43	10.81	5.62
75990	drain abscess,percu,w/rad,w/wo cath	38.25	29.14	9.11
76000	fluoro,to 1hr md time(not chest)	4.68	0.88	3.79
76001	fluoro,md time >1 hr,asst nonrad md	11.38	3.79	7.59
76003	fluoro loc needle bx/nab	6.89	3.10	3.79
76010	nose to rectum,fb, 1 film,chld	2.51	1.00	1.52
76020	bone age studies	2.60	1.08	1.52
76040	bone length studies	3.77	1.49	2.28
76061	osseous survey,limited	5.40	2.52	2.88
76062	osseous survey,complete minimum 5 vw.	7.27	3.10	4.17
76065	osseous survey,infant	3.65	1.52	2.12
76066	joint sur,1 vw,1/more jt,(specify)	4.90	1.71	3.19
76070	CT,bone dens.	10.87	1.38	9.49
76080	fistula/sinus tract;s&i	6.13	3.10	3.04
76081	fistula/sinus tract;compl	8.21	5.17	3.04
76086	mammary duct/galactogram,single,s&i	9.58	1.99	7.59
76087	mammary duct/galactogram,single,comp	12.56	4.98	7.59
76088	mammary duct/galactogr,mult duc,s&i	13.14	2.52	10.62
76089	mammary duct/galactogr,mult,compl	16.93	6.30	10.62
76090	mammography,unilateral	4.42	1.38	3.04
76091	mammography,bilateral	6.06	2.27	3.79
76096	loc breast mass,pre-op,w/rad/US	13.09	5.50	7.59
76097	loc breast mass,pre-op,each add loc	6.16	3.12	3.04
76098	breast, surgical specimen	2.04	0.83	1.21
76100	single plane body sect exc kidney	6.96	3.32	3.64
76101	complex motion body exc kidney; unil	7.42	3.32	4.10
76102	complx motion body exc kidney;bil	8.33	3.32	5.01
76120	cinerad,except where spec included	5.14	2.10	3.04
76125	cinerad to complem routine exam	3.74	1.47	2.28
76150	xeroradiography	1.21	NO PC	1.21
76355	ct guide stereotactic loc	33.36	6.80	26.56
76360	ct guide needle bx,s&i	33.03	6.47	26.56
76361	ct guide needle bx,compl	44.92	18.36	26.56

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Proc Code	Description	GLOBAL RVS	PROFESSIONAL RVS	TECHNICAL RVS
76365	ct guide cyst aspir, s&i	33.03	6.47	26.56
76366	ct guide cyst aspir, compl	44.92	18.36	26.56
76370	ct guide place of rad tx flds	14.27	4.78	9.49
76375	CT coron,sagit,mltpl,obl&/3d recon	12.21	0.83	11.38
76400	MR,bone marrow blood supply	45.03	8.99	36.04
76506	echoencephalogr,Bscan&/rl t,w/imdoc	7.66	3.57	4.10
76511	ophthal US,echo;Amode,sp an w/amp q	6.74	3.10	3.64
76512	ophthal US,echo;Bscan	8.13	3.73	4.40
76513	opthal US;immersion Bscan	8.13	3.73	4.40
76516	ophthal. biometry by U/S echo,Amode	6.71	3.07	3.64
76519	ophthal.bio.w/intraoc lens pwr calc	6.71	3.07	3.64
76529	ophthal.U/S foreign body local	7.21	3.26	3.95
76536	echo,head&neck,Bscan&/rl t,w/im doc	7.28	3.18	4.10
76604	echo,chest,Bscan w/med&/rl t w/im doc	6.95	3.15	3.79
76620	echocardiography,Mmode,complete	6.71	2.76	3.95
76625	echocardiography,limited	4.40	1.52	2.88
76627	echocardiogr,rl t w/im doc(2D);comp	9.76	4.45	5.31
76628	echocardiogr,rl t w/im doc(2D);ltd	7.21	3.26	3.95
76629	echocardiogr,Mmode&rl t w/im doc(2D)	11.10	5.34	5.77
76632	echocardiography,doppler	7.21	3.26	3.95
76645	echo,breast(s),Bscan&/rl t w/im doc	6.10	3.07	3.04
76700	echo abd,Bscan&/rl t w/im doc;compl	10.20	4.51	5.69
76705	echo,abd,Bscan&/rl t w/im doc;ltd	7.44	3.35	4.10
76770	echo,retroper,Bscn&/rl t w/im d;comp	9.84	4.15	5.69
76775	echo,retroper,Bscn&/rl t w/im d;ltd	7.42	3.32	4.10
76805	echo,preg ut,Bscn&/rl t w/im d;compl	11.60	5.53	6.07
76815	echo,preg ut,Bscn&/rl t w/im d;ltd	7.75	3.65	4.10
76816	echo,preg ut,Bscn&/rl w/im;F/U /rpt	6.45	3.26	3.19
76818	fetal biophysical profile	8.99	4.29	4.70
76825	echocardiog,fetal heart in utero	9.95	4.26	5.69
76855	echography,pelvic area(Doppler)	7.53	3.43	4.10
76856	echo,pelv(non-OB),Bscn&/rl t;compl	8.30	3.90	4.40
76857	echo,pelv(n-OB),Bscn&/rl t;ltd/F/U	5.11	2.07	3.04
76870	echography,scrotum and contents	8.00	3.59	4.40
76880	echography,extrem,Bscn&/rl t w/im doc	7.44	3.35	4.10
76925	imaging,periph.(Bscan/Dop/rl t scan)	8.88	4.17	4.70
76926	imaging,head&trunk(eg dupl Doppler)	8.88	4.17	4.70
76930	U/S guide pericardiocentesis;s&i	8.16	3.76	4.40
76931	U/S guide pericardiocentesis;compl	16.46	12.05	4.40
76934	U/S guide thoracentesis;s&i	8.16	3.76	4.40
76935	U/S guide thoracentesis;compl	13.41	9.01	4.40
76938	U/S guide cyst(any)/renpel asp;s&i	8.16	3.76	4.40
76939	U/S guide cyst(any)/renpl asp;compl	20.05	15.65	4.40
76942	U/S guide needle bx;s&i	8.16	3.76	4.40
76943	U/S guide needle bx;compl	20.05	15.65	4.40

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76944	U/S guide abscess/collect dr;s&i	8.16	3.76	4.40
76945	U/S guide abscess/collect dr;compl	29.73	25.32	4.40
76946	U/S guide amniocentesis;s&i	6.47	2.07	4.40
76947	U/S guide amniocentesis;compl	14.58	10.17	4.40
76948	U/S guide aspirate ova;s&i	6.47	2.07	4.40
76949	U/S guide aspirate ova;compl	14.58	10.17	4.40
76950	echo,place rad tx flds,Bscan	7.11	3.32	3.79
76960	U/S guid pl radtx fld(exc Bscn echo)	7.11	3.32	3.79
76970	U/S study follow-up(specify)	5.25	2.21	3.04
76986	echo, intraoperative	14.36	6.77	7.59
76991	U/S,intraluminal,(eg transrect/vag)	8.30	3.90	4.40
77261	th rad tx planning;simple	7.82	7.82	0.00
77262	th rad tx planning;intermed	11.78	11.78	0.00
77263	th rad tx planning;complex	17.56	17.56	0.00
77280	th rad simul-aid fld setting;simple	12.73	3.91	8.82
77285	th rad simul-aid fld setting;interm	19.96	5.83	14.13
77290	th rad simul-aid fld setting;cmplx	25.23	8.75	16.48
77300	rad dosim calcul,as req during tx	6.90	3.50	3.40
77305	teletx,isodose plan;simple(1-2 prt)	8.61	3.91	4.70
77310	teletx,isodose plan;interm(>2prts)	11.72	5.83	5.89
77315	teletx,isod pl;cmplx(mant,tang/etc)	15.47	8.75	6.72
77321	spec teletx port pl,partic/hemi/tot	15.54	5.31	10.23
77326	brachyth isodose calcul,simple	11.19	5.19	6.00
77327	brachyth isodose calcul,intermed	16.64	7.82	8.82
77328	brachyth isodose calcul,complex	24.25	11.67	12.58
77331	spec dosimetry(Specify)(TLD,micro)	6.20	4.90	1.30
77332	tx devices,design&constr,simple	6.49	3.09	3.40
77333	tx devices,design&constr,intermed	9.48	4.67	4.81
77334	tx devices,design&constr,complex	15.18	6.94	8.24
77336	cont rad phys cons sup th rad w/QA	7.56	4.96	2.60
77370	special med rad physics consult	8.87	6.88	1.99
77420	weekly megavolt tx manage,simple	31.42	9.01	22.41
77425	weekly megavolt tx manage,intermed	40.21	13.66	26.55
77430	weekly megavolt tx manage,complex	49.62	20.18	29.44
77465	daily k-volt tx mgmt	6.36	1.88	4.48
77470	spec tx proc(tot/hemibod/p-os/vag)	39.92	11.67	28.25
77600	hyperthermia,ext gen,superf(4/less)	17.57	8.75	8.82
77605	hyperthermia,ext gen, deep(>4cm)	23.42	11.67	11.75
77610	hyperthermia interstit probe;5/less	17.57	8.75	8.82
77615	hyperthermia interstit probe;>5appl	23.42	11.67	11.75
77620	hypertherm gen by intracav probe(s)	17.57	8.75	8.82
77750	infusion/instill radioelem sol	29.54	25.67	3.87
77761	intracav radioelem applic;simple	26.31	19.95	6.36
77762	intracav radioelem applic;interm	39.16	29.98	9.18
77763	intracav radioelem applic;complex	56.28	44.86	11.42

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Proc Code	Description	GLOBAL RVS	PROFESSIONAL RVS	TECHNICAL RVS
77776	interstit radioelem appl;simple	32.38	26.08	6.30
77777	interstit radioelem appl;interm	51.39	39.14	12.25
77778	interstit radioelem appl;complex	73.45	58.63	14.82
77789	surface application radioelement	7.13	5.83	1.30
77790	supervision,handling load radioelem	7.13	5.83	1.30
78000	thyroid uptake;single determination	3.86	1.05	2.81
78001	thyroid uptake;mult. determination	5.23	1.44	3.79
78003	thyr uptake;stim/supp/disc(wo/init)	4.63	1.82	2.81
78006	thyroid imag w/uptake,single deter.	9.67	2.76	6.91
78007	thyroid imag w/uptake,mult.deters	10.31	2.88	7.44
78010	thyroid imaging;only	7.42	2.18	5.24
78011	thyroid imaging w/vascular flow	9.55	2.57	6.98
78015	thyr ca met imaging;ltd(eg nk&chst)	11.22	3.79	7.44
78016	thyr ca met imag;w/add st(eg ur rec)	14.68	4.59	10.09
78017	thyr ca met imaging;mult areas	15.64	4.87	10.78
78018	thyr ca met imaging;whole body	21.02	5.31	15.71
78075	adrenal imaging;cortical	19.88	4.17	15.71
78102	bone marrow imag.;ltd area	9.04	3.12	5.92
78103	bone marrow imag.;mult. areas	13.38	4.20	9.18
78104	bone marrow imag.;whole body	16.24	4.48	11.76
78110	plasma vol,RN vol dil tech(sep);1 sam	3.78	1.05	2.73
78111	plasma vol,RN vol dil tech;mult sam	8.68	1.24	7.44
78120	red cell vl determ.(sep proc);1 sam	6.28	1.27	5.01
78121	red cell vl deter.;mult. sampl	10.19	1.77	8.42
78122	wh bld vol dtm,w/sep plasma&RBC vol	15.84	2.49	13.36
78130	red cell survival study	11.73	3.46	8.27
78135	red cell surv;w/spleen&/hep seques	17.71	3.59	14.11
78140	red cell spleen&/hepatic sequestration	14.84	3.46	11.38
78160	plasma iron disapp.	12.42	1.80	10.62
78162	iron oral absorp	11.75	2.49	9.26
78170	iron red cell util.	17.70	2.29	15.40
78185	spleen imaging only	9.04	2.21	6.83
78186	spleen imag. only w/vascular flow	10.97	2.63	8.35
78191	platelet survival	24.70	3.46	21.25
78192	WBC localization,lim area	14.32	4.45	9.86
78193	WBC localization;whole body	33.15	4.92	28.23
78195	lymphatics & lymph glands imaging	15.72	3.95	11.76
78201	liver imaging;static only	9.26	2.43	6.83
78202	liver imaging w/ vascular flow	11.25	2.90	8.35
78205	liver imaging SPECT	21.08	4.01	17.07
78215	liver & spleen imaging;static only	11.26	2.76	8.50
78216	liver&spleen imag;w/vascular flow	13.33	3.23	10.09
78220	liver fxn w/hep-bil ag,w/serial im	13.57	2.79	10.78
78223	hep-bil duct syst imag w/gallbl	15.30	4.67	10.62
78225	liver-lung imag(eq subphr absc)	14.50	3.04	11.46

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Proc Code	Description	GLOBAL RVS	PROFESSIONAL RVS	TECHNICAL RVS
78230	salivary gland imaging	8.87	2.57	6.30
78231	salivary gland imag;w/serial imag	12.14	2.96	9.18
78232	salivary gland fxn study	12.93	2.68	10.24
78258	esophageal motility	12.49	4.15	8.35
78261	gastric mucosa imaging	15.71	3.87	11.84
78262	gastroesophageal reflux study	16.11	3.82	12.29
78264	gastric emptying study	16.28	4.37	11.91
78270	vit.B12 absorp(eg Schill.);wo/int f	5.61	1.13	4.48
78271	vit.B12 absorp(eg Schill);w/int f	5.91	1.13	4.78
78272	vit.B12 absorp.w/&w/o intrinsic fact	8.17	1.49	6.68
78276	GI asp. blood loss loc.	13.27	4.01	9.26
78278	acute GI blood loss imaging	19.64	5.53	14.11
78280	GI blood loss study(eg stool ct)	11.51	2.10	9.41
78290	bowel imag(eg ect gast muc/Meckels)	12.65	3.84	8.80
78291	perit-venous shnt patency(egLeVeen)	13.80	4.92	8.88
78300	bone imaging;ltd area(eg skull,pel)	10.69	3.48	7.21
78305	bone imaging; mult. areas	15.19	4.56	10.62
78306	bone imaging; whole body	16.93	4.56	12.37
78310	bone imaging;vascular flow only	6.18	2.76	3.41
78315	bone imaging;3 phase technique	18.79	4.98	13.81
78320	bone imaging, tomgraphic SPECT	22.88	5.81	17.07
78350	bone density. single phot	3.44	1.24	2.20
78351	bone density;dual photon absor	6.54	1.38	5.16
78380	joint imaging;ltd area	11.10	2.90	8.20
78381	joint imaging;mult. areas	14.57	4.17	10.40
78415	card blood pool imag,fxn imaging	10.41	2.60	7.82
78425	cardiac regurgitant index	4.46	2.18	2.28
78428	cardiac shunt detection	10.89	4.37	6.53
78435	cardiac flow imag(ie angiocardiog)	13.24	2.76	10.47
78445	vasc flow imag(ie angio,venography)	8.23	2.76	5.46
78455	ven thrombosis st(eg radact fibrin)	15.63	4.09	11.53
78457	ven thrombosis imag(eg venogr);unil	11.95	4.29	7.66
78458	ven thrombosis imag(eg venogr);bil	16.64	5.03	11.61
78460	reg.myocard perf;qual,at rest	11.67	4.84	6.83
78461	reg.myocard perf;qual,at rest+ex/pharm	20.57	6.91	13.66
78462	reg.myocard perf;quant,at rest only	14.83	5.11	9.71
78463	reg.myocard perf;quant,at rest+ex/pharm	24.26	7.19	17.07
78464	reg.myocard perf;tomogr(SPECT),rest	26.57	6.08	20.49
78465	reg.myocar prf;tomo(SPECT),rest,ex/phar	42.30	8.16	34.15
78466	myocard img,infarct avid,rest;qual	11.49	3.90	7.59
78467	myocard img,infarct avid,rest;quant	13.28	4.17	9.11
78468	myocard img,infrct avid,rest;1pass tech	15.07	4.45	10.62
78469	myocard img,infrct avid,rest;emis.tomo	20.32	5.14	15.18
78470	cardiac output	13.19	2.49	10.70
78471	card BPI,gtd eq,rst;wll mtn&ej frac	20.43	5.25	15.18

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Proc Code	Description	GLOBAL RVS	PROFESSIONAL RVS	TECHNICAL RVS
78472	card BPI,gtd eq,rst;wll mtn&rg ejfr	21.44	5.50	15.94
78474	card BPI,gtd eq,rst;wll mtn&rg ejfr&vvd	23.23	5.78	17.45
78475	card BPI,gtd eq,rst;qnt wll mtn&ex/phrm	33.95	6.64	27.32
78476	card BPI,gtd eq,rst;qn wm&ejfr,ex/phrm	35.32	6.64	28.68
78477	card BPI,gtd eq,rst;qwm&ejf,vvd,ex/phrm	38.33	6.91	31.42
78479	card BPI,gtd eq,rst;ser st,any comb	5.92	5.92	NO TC
78481	card BPI,1-pass tech;wll mtn& ejfr	20.68	5.50	15.18
78484	card BPI,1-pass,rst;qnt wl mtn&ejfr&vvd	23.23	5.78	17.45
78485	card BPI,1-pass;qnt wll mtn&ex/phrm	33.95	6.64	27.32
78486	card BPI,1-pass,rst;qn wm&ejfr,ex/phrm	35.32	6.64	28.68
78487	card BPI,1-pass,rst;qwm&ejf,vvd,ex/phrm	38.33	6.91	31.42
78489	card BPI,1-pass,rst;ser st,any comb	5.92	5.92	NO TC
78580	pulmonary perf.imag;particulate	14.06	4.12	9.94
78581	pulmonary perf.imag;gaseous	10.78	3.87	6.91
78582	pul.perf.imag;gas w/vent,rebr&wash	16.04	5.11	10.93
78584	pul.perf.imag,parti.w/vent;1 breath	14.79	5.53	9.26
78585	pul.perf.im,par.w/vent;r&w,w/w/o1b	22.40	6.08	16.31
78586	pul.vent.imag;aerosol;1 projection	9.72	2.21	7.51
78587	pul.vent.imag aerosol;mult(eg A/P&L)	10.88	2.76	8.12
78591	pul.vent.imag;gaseous,1breath,1proj	10.48	2.21	8.27
78593	pul.vent.im;gas,w/r&w,w/w/o1br;1pro	12.78	2.76	10.02
78594	pul.vent.im;gas,r&w,w/w/o1br;mult	17.46	3.04	14.42
78600	brain imaging,ltd;static	10.81	2.46	8.35
78601	brain imaging,ltd;w/vascular flow	12.80	2.93	9.86
78605	brain imaging,compl;static	12.91	3.04	9.86
78606	brain imaging,compl;w/vascular flow	14.82	3.59	11.23
78607	brain imaging,compl;tomograph (ECT)	25.88	6.91	18.97
78610	brain imaging,vascular flow only	6.18	1.63	4.55
78615	cerebral blood flow	13.50	2.35	11.15
78630	CSF flow,imag(wo/intro);cisternog	18.38	3.82	14.57
78635	CSF flow,imaging;ventriculography	10.82	3.46	7.36
78645	CSF flow,imaging;shunt evaluation	13.20	3.26	9.94
78650	CSF flow,imaging;leak detect&locate	16.86	3.43	13.43
78652	CSF flow imaging, tomographic (ECT)	22.13	5.06	17.07
78655	radionuclide ID of eye tumor	17.60	3.18	14.42
78660	dacryocystography	9.19	3.04	6.15
78700	kidney imaging;static only	11.29	2.49	8.80
78701	kidney imaging;w/vascular flow	13.08	2.76	10.32
78704	kidney imaging;w/fxn st(eg im reno)	15.61	4.15	11.46
78707	kidney imag;w/vasc.flow&func study	18.23	5.25	12.98
78710	kidney imaging (SPECT)	20.81	3.73	17.07
78715	kidney vascular flow only	6.21	1.66	4.55
78725	kidney fnx study only	7.23	2.07	5.16
78726	kidney fxn st only;w/pharm interv	13.47	4.89	8.57
78727	kidney transplant evaluation	17.06	5.53	11.53

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Proc Code	Description	GLOBAL RVS	PROFESSIONAL RVS	TECHNICAL RVS
78730	urinary bladder residual study	6.18	1.94	4.25
78740	ureter reflux st(RN V-cystogr)	9.41	3.26	6.15
78760	testicular imaging	11.44	3.70	7.74
78761	testicular imaging;w/vascular flow	13.27	4.01	9.26
78800	RN local of tumor;ltd	13.51	3.65	9.86
78801	RN local of tumor;mult areas	16.61	4.40	12.22
78802	RN local of tumor;whole body	20.85	4.84	16.01
78803	tumor localization (SPECT)	25.05	6.08	18.97
78805	RN local of abscess;ltd area	13.68	3.82	9.86
78806	RN local of abscess;whole body	20.77	4.76	16.01
78890	gen auto data,interdisc;simp,<30min	4.07	0.28	3.79
78891	gen auto data,interdisc;cmplx,>30mn	8.14	0.55	7.59
79000	RN tx,hyperthyroid;init w/eval pt	17.62	10.04	7.59
79001	RN tx,hyperthyroid;subseq,each vst	9.63	5.83	3.79
79020	RN tx,thyr sup(euthyr card d)w/eval	17.68	10.09	7.59
79030	RN ablation gland for thyroid ca	19.34	11.75	7.59
79035	RN for metastases of thyroid ca	21.66	14.07	7.59
79100	RN tx polycyth vera,chr leuk,q tx	14.97	7.38	7.59
79200	intracavity radioactive colloid th	18.73	11.14	7.59
79400	RN,nonthyroid,nonhemat(eg met bone)	18.56	10.98	7.59
79440	intra-articular RN therapy	18.73	11.14	7.59

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RADIOLOGY LOCAL RELATIVE VALUE SCALE

CODES TO BE PRICED BY THE CARRIER

CPT-4 PROCEDURE CODE	DESCRIPTION	GLOBAL RVS	PROFESSIONAL COMPONENT (PC) RVS	TECHNICAL COMPONENT RVS
70010	myelography,post fossa,s&i	LOCAL	6.64	GLOBAL - PC
70011	myelography,post fossa,compl	LOCAL	13.35	GLOBAL - PC
70015	cisternography,pos contr,s&i	LOCAL	6.64	GLOBAL - PC
70016	cisternography,pos contr,compl	LOCAL	13.35	GLOBAL - PC
72240	myelography,cx,s&i	LOCAL	5.09	GLOBAL - PC
72241	myelography,cx,compl	LOCAL	11.81	GLOBAL - PC
72255	myelography,thoracic,s&i	LOCAL	5.09	GLOBAL - PC
72256	myelography,thoracic,compl	LOCAL	11.81	GLOBAL - PC
72265	myelography,lumbarsacral,s&i	LOCAL	4.62	GLOBAL - PC
72266	myelography,lumbarsacral,compl	LOCAL	11.34	GLOBAL - PC
72270	myelography,entire spinal canal,s&i	LOCAL	7.44	GLOBAL - PC
72271	myelography,compl spinal canal,compl	LOCAL	14.16	GLOBAL - PC
74300	cholangiography &/pancreatogr, OR	LOCAL	1.99	GLOBAL - PC
74301	cholangiogr&/pancreatog,add set, OR	LOCAL	1.16	GLOBAL - PC
74327	po bildct st rem,percu,fl mon & rad	LOCAL	3.93	GLOBAL - PC
74475	int cath ren pel,percu,mon&rad,s&i	LOCAL	3.10	GLOBAL - PC
74476	int cath ren pel,percu,mon&rad,comp	LOCAL	22.31	GLOBAL - PC
74480	int cath uret fr r-pelv,mon&rad,s&i	LOCAL	3.10	GLOBAL - PC
74481	int cath uret fr r-pelv,mon&rad,com	LOCAL	29.00	GLOBAL - PC
75500	angiocardiography by cine,s&i	LOCAL	6.39	GLOBAL - PC
75501	angiocardiography by cine,compl	LOCAL	22.56	GLOBAL - PC
75505	angiocardiography,serial,1 pl;s&i	LOCAL	6.39	GLOBAL - PC
75506	angiocardiography,serial,1 pl;comp	LOCAL	22.56	GLOBAL - PC
75507	angiocardiography,ser,mult-pl,s&i	LOCAL	7.35	GLOBAL - PC
75509	angiocardiogr,ser,multpl,com,w/cath	LOCAL	23.53	GLOBAL - PC
75519	select cardiac cat,right,s&i	LOCAL	4.70	GLOBAL - PC
75520	select cardiac cat,right,comp	LOCAL	16.17	GLOBAL - PC
75523	select cardiac cath,left,s&i	LOCAL	4.70	GLOBAL - PC
75524	select cardiac cath,left,comp	LOCAL	16.17	GLOBAL - PC
75527	select cardiac cath,r&l,s&i,	LOCAL	8.38	GLOBAL - PC
75528	select cardiac cath,r&l,compl	LOCAL	24.27	GLOBAL - PC
75600	aortography, thor,wo/serial,s&i	LOCAL	2.76	GLOBAL - PC
75601	aortography,thor,wo/serial,compl	LOCAL	18.94	GLOBAL - PC
75605	aortography,thor,serial,s&i	LOCAL	6.39	GLOBAL - PC
75606	aortography, thor,serial,compl	LOCAL	22.56	GLOBAL - PC
75620	aortography abd-translum,wo/ser,s&i	LOCAL	2.76	GLOBAL - PC
75621	aortography,abd-translum,wo/ser,comp	LOCAL	18.94	GLOBAL - PC
75622	aortography,abd,cath,wo/serial,s&i	LOCAL	2.76	GLOBAL - PC
75623	aortography,abd,cath,wo/serial,compl	LOCAL	18.94	GLOBAL - PC
75625	aortography,abd translum,w/ser,s&i	LOCAL	6.39	GLOBAL - PC

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CODES TO BE PRICED BY THE CARRIER

CPT-4 PROCEDURE CODE	DESCRIPTION	GLOBAL RVS	PROFESSIONAL COMPONENT (PC) RVS	TECHNICAL COMPONENT RVS
75626	aortography,abd-translum,w/ser,compl	LOCAL	22.56	GLOBAL - PC
75627	aortography,abd,cath,w/serial,s&i	LOCAL	6.39	GLOBAL - PC
75628	aortography,abd,cath,w/serial,compl	LOCAL	22.56	GLOBAL - PC
75630	aortgr abd&bil ilfem,cath,w/ser;s&i	LOCAL	7.35	GLOBAL - PC
75631	aortgr abd&bil ilfem,cath,w/ser,comp	LOCAL	23.53	GLOBAL - PC
75650	angiography,cx-cerebr,cath w/vo,s&i	LOCAL	8.32	GLOBAL - PC
75651	angiogr,cx-cerebr,cath,w/vo;compl	LOCAL	28.50	GLOBAL - PC
75652	angio,cx-cereb,sel cath,1v,w/vo;s&i	LOCAL	8.32	GLOBAL - PC
75653	angio,cx-cereb,sel cth,1v,w/vo;comp	LOCAL	28.50	GLOBAL - PC
75654	angio,cx-cereb.sel cath,2v,w/vo,s&i	LOCAL	11.22	GLOBAL - PC
75655	angio,cx-cereb,sel cath,2v,w/vo,comp	LOCAL	36.38	GLOBAL - PC
75656	angio,cxcereb,selcth,3-4v,w/vo;s&i	LOCAL	14.13	GLOBAL - PC
75657	angio,cxcereb,selcth,3-4v,w/vo;compl	LOCAL	42.33	GLOBAL - PC
75658	angiography,brachial,retro,s&i	LOCAL	7.35	GLOBAL - PC
75659	angiography,brachial,retro,compl	LOCAL	23.53	GLOBAL - PC
75660	angio extcarot,cereb,unil,sel;s&i	LOCAL	7.35	GLOBAL - PC
75661	angio,extcarot,cereb,unil,sel;compl	LOCAL	23.53	GLOBAL - PC
75662	angio,ext carot,cereb,bil,s&i	LOCAL	9.29	GLOBAL - PC
75663	angio,ext carot,cereb,bil,compl	LOCAL	29.47	GLOBAL - PC
75665	angio,carotid,cereb,unil,s&i	LOCAL	7.35	GLOBAL - PC
75667	angio,carot,cereb,unil,dir punc,comp	LOCAL	23.53	GLOBAL - PC
75669	angio,carot,cereb,unil,cath,compl	LOCAL	23.53	GLOBAL - PC
75671	angio,carot,cereb,bil;s&i	LOCAL	9.29	GLOBAL - PC
75672	angio,carot,cereb,bil;compl	LOCAL	33.56	GLOBAL - PC
75673	angio,carot,cereb,bil;cath, compl	LOCAL	36.38	GLOBAL - PC
75676	angiography,carotid,cx,unil,s&i	LOCAL	7.35	GLOBAL - PC
75677	angio carot,cx,unil,dir punc,compl	LOCAL	23.53	GLOBAL - PC
75678	angio,carot,cx,unil,cath,compl	LOCAL	23.53	GLOBAL - PC
75680	angio carotid,cx,bil,s&i	LOCAL	9.29	GLOBAL - PC
75681	angio carotid,cx,bil,dir punc,comp	LOCAL	33.56	GLOBAL - PC
75682	angio,carotid,cx,bil,cath,compl	LOCAL	36.38	GLOBAL - PC
75685	angiography,vertebral,s&i	LOCAL	7.35	GLOBAL - PC
75686	angiography,vertebral,dir punc,comp	LOCAL	23.53	GLOBAL - PC
75687	angiography,vertebral,cath,compl	LOCAL	23.53	GLOBAL - PC
75690	angiography,vertebral,cx,unil,s&i	LOCAL	7.35	GLOBAL - PC
75692	angiography,vertebral,cx,unil,comp	LOCAL	23.53	GLOBAL - PC
75695	angiography,vertebral,cx,bil,s&i	LOCAL	9.29	GLOBAL - PC
75697	angiography,vertebral,cx,bil,compl	LOCAL	28.50	GLOBAL - PC
75705	angiography,spinal,select,s&i	LOCAL	12.19	GLOBAL - PC
75706	angiography,spinal,select,compl	LOCAL	52.42	GLOBAL - PC

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CODES TO BE PRICED BY THE CARRIER

CPT-4 PROCEDURE CODE	DESCRIPTION	GLOBAL RVS	PROFESSIONAL COMPONENT (PC) RVS	TECHNICAL COMPONENT RVS
75710	angiography,extrem,unil;s&i	LOCAL	6.39	GLOBAL - PC
75711	angiography,extrem,unil,wo/ser;comp	LOCAL	17.14	GLOBAL - PC
75712	angiography,extrem,unil;byser;compl	LOCAL	23.53	GLOBAL - PC
75716	angiography,extremity,bil,s&i	LOCAL	7.35	GLOBAL - PC
75717	angiography,extrem bil,wo/ser,comp	LOCAL	17.14	GLOBAL - PC
75718	angiography,extrem,bil,w/ser,s&i	LOCAL	23.53	GLOBAL - PC
75722	angio,renal,unil,sel w/a-gram,s&i	LOCAL	6.39	GLOBAL - PC
75723	angio,renal,unil,selw/a-gram,compl	LOCAL	27.54	GLOBAL - PC
75724	angio,renal,bil,sel w/a-gram,s&i	LOCAL	8.32	GLOBAL - PC
75725	angio,renal,bil,sel w/a-gram,compl	LOCAL	32.51	GLOBAL - PC
75726	angio,visceral,sel/supsel,s&i	LOCAL	6.39	GLOBAL - PC
75727	angio,visceral,sel w/wo a-gram,comp	LOCAL	27.51	GLOBAL - PC
75728	angio,visceral,sup select,compl	LOCAL	32.51	GLOBAL - PC
75731	angio,adrenal,unil,select,s&i	LOCAL	6.39	GLOBAL - PC
75732	angio,adrenal,unil,select,compl	LOCAL	22.56	GLOBAL - PC
75733	angio,adrenal,bil,select,s&i	LOCAL	7.35	GLOBAL - PC
75734	angio,adrenal,bil,select,compl	LOCAL	32.51	GLOBAL - PC
75736	angio,pelvic,sel/suprasel,s&i	LOCAL	6.39	GLOBAL - PC
75737	angio,pelvic,select,compl	LOCAL	22.56	GLOBAL - PC
75738	angio,pelvic,supraselect,compl	LOCAL	27.54	GLOBAL - PC
75741	angio,pulmonary,unil,select,s&i	LOCAL	7.35	GLOBAL - PC
75742	angio,pulmonary,unil,select,compl	LOCAL	22.56	GLOBAL - PC
75743	angio,pulmonary,bil,select,s&i	LOCAL	9.29	GLOBAL - PC
75744	angio,pulmonary,bil,select;compl	LOCAL	29.47	GLOBAL - PC
75746	angio,pulmonary,nonsel cath/inj,s&i	LOCAL	6.39	GLOBAL - PC
75747	angio,pulmonary,cath,nonselect,comp	LOCAL	16.81	GLOBAL - PC
75748	angio,pulmonary,venous inj,compl	LOCAL	12.14	GLOBAL - PC
75750	angio,coronary,root inj,s&i	LOCAL	6.39	GLOBAL - PC
75751	angio,coronary,root inj, compl	LOCAL	22.56	GLOBAL - PC
75752	angio,cor,unil inj,w/l ventr;s&i	LOCAL	6.39	GLOBAL - PC
75753	angio,cor,unil inj,w/l ventr,comp	LOCAL	28.56	GLOBAL - PC
75754	angio,cor,bil inj,w/l vent&val;s&i	LOCAL	7.38	GLOBAL - PC
75755	angio,cor,bil inj,w/l vent&val;comp	LOCAL	33.54	GLOBAL - PC
75756	angio,int mammary,s&i	LOCAL	6.39	GLOBAL - PC
75757	angio,int mammary,compl	LOCAL	22.56	GLOBAL - PC
75762	angio,CAB,unil,sel inj;s&i	LOCAL	6.39	GLOBAL - PC
75764	angio,CAB,unil sel inj;compl	LOCAL	28.50	GLOBAL - PC
75766	angio,CAB,mult sel inj;s&i	LOCAL	7.35	GLOBAL - PC
75767	angio,CAB,mult sel inj;compl	LOCAL	33.54	GLOBAL - PC
75774	angio,sel ea add vess p basic,s&i	LOCAL	1.94	GLOBAL - PC

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CODES TO BE PRICED BY THE CARRIER

CPT-4 PROCEDURE CODE	DESCRIPTION	GLOBAL RVS	PROFESSIONAL COMPONENT (PC) RVS	TECHNICAL COMPONENT RVS
75775	angio,sel,ea add vess p basic,compl	LOCAL	5.94	GLOBAL - PC
75790	angio,a-v shunt	LOCAL	10.28	GLOBAL - PC
75801	lymphangio,extremity only,unil,s&i	LOCAL	4.53	GLOBAL - PC
75802	lymphangio,extremity only,unil,comp	LOCAL	16.64	GLOBAL - PC
75803	lymphangio,extremity only,bil,s&i	LOCAL	6.52	GLOBAL - PC
75804	lymphangio,extremity only,bil,compl	LOCAL	24.69	GLOBAL - PC
75805	lymphangio,pelvic/abd,unil,s&i	LOCAL	4.53	GLOBAL - PC
75806	lymphangio,pelvic/abd,unil,compl	LOCAL	16.64	GLOBAL - PC
75807	lymphangio,pelvic/abd,bil,s&i	LOCAL	6.52	GLOBAL - PC
75808	lymphangio,pelvic/abd,bil,compl	LOCAL	24.69	GLOBAL - PC
75810	splenoportography,s&i	LOCAL	6.39	GLOBAL - PC
75811	splenoportography,compl	LOCAL	19.80	GLOBAL - PC
75820	venography,ext,unilat,s&i only	LOCAL	3.93	GLOBAL - PC
75821	venography,ext,unil,compl	LOCAL	6.80	GLOBAL - PC
75822	venography,extr,bil,s&i only	LOCAL	5.89	GLOBAL - PC
75823	venography,extr,bil,compl	LOCAL	9.79	GLOBAL - PC
75825	venography,inf cav,w/serial,s&i	LOCAL	6.39	GLOBAL - PC
75826	venography,inf cav,w/serial,compl	LOCAL	16.81	GLOBAL - PC
75827	venography,sup cav,with serial,s&i	LOCAL	6.39	GLOBAL - PC
75828	venography,sup cav,w/serial,compl	LOCAL	16.81	GLOBAL - PC
75831	venography,renal,unil,select;s&i	LOCAL	6.39	GLOBAL - PC
75832	venography,renal,unil,select,compl	LOCAL	19.30	GLOBAL - PC
75833	venography,renal,bil,select,s&i	LOCAL	8.32	GLOBAL - PC
75834	venography,renal,bil,select,compl	LOCAL	23.83	GLOBAL - PC
75840	venography,adrenal,unil,select,s&i	LOCAL	6.39	GLOBAL - PC
75841	venography,adrenal,unil,sel,compl	LOCAL	19.30	GLOBAL - PC
75842	venography,adrenal,bil,sel,s&i	LOCAL	8.32	GLOBAL - PC
75843	venography,adrenal,bil,select,compl	LOCAL	23.83	GLOBAL - PC
75845	venography,azygos,sel/nonsel,s&i	LOCAL	6.39	GLOBAL - PC
75846	venography,azygos,select,compl	LOCAL	19.30	GLOBAL - PC
75847	venography,azygos,nonsel,compl	LOCAL	16.70	GLOBAL - PC
75850	venography,intraosseous,s&i	LOCAL	3.93	GLOBAL - PC
75851	venography,intraosseous,comp	LOCAL	10.84	GLOBAL - PC
75860	venography, sinus/jug,cath;s&i	LOCAL	6.39	GLOBAL - PC
75861	venography, sinus/jug,cath;compl	LOCAL	19.30	GLOBAL - PC
75870	venography,sup sag sinus;s&i	LOCAL	6.39	GLOBAL - PC
75871	venography,sup sag sinus;compl	LOCAL	13.30	GLOBAL - PC
75872	venography,epidural,s&i	LOCAL	6.39	GLOBAL - PC
75873	venography,epidual,compl	LOCAL	19.30	GLOBAL - PC
75880	venography,orbital,s&i	LOCAL	3.93	GLOBAL - PC

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RADIOLOGY LOCAL RELATIVE VALUE SCALE

CODES TO BE PRICED BY THE CARRIER

CPT-4 PROCEDURE CODE	DESCRIPTION	GLOBAL RVS	PROFESSIONAL COMPONENT (PC) RVS	TECHNICAL COMPONENT RVS
75881	venography,orbital,compl	LOCAL	6.80	GLOBAL - PC
75885	percu transhep porto w/hemody;s&i	LOCAL	8.07	GLOBAL - PC
75886	percu transhep porto w/hemody;compl	LOCAL	27.45	GLOBAL - PC
75887	percu transhep porto wo/hemody,s&i	LOCAL	8.07	GLOBAL - PC
75888	percu transhep porto wo/hemody;compl	LOCAL	27.45	GLOBAL - PC
75889	hepat veno,wed/free,w/hemody,s&i	LOCAL	6.39	GLOBAL - PC
75890	hepat veno,wed/free,w/hemody,compl	LOCAL	19.30	GLOBAL - PC
75891	hepat veno,wed/free,wo/hemody,s&i	LOCAL	6.39	GLOBAL - PC
75892	hepat veno,wed/free,wo/hemody,compl	LOCAL	19.30	GLOBAL - PC
75893	venous sampling thru cath wo/angio	LOCAL	3.10	GLOBAL - PC
75894	trans cath tx,emboliz w/angio,s&i	LOCAL	7.35	GLOBAL - PC
75895	transcath tx,emboliz w/angio,compl	LOCAL	40.53	GLOBAL - PC
75896	transcath tx,infus w/angio,s&i	LOCAL	7.35	GLOBAL - PC
75897	transcath tx,infus w/angio,compl	LOCAL	40.53	GLOBAL - PC
75940	percu place ivc filter,s&i	LOCAL	3.10	GLOBAL - PC
75941	percu place ivc filter,compl	LOCAL	44.24	GLOBAL - PC
75950	transcath intrav occ,temp,w/ang,s&i	LOCAL	7.35	GLOBAL - PC
75951	transcath intrav occ,temp,w/ang,com	LOCAL	40.53	GLOBAL - PC
75955	transcath intrav occ,perm,w/ang,s&i	LOCAL	7.35	GLOBAL - PC
75956	transcath intrav occ,perm,w/ang,com	LOCAL	40.53	GLOBAL - PC
75961	transcath retriev,percu,fx v/a cath	LOCAL	23.83	GLOBAL - PC
75962	percu translum angio,perip art,s&i	LOCAL	3.10	GLOBAL - PC
75963	percu translum angio,perip art,compl	LOCAL	40.53	GLOBAL - PC
75964	percu translum angio q ad per a,s&i	LOCAL	1.94	GLOBAL - PC
75965	percu translum angio q ad per a,com	LOCAL	27.65	GLOBAL - PC
75966	percu translum angio,viscer a,s&i	LOCAL	7.35	GLOBAL - PC
75967	percu translum angio,viscer a,comp	LOCAL	48.82	GLOBAL - PC
75968	percu translum angio,q ad visc a,s&i	LOCAL	1.94	GLOBAL - PC
75969	percu translum angio,q ad visc a,com	LOCAL	32.07	GLOBAL - PC
75970	transcath bx,s&i	LOCAL	4.62	GLOBAL - PC
75971	transcath bx,compl	LOCAL	16.51	GLOBAL - PC
75980	percu transhep bil drain w/cont,s&i	LOCAL	8.07	GLOBAL - PC
75981	percu transhep bil drain w/cont,com	LOCAL	27.45	GLOBAL - PC
75982	percu pl cath for inop bil obs;s&i	LOCAL	8.07	GLOBAL - PC
75983	percu pl cath for inop bil obs;compl	LOCAL	34.25	GLOBAL - PC
76140	consult on x-ray made elsewhere	LOCAL	LOCAL	GLOBAL - PC
76350	subtraction in conjunction	LOCAL	LOCAL	GLOBAL - PC
76499	unlisted diagnostic radiology proc	LOCAL	LOCAL	GLOBAL - PC
76999	U/S unlisted proc	LOCAL	LOCAL	GLOBAL - PC
77299	unlist proc,th rad clin tx planning	LOCAL	LOCAL	GLOBAL - PC

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RADIOLOGY LOCAL RELATIVE VALUE SCALE

CODES TO BE PRICED BY THE CARRIER

CPT-4 PROCEDURE CODE	DESCRIPTION	GLOBAL RVS	PROFESSIONAL COMPONENT (PC) RVS	TECHNICAL COMPONENT RVS
77399	unlist proc,med rad phys,dosim&dev	LOCAL	LOCAL	GLOBAL - PC
77499	unlist proc,ther rad clin tx manage	LOCAL	LOCAL	GLOBAL - PC
77799	unlist proc,clinical brachytherapy	LOCAL	LOCAL	GLOBAL - PC
78099	unlisted endocrine;diag.nuc.med.	LOCAL	LOCAL	GLOBAL - PC
78172	chelatable iron	LOCAL	3.04	GLOBAL - PC
78199	unl hemat,retic,&lymph pr,dx nuc med	LOCAL	LOCAL	GLOBAL - PC
78282	GI protein loss	LOCAL	2.10	GLOBAL - PC
78299	unl GI procedure;dx nuc med	LOCAL	LOCAL	GLOBAL - PC
78399	unl musculoskel proc,dx NM	LOCAL	LOCAL	GLOBAL - PC
78414	ventricle eject frac w/probe tech	LOCAL	2.49	GLOBAL - PC
78499	unl CV procedure;dx NM	LOCAL	LOCAL	GLOBAL - PC
78599	unl resp proc;dx NM	LOCAL	LOCAL	GLOBAL - PC
78699	unl nervous system;dx NM	LOCAL	LOCAL	GLOBAL - PC
78799	unl genitourinary,dx NM	LOCAL	LOCAL	GLOBAL - PC
78990	provision of diag. radionuclide(s)	LOCAL	LOCAL	GLOBAL - PC
78999	unl misc.procedure;dx NM	LOCAL	LOCAL	GLOBAL - PC
79300	interstitial radioactive colloid tx	LOCAL	8.96	GLOBAL - PC
79420	intra vasc RN tx,particulate	LOCAL	8.43	GLOBAL - PC
79900	provis therapeutic radionuclide(s)	LOCAL	LOCAL	GLOBAL - PC
79999	unl RN therapeutic procedure	LOCAL	LOCAL	GLOBAL - PC

Other codes to be Priced by the Carrier

Local Codes

HCPCS R Codes

HCPCS Codes with modifiers other than blank (Global), Professional (26) or Technical.

New technology or new services

Appendix C

HCFA Charge-Based Relative Value Scale Compared with ACR Relative Value Scale

Procedure		Professional Component		Global Service	
		HCFA	ACR	HCFA	ACR
71010	Chest X-Ray	1.00	1.00	2.50	2.35
71020	Chest X-Ray	1.24	1.21	3.10	3.04
70470	Brain CT	8.10	7.13	20.45	22.39
70450	Brain CT	6.3	4.78	15.7	19.9
74160	CT Abdomen w/contrast	7.8	7.1	19.6	29.1
76700	Echocardiography	4.5	4.4	11.2	10.1
76091	Mammography	2.47	2.2	6.17	6.0
78306	Nuclear Bone Imaging	5.27	4.5	13.0	16.9
74270	Diagnostic Barium Enema	2.8	3.8	7.0	8.8
74170	CT Abdomen w/contrast	9.3	7.8	23.25	35.1
74240	Upper GI	2.9	3.8	7.25	8.1
70460	CT Head	7.1	6.3	17.8	24.5
74280	Barium Enema	3.5	5.5	8.9	11.9
72110	Spine X-Ray	2.04	1.75	5.0	4.4
72131	CT Spine	7.4	6.5	18.6	25.5
74150	CT Abdomen	7.1	6.6	17.8	24.8
74241	Upper GI	3.16	3.87	7.8	8.2
70551	Brain MRI	11.8	8.2	29.5	44.3
73510	Hip X-Ray	1.35	1.14	3.37	2.8

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