

**Authority:** Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395(hh)) unless otherwise indicated.

**§ 484.4 [Amended]**

- 9. Amend § 484.4 by—
- A. Revising paragraph (e) of the definition of “Occupational therapist”.
- B. Revising paragraph (a)(1) of the definition of “Occupational therapy assistant.”
- C. Revising paragraphs (a)(1) introductory text, (a)(1)(iii), and (e) of the definition of “Physical therapist.”
- D. Revising the introductory text of the definition of “Physical therapist assistant.”
- E. Redesignating paragraphs (a)(1)(i) and (a)(1)(ii) as paragraphs (a)(1) and (a)(2) of the definition of “Physical therapist assistant.”
- F. Revising paragraph (b)(2) of the definition of “Physical therapist assistant.”

The revisions read as follows:

**§ 484.4 Personnel qualifications.**

\* \* \* \* \*  
*Occupational therapist.*  
 \* \* \* \* \*

- (e) If educated outside the United States, must meet all of the following:
  - (1) Graduated after successful completion of an occupational therapist education program accredited as substantially equivalent to occupational therapist entry level education in the United States by one of the following:
    - (i) The Accreditation Council for Occupational Therapy Education (ACOTE).
    - (ii) Successor organizations of ACOTE.
    - (iii) The World Federation of Occupational Therapists.
    - (iv) A credentialing body approved by the American Occupational Therapy Association.
  - (2) Successfully completed the entry-level certification examination for occupational therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

- (3) On or before December 31, 2009, is licensed or otherwise regulated, if applicable, as an occupational therapist by the State in which practicing.

*Occupational therapy assistant.*

- \* \* \* \* \*
- (a) \* \* \* \* \*
  - (1) Is licensed, unless licensure does not apply, or otherwise regulated, if applicable, as an occupational therapy assistant by the State in which practicing.

*Physical therapist.* \* \* \*

- (a)(1) Graduated after successful completion of a physical therapist

education program approved by one of the following:

- \* \* \* \* \*
- (iii) An education program outside the United States determined to be substantially equivalent to physical therapist entry-level education in the United States by a credentials evaluation organization approved by the American Physical Therapy Association or an organization identified in 8 CFR 212.15(e) as it relates to physical therapists; and

- \* \* \* \* \*
- (e) Before January 1, 1966—
  - (1) Was admitted to membership by the American Physical Therapy Association; or
  - (2) Was admitted to registration by the American Registry of Physical Therapists; or
  - (3) Has graduated from a physical therapy curriculum in a 4-year college or university approved by a State department of education.

\* \* \* \* \*

*Physical therapist assistant.* A person who is licensed, unless licensure does not apply, registered, or certified as a physical therapist assistant, if applicable, by the State in which practicing, and meets one of the following requirements:

- \* \* \* \* \*
- (b) \* \* \*
  - (2) In States where licensure or other regulations do not apply, graduated on or before December 31, 2009, from a 2-year college-level program approved by the American Physical Therapy Association and, effective January 1, 2010 meets the requirements of paragraph (a) of this definition.

\* \* \* \* \*

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: January 10, 2008.

**Ann C. Agnew,**  
*Executive Secretary to the Department.*  
 [FR Doc. E8–576 Filed 1–14–08; 8:45 am]

**BILLING CODE 4120-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

**42 CFR Part 414**

[CMS–1385–CN3]

RIN 0938–AO65

**Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, and Other Part B Payment Policies for CY 2008; Delay of the Date of Applicability of the Revised Anti-Markup Provisions for Certain Services Furnished in Certain Locations (§ 414.50); Correction**

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.  
**ACTION:** Final rule; correction.

**SUMMARY:** This document corrects typographical errors identified in the final rule that appeared in the January 3, 2008 *Federal Register* (73 FR 404). The final rule delayed until January 1, 2009 the applicability of the anti-markup provisions in § 414.50, as revised at 72 FR 66222, except with respect to the technical component of a purchased diagnostic test and with respect to any anatomic pathology diagnostic testing services furnished in space that is utilized by a physician group practice as a “centralized building” (as defined at § 411.351) for purposes of complying with the physician self-referral rules and does not qualify as a “same building” under § 411.355(b)(2)(i) of this chapter.

**DATES:** *Effective Date:* This correction notice is effective January 1, 2008.

**FOR FURTHER INFORMATION CONTACT:** Donald Romano, (410) 786–1401.

**SUPPLEMENTARY INFORMATION:**

**I. Background**

In FR Doc. 07–6280 (73 FR 404), the final rule entitled “Revisions to Payment Policies Under the Physician Fee Schedule, and Other Part B Payment Policies for CY 2008; Delay of the Date of Applicability of the Revised Anti-Markup Provisions for Certain Services Furnished in Certain Locations (§ 414.50),” there were typographical errors in the preamble that are identified and corrected in this correction notice. The provisions of this correction notice are effective January 1, 2008.

**II. Summary of Errors**

On page 406, we are correcting a typographical error in section III., Waiver of Proposed Rulemaking, to clarify that the delay of the applicability

date for revised § 414.50 excludes any anatomic pathology diagnostic testing services furnished in space that is utilized by a physician group practice as a “centralized building” (as defined at § 411.351) for purposes of complying with the physician self-referral rules and does not qualify as a “same building” under § 411.355(b)(2)(i). We are also correcting a typographical error in section IV., Collection of Information Requirements, by correcting the U.S.C. citation of the Paperwork Reduction Act of 1995.

### III. Correction of Errors

On page 406, in the 1st column;

a. The 1<sup>st</sup> partial paragraph, line 2, the phrase “revised § 414.50 with respect to” is corrected to read “revised § 414.50 except with respect to.”

b. The 1<sup>st</sup> full paragraph, line 8, the phrase “(44 U.S.C. 35)” is corrected read “(44 U.S.C. 3501)”

### IV. Waiver of Proposed Rulemaking

We ordinarily publish a notice of proposed rulemaking and invite public comment on the proposed rule. The notice and comment rulemaking procedure is not required, however, if the rule is interpretive or procedural in nature, and it may be waived if there is good cause that it is impracticable, unnecessary, or contrary to the public interest and we incorporate in the rule a statement of such a finding and the reasons supporting that finding. Likewise, we ordinarily provide for a delayed effective date of a final rule, but we are not required to do so if the rule is procedural or interpretive. Where a delayed effective date is required, this requirement may be waived for good cause. We set forth below our finding of good cause for the waiver of notice and comment rulemaking and the waiver of a delayed effective date.

Our implementation of this action without opportunity for public

comment and without a delayed effective date is based on the good cause exceptions in 5 U.S.C. 553(b)(3)(B) and (d), respectively. We find that seeking public comment on this action is impracticable and contrary to the public interest. We issued the delay in applicability notice as a result of our review of the informal comments on the final rule with comment period from various stakeholders. We are correcting typographical errors from that notice, and therefore, do not believe that further notice and comment is necessary at this time.

**Authority:** (Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: January 10, 2008.

**Ann C. Agnew,**

*Executive Secretary to the Department.*

[FR Doc. E8–561 Filed 1–14–08; 8:45 am]

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