

response to a petition submitted to the Agency. The Office of Management and Budget (OMB) has exempted these types of actions from review under Executive Order 12866, entitled *Regulatory Planning and Review* (58 FR 51735, October 4, 1993). Because this rule has been exempted from review under Executive Order 12866 due to its lack of significance, this rule is not subject to Executive Order 13211, *Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use* (66 FR 28355, May 22, 2001). This final rule does not contain any information collections subject to OMB approval under the Paperwork Reduction Act (PRA), 44 U.S.C. 3501 *et seq.*, or impose any enforceable duty or contain any unfunded mandate as described under Title II of the Unfunded Mandates Reform Act of 1995 (UMRA) (Public Law 104-4). Nor does it require any special considerations under Executive Order 12898, entitled *Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations* (59 FR 7629, February 16, 1994); or OMB review or any Agency action under Executive Order 13045, entitled *Protection of Children from Environmental Health Risks and Safety Risks* (62 FR 19885, April 23, 1997). This action does not involve any technical standards that would require Agency consideration of voluntary consensus standards pursuant to section 12(d) of the National Technology Transfer and Advancement Act of 1995 (NTTAA), Public Law 104-113, section 12(d) (15 U.S.C. 272 note). Since tolerances and exemptions that are established on the basis of a petition under section 408(d) of the FFDCA, such as the tolerance in this final rule, do not require the issuance of a proposed rule, the requirements of the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 *et seq.*) do not apply. In addition, the Agency has determined that this action will not have a substantial direct effect on States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government, as specified in Executive Order 13132, entitled *Federalism* (64 FR 43255, August 10, 1999). Executive Order 13132 requires EPA to develop an accountable process to ensure “meaningful and timely input by State and local officials in the development of regulatory policies that have federalism implications.” “Policies that have federalism implications” is defined in the Executive order to

include regulations that have “substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government.” This final rule directly regulates growers, food processors, food handlers and food retailers, not States. This action does not alter the relationships or distribution of power and responsibilities established by Congress in the preemption provisions of section 408(n)(4) of the FFDCA. For these same reasons, the Agency has determined that this rule does not have any “tribal implications” as described in Executive Order 13175, entitled *Consultation and Coordination with Indian Tribal Governments* (65 FR 67249, November 6, 2000). Executive Order 13175, requires EPA to develop an accountable process to ensure “meaningful and timely input by tribal officials in the development of regulatory policies that have tribal implications.” “Policies that have tribal implications” is defined in the Executive order to include regulations that have “substantial direct effects on one or more Indian tribes, on the relationship between the Federal Government and the Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes.” This rule will not have substantial direct effects on tribal governments, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes, as specified in Executive Order 13175. Thus, Executive Order 13175 does not apply to this rule.

VIII. Congressional Review Act

The Congressional Review Act, 5 U.S.C. 801 *et seq.*, as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and to the Comptroller General of the United States. EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of this final rule in the **Federal Register**. This final rule is not a “major rule” as defined by 5 U.S.C. 804(2).

List of Subjects in 40 CFR Part 180

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

Dated: December 12, 2003.

Lois Rossi,

Director, Registration Division, Office of Pesticide Programs.

■ Therefore, 40 CFR chapter I is amended as follows:

PART 180—[AMENDED]

■ 1. The authority citation for part 180 continues to read as follows:

Authority: 21 U.S.C. 321(q), 346(a) and 371.

■ 2. Section 180.532 is amended by revising the commodities in the table in paragraph (a)(2) to read as follows:

§ 180.532 Cyprodinil; tolerances for residues.

- (a) * * *
- (2) * * *

Commodity	Parts per million	Expiration/ revocation date
Onion, dry bulb	0.60	12/31/04
Onion, green	4.0	12/31/04
Strawberry	5.0	12/31/04

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[FR Doc. 03-32061 Filed 12-30-03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 410 and 419

[CMS-1471-CN]

RIN 0938-AL19

Medicare Program; Medicare Program; Changes to the Hospital Outpatient Prospective Payment System and Calendar Year 2004 Payment Rates; Final Rule; Correction

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Correction of final rule with comment period.

SUMMARY: This document corrects errors in the final rule with comment period that appeared in the **Federal Register** on November 7, 2003, entitled “Medicare Program; Changes to the Hospital Outpatient Prospective Payment System

and Calendar Year 2004 Payment Rates; Final Rule.” This notice is a supplement to the November 7, 2003 final rule and is completely separate from any notice that promulgates new policy that results from enactment of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

EFFECTIVE DATE: January 1, 2004.

FOR FURTHER INFORMATION CONTACT: Dana Burley, (410) 786-0378.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 03-27791 of November 7, 2003 (68 FR 63398), there were several technical errors as well as a number of public comments that were received timely, but that we inadvertently failed to address. The errors include incorrect or potentially misleading responses, and in Addenda A and B, omissions and typographical errors. In addition, we are adding information to the addenda that was not available when we published the final rule. This additional information does not affect payment under the hospital outpatient prospective payment system (OPPS). We ordinarily provide a 30-day delay in the effective date of the provisions of a notice. Section 553(d) of the Administrative Procedure Act (5 U.S.C. 553(d)) ordinarily requires a 30-day delay in the effective date of final rules after the date of their publication in the *Federal Register*. This 30-day delay in effective date can be waived, however, if an agency finds good cause that the delay is impracticable, unnecessary, or contrary to the public interest, and the agency incorporates a statement of the finding and its reasons in the notice issued. In addition, section 1871(e)(1) of the Social Security Act, as amended by section 903(b)(1) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (DIMA), also requires that a substantive change in a regulation shall not become effective before the end of the 30-day period that begins on the date that the Secretary has issued or published the substantive change. Section 1871(e)(1) of the Social Security Act, as amended by section 903(b)(1) of DIMA, provides an exception to that requirement if the Secretary finds that the waiver of such 30-day period is necessary to comply with statutory requirements or that the application of such 30-day period is contrary to the public interest. We find good cause to waive the 30-day delay in effective date for this correction notice as set forth in section III, “Waiver of 30-Day Delay in Effective Date,” below.

II. Correction of Errors

A. Correction of Inaccurate Information

On page 63423, first column, fifth sentence, we stated: “The case of APC 0108, we used the external device cost data that was used to set the median for the 2003 OPPS because we received no outside data for the 2004 OPPS for this APC and because the proposed median of \$28,685.30 set forth in the proposed rule was considerably higher than the final rule data median of \$23,944.80, which resulted when additional claims were used to calculate the median cost.”

We subsequently determined that external data that met our preferred criteria for use in setting payment rates had been furnished as part of a timely, properly submitted comment for APC 0108. Therefore, we have revised the median cost and payment rate (\$23,641.27) that was in the final rule for this APC using the data submitted in the comment. The new payment rate is \$24,699.74. See Table 1 below for the complete revised values information.

To correct this error, we remove the fifth sentence in column 1 on page 63423 and replace it with the following: “In the case of APC 0108, we used external device cost data submitted in a comment on the proposed rule to set the median for the 2004 OPPS. The proposed median of \$28,685.30 set forth in the proposed rule was considerably higher than the median calculated for the final rule, \$23,944.80, which resulted when additional claims were used to calculate the median cost. The use of this external data raised the payment rate to a level we believe is more appropriate.”

B. Responses to Comments Not Included in the Final Rule

Bone Marrow Harvesting

Comment: A commenter asserted that the claims data for Physicians’ Current Procedural Terminology (CPT) codes 38230 (bone marrow harvesting), 38240 (bone marrow/stem cell transplantation, allogenic), and 38241 (bone marrow/stem cell transplantation, autologous) are seriously flawed. For instance, the median cost for CPT code 38230 (using data for 35 claims) was \$74.81. The commenter stated that CPT code 38230 involves a 60–90 minute operating room procedure performed under general anesthesia, with costs more closely approaching the payment rate for APC 0111 (paying \$718.67) than APC 0123 (paying \$288.53), its current APC placement. The commenter expressed similar concern over the claims data for CPT codes 38240 and 38241, asserting that their placement in APC 0123 results

in inadequate payment to cover the costs of bone marrow and stem cell transplantation.

The commenter urged us to move CPT codes 38230, 38240, and 38241 from APC 0123 (bone marrow harvesting/stem cell transplant, paying \$288.53) to APC 0111 (blood product exchange, paying \$718.67).

Response: We agree with the commenter that the claims data for CPT code 38230 appear to be based on flawed claims. We believe that the costs involved in performing CPT code 38230 (bone marrow harvesting) are more similar to the costs involved in performing CPT codes 38205 and 38206 (stem cell harvesting, placed in APC 0111); therefore, we will move CPT code 38230 from APC 0123 to APC 0111. We will maintain the payment rate for APC 0111 at \$718.67 as stated in the November 7, 2003 final rule, since we believe the claims for CPT code 38230 represent aberrant data and should not be used to recalculate the payment rate for APC 0111.

In contrast, we do not believe that the claims data for CPT codes 38240 and 38241 are flawed. The resource utilization of performing bone marrow and stem cell transplantations is similar to the resource utilization of performing infusion therapy services (which are paid \$210 in APC 0110), since bone marrow and stem cell transplantations involve no incision and no unusual instruments or equipment. Therefore, we believe that the APC placement of CPT codes 38240 and 38241 in APC 0123 sufficiently captures the costs involved in performing these services. Although these codes will remain in APC 0123, their payment rate in APC 0123 will increase by \$47.01 (from \$288.53 to \$335.54) above the rate stated in the November 7, 2003 final rule, as a result of moving CPT code 38230 out of APC 0123 and recalculating the median for APC 0123 based on CPT codes 38240 and 38241 that remain in APC 0123.

Cobalt 60-Based Stereotactic Radiosurgery

Comment: A commenter requested that we combine CPT codes G0242 (Cobalt 60-based stereotactic radiosurgery plan) and G0243 (Cobalt 60-based stereotactic radiosurgery delivery). The commenter explained that, before 2000, we allowed Cobalt 60-based stereotactic radiosurgery to be appropriately billed using CPT code 61793 (stereotactic radiosurgery—particle beam, gamma ray or linear accelerator—one or more sessions), the same code that non-Medicare payers continue to use for this procedure.

However, our current guidelines for coding this procedure necessitate the billing of two codes (planning and delivery), and therefore, correct billing of this treatment using the current codes results in a multiple procedure claim. The commenter asserted that because we calculate medians using only single claims, the APC placement of Healthcare Common Procedure Coding System (HCPCS) codes G0242 and G0243 was based on aberrant single claims.

The commenter requested that these codes (G0242 and G0243) be combined into a single procedure code (that is, CPT code 61793) in order for us to accurately capture the costs of this treatment in a single claim because both parts of this treatment (planning and delivery) are always delivered on the same day in one surgical procedure. Based on resource consumption and clinical homogeneity, the commenter suggested that we place this single procedure code in one of the following APCs: 0222 (paying \$12,670), 0226 (paying \$7,437), or 0227 (paying \$8,775).

Response: In addition to the above comment, we received several other comments stating that HCPCS code G0242 (Cobalt 60-based stereotactic radiosurgery plan) was being used inappropriately for linear accelerator-based stereotactic radiosurgery (SRS) planning in addition to Cobalt 60-based SRS planning, due to the nonexistence of a code to bill for linear accelerator-based SRS planning. Considering the current misuse of HCPCS code G0242 and the potential for causing greater confusion by combining CPT codes G0242 and G0243, we created a planning code for linear accelerator-based SRS (G0338) to distinguish this procedure from Cobalt 60-based SRS planning. Since the claims data for G0242 represent costs for linear accelerator-based SRS planning (due to misuse of the code) in addition to Cobalt

60-based SRS planning, we are uncertain of how to combine these data with G0243 (Cobalt 60-based SRS delivery) to determine an accurate payment rate for a combined code for planning and delivery of Cobalt 60-based SRS. Therefore, we will solicit input from the APC Panel at its next meeting in early 2004.

In the meantime, we will maintain two separate HCPCS codes (G0242 and G0243) for the planning and delivery of Cobalt 60-based SRS treatment, consistent with the use of two G codes for the planning (G0338) and delivery (G0173, G0251, G0339, G0340, as applicable) of each type of linear accelerator-based SRS treatment, as described below.

Correct Coding for Various Types of Stereotactic Radiosurgery (SRS):

- Cobalt 60-based, multi-source SRS—
 Planning—G0242 (APC 1516 paying \$1,450)
 Delivery—G0243 (APC 1528 paying \$5,250)
- Linear accelerator-based SRS—
 Non-robotic linear accelerator-based SRS (complete session)
 —Planning—G0338 (APC 1516 paying \$1,450)
 —Delivery—G0173 (APC 1528 paying \$5,250)
 Non-robotic linear accelerator-based SRS (fractionated sessions)
 —Planning—G0338 (APC 1516 paying \$1,450)
 —Delivery—G0251 (APC 1513 paying \$1,150, per session)
 Image-guided robotic linear accelerator-based SRS (complete session or first session of fractionated treatment)—
 —Planning—G0338 (APC 1516 paying \$1,450)
 —Delivery—G0339 (APC 1528 paying \$5,250)
 Image-guided robotic linear accelerator-based SRS (fractionated treatment, 2nd—5th sessions)—
 —Planning—G0338 (APC 1516 paying

\$1,450)
 —Delivery—G0340 (APC 1525 paying \$3,750, per session)

Comment: A commenter urged us to recognize the cost and clinical differences between HCPCS codes G0243 and G0173 by placing them in separate APCs.

Response: We believe that the low volume of single claims for HCPCS code G0243 (172 single claims out of 1,033 total claims = 17 percent of total claims) does not substantiate movement of this code into a procedural APC at this time, and there is no clinical reason for a reassignment. Therefore, we will keep HCPCS code G0243 in new technology APC 1528 with a payment of \$5,250 for CY 2004.

ProstaScint

Comment: The manufacturer of ProstaScint (indium capromab pendetide), a diagnostic agent used for the imaging of prostate cancer, indicated that this product's proposed payment rate is significantly below the cost that hospitals incur in acquiring ProstaScint. The manufacturer stated that reduced payment would restrict hospitals from providing ProstaScint studies to Medicare beneficiaries and have a significant negative effect on the treatment and outcomes of patients at risk for prostate cancer. The commenter submitted a survey of hospitals demonstrating their costs of purchasing ProstaScint.

Response: We agree with the commenter that the use of only hospital claims data to set the payment rate for ProstaScint may adversely impact beneficiary access. We believe that the external data submitted by the manufacturer meets our preferred criteria; therefore, we will use the external data to establish an adjusted median cost for this product by blending the median cost derived from our dampening methodology with the external cost data on a one-to-one ratio.

APC	HCPCS	Short descriptor	2004 adjusted median cost	External acquisition cost	2004 1:1 Blended median cost
1604	A9507	Indium/111 capromab pendetide	\$726.50	\$1,610.75	\$1,168.63

Arthroscopy

Comment: One commenter requested that we assign CPT code 29827 to APC 0042 (Level II Arthroscopy). The code was new for 2003 and was assigned to APC 0041 (Level I Arthroscopy). The commenter provided information to support the assertion that the procedure described by CPT code 29827 is very

similar to that described by CPT code 29826 with regard to operating room time required, equipment requirements, and complexity. However, procedures coded as CPT code 29826 are assigned to APC 0042.

Response: Our medical staff evaluated this request and decided that they would like the advice of the APC Panel

before making a determination. In their analysis of the assignments for CPT codes 29826 and 29827, they determined that it would be appropriate to solicit input from the APC Panel regarding the clinical coherence of both APCs 0041 and 0042. The APC Panel will meet in early 2004, and we plan to include these APCs on the agenda for its

consideration. The date for the APC Panel meeting and registration information will be published in the **Federal Register** and on the CMS OPSS Web site at least 60 days before the meeting date.

Photoselective Vaporization of the Prostate

Comment: Several commenters urged us to increase payment for CPT codes 52647 and 52648 (photoselective vaporization of the prostate (PVP)). They expressed concern that other less effective procedures requiring less skill have a significantly higher proposed payment rate. Commenters stated that the proposed payment rate for PVP under APC 0163 does not cover the costs of providing access to this new technology.

Response: Based on our claims data, we believe that CPT codes 52647 and 52648 are appropriately placed in APC 0163 for CY 2004, but the commenters may want to consider applying for a new CPT/HCPCS code for this procedure so that it is identifiable separately from other procedures. Alternatively, PVP may be a candidate for consideration under the OPSS new technology process. We refer interested parties to our Web site www.cms.hhs.gov/providers/hopps/ for further information on the new technology application and evaluation process.

Inpatient-Only List

Comment: We received a comment requesting that we remove several codes from the inpatient-only list. The codes are: 44901 (Incision and drainage of appendiceal abscess; percutaneous); 49021 (Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous); 49041 (Drainage of subdiaphragmatic or subphrenic abscess; percutaneous); and 49061 (Drainage of retroperitoneal abscess; percutaneous). The commenters based their request on the fact that codes they believe are similar to 44901, 49021, 49041, and 49061 are not on the inpatient-only list. Codes that they used as examples included 32201 (Pneumonostomy; with percutaneous drainage of abscess or cyst); and 50021 (Drainage of perirenal or renal abscess; percutaneous).

Response: The information provided by the commenter did not provide an adequate basis for our medical staff to make a decision. Instead, our physicians will solicit input from additional specialty groups that provide care to the patients undergoing these procedures. We will also present this issue to the

APC Panel for consideration at its next meeting in early 2004.

Neutron Radiotherapy

Comment: We received a comment requesting that we create a new "G" code for neutron radiotherapy so that these procedures can be assigned to a new APC. At this time, the procedures are coded using a CPT code that includes other procedures that the commenter does not believe are related to neutron radiotherapy. The commenter believes the combination of procedures in the CPT code is inappropriate.

Response: We evaluated this request and continue to believe that the current coding is appropriate. We do not believe that creation of a new "G" code is warranted in this case because there is a CPT code that specifically describes this procedure.

Magnetic Resonance Imaging and Magnetic Resonance Angiography

Comment: We received a comment requesting that we assign magnetic resonance imaging and magnetic resonance angiography to separate APCs. These procedures are currently assigned to APCs 0336 and 0337.

Response: We evaluated this request and continue to believe that the current assignments are appropriate and result in accurate payment for the procedures.

Fetal Echocardiogram

Comment: We received one comment requesting that we reassign codes for fetal echocardiograms (CPT 76825 through 76827) to APC 0269. The codes are currently assigned to APCs 0671 and 0697.

Response: We believe that the APC assignments for these CPT codes continue to be appropriate. We used most of the submitted claims for calculating medians for these codes. We believe the resource use and clinical coherence in the current APCs are appropriate.

New Orphan Drug

Comment: We received a comment requesting that arsenic trioxide (Trisenox) be considered as a single-indication orphan drug for Medicare OPSS. The drug has orphan status from the FDA for treatment of multiple myeloma, myelodysplastic syndrome, chronic myeloid leukemia, and chronic lymphocytic anemia.

Response: After careful evaluation, we agree that arsenic trioxide does meet our criteria for special payment as a single indication orphan drug. As we stated in our final rule (68 FR 63453), we are setting payment under the 2004 OPSS

for single indication orphan drugs at 88 percent of the average wholesale price listed for these drugs in the April 1, 2003 single drug pricer unless we are presented with verifiable information that shows that our payment rate does not reflect the price that is widely available to the hospital market. For 2004, the payment rate for Trisenox will be \$34.32 per unit.

C. Revisions and Corrections to Addenda A and B

As a result of a HCPCS coding change, the relative weight, payment rate, and minimum unadjusted copayment for APC 0012 as published on page 63478, are incorrect. Code 11057 moved from APC 0012 to APC 0013, and we failed to update the APCs in time for the final rule. The correct values for APC 0012 are: relative weight, 0.7612; payment rate, \$41.53; and minimum unadjusted copayment amount, \$8.31. The correct values for APC 0013 are relative weight, 1.1302; payment rate, \$61.66; and the minimum unadjusted copayment is unchanged. These values are listed in bold type in Table 1 below.

As a result of our use of external data, APC 0108 has new values in Addendum A on page 63479. The correct relative weight is 452.6995, the payment rate increases to \$24,669.74, and the minimum unadjusted copayment becomes \$4,939.95. These values are listed in bold type in Table 1 below.

In response to a comment, we moved HCPCS code 43752 from APC 0272 to APC 0121. This move resulted in new Addendum A values for both of these APCs. The incorrect values on page 63479 for APC 0121 are corrected as follows: relative weight, 2.1114; payment rate, \$115.2; and minimum unadjusted copayment amount, \$23.04.

On page 63481, the incorrect values for APC 0272 are corrected as follows: relative weight, 1.4184; payment rate, \$77.39; and minimum unadjusted copayment, \$15.48.

In response to a comment that we overlooked, we moved CPT code 38230 from APC 0123 to APC 0111. This resulted in new values for APC 0123 in Addendum A. The values on page 63479 are corrected as follows: relative weight, 6.1499; payment rate, \$335.54; and minimum unadjusted copayment amount, \$67.11. There are no changes to the values for APC 0111. These values are listed in bold type in Table 1 below.

On page 63482, the values for APC 0321 are incorrect due to a change in the status indicator for HCPCS code 90901. The status indicator was changed to "A" and, therefore, does not contribute to the calculation of the APC median. We correct the values for APC 0321 by

replacing the values on page 63482 with the following: relative weight, 1.4817; payment rate, \$80.84; and minimum unadjusted copayment amount, \$16.17. These values are listed in bold type in Table 1 below.

The status indicator for HCPCS code 96105 was changed to "A" and, therefore, should not contribute to the calculation of the APC median. The values for APC 0373 on page 63482 are incorrect because the code (96105) was used under its previous status indicator "X" and was therefore included in the media calculation. We replace the values in Addendum A on page 63482 with the following correct values: relative weight, 2.3288; payment rate, \$127.06; and minimum unadjusted copayment amount, \$25.41. These values are listed in bold type in Table 1 below.

The relative weight, copayment and payment rates are incorrect for APC 0384 as published on page 63482. Two HCPCS codes (43268 and 43269) were moved from APC 0151 into APC 0384, and those changes were not reflected in the published Addendum A. We replace the values for APC 0384 with the following: relative weight, 36.54; payment rate, \$1,993.66; national unadjusted copayment, \$433.01; and minimum unadjusted copayment, \$398.73. The values for APC 0151 do not change. These values are listed in bold type in Table 1 below.

APC 0413 was listed in Addendum A on page 63483 in error. No codes are assigned to this APC, so it no longer exists. We remove APC 0413.

We correct Addenda A and B by adding the relative weight for APC 0734 on page 63484 in Addendum A and for CPT/HCPCS codes C1774 and Q0137 on pages 63610 and 63650, respectively, in Addendum B. The relative weight is 0.0594 for both of these codes.

The values for APC 1604 are incorrect as published on page 63486. Additional data were available but inadvertently were not used in the median calculation for this APC. The new values reflect use of the additional data. We correct the values for APC 1604 as follows: relative weight, 20.2752; payment rate, \$1,106.24; and minimum unadjusted copayment, \$221.25. These values are listed in bold type in Table 1 below.

On page 63487, the payment rate for APC 9012 is corrected to reflect its new status as a single-indication orphan drug. We correct the payment rate to \$34.32 and the minimum unadjusted copayment to \$6.86.

On page 63488, the descriptor for APC 9116 is incorrect. We correct it to read "Inj. Ertapenem sodium, per 500 mg."

For the following CPT/HCPCS codes on the pages identified, beginning on page 63488 and concluding on page 63644, we listed outdated descriptors. We correct the descriptor on page 63488 for code 0002T; page 63496 for code 15852; page 63548 for code 55870; page 63619 for code E0141; page 63622 for codes E0973 and E0974; page 63623 for code E0978; page 63624 for code E1226; page 63627 for codes G0210, G0213, G0214, G0215, G0230, G0246, G0247, G0248; page 63630 for code J1563; page 63631 for codes J2260 and J2324; page 63633 for code J8700; page 63636 for code K0560; page 63637 for codes K0600, K0607, K0614, K0615, K0616, and K0617; page 63643 for codes L4350, L4360, and L4386; and on page 63644 for codes L5646 and L5648. See Table 2—Corrections to Addendum B of the November 7, 2003, Final Rule for corrections to Addendum B for the codes identified above.

On page 63627, CPT/HCPCS G0244 is listed with an incorrect relative weight, payment rate, and copayment amount. We correct the current relative weight, payment rate, and copayment, by inserting 6.6961, \$365.35, and \$73.07, respectively. See Table 2 below for the corrected values.

On page 63634, CPT/HCPCS J9017 is listed with an incorrect relative weight, payment rate, and copayment. J9017 is an orphan drug and is reimbursed at 88 percent of AWP. We correct the addendum by replacing current values with a payment rate of \$34.32 and minimum unadjusted copayment of \$6.86.

On page 63590, we incorrectly assigned status indicator A to CPT/HCPCS 90918 through 90925. These codes are replaced by G0320 through G0327. Therefore, codes 90918 through 90925 are assigned status indicator E. On page 63590, for CPT/HCPCS 90918, 90919, 90920, 90921, 90922, 90924, and 90925, we remove the status indicator A and insert status indicator E. See Table 2—Corrections to Addendum B of the November 7, 2003, Final Rule for corrections to Addendum B for the codes identified above.

The following CPT/HCPCS codes were omitted from Addendum B of the November 7, 2003, final rule: 99375, status indicator E, home health care supervision, effective 1/1/03; 99378, status indicator E, hospice care supervision, effective 1/1/03; G0308, status indicator A, condition NI, ESRD related svc 4+mo<2yrs; G0309, status indicator A, condition NI, ESRD related svc 2–3mo<2rs; G0310, status indicator A, condition NI, ESRD related svc 1vst<2yr; G0311, status indicator A, condition NI, ESRD related svcs 4+mo 2–

11 yr; G0312, status indicator A, condition NI, ESRD related svcs 2–3 mo 2–11 yr; G0313, status indicator A, condition NI, ESRD related svcs 1 mo 2–11 yr; G0314, status indicator A, condition NI, ESRD related svcs 4+mo 12–19; G0315, status indicator A, condition NI, ESRD related svcs 2–3 mo 12–19; G0316, status indicator A, condition NI, ESRD related svcs 1 vst 12–19y; G0317, status indicator A, condition NI, ESRD related svcs 4+mo 20+yrs; G0318, status indicator A, condition NI, ESRD related svcs 2–3 mo 20+y; G0319, status indicator A, condition NI, ESRD related svcs 1 visit 20+y; G0320, status indicator A, condition NI, ESRD related svcs home under 2; G0321, status indicator A, condition NI, ESRD related svcs home mo<2yrs; G0322, status indicator A, condition NI, ESRD related svcs home mo12–19; G0328, status indicator A, condition NI, fecal blood scrn immunoassay; all effective 1/1/04; and P9603, status indicator A, One-way allow prorated miles, effective 1/1/92. See Table 2—Corrections to Addendum B of the November 7, 2003, Final Rule for corrections to Addendum B for the codes identified above.

On page 63608, we incorrectly assigned status indicator B and condition NI to CPT/HCPCS A9527, I-131 tositumomab therapeutic. New code A9534, with the same descriptor, replaces A9527, effective 1/1/04. A9527 is removed effective 1/1/04, with no grace period. On page 63608, for CPT/HCPCS A9527, we remove the status indicator of B and insert a status indicator of D. We remove the condition NI and insert a condition of DNG. See Table 2—Corrections to Addendum B of the November 7, 2003, Final Rule for corrections to Addendum B for the code identified above.

For the CPT/HCPCS codes on the pages identified, beginning on page 63490 and concluding on page 63653, we incorrectly listed status indicator E instead of status indicator B. We correct the status indicator on page 63490 for codes 0054T, 0055T, 0056T, 0057T, 0060T, and 0061T; page 63598 for codes 99002 and 99140; page 63604 for codes A4671, A4672, and A4673; page 63605 for codes A4674 and A4728; page 63624 for code E1634; page 63633 for J7330; page 63641 for L3350; and page 63653 for code V2761. See Table 2—Corrections to Addendum B of the November 7, 2003, Final Rule for corrections to Addendum B for the codes identified above.

For the following CPT/HCPCS codes on the pages identified, beginning on page 63490 and concluding on page 63619, we incorrectly listed condition

DG (deleted with grace). These codes are not deleted for 2004, and the condition should be blank. We correct the condition on page 63490 for codes 00546, 00548, 00550, 00560, 00562, 00563, and 00566; and page 63539 for codes 47135, 47136, 47300, and 47350; and page 63619 for E0165. See Table 2—Corrections to Addendum B of the November 7, 2003, Final Rule for corrections to Addendum B for the codes identified above.

On page 63569, CPT/HCPCS 76977 was inadvertently assigned an incorrect status indicator. We remove status indicator S and insert status indicator X. The payment rates are correct as is. See Table 2—Corrections to Addendum B of the November 7, 2003, Final Rule for corrections to Addendum B for the code identified above.

On page 63590, CPT/HCPCS 92019 was assigned an incorrect status indicator. We remove status indicator S and insert status indicator T. The payment rates are correct as is. See Table 2—Corrections to Addendum B of the November 7, 2003, Final Rule for corrections to Addendum B for the code identified above.

On page 63608, CPT/HCPCS A9700 was incorrectly assigned an APC, relative weight, payment rate, and copayment. A9700 is not payable under OPPS, and no payment should be made for this service. We remove the APC, relative weight, payment rate, and minimum unadjusted copayment. See Table 2—Corrections to Addendum B of the November 7, 2003, Final Rule for corrections to Addendum B for the code identified above.

On page 63588, CPT/HCPCS codes 90296 and 90581 are incorrectly assigned a status indicator, APC, relative weight, payment rate, and copayment. Effective 1/1/04, codes 90296 and 90581 are packaged services and therefore are assigned status indicator N. For codes 90296 and 90581, we remove status indicator K, APC, payment rate, and minimum unadjusted copayment, and insert status indicator N. See Table 2—Corrections to Addendum B of the November 7, 2003, Final Rule for corrections to Addendum B for the codes identified above.

On page 63623, CPT/HCPCS code E1065 omits condition DG. This code is

deleted with grace period effective January 1, 2004. We correct this by inserting DG in the condition column.

Many codes were incorrectly listed with status indicator A that should be listed with the new status indicator Y, indicating that the code is not paid under OPPS, but should be billed to the Durable Medical Equipment Regional Carrier (DMERC). They are listed in Tables 3–5. In addition, codes A4232, A4632, E0188, E0189, E0218, E0602, E0740, E0760, E0765, K0610, K0611, K0612, and K0613 were incorrectly listed with status indicator E, but should be listed with status indicator Y. Codes E0967, E0969, E0977, E0980, E0994, E0997, E0998, E0999, E1001, E1035, E1065, and E1227 were incorrectly listed with status indicator B, but should be listed with status indicator Y. For all these codes, we remove the current status indicator and insert status indicator Y. See Tables 3–5 for a list of codes for which the status indicator has changed from A, E, or B to Y.

On page 63471 of the November 7, 2002 Final Rule, we specify that HCPCS codes for drugs, biologicals, and radiopharmaceuticals that are new for 2004 yet have no predecessor will be assigned packaged status for 2004.

On pages 63608 and 63652, HCPCS codes A9526 and Q4078, respectively, were incorrectly assigned a status indicator, APC, relative weight, payment rate, and copayment. Effective 1/1/04, codes A9526 and Q4078 are packaged services and therefore are assigned status indicator N. For these codes, we remove status indicator K, APC, payment rate, and minimum unadjusted copayment, and insert status indicator N.

On page 63415 of the November 7, 2003 Final Rule, we state that we plan to delete HCPCS C1088 effective 1/1/04. Addendum B does not list this code as deleted. For HCPCS C1088, we remove status indicator T, APC, payment rate, and minimum unadjusted copayment, and insert status indicator D and condition DNG (deleted with no grace period).

III. Waiver of 30-Day Delay in Effective Date

We ordinarily provide a 30-day delay in the effective date of the provisions of

a notice. Section 553(d) of the Administrative Procedure Act (5 U.S.C. 553(d)) ordinarily requires a 30-day delay in the effective date of final rules after the date of their publication in the **Federal Register**. This 30-day delay in effective date can be waived, however, if an agency finds good cause that the delay is impracticable, unnecessary, or contrary to the public interest. In addition, section 1871(e)(1) of the Social Security Act, as amended by section 903(b)(1) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (DIMA), also requires that a substantive change in a regulation shall not become effective before the end of the 30-day period that begins on the date that the Secretary has issued or published the substantive change. Section 1871(e)(1) of the Social Security Act, as amended by section 903(b)(1) of DIMA, provides an exception to that requirement if the Secretary finds that the waiver of such 30-day period is necessary to comply with statutory requirements or that the application of such 30-day period is contrary to the public interest. The agency must incorporate a statement of the good cause finding and rationale in the published rule.

In this case, we believe that it is in the public interest to make the corrections identified above effective January 1, 2004 without the 30-day delay in effective date. In most cases, these errors were the result of our inadvertent failure to address a number of public comments that were received timely, incorrect or potentially misleading responses, and omissions and typographical errors in Addenda A and B. In addition, we have added information to the addenda that was not available when we published the November 7, 2003 final rule. This information does not affect payment under the OPPS. A delay in the effective date of this notice would result, in most cases, in underpayment of hospitals beginning January 1, 2004. If we did not make these changes, hospitals would be paid improperly, and beneficiaries' access to care may be impeded. Therefore, we find good cause to waive the 30-day delay in effective date.

TABLE 1.—ADDENDUM A CORRECTIONS AS CORRECTED BY THIS FEDERAL REGISTER DOCUMENT

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
0012	Level I Debridement & Destruction	T	0.7612	41.53	11.18	8.31
0013	Level II Debridement & Destruction	T	1.1302	61.66	14.20	12.33

TABLE 1.—ADDENDUM A CORRECTIONS AS CORRECTED BY THIS FEDERAL REGISTER DOCUMENT—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted co-payment	Minimum unadjusted co-payment
0108	Insertion/Replacement/Repair of Cardioverter-Defibrillator Leads.	T	452.6995	24699.74		4939.95
0121	Level I Tube changes and Repositioning.	T	2.1114	115.20	43.80	23.04
0123	Bone Marrow Harvesting and Bone Marrow/Stem Cell Transplant.	S	6.1499	335.54		67.11
0272	Level I Fluoroscopy	X	1.4184	77.39	38.36	15.48
0321	Biofeedback and Other Training	S	1.4817	80.84	21.78	16.17
0339	Observation	S	6.6961	365.35		73.07
0373	Neuropsychological Testing	X	2.3288	127.06		25.41
0384	GI Procedures with Stents	T	36.5400	1993.66	433.01	398.73
APC 0413 is deleted 0734	Injection, darbepoetin alfa (for non-ESRD, per 1 mcg.	K	0.0594	3.24		0.65
9012	Arsenic Trioxide	K		34.32		.686
1604	IN 111 capromab pendetide, per dose.	K	20.2752	1106.24		221.25

TABLE 2.—ADDENDUM B CORRECTIONS AS CORRECTED BY THIS FEDERAL REGISTER DOCUMENT

CPT/HCPCS	Status indicator	Condition	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
0002T	C	DG	endo repair abd aa aorto uni					
00546	C		Anesth, lung, chest wall surg					
00548	N		Anesth, trachea, bronchi surg					
0054T	B	NI	Bone surgery using computer					
00550	N		Anesth, sternal debridement					
0055T	B	NI	Bone surgery using computer					
00560	C		Anesth, open heart surgery					
00562	C		Anesth, open heart surgery					
00563	N		Anesth, heart proc w/pump					
00566	N		Anesth, cabg w/o pump					
0056T	B	NI	Bone surgery using computer					
0057T	B	NI	Uppr gi scope w/ thrml txmnt					
0060T	B	NI	Electrical impedance scan					
0061T	B	NI	Destruction of tumor, breast					
11001	T		Debride infected skin add-on	0012	0.7612	41.53	11.18	8.31
11055	T		Trim skin lesion	0012	0.7612	41.53	11.18	8.31
11056	T		Trim skin lesions, 2 to 4	0012	0.7612	41.53	11.18	8.31
11057	T		Trim skin lesions, over 4	0013	1.1302	61.66	14.20	12.33
11200	T		Removal of skin tags	0013	1.1302	61.66	14.20	12.33
11300	T		Shave skin lesion	0012	0.7612	41.53	11.18	8.31
11301	T		Shave skin lesion	0012	0.7612	41.53	11.18	8.31
11302	T		Shave skin lesion	0012	0.7612	41.53	11.18	8.31
11305	T		Shave skin lesion	0013	1.1302	61.66	14.20	12.33
11306	T		Shave skin lesion	0013	1.1302	61.66	14.20	12.33
11307	T		Shave skin lesion	0013	1.1302	61.66	14.20	12.33
11308	T		Shave skin lesion	0013	1.1302	61.66	14.20	12.33
11310	T		Shave skin lesion	0013	1.1302	61.66	14.20	12.33
11311	T		Shave skin lesion	0013	1.1302	61.66	14.20	12.33
11312	T		Shave skin lesion	0013	1.1302	61.66	14.20	12.33
11730	T		Removal of nail plate	0013	1.1302	61.66	14.20	12.33
11732	T		Remove nail plate, add-on	0012	0.7612	41.53	11.18	8.31
11900	T		Injection into skin lesions	0012	0.7612	41.53	11.18	8.31
11901	T		Added skin lesions injection	0012	0.7612	41.53	11.18	8.31
15786	T		Abrasion, lesion, single	0012	0.7612	41.53	11.18	8.31
15787	T		Abrasion, lesions, add-on	0013	1.1302	61.66	14.20	12.33
15788	T		Chemical peel, face, epiderm	0012	0.7612	41.53	11.18	8.31
15792	T		Chemical peel, nonfacial	0012	0.7612	41.53	11.18	8.31
15793	T		Chemical peel, nonfacial	0012	0.7612	41.53	11.18	8.31
15852	X		Dressing change not for burn	0340	0.6314	34.45		6.89
16000	T		Initial treatment of burn(s)	0012	0.7612	41.53	11.18	8.31
16020	T		Treatment of burn(s)	0013	1.1302	61.66	14.20	12.33
16025	T		Treatment of burn(s)	0012	0.7612	41.53	11.18	8.31
17250	T		Chemical cautery, tissue	0013	1.1302	61.66	14.20	12.33
17271	T		Destruction of skin lesions	0013	1.1302	61.66	14.20	12.33
17340	T		Cryotherapy of skin	0012	0.7612	41.53	11.18	8.31
17360	T		Skin peel therapy	0012	0.7612	41.53	11.18	8.31

TABLE 2.—ADDENDUM B CORRECTIONS AS CORRECTED BY THIS FEDERAL REGISTER DOCUMENT—Continued

CPT/HCPCS	Status indicator	Condition	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
17380	T		Hair removal by electrolysis	0012	0.7612	41.53	11.18	8.31
31502	T		Change of windpipe airway	0121	2.1114	115.20	43.80	23.04
38230	S		Bone marrow collection	0111	13.1719	718.67	200.18	143.73
38240	S		Bone marrow/stem transplant	0123	6.1499	335.54		67.11
38241	S		Bone marrow/stem transplant	0123	6.1499	335.54		67.11
43219	T		Esophagus endoscopy	0384	36.5400	1993.66	433.01	398.73
43256	T		Uppr gi endoscopy w stent	0384	36.5400	1993.66	433.01	398.73
43268	T		Endo cholangiopancreatograph	0384	36.5400	1993.66	433.01	398.73
43269	T		Endo cholangiopancreatograph	0384	36.5400	1993.66	433.01	398.73
43752	T		Nasal/orogastric w/stent	0121	2.1114	115.20	43.80	23.04
43760	T		Change gastrostomy tube	0121	2.1114	115.20	43.80	23.04
43761	T		Reposition gastrostomy tube	0121	2.1114	115.20	43.80	23.04
44370	T		Small bowel endoscopy/stent	0384	36.5400	1993.66	433.01	398.73
44379	T		S bowel endoscope w/stent	0384	36.5400	1993.66	433.01	398.73
44383	T		Ileoscopy w/stent	0384	36.5400	1993.66	433.01	398.73
44397	T		Colonoscopy w/stent	0384	36.5400	1993.66	433.01	398.73
44500	T		Intro, gastrointestinal tube	0121	2.1114	115.20	43.80	23.04
45327	T		Proctosigmoidoscopy w/stent	0384	36.5400	1993.66	433.01	398.73
45345	T		Sigmoidoscopy w/stent	0384	36.5400	1993.66	433.01	398.73
45387	T		Colonoscopy w/stent	0384	36.5400	1993.66	433.01	398.73
46916	T		Cryosurgery, anal lesion(s)	0013	1.1302	61.66	14.20	12.33
47135	C		Transplantation of liver					
47136	C		Transplantation of liver					
47300	C		Surgery for liver lesion					
47350	C		Repair liver wound					
51705	T		Change of bladder tube	0121	2.1114	115.20	43.80	23.04
54050	T		Destruction, penis lesion(s)	0013	1.1302	61.66	14.20	12.33
54056	T		Cryosurgery, penis lesion(s)	0012	0.7612	41.53	11.18	8.31
55870	T		Electroejaculation	0197	4.8280	263.42		52.68
62194	T		Replace/irrigate catheter	0121	2.1114	115.20	43.80	23.04
69220	T		Clean out mastoid cavity	0012	0.7612	41.53	11.18	8.31
70370	X		Throat x-ray & fluoroscopy	0272	1.4184	77.39	38.36	15.48
70371	X		Speech evaluation, complex	0272	1.4184	77.39	38.36	15.48
71023	X		Chest x-ray and fluoroscopy	0272	1.4184	77.39	38.36	15.48
71034	X		Chest x-ray and fluoroscopy	0272	1.4184	77.39	38.36	15.48
71090	X		X-ray & pacemaker insertion	0272	1.4184	77.39	38.36	15.48
74340	X		X-ray guide for GI tube	0272	1.4184	77.39	38.36	15.48
76000	X		Fluoroscope examination	0272	1.4184	77.39	38.36	15.48
76120	X		Cine/video x-rays	0272	1.4184	77.39	38.36	15.48
76496	X		Fluoroscopic procedure	0272	1.4184	77.39	38.36	15.48
76977	X		Us bone density measure	0340	0.6314	34.45		6.89
90296	N		Diphtheria antitoxin					
90581	N		Anthrax vaccine, sc					
90911	S		Biofeedback peri/uro/rectal	0321	1.4817	80.84	21.78	16.17
90918	E		ESRD related services, month					
90919	E		ESRD related services, month					
90920	E		ESRD related services, month					
90921	E		ESRD related services, month					
90922	E		ESRD related services, day					
90923	E		ESRD related services, day					
90924	E		ESRD related services, day					
90925	E		ESRD related services, day					
92019	T		Eye exam & treatment	0699	2.2303	121.69	47.46	24.34
96100	X		Psychological testing	0373	2.3288	127.06		25.41
96110	X		Developmental test, lim	0373	2.3288	127.06		25.41
96111	X		Developmental test, extend	0373	2.3288	127.06		25.41
96115	X		Neurobehavior status exam	0373	2.3288	127.06		25.41
96117	X		Neuropsych test battery	0373	2.3288	127.06		25.41
96920	T		Laser tx, skin < 250 sq cm	0012	0.7612	41.53	11.18	8.31
96921	T		Laser tx, skin 250-500 sq cm	0012	0.7612	41.53	11.18	8.31
96922	T		Laser tx, skin > 500 sq cm	0013	1.1302	61.66	14.20	12.33
99002	B		Device handling					
99140	B		Emergency anesthesia					
99375	E		Home health care supervision					
99378	E		Hospice care supervision					
A4671	B	NI	Disposable cyclor set					
A4672	B	NI	Drainage ext line, dialysis					
A4673	B	NI	Ext line w easy lock connect					
A4674	B	NI	Chem/antisept solution, 8oz					
A4728	B	NI	Dialysate solution, non-dex					

TABLE 2.—ADDENDUM B CORRECTIONS AS CORRECTED BY THIS FEDERAL REGISTER DOCUMENT—Continued

CPT/ HCPCS	Status indicator	Condition	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
A9507	K		Indium/111 capromab pendetid ..	1604	20.2752	1106.24		221.25
A9526	N	NI	Ammonia N-13, per dose					
A9527	D	DNG	I-131 tositumomab therapeut					
A9700	E		Echocardiography Contrast					
C1088	D	DNG	Laser Optic Tr Sys					0.65
C1774	K	DG	Darbepoetin alfa, 1 mcg	0734	0.0594	3.24		
E0141	Y		Rigid wheeled walker adj/fix					
E0165	A		Commode chair stationry det					
E0973	B		W/Ch access det adj armrest					
E0974	B		W/Ch access anti-rollback					
E0978	B		W/C acc,saf belt pelv strap					
E1065	B	DG	Wheelchair power attachment					
E1226	B		W/C access fully reclineback					
E1634	B	NI	Peritoneal dialysis clamp					
G0210	S		PET img wholebody dxlung			1450.00		290.00
G0213	S		PET img wholbody dx			1450.00		290.00
G0214	S		PET img wholebod init			1450.00		290.00
G0215	S		PETimg wholebod restag			1450.00		290.00
G0230	S		PET myocard viability post			1450.00		290.00
G0244	S		Observ care by facility topt	0339	6.6961	365.35		73.07
G0246	V		Followup eval of foot pt lop	0600	0.9278	50.62		10.12
G0247	T		Routine footcare pt w lops	0009	0.6652	36.29	8.34	7.26
G0248	S		Demonstrate use home inr mon	1503		150.00		30.00
G0272	X	DG	Naso/oro gastric tube pl MD	0272	1.4184	77.39	38.36	15.48
G0299	T	NF	Inser/repos single icd+leads	0108	452.6995	24699.74		4939.95
G0300	T	NF	Insert reposit lead dual+gen	0108	452.6995	24699.74		4939.95
G0308	A	NI	ESRD related svc 4+mo<2yrs					
G0309	A	NI	ESRD related svc 2-3mo<2yrs					
G0310	A	NI	ESRD related svc 1vst<2yr					
G0311	A	NI	ESRD related svcs 4+mo 2-11 yr					
G0312	A	NI	ESRD relate svcs 2-3 mo 2-11 y					
G0313	A	NI	ESRD related svcs 1 mon 2-11 y					
G0314	A	NI	ESRD related svcs 4+mo 12-19 ..					
G0315	A	NI	ESRD related svcs 2-3 mo 12-19 ..					
G0316	A	NI	ESRD related svcs 1 vis/ 12-19y ..					
G0317	A	NI	ESRD related svcs 4+mo 20+yrs					
G0318	A	NI	ESRD related svcs 2-3 mo 20+y					
G0319	A	NI	ESRD related svcs 1 visit 20+y					
G0320	A	NI	ESRD related svcs home undr 2 ..					
G0321	A	NI	ESRD related svcs home mo<2yrs ..					
G0322	A	NI	ESRD related svcs hom mo12-19 ..					
G0328	A	NI	Fecal blood scrn immunoassay ..					
J1563	K		IV immune globulin	0905	0.8057	43.96		8.79
J2260	K		Inj milrinone lactate/5 MG	7007	0.2129	11.62		2.32
J2324	G		Nesiritide	9114		151.62		22.66
J7330	B		Cultured chondrocytes implnt					
J8700	K		Temozolomide	1086	0.0690	3.76		0.75
J9017	K		Arsenic trioxide	9012		34.32		6.86
K0560	N	DG	MCP joint 2-piece for implnt					
K0600	Y	NF	Functional neuromuscularstim					
K0607	Y	NF	Repl batt for AED					
K0614	Y	DG	Chem/antisept solution, 8oz					
K0615	Y	DG	SGD prerec mes >8min <=20min ..					
K0616	Y	DG	SGD prerec mes>20min					
K0617	Y	DG	SGD prerec mes > 40min					
L3350	B		Shoe heel wedge					
L4350	A		Ankle control orthosi prefab					
L4360	A		Pneumati walking boot prefab					
L4386	A		Non-pneum walk boot prefab					
L5646	A		Below knee cushion socket					
L5648	A		Above knee cushion socket					
P9603	A		One-way allow prorated miles					
Q0137	K	NI	Darbepoetin alfa, non esrd	0734	0.0594	3.24		0.65
Q4078	N	DG	Ammonia N-13, per dose					
V2761	B	NI	Mirror coating					

TABLE 3.— HCPCS WITH STATUS INDICATORS THAT CHANGED FROM B TO Y

CPT/ HCPCS	Description
E0967	Wheelchair hand rims.
E0969	Wheelchair narrowing device.
E0977	Wheelchair wedge cushion.
E0980	Wheelchair safety vest.
E0994	Wheelchair arm rest.
E0997	Wheelchair caster w/ a fork.
E0998	Wheelchair caster w/o a fork.
E0999	Wheelchr pneumatic tire w/w/h.
E1001	Wheelchair wheel.
E1035	Patient transfer system.
E1065	Wheelchair power attachment.
E1227	Wheelchair spec sz spec ht a.

TABLE 4.—HCPCS WITH STATUS INDICATORS THAT CHANGED FROM A TO Y.

CPT/ HCPCS	Description
A4221	Maint drug infus cath per wk.
A4222	Drug infusion pump supplies.
A4230	Infus insulin pump non needle.
A4231	Infusion insulin pump needle.
A4253	Blood glucose/reagent strips.
A4254	Battery for glucose monitor.
A4255	Glucose monitor platforms.
A4256	Calibrator solution/chips.
A4257	Replace Lensshield Cartridge.
A4258	Lancet device each.
A4259	Lancets per box.
A4265	Paraffin.
A4556	Electrodes, pair.
A4557	Lead wires, pair.
A4558	Conductive paste or gel.
A4595	TENS suppl 2 lead per month.
A4608	Transtracheal oxygen cath.
A4609	Trach suction cath clsd sys.
A4610	Trach sctn cath 72h clsdsys.
A4611	Heavy duty battery.
A4612	Battery cables.
A4613	Battery charger.
A4615	Cannula nasal.
A4616	Tubing (oxygen) per foot.
A4617	Mouth piece.
A4618	Breathing circuits.
A4619	Face tent.
A4620	Variable concentration mask.
A4621	Tracheotomy mask or collar.
A4624	Tracheal suction tube.
A4628	Oropharyngeal suction cath.
A4630	Repl bat t.e.n.s. own by pt.
A4631	Wheelchair battery.
A4633	Uvl replacement bulb.
A4635	Underarm crutch pad.
A4636	Handgrip for cane etc.
A4637	Repl tip cane/crutch/walker.
A4639	Infrared ht sys replcmnt pad.
A4640	Alternating pressure pad.
A7000	Disposable canister for pump.
A7001	Nondisposable pump canister.
A7002	Tubing used w suction pump.
A7003	Nebulizer administration set.
A7004	Disposable nebulizer sml vol.
A7005	Nondisposable nebulizer set.
A7006	Filtered nebulizer admin set.
A7007	Lg vol nebulizer disposable.

TABLE 4.—HCPCS WITH STATUS INDICATORS THAT CHANGED FROM A TO Y.—Continued

CPT/ HCPCS	Description
A7008	Disposable nebulizer prefill.
A7009	Nebulizer reservoir bottle.
A7010	Disposable corrugated tubing.
A7011	Nondispos corrugated tubing.
A7012	Nebulizer water collec devic.
A7013	Disposable compressor filter.
A7014	Compressor nondispos filter.
A7015	Aerosol mask used w nebulize.
A7016	Nebulizer dome & mouthpiece.
A7017	Nebulizer not used w oxygen.
A7018	Water distilled w/nebulizer.
A7019	Saline solution dispenser.
A7020	Sterile H2O or NSS w lgv neb.
A7025	Replace chest compress vest.
A7026	Replace chst cmprss sys hose.
A7030	CPAP full face mask.
A7031	Replacement facemask interfa.
A7032	Replacement nasal cushion.
A7033	Replacement nasal pillows.
A7034	Nasal application device.
A7035	Pos airway press headgear.
A7036	Pos airway press chinstrap.
A7037	Pos airway pressure tubing.
A7038	Pos airway pressure filter.
A7039	Filter, non disposable w pap.
A7044	PAP oral interface.
E0100	Cane adjust/fixd with tip.
E0105	Cane adjust/fixd quad/3 pro.
E0110	Crutch forearm pair.
E0111	Crutch forearm each.
E0112	Crutch underarm pair wood.
E0113	Crutch underarm each wood.
E0114	Crutch underarm pair no wood.
E0116	Crutch underarm each no wood.
E0117	Underarm springassist crutch.
E0130	Walker rigid adjust/fixd ht.
E0135	Walker folding adjust/fixd.
E0141	Rigid wheeled walker adj/fix.
E0142	Walker rigid wheeled with se.
E0143	Walker folding wheeled w/o s.
E0144	Enclosed walker w rear seat.
E0145	Walker whled seat/crutch att.
E0146	Folding walker wheels w seat.
E0147	Walker variable wheel resist.
E0148	Heavyduty walker no wheels.
E0149	Heavy duty wheeled walker.
E0153	Forearm crutch platform atta.
E0154	Walker platform attachment.
E0155	Walker wheel attachment, pair.
E0156	Walker seat attachment.
E0157	Walker crutch attachment.
E0158	Walker leg extenders set of 4.
E0159	Brake for wheeled walker.
E0160	Sitz type bath or equipment.
E0161	Sitz bath/equipment w/faucet.
E0162	Sitz bath chair.
E0163	Commode chair stationry fxd.
E0164	Commode chair mobile fixed a.
E0165	Commode chair stationry det.
E0166	Commode chair mobile detach.
E0167	Commode chair pail or pan.
E0168	Heavyduty/wide commode chair.
E0169	Seatlift incorp commodechair.
E0175	Commode chair foot rest.
E0176	Air pressre pad/cushion nonp.
E0177	Water press pad/cushion nonp.
E0178	Gel pressre pad/cushion nonp.
E0179	Dry pressre pad/cushion nonp.
E0180	Press pad alternating w pump.

TABLE 4.—HCPCS WITH STATUS INDICATORS THAT CHANGED FROM A TO Y.—Continued

CPT/ HCPCS	Description
E0181	Press pad alternating w/pump.
E0182	Pressure pad alternating pump.
E0184	Dry pressure mattress.
E0185	Gel pressure mattress pad.
E0186	Air pressure mattress.
E0187	Water pressure mattress.
E0191	Protector heel or elbow.
E0192	Pad wheelchr low press/posit.
E0193	Powered air flotation bed.
E0194	Air fluidized bed.
E0196	Gel pressure mattress.
E0197	Air pressure pad for mattress.
E0198	Water pressure pad for matt.
E0199	Dry pressure pad for mattress.
E0200	Heat lamp without stand.
E0202	Phototherapy light w/photom.
E0205	Heat lamp with stand.
E0210	Electric heat pad standard.
E0215	Electric heat pad moist.
E0217	Water circ heat pad w/pump.
E0220	Hot water bottle.
E0221	Infrared heating pad system.
E0225	Hydrocollator unit.
E0230	Ice cap or collar.
E0235	Paraffin bath unit portable.
E0236	Pump for water circulating p.
E0238	Heat pad non-electric moist.
E0239	Hydrocollator unit portable.
E0249	Pad water circulating heat u.
E0250	Hosp bed fixed ht w/mattress.
E0251	Hosp bed fixed ht w/o mattress.
E0255	Hospital bed var ht w/mattress.
E0256	Hospital bed var ht w/o matt.
E0260	Hosp bed semi-electr w/matt.
E0261	Hosp bed semi-electr w/o matt.
E0265	Hosp bed total electr w/matt.
E0266	Hosp bed total elec w/o matt.
E0271	Mattress innerspring.
E0272	Mattress foam rubber.
E0275	Bed pan standard.
E0276	Bed pan fracture.
E0277	Powered pres-redu air mattrs.
E0280	Bed cradle.
E0290	Hosp bed fx ht w/o rails w/m.
E0291	Hosp bed fx ht w/o rail w/o.
E0292	Hosp bed var ht w/o rail w/o.
E0293	Hosp bed var ht w/o rail w/.
E0294	Hosp bed semi-elect w/matrs.
E0295	Hosp bed semi-elect w/o matt.
E0296	Hosp bed total elect w/matt.
E0297	Hosp bed total elect w/o matt.
E0305	Rails bed side half length.
E0310	Rails bed side full length.
E0316	Bed safety enclosure.
E0325	Urinal male jug-type.
E0326	Urinal female jug-type.
E0371	Nonpower mattress overlay.
E0372	Powered air mattress overlay.
E0373	Nonpowered pressure mattress.
E0424	Stationary compressed gas O2.
E0431	Portable gaseous O2.
E0434	Portable liquid O2.
E0439	Stationary liquid O2.
E0441	Oxygen contents, gaseous.
E0442	Oxygen contents, liquid.
E0443	Portable O2 contents, gas.
E0444	Portable O2 contents, liquid.
E0450	Volume vent stationary/porta.
E0454	Pressure ventilator.

TABLE 4.—HCPCS WITH STATUS INDICATORS THAT CHANGED FROM A TO Y.—Continued

CPT/HCPCS	Description
E0455	Oxygen tent excl croup/ped t.
E0457	Chest shell.
E0459	Chest wrap.
E0460	Neg press vent portabl/statn.
E0461	Vol vent noninvasive interfa.
E0462	Rocking bed w/ or w/o side r.
E0480	Percussor elect/pneum home m.
E0482	Cough stimulating device.
E0483	Chest compression gen system.
E0484	Non-elec oscillatory pep dvc.
E0500	Ippb all types.
E0550	Humidif extens suppl w ippb.
E0555	Humidifier for use w/ regula.
E0560	Humidifier supplemental w/ l.
E0565	Compressor air power source.
E0570	Nebulizer with compression.
E0571	Aerosol compressor for svneb.
E0572	Aerosol compressor adjust pr.
E0574	Ultrasonic generator w svneb.
E0575	Nebulizer ultrasonic.
E0580	Nebulizer for use w/ regulat.
E0585	Nebulizer w/ compressor & he.
E0590	Dispensing fee dme neb drug.
E0600	Suction pump portab hom modl.
E0601	Cont airway pressure device.
E0605	Vaporizer room type.
E0606	Drainage board postural.
E0607	Blood glucose monitor home.
E0610	Pacemaker monitr audible/vis.
E0615	Pacemaker monitr digital/vis.
E0617	Automatic ext defibrillator.
E0620	Cap bld skin piercing laser.
E0621	Patient lift sling or seat.
E0627	Seat lift incorp lift-chair.
E0628	Seat lift for pt furn-electr.
E0629	Seat lift for pt furn-non-el.
E0630	Patient lift hydraulic.
E0635	Patient lift electric.
E0636	PT support & positioning sys.
E0650	Pneuma compresor non-segment.
E0651	Pneum compressor segmental.
E0652	Pneum compres w/cal pressure.
E0655	Pneumatic appliance half arm.
E0660	Pneumatic appliance full leg.
E0665	Pneumatic appliance full arm.
E0666	Pneumatic appliance half leg.
E0667	Seg pneumatic appl full leg.
E0668	Seg pneumatic appl full arm.
E0669	Seg pneumatic appli half leg.
E0671	Pressure pneum appl full leg.
E0672	Pressure pneum appl full arm.
E0673	Pressure pneum appl half leg.
E0691	Uvl pnl 2 sq ft or less.
E0692	Uvl sys panel 4 ft.
E0693	Uvl sys panel 6 ft.
E0694	Uvl md cabinet sys 6 ft.
E0701	Helmet w face guard prefab.
E0720	Tens two lead.
E0730	Tens four lead.
E0731	Conductive garment for tens/.
E0744	Neuromuscular stim for scoli.
E0745	Neuromuscular stim for shock.
E0747	Elec osteogen stim not spinal.
E0748	Elec osteogen stim spinal.
E0776	Iv pole.
E0779	Amb infusion pump mechanical.
E0780	Mech amb infusion pump <8hrs.
E0781	External ambulatory infus pu.
E0784	Ext amb infusn pump insulin.

TABLE 4.—HCPCS WITH STATUS INDICATORS THAT CHANGED FROM A TO Y.—Continued

CPT/HCPCS	Description
E0791	Parenteral infusion pump sta.
E0840	Tract frame attach headboard.
E0850	Traction stand free standing.
E0855	Cervical traction equipment.
E0860	Tract equip cervical tract.
E0870	Tract frame attach footboard.
E0880	Trac stand free stand extrem.
E0890	Traction frame attach pelvic.
E0900	Trac stand free stand pelvic.
E0910	Trapeze bar attached to bed.
E0920	Fracture frame attached to b.
E0930	Fracture frame free standing.
E0935	Exercise device passive moti.
E0940	Trapeze bar free standing.
E0941	Gravity assisted traction de.
E0942	Cervical head harness/halter.
E0943	Cervical pillow.
E0944	Pelvic belt/harness/boot.
E0945	Belt/harness extremity.
E0946	Fracture frame dual w cross.
E0947	Fracture frame attachmnts pe.
E0948	Fracture frame attachmnts ce.
E0962	Wheelchair 1 inch cushion.
E0963	Wheelchair 2 inch cushion.
E0964	Wheelchair 3 inch cushion.
E0965	Wheelchair 4 inch cushion.
E0968	Wheelchair commode seat.
E1011	Ped wc modify width adjustm.
E1012	Int seat sys planar ped w/c.
E1013	Int seat sys contour ped w/c.
E1014	Reclining back add ped w/c.
E1015	Shock absorber for man w/c.
E1016	Shock absorber for power w/c.
E1017	HD shck absbr for hd man wc.
E1018	HD shck absbr for hd powwc.
E1020	Residual limb support system.
E1025	Pedwc lat/thor sup nocontour.
E1026	Pedwc contoured lat/thor sup.
E1027	Ped wc lat/ant support.
E1031	Rollabout chair with casters.
E1037	Transport chair, ped size.
E1038	Transport chair, adult size.
E1210	Whlchr moto ful arm leg rest.
E1211	Wheelchair motorized w/ det.
E1225	Wheelchair spec sz semi-recl.
E1228	Wheelchair spec sz spec ht b.
E1230	Power operated vehicle.
E1231	Rigid ped w/c tilt-in-space.
E1232	Folding ped wc tilt-in-space.
E1233	Rig ped wc tltnspc w/o seat.
E1234	Fld ped wc tltnspc w/o seat.
E1235	Rigid ped wc adjustable.
E1236	Folding ped wc adjustable.
E1237	Rgd ped wc adjustabl w/o seat.
E1238	Fld ped wc adjustabl w/o seat.
E1296	Wheelchair special seat heig.
E1297	Wheelchair special seat dept.
E1298	Wheelchair spec seat depth/w.
E1310	Whirlpool non-portable.
E1340	Repair for DME, per 15 min.
E1353	Oxygen supplies regulator.
E1355	Oxygen supplies stand/rack.
E1372	Oxy suppl heater for nebuliz.
E1390	Oxygen concentrator.
E1405	O2/water vapor enrich w/heat.
E1406	O2/water vapor enrich w/o he.
E1700	Jaw motion rehab system.
E1701	Repl cushions for jaw motion.
E1702	Repl measr scales jaw motion.

TABLE 4.—HCPCS WITH STATUS INDICATORS THAT CHANGED FROM A TO Y.—Continued

CPT/HCPCS	Description
E1800	Adjust elbow ext/flex device.
E1801	SPS elbow device.
E1802	Adjst forearm pro/sup device.
E1805	Adjust wrist ext/flex device.
E1806	SPS wrist device.
E1810	Adjust knee ext/flex device.
E1811	SPS knee device.
E1815	Adjust ankle ext/flex device.
E1816	SPS ankle device.
E1818	SPS forearm device.
E1820	Soft interface material.
E1821	Replacement interface SPSD.
E1825	Adjust finger ext/flex devc.
E1830	Adjust toe ext/flex device.
E1840	Adj shoulder ext/flex device.
E2000	Gastric suction pump hme mdl.
E2100	Bld glucose monitor w voice.
E2101	Bld glucose monitor w lance.
K0001	Standard wheelchair.
K0002	Stnd hemi (low seat) whlchr.
K0003	Lightweight wheelchair.
K0004	High strength ltwt whlchr.
K0005	Ultralightweight wheelchair.
K0006	Heavy duty wheelchair.
K0007	Extra heavy duty wheelchair.
K0009	Other manual wheelchair/base.
K0010	Stnd wt frame power whlchr.
K0011	Stnd wt pwr whlchr w control.
K0012	Lnt portbl power whlchr.
K0014	Other power whlchr base.
K0015	Detach non-adjus hght armrst.
K0016	Detach adjust armrst cmplete.
K0017	Detach adjust armrst base.
K0018	Detach adjust armrst upper.
K0019	Arm pad each.
K0020	Fixed adjust armrest pair.
K0022	Reinforced back upholstery.
K0023	Planr back insrt foam w/strp.
K0024	Plnr back insrt foam w/hrdwr.
K0025	Hook-on headrest extension.
K0026	Back upholst lgtwt whlchr.
K0027	Back upholst other whlchr.
K0028	Manual fully reclining back.
K0029	Reinforced seat upholstery.
K0030	Solid plnr seat sngl dnsfoam.
K0031	Safety belt/pelvic strap.
K0032	Seat upholst lgtwt whlchr.
K0033	Seat upholstery other whlchr.
K0035	Heel loop with ankle strap.
K0036	Toe loop each.
K0037	High mount flip-up footrest.
K0038	Leg strap each.
K0039	Leg strap h style each.
K0040	Adjustable angle footplate.
K0041	Large size footplate each.
K0042	Standard size footplate each.
K0043	Frst lower extension tube.
K0044	Frst upper hanger bracket.
K0045	Footrest complete assembly.
K0046	Elevat legrst low extension.
K0047	Elevat legrst up hangr brack.
K0048	Elevate legrst complete.
K0049	Calf pad each.
K0050	Ratchet assembly.
K0051	Cam release assem frst/lgrst.
K0052	Swingaway detach footrest.
K0053	Elevate footrest articulate.
K0054	Seat wdth 10–12/15/17/20 wc.
K0055	Seat dpth 15/17/18 ltwt wc.

TABLE 4.—HCPCS WITH STATUS INDICATORS THAT CHANGED FROM A TO Y.—Continued

CPT/HCPCS	Description
K0056	Seat ht <17 or >=21 lwtw wc.
K0057	Seat wdth 19/20 hvy dty wc.
K0058	Seat dpth 17/18 power wc.
K0059	Plastic coated handrim each.
K0060	Steel handrim each.
K0061	Aluminum handrim each.
K0062	Handrim 8–10 vert/obliq proj.
K0063	Hndrm 12–16 vert/obliq proj.
K0064	Zero pressure tube flat free.
K0065	Spoke protectors.
K0066	Solid tire any size each.
K0067	Pneumatic tire any size each.
K0068	Pneumatic tire tube each.
K0069	Rear whl complete solid tire.
K0070	Rear whl compl pneum tire.
K0071	Front castr compl pneum tire.
K0072	Fmnt cstr compl sem-pneum tir.
K0073	Caster pin lock each.
K0074	Pneumatic caster tire each.
K0075	Semi-pneumatic caster tire.
K0076	Solid caster tire each.
K0077	Front caster assem complete.
K0078	Pneumatic caster tire tube.
K0079	Wheel lock extension pair.
K0080	Anti-rollback device pair.
K0081	Wheel lock assembly complete.
K0082	22 nf deep cycl acid battery.
K0083	22 nf gel cell battery each.
K0084	Grp 24 deep cycl acid battry.
K0085	Group 24 gel cell battery.
K0086	U–1 lead acid battery each.
K0087	U–1 gel cell battery each.
K0088	Battry chrgr acid/gel cell.
K0089	Battery charger dual mode.
K0090	Rear tire power wheelchair.
K0091	Rear tire tube power whlchr.
K0092	Rear assem cmplt powr whlchr.
K0093	Rear zero pressure tire tube.
K0094	Wheel tire for power base.
K0095	Wheel tire tube each base.
K0096	Wheel assem powr base complt.
K0097	Wheel zero presure tire tube.
K0098	Drive belt power wheelchair.
K0099	Pwr wheelchair front caster.
K0100	Amputee adapter pair.
K0102	Crutch and cane holder.
K0103	Transfer board < 25".
K0104	Cylinder tank carrier.
K0105	Iv hanger.
K0106	Arm trough each.
K0107	Wheelchair tray.
K0108	W/c component-accessory NOS.
K0114	Whlchr back suprt inr frame.
K0115	Back module orthotic system.
K0116	Back & seat modul orthot sys.
K0195	Elevating whlchair leg rests.
K0268	Humidifier nonheated w PAP.
K0452	Wheelchair bearings.
K0455	Pump uninterrupted infusion.
K0460	WC power add-on joystick.
K0461	WC power add-on tiller cntrl.
K0462	Temporary replacement eqpmnt.
K0531	Heated humidifier used w pap.
K0532	Noninvasive assist wo backup.
K0533	Noninvasive assist w backup.
K0534	Invasive assist w backup.
K0538	Neg pressure wnd thrpy pump.
K0539	Neg pres wnd thrpy dsq set.
K0540	Neg pres wnd thrp canister.

TABLE 4.—HCPCS WITH STATUS INDICATORS THAT CHANGED FROM A TO Y.—Continued

CPT/HCPCS	Description
K0541	SGD prerecorded msg <= 8 min.
K0542	SGD prerecorded msg > 8 min.
K0543	SGD msg formed by spelling.
K0544	SGD w multi methods msg/accs.
K0545	SGD sftwre prgrm for PC/PDA.
K0546	SGD accessory, mounting systm.
K0547	SGD accessory NOC.
K0549	Hosp bed hvy dty xtra wide.
K0550	Hosp bed xtra hvy dty x wide.
L3964	Seo mobile arm sup att to wc.
L3965	Arm supp att to wc rancho ty.
L3966	Mobile arm supports reclinin.
L3968	Friction dampening arm supp.
L3969	Monosuspension arm/hand supp.
L3970	Elevat proximal arm support.
L3972	Offset/lat rocker arm w/ ela.
L3974	Mobile arm support supinator.

TABLE 5.—HCPCS WITH STATUS INDICATORS THAT CHANGED FROM E TO Y

CPT/HCPCS	Description
A4232	Syringe w/needle insulin 3cc.
A4632	Infus pump rplcemtnt battery.
E0188	Synthetic sheepskin pad.
E0189	Lambswool sheepskin pad.
E0218	Water circ cold pad w pump.
E0602	Manual breast pump.
E0740	Incontinence treatment systm.
E0760	Osteogen ultrasound stimltor.
E0765	Nerve stimulator for tx n&v.
K0610	Peritoneal dialysis clamp.
K0611	Disposable cyclcr set.
K0612	Drainage ext line, dialysis.
K0613	Ext line w/easy lock connect.
K0614	Chem/antisept solution, 8oz.

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

Dated: December 22, 2003.

Ann C. Agnew,

Executive Secretary to the Department.

[FR Doc. 03–32016 Filed 12–24–03; 1:03 pm]

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DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

44 CFR Part 62

RIN 1660–AA29

National Flood Insurance Program (NFIP); Assistance to Private Sector Property Insurers; Extension of Term of Arrangement

AGENCY: Federal Emergency Management Agency (FEMA).
Emergency Preparedness and Response Directorate, Department of Homeland Security.

ACTION: Interim final rule.

SUMMARY: FEMA is changing the current Financial Assistance/Subsidy Arrangement (the Arrangement) to extend its term of October 1, 2002, through December 31, 2003, to a term of October 1, 2002, through May 1, 2004. The Arrangement defines the duties and responsibilities of insurers that sell and service insurance under the Write Your Own (WYO) program. It also identifies the responsibilities of the Government to provide financial and technical assistance to these insurers.

DATES: Effective January 1, 2004. Comments on this interim final rule, should be received on or before March 1, 2004.

ADDRESSES: Please send your comments to the Rules Docket Clerk, Office of the General Counsel, Federal Emergency Management Agency, 500 C Street, SW., Room 840, Washington, DC 20472, (facsimile) 202–646–4536, or (e-mail) rules@fema.gov.

FOR FURTHER INFORMATION CONTACT: Edward L. Connor, FEMA, 500 C Street, SW., Washington, DC 20472, 202–646–3429 (Phone), 202–646–3445 (facsimile), or Edward.Connor@dhs.gov (e-mail).

SUPPLEMENTARY INFORMATION: On August 9, 2002, FEMA published in the **Federal Register**, 67 FR 51768, a final rule to revise the effective date of the Arrangement to agree with the new Arrangement year beginning October 1, 2002, and ending September 30, 2003.

FEMA had planned to make significant changes in the Arrangement regarding litigation issues effective October 1, 2003. The proposed rule for these changes was not published until October 14, 2003, 68 FR 59146. As an interim measure, an interim final rule was published September 5, 2003, 68 FR 52700, extending the Arrangement term beginning October 1, 2002, to December 31, 2003. No comments were received