(17) Rule 917—Drawing on Financial Assurance Mechanisms
(18) Rule 918—Release from the Requirements
(19) Rule 919—Bankruptcy or Other Incapacity of Owner or Operator of Provider of Financial Assurance
(20) Rule 920—Replenishment of Guarantees, Letters of Credit, or Surety Bonds
(21) Rule 921—Suspension of Enforcement

j. Part X—General Provisions.

(1) Rule 1001—Amendments to this Regulation
(2) Rule 1002—Monitoring, Recordkeeping, Reporting, Sampling, and Testing Methods
(3) Rule 1003—Malfunction or Non-compliance, Reporting
(4) Rule 1004—Confidentiality of Information
(5) Rule 1006—Public Notice and Public Hearings
(6) Rule 1009—Public Nuisance
(7) Rule 1011—Overlapping or Inconsistent Provisions
(8) Rule 1012—Derogation
(9) Rule 1013—Separability Clause
(10) Rule 1014—Effectiveness

k. Part XI—General Prohibitions.

(1) Rule 1101—Purpose, Scope and Applicability
(2) Rule 1102—General Prohibitions

[FR Doc. 98–1532 Filed 1–29–98; 8:45 am]

BILLING CODE 6560–50–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 400, 405, 410, 411, and 414

[HCFA–1884–CN]

RIN 0938–AH94

Medicare Program; Revisions to Payment Policies and Adjustments to the Relative Value Units Under the Physician Fee Schedule, Other Part B Payment Policies, and Establishment of the Clinical Psychologist Fee Schedule for Calendar Year 1998; Correction

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

ACTION: Correction of final rule with comment period.

SUMMARY: This document corrects technical errors that appeared in the final rule with comment period published in the **Federal Register** on October 31, 1997 entitled ''Medicare Program; Revisions to Payment Policies and Adjustments to the Relative Value Units Under the Physician Fee Schedule, Other Part B Payment Policies, and Establishment of the Clinical Psychologist Fee Schedule for Calendar Year 1998.''

EFFECTIVE DATE: These corrections are effective October 31, 1997.

FOR FURTHER INFORMATION CONTACT: Stanley Weintraub, (410) 786–4498.

SUPPLEMENTARY INFORMATION:

Background

In FR Doc. 97–28973 of October 31, 1997 (62 FR 59048), there were a number of technical errors. The errors relate to an omission in the preamble in the discussion of practice expense relative value units (RVUs) for procedures furnished in both in-office and out-of-office settings, to an inconsistency between the preamble discussion and information in the addenda for HCPCS code G0101 (Cervical or Vaginal Cancer Screening: Pelvic and Clinical Breast Examination), to inconsistencies between the preamble discussion and the regulations text for screening mammography and screening pelvic examinations, and to an omission of a reference to status indicator ''I'' in the explanation of the information in Addendum B. We also printed incorrect information for certain procedure codes in Addendum B, beginning on page 59103. The corrections appear in this document under the heading ''Correction of Errors.''

Correction of Errors

In FR Doc. 97–28973 of October 31, 1997 (62 FR 59048), make the following corrections:

Page 59078

Addendum C of the proposed rule titled ''Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, Other Part B Payment Policies, and Establishment of the Clinical Psychologist Fee Schedule for Calendar Year 1998'' published in the **Federal Register** on June 18, 1997 (62 FR 33158) generally provided resource-based practice expense RVUs for both in-office and out-of-office settings. We intended to calculate final resource-based practice expense RVUs by code and for the two sites in the final rule. However, section 4505 of the Balanced Budget Act of 1997 (BBA 1997) (Public Law 105–33), enacted on August 5, 1997, postponed the implementation of this provision until 1999. For the final rule, we wanted the carriers to make the same site-of-service calculations as they have done in previous years. However, we neglected to change the language in the preamble to state that the carriers will continue to calculate the differential. Therefore, on page 59078, in the second column, in the fourth full paragraph, the fourth sentence is incorrect and currently reads, ''To coordinate this policy with the site-of-service distinctions in the June 1997 proposed rule and the interaction of the provisions of section 4505 of the BBA 1997, we are listing in Addendum B the practice expense RVUs for the two sites for the 700 procedure codes instead of allowing the carrier to calculate the 50 percent reduction.'' Remove this sentence and replace it with the following two sentences: ''Addendum B lists the practice expense RVUs for both the facility and nonfacility settings. If the code is subject to the site-of-service differential, the carrier will reduce the facility practice expense RVU by 50 percent in calculating the allowance for the code.''

Page 59091

On page 59091, in the first column, in the first full sentence, we incorrectly stated that the RVUs assigned to HCPCS code G0101 (Cervical or Vaginal Cancer Screening: Pelvic and Clinical Breast Examination) are comparable to the RVUs assigned to a *new* patient office visit. This statement is inconsistent with the RVUs assigned to this code, which are correctly listed in Addenda B and C. We should have stated that the RVUs for HCPCS code G0101 are comparable to the RVUs assigned to an *established* patient office visit. Therefore, remove the first full sentence in the first column on page 59091 and replace it with the following: ''We decided that this service is comparable to a level 2 evaluation and management established patient office visit.''

Page 59100

On page 59100, there is an inaccuracy that needs to be corrected so that the regulations text is consistent with the preamble discussion of mammography services on pages 59078 through 59079, which states that section 4101(a) of the BBA 1997 amends section 1834(c)(2)(A) of the Social Security Act effective January 1, 1998 to simply provide that in the case of any woman over 39 years of age, payment may be made for a screening mammography if at least 11 months have passed following the month in which the last screening mammography was performed. On page 59100, we failed to state in the amendatory language in item 4 for § 410.34 (Mammography services: Conditions for and limitations on coverage) that we were removing paragraphs (d)(5) and (d)(6), which specify certain age limitations on the frequency of screening mammography before the enactment of the BBA 1997 and which are now obsolete. In addition, because we should have removed these two paragraphs, the line

of asterisks following paragraph (d)(4) in the regulations text itself should not have been included. Therefore, on page 59100, in the first column, correct the amendatory language in item 4 to read as follows:

''4. Section 410.34 is amended by revising the introductory text to paragraph (d) and paragraph (d)(4), and by removing paragraphs (d)(5) and (d)(6), to read as follows:'' Also on page 59100, in the regulations text itself under § 410.34 (Mammography services: Conditions for and limitations on coverage), remove the asterisks that follow paragraph (d)(4).

Page 59101

On page 59101, there is an inaccuracy that needs to be corrected so that the regulations text is consistent with the law and the preamble discussion of screening pelvic examinations on pages 59082 through 59083, which defines such an examination to be one performed for the early detection of cervical or vaginal cancer without regard to whether the results are normal or not. On page 59101, in the regulations text under § 410.56 (Screening pelvic examinations), correct paragraphs (b)(1) and (b)(4) by removing the words ''and found to be normal'' at the end of each sentence.

Page 59103

On page 59103, in the explanation of the information in Addendum B, we omitted a reference to status indicator ''I.'' Therefore, on page 59103, add the following after the entry for status code ''G'':

''I=Code not valid for Medicare purposes. Medicare does not recognize codes assigned this status. Medicare uses another code for reporting of, and payment for, these services. This indicator is treated in the same manner as status indicator ''G.'' Its use allows for more efficient carrier processing of Medicare claims.

Addendum B, pages 59103 through 59247

We assigned incorrect RVUs to the following CPT codes. Entries on the pages listed below for the codes listed are corrected as follows: Page 59103 for CPT codes 11055, 11056, and 11057; page 59104 for CPT code 11719; page 59158 for CPT codes 59150 and 59151; page 59183 for CPT codes 76076 and 76076–TC; and page 59214 for CPT codes 92543, 92543–TC, and 92543–26.

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Malpractice RVUs	Non-facility total	Facility total	Global
*		*	*	*	*		*	*		
11055		R	Trim skin lesion	0.27	0.26	0.26	0.01	0.54	0.54	000
11056		R	Trim 2-4 skin lesions	0.39	0.35	0.35	0.02	0.76	0.76	000
11057		R	Trim over 4 skin lesions	0.50	0.28	0.28	0.02	0.80	0.80	000
*		*	*	*	*		*	*		
11719		R	Trim nail(s)	0.11	0.24	0.12	0.01	0.36	0.24	000
*		*	*	*	*		*	*		
59150		A	Treat ectopic	*11.20	4.53	4.53	1.05	16.78	16.78	090
59151		A	Treat ectopic pregnancy	*11.10	8.61	8.61	0.64	20.35	20.35	090
76076		A	Dual energy x-ray study	0.22	0.82	0.82	0.07	1.11	1.11	XXX
76076	TC	A	Dual energy x-ray study	0.00	0.72	0.72	0.05	0.77	0.77	XXX
*		*	*	*	*		*	*		
92543		A	Caloric vestibular test	0.10	0.21	0.21	0.02	0.33	0.33	XXX
92543	TC	A	Caloric vestibular test	0.00	0.10	0.10	0.01	0.11	0.11	XXX
92543	26	A	Caloric vestibular test	0.10	0.11	0.11	0.01	0.22	0.22	XXX
*		*	*	*	*		*	*		

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as a result of 110% PE reduction.

Page 59239

We erroneously assigned a status indicator of ''A'' (Active code) in the column labeled ''Status'' for HCPCS code G0116 (NETT; psychosocial counsel). The corrected status indicator should be ''R,'' which means restricted coverage.

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUS [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Malpractice RVUs	Non-facility total	Facility total	Global
*		*	*	*	*	*	*	*		
G0116		R	NETT; psychosocial counsel	0.11	0.35	0.35	0.05	1.51	1.51	XXX
*		*	*	*	*	*	*	*		

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] Indicates RVUs are not used for Medicare payment.
[4] Work RVUs increased in global surgical package.
[5] Indicates reduction of Practice Expense RVUs as a result of 110% PE reduction.

Additionally, we printed incorrect short descriptors for certain codes in Addendum B. Entries on the pages listed below for the codes listed are corrected as follows: Page 59107 for CTP code 17200; page 59194 for CPT codes 80004, 80009, 80010, 80018, and 80019; page 59202 for CTP codes 86287, 86290, 86295, and 86311; page 59208 for CPT

codes 88157, and 88157–26; page 59211 for CTP codes 90825 and 90855; and page 59226 for CPT codes 99353 and 99376.

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3 4]	Non-facility practice expense RVUs[5]	Facility practice expense RVUs[5]	Malpractice RVUs	Non-facility total	Facility total	Global
*		*	*	*	*		*	*		
17200	.....	D	Electro-cautery of skin tags	* 0.00	0.00	0.00	0.00	0.00	0.00	XXX
*		*	*	*	*		*	*		
80004	.....	D	4 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
*		*	*	*	*		*	*		
80009	.....	D	9 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
*		*	*	*	*		*	*		
80010	.....	D	10 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
*		*	*	*	*		*	*		
80018	.....	D	17–18 blood/urine tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
*		*	*	*	*		*	*		
80019	.....	D	19 blood/urine tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
*		*	*	*	*		*	*		
86287	.....	D	Hepatitis B (HBsAg)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
*		*	*	*	*		*	*		
86290	.....	D	Hepatitis BC antibody test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
*		*	*	*	*		*	*		
86295	.....	D	Hepatitis BE antibody test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
*		*	*	*	*		*	*		
86311	.....	D	HIV antigen test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
*		*	*	*	*		*	*		
88157	.....	D	TBS smear (bethesda system)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
*		*	*	*	*		*	*		
88157	26	D	TSB smear (bethesda system)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
*		*	*	*	*		*	*		
90825	.....	D	Evaluation of tests/records	0.00	0.00	0.00	0.00	0.00	0.00	XXX
*		*	*	*	*		*	*		
90855	.....	D	Individual psychotherapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
*		*	*	*	*		*	*		
99353	.....	D	Home visit/estab patient	0.00	0.00	0.00	0.00	0.00	0.00	XXX
*		*	*	*	*		*	*		
99376	.....	D	Care plan oversight/over 60	0.00	0.00	0.00	0.00	0.00	0.00	XXX
*		*	*	*	*		*	*		

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] Inidcates RVUs are not used for Medicare payment.
[4] Work RVUs increased in global surgical package.
[5] Indicates reduction of Practice Expense RVUs as a result of 100% reduction.

Section 1848 of the Social Security Act (42 U.S.C. 1395w–4)).

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

Dated: January 14, 1998.

Neil J. Stillman,

Deputy Assistant, Secretary for, Information Resources Management.

[FR Doc. 98–2328 Filed 1–29–98; 8:45 am]

BILLING CODE 4120–01–M

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

45 CFR Chapter XII and Part 1201

Service of Process; Production or Disclosure of Official Material or Information

AGENCY: Corporation for National and Community Service.

ACTION: Final Rule.

SUMMARY: The Corporation for National and Community Service is revising this regulation regarding the disclosure of litigation-related information. This final rule establishes consistency in the Corporation's assertions of privileges and objections, thereby reducing the potential for both inappropriate disclosure of information and wasteful allocation of Corporation resources.

EFFECTIVE DATE: February 20, 1998.

FOR FURTHER INFORMATION CONTACT: Britanya Rapp, Senior Attorney Advisor, Corporation for National and Community Service at (202) 606–5000, ext. 258.

SUPPLEMENTARY INFORMATION: On July 17, 1997, the Corporation for National and Community Service (hereinafter