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CMS-1631-F2

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

**42 CFR Parts 405, 410, 411, 414, 425, and 495**

**[CMS-1631-F2]**

**RIN 0938-AS40**

**Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2016; Corrections**

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

**ACTION:** Final rule; correcting amendment.

**SUMMARY:** This document corrects technical and typographical errors that appeared in the final rule with comment period published in the November 16, 2015 **Federal Register** (80 FR 70886 through 71386) entitled “Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2016.”

**DATES:** Effective date: This correcting document is effective [**Insert date of public inspection.**]

Applicability date: The corrections indicated in this document are applicable beginning January 1, 2016.

**FOR FURTHER INFORMATION CONTACT:**

Lisa Ohrin Wilson (410) 786-8852, or Matthew Edgar (410) 786-0698, for issues related to physician self-referral updates.

Jessica Bruton, (410) 786-5991 for all other issues.

## **SUPPLEMENTARY INFORMATION:**

### **I. Background**

In FR Doc. 2015-28005 (80 FR 70886 through 71386), the final rule entitled “Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2016” (hereinafter referred to as the CY 2016 PFS final rule with comment period), there were a number of technical and typographical errors that are identified and corrected in section IV., the Correction of Errors. The effective date for the rule was January 1, 2016, except for the definition of “ownership or investment interest” in §411.362(a), which has an effective date of January 1, 2017. These corrections are applicable as of January 1, 2016. We note that Addenda B and C to the CY 2016 PFS final rule with comment period as corrected by this correcting amendment are available on the CMS website at <http://www.cms.gov//PhysicianFeeSched/>.

### **II. Summary of Errors**

#### **A. Summary of Errors in the Preamble**

On page 70894, we inadvertently omitted a sentence from the first comment summary regarding applying the same overrides used for the MP RVU calculations to the PE calculations.

On page 70894, we inadvertently omitted a clause from the response summary regarding the overrides that also apply to the MP RVU calculation in the development of PE RVUs.

On page 70898, due to data errors made in the ratesetting process, many of the

values contained in Table 4: Calculation of PE RVUs under Methodology for Selected Codes, are incorrect.

On page 70953, we inadvertently included language regarding the application of the equipment utilization assumption.

On page 70971,

a. Due to a typographical error, the work RVU for CPT code 76945 was listed incorrectly. As a result, the work RVU for CPT code 76948 was also inadvertently listed incorrectly.

b. Due to a typographical error, we inadvertently referred to CPT code 76948 rather than CPT code 76945.

On page 70992, due to a typographical error in Table 13--CY 2016 Actions on Codes with CY 2015 Interim Final RVUs, the CY 2016 work RVU for CPT code 76948 was incorrectly displayed.

On page 71317, we inadvertently included language in our comment discussion on the issue regarding compensation arrangements.

On page 71357,

a. Due to data errors, we incorrectly stated the estimated CY 2016 net reduction in expenditures.

b. Due to data errors, we incorrectly stated the reduction to the conversion factor.

c. Due to data errors, we incorrectly stated the CY 2016 PFS conversion factors.

As a result, many of the values in Table 60--Calculation of the CY 2016 PFS Conversion Factor, are incorrect.

d. Due to data errors, we incorrectly stated the CY 2016 PFS anesthesia

conversion factors. As a result, many of the values in Table 61–Calculation of the CY 2016 PFS Anesthesia Conversion Factor, are incorrect.

On pages 71358 through 71359, due to data errors, many of the values in Table 62–CY 2016 PFS Estimated Impact On Total Allowed Charges By Specialty, are incorrect.

On pages 71359 through 71360, due to data errors, many of the values in Table 63– Impact on CY 2016 Payment for Selected Procedures, are incorrect.

On page 71369,

a. Due to data errors, we incorrectly stated the CY 2016 national payment amount in the nonfacility setting for CPT code 99203.

b. Due to data errors, we incorrectly stated the CY 2016 proposed beneficiary coinsurance for CPT code 99203.

#### B. Summary of Errors in Regulation Text

On page 71375 of the CY 2016 PFS final rule with comment period, we made a typographical error in §411.357(d)(1)(iv). In this paragraph, we inadvertently included the word “for”.

On page 71377 of the CY 2016 PFS final rule with comment period, we made a typographical error in §411.357(x)(1)(vi)(A). In this paragraph, we inadvertently omitted the word “directly”.

#### C. Summary and Correction of Errors in the Addenda on the CMS Website

Due to the errors identified and summarized in section II.A and B of this document, we are correcting errors in the work, PE or MP RVUs (or combinations of these RVUs) in Addendum B: CY 2016 Relative Value Units (RVUs) And Related

Information Used In Determining Final Medicare Payments and Addendum C: CY 2016 Interim Final Relative Value Units (RVUs). We note that corrections to the RVUs for codes with identified errors affect additional codes due to the budget neutrality and relativity of the PFS. These errors are corrected in the revised Addenda B and C available on the CMS website at <http://www.cms.gov//PhysicianFeeSched/>.

In addition to the errors identified in section II.A. of this document, the following errors occur in the addenda.

Due to a technical error in the development of PE RVUs, the PE RVUS displayed in Addenda B and C were incorrect. In constructing the algorithm used to adjust specialty-specific volume for individual codes as described on page 70895 of the CY 2016 PFS final rule, claims volumes for codes billed with payment modifiers with different adjustments for payment and time were erroneously adjusted based on the time-based adjustment factor, not the payment-based factor. As a result, payment-adjusted volume associated with those modifiers for which the time-based adjustment factor is different from the payment-based adjustment factor was inaccurate and has been corrected. The direct impact of the errors were limited to the practice expense for services frequently reported with payment modifiers with different adjustments for payment and time. However, the PE RVUs for many more codes may have been affected indirectly due to BN adjustments. The two specialties that report services paid under the anesthesia fee schedule were the only specialties significantly affected by the change. The PE RVUs that result from the correction of this error are reflected in the corrected Addendum B (and Addendum C, if applicable) available on the CMS website at <http://www.cms.gov//PhysicianFeeSched/>.

Due to an error in the algorithm that we used to identify services that were subject to the phase-in of significant RVU reductions, CPT codes 67108, 67113, 67227 and 67228 were not included on the list of codes subject to the phase-in. These errors are corrected in the revised Codes Subject to Phase-in file available on the CMS website at <http://www.cms.gov//PhysicianFeeSched/>, and the resulting changes to the RVUs are reflected in the corrected Addenda B and C, available on the CMS website at <http://www.cms.gov//PhysicianFeeSched/>.

Due to a data error, the useful life for the equipment item “FibroScan” (ER101) was incorrect in the direct PE input database. This error is corrected in the revised Direct PE Input Database available on the CMS website at <http://www.cms.gov//PhysicianFeeSched/>. As a result of this error being corrected, changes to PE RVUs are reflected in the corrected Addenda B and C, available on the CMS website at <http://www.cms.gov//PhysicianFeeSched/>.

Due to a data error, the incorrect CY 2016 global periods were included in Addendum B (and Addendum C, if applicable) for the following CPT codes: 20240, 43210, 61650, 67227, 67228, 73060, and 73560. The corrected CY 2016 global periods for these codes are reflected in the corrected Addendum B (and Addendum C, if applicable) available on the CMS website at <http://www.cms.gov//PhysicianFeeSched/>.

Due to an inadvertent error, the CY 2016 work RVUs for HCPCS codes G0296 and G0297 were incorrectly displayed in Addendum B. The correct CY 2016 work RVUS for these codes are reflected in the corrected Addendum B available on the CMS website at <http://www.cms.gov//PhysicianFeeSched/>.

Due to a technical error, the clinical labor times associated with CPT codes

31654, 88333 and 99416 were inadvertently omitted from the direct PE input database. This error is corrected in the revised direct PE input database available on the CMS website at <http://www.cms.gov//PhysicianFeeSched/>. The PE RVUs that result from the correction of this error are reflected in the corrected Addendum B available on the CMS website at <http://www.cms.gov//PhysicianFeeSched/>.

Due to a data input omission, the RVUs that reflect the appropriate payment rates for the treatment of intensive cardiac rehabilitation, as specified under section 1848(b)(5) of the Social Security Act (the Act), were not included in Addendum B. The appropriate RVUs for intensive cardiac rehabilitation are reflected in the corrected Addendum B available on the CMS website at <http://www.cms.gov//PhysicianFeeSched/>.

### **III. Waiver of Proposed Rulemaking**

Under 5 U.S.C. 553(b) of the Administrative Procedure Act (APA), the agency is required to publish a notice of the proposed rule in the **Federal Register** before the provisions of a rule take effect. Similarly, section 1871(b)(1) of the Act requires the Secretary to provide for notice of the proposed rule in the **Federal Register** and provide a period of not less than 60 days for public comment. In addition, section 553(d) of the APA, and section 1871(e)(1)(B)(i) of the Act mandate a 30-day delay in effective date after issuance or publication of a rule. Sections 553(b)(B) and 553(d)(3) of the APA provide for exceptions from the APA notice and comment, and delay in effective date requirements; similarly, sections 1871(b)(2)(C) and 1871(e)(1)(B)(ii) of the Act provide exceptions from the notice and comment, and delay in effective date requirements of the Act. Section 553(b)(B) of the APA and section 1871(b)(2)(C) of the Act authorize an agency to dispense with normal notice and comment rulemaking procedures for good

cause if the agency makes a finding that the notice and comment process is impracticable, unnecessary, or contrary to the public interest; and includes a statement of the finding and the reasons for it in the notice. In addition, both section 553(d)(3) of the APA and section 1871(e)(1)(B)(ii) of the Act allow the agency to avoid the 30-day delay in effective date where such delay is contrary to the public interest and the agency includes in the rule a statement of the finding and the reasons for it.

In our view, this correcting document does not constitute a rulemaking that would be subject to these requirements. This document merely corrects typographical and technical errors in the CY 2016 PFS final rule with comment period and the corresponding addenda posted on the CMS website. The corrections contained in this document are consistent with, and do not make substantive changes to, the policies and payment methodologies that were adopted subject to notice and comment procedures in the CY 2016 PFS final rule with comment period. As a result, the corrections made through this correcting document are intended to ensure that the CY 2016 PFS final rule with comment period accurately reflects the policies adopted in that rule.

Even if this were a rulemaking to which the notice and comment and delayed effective date requirements applied, we find that there is good cause to waive such requirements. Undertaking further notice and comment procedures to incorporate the corrections in this document into the CY 2016 PFS final rule with comment period or delaying the effective date of the corrections would be contrary to the public interest because it is in the public interest to ensure that the CY 2016 PFS final rule with comment period accurately reflects our final policies as soon as possible following the date they take effect. Further, such procedures would be unnecessary, because we are not



altering the payment methodologies or policies, but rather, we are simply correcting the **Federal Register** document to reflect the policies that we previously proposed, received comment on, and subsequently finalized. This correcting document is intended solely to ensure that the CY 2016 PFS final rule with comment period accurately reflects these policies. For these reasons, we believe there is good cause to waive the requirements for notice and comment and delay in effective date.

### **Correction of Errors**

In FR Doc. 2015-28005 of November 16, 2015 (80 FR 70886), make the following corrections:

#### A. Correction of Errors in the Preamble

1. On page 70894, first column,

a. First full paragraph, line 9, is corrected by adding the sentence “One commenter suggested that for CY 2016 we apply the same overrides used for the MP RVU calculations to the PE calculations.”.

b. Second full paragraph, lines 21 through 27, the sentence “Therefore, we are finalizing the policy as proposed for CY 2016 but will seek comment on the proposed CY 2017 PFS rates and whether or not the incorporation a new year of utilization data mitigates the need for service-level overrides.” is corrected to read “Therefore, we are finalizing the policy as proposed for CY 2016 and only apply the overrides that also apply to the MP RVU calculation in the development of PE RVUs but will seek comment on the proposed CY 2017 PFS rates and whether or not the incorporation of a new year of utilization data mitigates the need for service-level overrides.”.

2. On page 70898, Table 4–Calculation of PE RVUs under Methodology for

Selected Codes, the table is corrected to read as follows:

	Step	Source	Formula	99213 Office visit, est Nonfacility	33533 CABG, arterial, single Facility	71020 Chest x-ray Nonfacility	71020-TC Chest x-ray, Nonfacility	71020-26 Chest x-ray, Nonfacility	93000 ECG, complete, Nonfacility	93005 ECG, tracing Nonfacility	93010 ECG, report Nonfacility
(1) Labor cost (Lab)	Step 1	AMA		13.32	77.52	5.74	5.74	0	5.1	5.1	0
(2) Supply cost (Sup)	Step 1	AMA		2.98	7.34	0.53	0.53	0	1.19	1.19	0
(3) Equipment cost (Eqp)	Step 1	AMA		0.17	0.58	7.08	7.08	0	0.09	0.09	0
(4) Direct cost (Dir)	Step 1		=(1)+(2)+(3)	16.48	85.45	13.36	13.36	0	6.38	6.38	0
(5) Direct adjustment (Dir. Adj.)	Steps 2-4	See Footnote*		0.5957	0.5957	0.5957	0.5957	0.5957	0.5957	0.5957	0.5957
(6) Adjusted Labor	Steps 2-4		=(1)*(5)	7.93	46.18	3.42	3.42	0	3.04	3.04	0
(7) Adjusted Supplies	Steps 2-4	=Eqp * Dir Adj	=(2)*(5)	1.78	4.37	0.32	0.32	0	0.71	0.71	0
(8) Adjusted Equipment	Steps 2-4	=Sup * Dir Adj	=(3)*(5)	0.1	0.35	4.22	4.22	0	0.05	0.05	0
(9) Adjusted Direct	Steps 2-4		=(6)+(7)+(8)	9.81	50.9	7.96	7.96	0	3.8	3.8	0
(10) Conversion Factor (CF)	Step 5	PFS		35.9335	35.9335	35.9335	35.9335	35.9335	35.9335	35.9335	35.9335
(11) Adj. labor cost converted	Step 5	=(Lab * Dir Adj)/CF	=(6)/(10)	0.22	1.29	0.1	0.1	0	0.08	0.08	0
(12) Adj. supply cost converted	Step 5	=(Sup * Dir Adj) /CF	=(7)/(10)	0.05	0.12	0.01	0.01	0	0.02	0.02	0
(13) Adj. equipment cost converted	Step 5	=(Eqp * Dir Adj)/ CF	=(8)/(10)	0	0.01	0.12	0.12	0	0	0	0
(14) Adj. direct cost converted	Step 5		=(11)+(12)+(13)	0.27	1.42	0.22	0.22	0	0.11	0.11	0
(15) Work RVU	Setup File	PFS		0.97	33.75	0.22	0	0.22	0.17	0	0.17
(16) Dir_pct	Steps 6,7	Surveys		0.25	0.17	0.29	0.29	0.29	0.29	0.29	0.29
(17) Ind_pct	Steps 6,7	Surveys		0.75	0.83	0.71	0.71	0.71	0.71	0.71	0.71
(18) Ind. Alloc. Formula (1st part)	Step 8	See Step 8		14/ (16)*(17)	14/ (16)*(17)	14/ (16)*(17)	14/ (16)*(17)	14/ (16)*(17)	14/ (16)*(17)	14/ (16)*(17)	14/ (16)*(17)
(19) Ind. Alloc.(1st part)	Step 8		See 18	0.83	6.71	0.54	0.54	0	0.26	0.26	0
(20) Ind. Alloc. Formula (2nd pt)	Step 8	See Step 8		(15)	(15)	(15+11)	(11)	(15)	(15+11)	(11)	(15)
(21) Ind. Alloc.(2nd part)	Step 8		See 20	0.97	33.75	0.32	0.1	0.22	0.25	0.08	0.17
(22) Indirect Allocator (1st + 2nd)	Step 8		=(19)+(21)	1.8	40.46	0.85	0.63	0.22	0.52	0.35	0.17
(23) Indirect Adjustment (Ind Adj)	Steps 9-11	See Footnote**		0.3816	0.3816	0.3816	0.3816	0.3816	0.3816	0.3816	0.3816
(24) Adjusted Indirect Allocator	Steps 9-11	=Ind Alloc * Ind Adj		0.69	15.44	0.33	0.24	0.08	0.2	0.13	0.06
(25) Ind. Practice Cost Index (IPCI)	Steps 12-16			1.07	0.75	0.99	0.99	0.99	0.91	0.91	0.91
(26) Adjusted Indirect	Step 17	= Adj.Ind Alloc * PCI	=(24)*(25)	0.74	11.55	0.32	0.24	0.08	0.18	0.12	0.06
(27) Final PE RVU	Step 18	=(Adj Dir + Adj Ind) * Other Adj	=(14)+(26)	1.01	12.97	0.54	0.46	0.08	0.29	0.23	0.06

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Notes: PE RVUs above (row 27), may not match Addendum B due to rounding.

The use of any particular conversion factor (CF) in table to illustrate the PE Calculation has no effect on the resulting RVUs.

\*The direct adj = [current pe rvus \* CF \* avg dir pct]/[sum direct inputs] = [step2]/[step3]; \*\*The indirect adj =[current pe rvus \* avg ind pct]/[sum of ind allocators]=[step9]/[step10]

3. On page 70953, second column, first partial paragraph, lines 3 through 6, the sentence “This approach is consistent with the application of the equipment utilization assumption for advanced diagnostic imaging” is deleted.

4. On page 70971,

a. First column, first full paragraph, line 15, the phrase “work RVU of 0.56” is corrected to read “work RVU of 0.67”.

b. First column, third full paragraph, line 12, the CPT code “76945” is corrected to read “76948”.

c. First column, fourth full paragraph, line 4 the CPT code “76945” is corrected to read “76948”.

d. First column, fourth full paragraph, line 16 the CPT code “76945” is corrected to read “76948”.

5. On page 70992, in Table 13--CY 2016 Actions on Codes with CY 2015 Interim Final RVUs, bottom half of the page, in columns 3 and 4, the work RVU “0.38” for CPT code 76948 is corrected to read “0.67”.

6. On page 71317,

a. Third column, second full paragraph, line 2, the phrase “on this issue (38, 50, 68, 73, 80)” is corrected to read “on this issue”.

b. Third column, second full paragraph, line 10, the phrase “Another commenter (38)” is corrected to read “Another commenter”.

7. On page 71357,

a. Third column, first partial paragraph, line 13, the figure “0.23” is corrected to read “0.22”.

b. Third column, first partial paragraph, line 24, the figure “-0.77” is corrected to read “-0.78.”

c. Third column, first full paragraph, line 9, the figure “\$35.8279” is corrected to read “\$35.8043”.

d. Third column, first full paragraph, line 17, the figure “\$22.3309” is corrected to read “\$21.9935”.

e. Table 60–Calculation of the CY 2016 PFS Conversion Factor, the table is corrected to read as follows:

Conversion Factor in effect in CY 2015		35.9335
Update Factor	0.5 percent (1.005)	
CY 2016 RVU Budget Neutrality Adjustment	-0.076 percent (0.99924)	
CY 2016 Target Recapture Amount	-0.78 percent (0.9922)	
<b>CY 2016 Conversion Factor</b>		35.8043

f. Table 61–Calculation of the CY 2016 Anesthesia Conversion, the table is corrected to read as follows:

CY 2015 National Average Anesthesia Conversion Factor		22.6093
Update Factor	0.5 percent (1.005)	
CY 2016 RVU Budget Neutrality Adjustment	-0.076 percent (0.99924)	
CY 2016 Anesthesia Fee Schedule Practice Expense Adjustment	-2.372 percent (0.97628)	
CY 2016 Anesthesia Fee Schedule Malpractice Adjustment	-0.78 percent (0.9922)	
CY 2016 Target Recapture Amount	-0.78 percent (0.9922)	
<b>CY 2016 Conversion Factor</b>		21.9935

8. On pages 71358 through 71359, Table 62–CY 2016 PFS Estimated Impact On Total Allowed Charges By Specialty, the table is corrected to read as follows:

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact**
TOTAL	\$89,020	0%	0%	0%	0%
ALLERGY/IMMUNOLOGY	\$221	0%	1%	0%	1%
ANESTHESIOLOGY	\$1,970	0%	0%	-2%	-2%
AUDIOLOGIST	\$61	0%	-1%	1%	0%
CARDIAC SURGERY	\$343	0%	0%	0%	0%
CARDIOLOGY	\$6,498	0%	0%	0%	0%
CHIROPRACTOR	\$789	0%	0%	0%	0%
CLINICAL PSYCHOLOGIST	\$720	0%	0%	0%	0%
CLINICAL SOCIAL WORKER	\$558	0%	0%	0%	0%
COLON AND RECTAL SURGERY	\$161	-1%	0%	0%	-1%
CRITICAL CARE	\$296	0%	0%	0%	0%
DERMATOLOGY	\$3,217	0%	0%	0%	1%
DIAGNOSTIC TESTING FACILITY	\$725	0%	0%	0%	0%
EMERGENCY MEDICINE	\$3,120	0%	0%	0%	0%
ENDOCRINOLOGY	\$454	0%	0%	0%	0%
FAMILY PRACTICE	\$6,089	0%	0%	0%	0%
GASTROENTEROLOGY	\$1,843	-2%	-1%	-1%	-4%
GENERAL PRACTICE	\$478	0%	0%	0%	0%
GENERAL SURGERY	\$2,210	0%	0%	0%	0%
GERIATRICS	\$216	0%	0%	0%	0%
HAND SURGERY	\$169	0%	0%	0%	0%
HEMATOLOGY/ONCOLOGY	\$1,788	0%	0%	0%	0%
INDEPENDENT LABORATORY	\$834	1%	8%	0%	9%
INFECTIOUS DISEASE	\$660	0%	0%	0%	0%
INTERNAL MEDICINE	\$11,058	0%	0%	0%	0%
INTERVENTIONAL PAIN MGMT	\$720	0%	0%	0%	0%
INTERVENTIONAL RADIOLOGY	\$298	0%	0%	0%	1%
MULTISPECIALTY CLINIC/OTHER PHYS	\$96	0%	0%	0%	0%
NEPHROLOGY	\$2,199	0%	0%	0%	0%
NEUROLOGY	\$1,524	0%	0%	0%	0%
NEUROSURGERY	\$776	0%	0%	0%	0%
NUCLEAR MEDICINE	\$46	0%	0%	0%	-1%
NURSE ANES / ANES ASST	\$1,187	0%	0%	-2%	-2%
NURSE PRACTITIONER	\$2,551	0%	0%	0%	0%
OBSTETRICS/GYNECOLOGY	\$669	0%	0%	0%	0%
OPHTHALMOLOGY	\$5,506	0%	0%	0%	-1%

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact**
OPTOMETRY	\$1,178	0%	0%	0%	0%
ORAL/MAXILLOFACIAL SURGERY	\$47	0%	0%	0%	0%
ORTHOPEDIC SURGERY	\$3,672	0%	0%	0%	0%
OTHER	\$25	0%	0%	0%	0%
OTOLARNGOLOGY	\$1,197	0%	0%	0%	0%
PATHOLOGY	\$1,330	4%	4%	0%	8%
PEDIATRICS	\$59	0%	0%	0%	0%
PHYSICAL MEDICINE	\$1,035	0%	0%	0%	0%
PHYSICAL/OCCUPATIONAL THERAPY	\$3,102	0%	0%	0%	0%
PHYSICIAN ASSISTANT	\$1,728	0%	0%	0%	0%
PLASTIC SURGERY	\$376	0%	0%	0%	0%
PODIATRY	\$1,999	0%	0%	0%	0%
PORTABLE X-RAY SUPPLIER	\$106	0%	1%	0%	1%
PSYCHIATRY	\$1,317	0%	0%	0%	0%
PULMONARY DISEASE	\$1,780	0%	0%	0%	0%
RADIATION ONCOLOGY	\$1,776	0%	-2%	0%	-2%
RADIATION THERAPY CENTERS	\$52	0%	-1%	0%	-1%
RADIOLOGY	\$4,494	0%	0%	0%	0%
RHEUMATOLOGY	\$536	0%	0%	0%	0%
THORACIC SURGERY	\$350	0%	0%	0%	0%
UROLOGY	\$1,796	0%	0%	0%	0%
VASCULAR SURGERY	\$1,019	0%	-1%	0%	-1%

\*\* Column F may not equal the sum of columns C, D, and E due to rounding.

9. On pages 71359 through 71360, Table 63–Impact on CY 2016 Payment for Selected Procedures, the table is corrected to read as follows:

CPT/ HCPCS <sup>1</sup>	MOD	Short Descriptor	Facility			Non Facility		
			CY 2015 <sup>2</sup>	CY 2016 <sup>3</sup>	% Change	CY 2015 <sup>2</sup>	CY 2016 <sup>3</sup>	% Change
11721		Debride nail 6 or more	\$25.15	\$25.42	1%	\$45.28	\$45.47	0%
17000		Destruct premalg lesion	\$53.90	\$54.42	1%	\$67.20	\$67.67	1%
27130		Total hip arthroplasty	\$1,407.87	\$1,400.66	-1%	NA	NA	NA
27244		Treat thigh fracture	\$1,277.80	\$1,271.05	-1%	NA	NA	NA

CPT/ HCPCS <sup>1</sup>	MOD	Short Descriptor	Facility			Non Facility		
			CY 2015 <sup>2</sup>	CY 2016 <sup>3</sup>	% Change	CY 2015 <sup>2</sup>	CY 2016 <sup>3</sup>	% Change
27447		Total knee arthroplasty	\$1,407.52	\$1,400.31	-1%	NA	NA	NA
33533		Cabg arterial single	\$1,952.63	\$1,947.04	0%	NA	NA	NA
35301		Rechanneling of artery	\$1,203.41	\$1,199.44	0%	NA	NA	NA
43239		Egd biopsy single/multiple	\$154.15	\$151.45	-2%	\$412.52	\$403.87	-2%
66821		After cataract laser surgery	\$316.21	\$315.44	0%	\$334.90	\$334.05	0%
66984		Cataract surg w/iol 1 stage	\$650.40	\$648.42	0%	NA	NA	NA
67210		Treatment of retinal lesion	\$508.82	\$507.35	0%	\$526.79	\$524.89	0%
71010		Chest x-ray 1 view frontal	NA	NA	NA	\$22.64	\$22.56	0%
71010	26	Chest x-ray 1 view frontal	\$9.34	\$9.31	0%	\$9.34	\$9.31	0%
77056		Mammogram both breasts	NA	NA	NA	\$116.42	\$116.01	0%
77056	26	Mammogram both breasts	\$44.56	\$44.40	0%	\$44.56	\$44.40	0%
77057		Mammogram screening	NA	NA	NA	\$83.01	\$82.71	0%
77057	26	Mammogram screening	\$35.93	\$35.80	0%	\$35.93	\$35.80	0%
77427		Radiation tx management x5	\$187.57	\$187.61	0%	\$187.57	\$187.61	0%
88305	26	Tissue exam by pathologist	\$39.17	\$39.74	1%	\$39.17	\$39.74	1%
90935		Hemodialysis one evaluation	\$73.66	\$73.40	0%	NA	NA	NA
92012		Eye exam establish patient	\$53.18	\$53.35	0%	\$86.24	\$85.93	0%
92014		Eye exam&tx estab pt 1/>vst	\$80.85	\$80.92	0%	\$124.69	\$124.60	0%
93000		Electrocardiogram complete	NA	NA	NA	\$17.25	\$17.19	0%
93010		Electrocardiogram report	\$8.62	\$8.59	0%	\$8.62	\$8.59	0%
93015		Cardiovascular stress test	NA	NA	NA	\$77.26	\$76.98	0%
93307	26	Tte w/o doppler complete	\$45.99	\$45.83	0%	\$45.99	\$45.83	0%
93458	26	L hrt artery/ventricle angio	\$323.76	\$323.31	0%	\$323.76	\$323.31	0%
98941		Chiropract manj 3-4 regions	\$35.21	\$35.09	0%	\$41.32	\$41.17	0%
99203		Office/outpatient visit new	\$77.98	\$77.70	0%	\$109.60	\$108.85	-1%
99213		Office/outpatient visit est	\$51.38	\$51.56	0%	\$73.30	\$73.40	0%
99214		Office/outpatient visit est	\$79.41	\$79.13	0%	\$108.88	\$108.13	-1%
99222		Initial hospital care	\$139.06	\$138.20	-1%	NA	NA	NA
99223		Initial hospital care	\$205.90	\$204.44	-1%	NA	NA	NA
99231		Subsequent hospital care	\$39.53	\$39.74	1%	NA	NA	NA
99232		Subsequent hospital care	\$73.30	\$72.68	-1%	NA	NA	NA

CPT/ HCPCS <sup>1</sup>	MOD	Short Descriptor	Facility			Non Facility		
			CY 2015 <sup>2</sup>	CY 2016 <sup>3</sup>	% Change	CY 2015 <sup>2</sup>	CY 2016 <sup>3</sup>	% Change
99233		Subsequent hospital care	\$105.64	\$104.91	-1%	NA	NA	NA
99236		Observ/hosp same date	\$220.99	\$219.48	-1%	NA	NA	NA
99239		Hospital discharge day	\$108.88	\$108.13	-1%	NA	NA	NA
99283		Emergency dept visit	\$62.88	\$62.66	0%	NA	NA	NA
99284		Emergency dept visit	\$119.66	\$118.87	-1%	NA	NA	NA
99291		Critical care first hour	\$227.46	\$225.93	-1%	\$279.20	\$277.48	-1%
99292		Critical care addl 30 min	\$113.55	\$113.14	0%	\$124.33	\$123.88	0%
99348		Home visit est patient	NA	NA	NA	\$84.80	\$84.86	0%
99350		Home visit est patient	NA	NA	NA	\$178.95	\$179.38	0%
G0008		Immunization admin	NA	NA	NA	\$25.51	\$25.42	0%

<sup>1</sup> CPT codes and descriptions are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

<sup>2</sup> Payments based on the July – December 2015 conversion factor of 35.9335.

<sup>3</sup> Payments based on the 2016 conversion factor of \$35.8043.

10. On page 71369,

a. Second column, fifth paragraph, line 20, the figure “\$109.28” is corrected to read “108.85”.

b. Second column, fifth paragraph, line 23, the figure “\$21.86” is corrected to read “21.77”.

**List of Subjects in 42 CFR Part 411**

Kidney diseases, Medicare, Physician Referral, Reporting and recordkeeping requirements.

Accordingly, 42 CFR chapter IV is corrected by making the following correcting amendments to part 411:

**PART 411—EXCLUSIONS FROM MEDICARE AND LIMITATIONS ON  
MEDICARE PAYMENT**

1. The authority citation for part 411 continues to read as follows:



**Authority:** Secs. 1102, 1860D-1 through 1860D-42, 1871, and 1877 of the Social Security Act (42 U.S.C. 1302, 1395w-101 through 1395w-152, 1395hh, and 1395nn).

2. Section 411.357 is amended:

a. In paragraph (d)(1)(iv) by removing the phrase “is for at least 1 year” and adding in its place the phrase “is at least 1 year”.

b. In paragraph (x)(1)(vi)(A) by removing the phrase “The nonphysician practitioner has a compensation arrangement with” and adding in its place the phrase “The nonphysician practitioner has a compensation arrangement directly with”.

Dated: February 29, 2016

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**Wilma Robinson,**  
Deputy Executive Secretary to the  
Department,  
Department of Health and Human  
Services.

**BILLING CODE 4120-01-P**

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