

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Medicare & Medicaid Services**

42 CFR Parts 403, 405, 410, 411, 412, 413, 414, 425, 489, 495, and 498

[CMS–1612–F2]

RIN 0938–AS12

Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, Clinical Laboratory Fee Schedule, Access to Identifiable Data for the Center for Medicare and Medicaid Innovation Models & Other Revisions to Part B for CY 2015; Corrections

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

ACTION: Final rule; correcting amendment.

SUMMARY: This document corrects technical errors that appeared in the final rule with comment period published in the November 13, 2014 *Federal Register* (79 FR 67547–68092) entitled, “Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule, Clinical Laboratory Fee Schedule, Access to Identifiable Data for the Center for Medicare and Medicaid Innovation Models & Other Revisions to Part B for CY 2015.” The effective date for the rule was January 1, 2015.

DATES: *Effective date:* This correcting document is effective March 19, 2015. *Applicability date:* The corrections indicated in this document are applicable beginning January 1, 2015.

FOR FURTHER INFORMATION CONTACT: Christine Estella, (410) 786–0485, for issues related to the physician quality reporting system. Donta Henson, (410) 786–1947 for all other issues.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 2014–26183 (79 FR 67547 through 68092) the final rule entitled, “Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule, Clinical Laboratory Fee Schedule, Access to Identifiable Data for the Center for Medicare and Medicaid Innovation Models & Other Revisions to Part B for CY 2015” (hereinafter referred to as the CY 2015 PFS final rule with comment period), there were a number of technical errors that are identified and corrected in section IV., Correction of Errors. These corrections are applicable as of January 1, 2015. We note that the Addenda B and C to the CY 2015 PFS final rule with comment

period as corrected by this correction document are available on the CMS Web site at www.cms.gov/PhysicianFeeSched/.

II. Summary of Errors

A. Summary of Errors in the Preamble

On page 67559, due to errors made in ratesetting, many of the values contained in Table 4: Calculation of PE RVUs Under Methodology for Selected Codes, are incorrect.

On page 67562, in Table 8: Codes Affected by Removal of Film Inputs, we inadvertently included CPT codes 93320, 93321, and 93325.

On page 67591, we incorrectly stated that in section II. G. of the rule, we address the interim final values and establish CY 2015 inputs for the lower gastrointestinal procedures.

On page 67612, in Table 14: Codes Reviewed by the 2014 Multi-Specialty Refinement Panel, the work RVUs for CPT codes 43204, 43205, and 43233 are incorrect.

On page 67633, due to a typographical error we referred to CPT code 41391 rather than CPT code 43391.

On page 67636, due to a technical error, the final work RVU for code 43278 is incorrect.

On pages 67651 through 67663, in Table 25: CY 2015 Interim Final Work RVUS For New/Revised or Potentially Misvalued Codes, the RUC/HCPAC recommended work RVUs listed on page 67658 for CPT codes 76932 and 76948 are incorrect and entries for CPT codes 76940 and 76965 were inadvertently omitted from the table.

On page 67660, the RUC/HCPAC recommended work RVU listed for CPT code 92545 is incorrect.

On page 67668,

a. We inadvertently omitted G0279 from the list of codes in the title of (13).
b. Due to a typographical error, G0279 is referred to as G–2079.

c. We inadvertently omitted the phrase “, whether or not a 2–D mammography is furnished” from the sentence beginning, “In addition, we are creating . . .”

On page 67669, we inadvertently listed CPT code 93644 in the title of (18).

On page 67671, in Table 28: CY 2015 Interim Final Codes with Direct PE Input Recommendations Accepted without Refinement, we inadvertently listed CPT code 31620.

On page 67673, in Table 29: Invoices Received for New Direct PE Inputs we inadvertently listed entries associated with CPT code 31620.

On page 67674, in Table 30: Invoices Received For Existing Direct PE Inputs,

certain PE direct inputs for CPT code 31627 were inadvertently omitted.

On pages 67678 through 67711, in Table 31: CY 2015 Interim Final Codes With Direct PE Input Recommendations Accepted with Refinements, due to technical errors, on page 67678, entries associated with CPT codes 77061 and 77062 were inadvertently listed; on page 67702, entries associated with CPT codes 93320, 93321, and 93325 were inadvertently omitted and an input code for CPT code 93880 was inadvertently omitted.

On page 67726, we incorrectly stated that practitioners do not have to use any “specific content exchange standard.”

On pages 67741 through 67742, we incorrectly stated the CY 2015 PFS conversion factors.

On page 67742, in Table 45: Calculation of the CY 2015 PFS CF, due to corrections being made in this document, the CY 2014 budget neutrality adjustment, the CY 2015 CFs, and the percentage changes from the CY 2014 CF stated in the table are incorrect.

On page 67743, due to technical errors, the budget neutrality factor, the anesthesia CF in effect from January 1, 2015 through March 31, 2015, and the anesthesia CF in effect from April 1, 2015 through December 31, 2015 are incorrectly stated. The entries in Table 46: Calculation of the CY 2015 Anesthesia CF for budget neutrality adjustments, CFs and percentage change are inaccurate.

On pages 67803 and 67804, in Table 52: Individual Quality Cross-Cutting Measures for the PQRS to Be Available for Satisfactory Reporting Via Claims, Registry, and EHR Beginning in 2015, we inadvertently listed the incorrect National Quality Strategy (NQS) domain for Physician Quality Reporting System (PQRS) Measure 131, Pain Assessment and Follow-Up.

On pages 67848 and 67849, in Table 55: Measures Being Removed from the Existing PQRS Measure Set Beginning in 2015, we inadvertently omitted adding an “X” to the claims reporting option for Physician Quality Reporting System (PQRS) Measure 0091/051: Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation, Measure 0102/052: Chronic Obstructive Pulmonary Disease (COPD): Inhaled Bronchodilator Therapy, and Measure 0050/109: Osteoarthritis (OA) Function and Pain Assessment.

On page 67854, in Table 56: Existing Individual Quality Measures and Those Included in Measures Groups for the PQRS for Which Measure Reporting Updates Will Be Effective Beginning in 2015, we inadvertently added an “X” to the Group Practice Reporting Option

(GPRO) Web Interface reporting option for Physician Quality Reporting System (PQRS) Measure 0067/006: Coronary Artery Disease (CAD): Antiplatelet Therapy.

On page 67877, in Table 56: Existing Individual Quality Measures and Those Included in Measures Groups for the PQRS for Which Measure Reporting Updates Will Be Effective Beginning in 2015, we inadvertently added an "X" to the claims reporting option and omitted adding an "X" to the registry reporting option for Physician Quality Reporting System (PQRS) Measure 0409/205: HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis.

On page 67988, in Table 93: CY 2015 PFS Final Rule with Comment Period Estimated Impact Table: Impacts of Work, Practice Expense, and Malpractice RVUs, due to ratesetting errors, the values are inaccurate.

On page 67991 through 67992, in Table 94: Impact of the Final Rule with Comment Period on CY 2014 Payment for Selected Procedures, due to ratesetting errors, the stated payment rates are inaccurate.

On page 67999, the January 1–March 31, 2015 CF, the CY 2015 national payment amount in the nonfacility setting for CPT code 99203, and the beneficiary coinsurance amount are incorrect.

B. Summary and Correction of Errors in the Addenda on the CMS Web Site

Due to the errors identified and summarized in section II.A and B of this correction document, we are correcting errors in the work, PE or MP RVUs (or combinations of these RVUs) in Addendum B: CY 2015 Relative Value Units (RVUs) And Related Information Used In Determining Final Medicare Payments and Addendum C: CY 2015 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 Web site at www.cms.gov/PhysicianFeeSched/.

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

Due to a technical error in the creation of the direct PE database, nonfacility PE RVUs were created and displayed in Addendum B (and Addendum C, if applicable) for the following CPT codes: 21811, 21812, 21813, 22858, 33418, 33951, 33952, 33953, 33954, 33955, 33956, 33957,

33958, 33959, 33962, 33963, 33964, 33965, 33966, 33969, 33984, 33985, 33986, 33987, 33988, 33989, 37218, 43180, 44380, 44382, 66179, and 66184. These errors are corrected in the revised Direct PE Input Database available on the CMS Web site at www.cms.gov/PhysicianFeeSched/. Resulting changes to the PE RVUs are reflected in the corrected Addendum B (and Addendum C, if applicable) available on the CMS Web site at www.cms.gov/PhysicianFeeSched/.

Due to technical errors in the creation of the direct PE database, some or all of the PE inputs were inadvertently omitted for CPT codes 22510, 22511, 22512, 22513, 22514, 22515, 31620, 33951, 33952, 33953, 33954, 33955, 33956, 33957, 33958, 33959, 33962, 33963, 33964, 33969, 33984, 33985, 33986, 33988, 33989, 58541, 58542, 58543, 58544, 58570, 58571, 58572, 64486, 64487, 64488, 64489, 70496, 70498, 76700, 76705, 77080, 88348, 93260, 93261, and 93644. These errors are corrected in the revised Direct PE Input Database available on the CMS Web site at www.cms.gov/PhysicianFeeSched/.

Due to technical errors in the creation of the direct PE database, the incorrect inputs were used for creating PE RVUs for CPT codes 20982, 31620, 31627, 32998, 33262, 32998, 41530, 50592, 64600, 64605, 64610, 64633, 64634, 64635, 64636, 93925, 93880, and 93990. These errors are corrected in the revised Direct PE Input Database available on the CMS Web site at www.cms.gov/PhysicianFeeSched/.

Due to a technical error, we incorrectly displayed in Addenda B and C PE RVUs in a nonfacility setting for CPT codes 33270, 33271, 33272, and 33273. The PE RVUs for these codes in a non-facility setting have been removed in the corrected Addenda B and C available on the CMS Web site at www.cms.gov/PhysicianFeeSched/.

Due to a technical error, HCPCS codes 33330, 33474, 61610, and 61870 were inadvertently left out of Addendum B. These codes are reflected in the corrected Addendum B available on the CMS Web site at www.cms.gov/PhysicianFeeSched/.

Due to a technical error, the average risk factor, and not the specialty risk factor that we indicated that we were using in the preamble, was applied when calculating the MP RVUs for CPT codes 33620 and 33622. As a result, the MP RVUs listed in Addendum B are incorrect for these codes. We have corrected these errors in the corrected Addendum B available on the CMS Web site at www.cms.gov/PhysicianFeeSched/.

Due to a technical error, the incorrect work RVUs were applied in calculating the MP RVUs for CPT codes 33418 and 33419. As a result, the MP RVUs listed in Addenda B and C are incorrect for these codes. We have corrected these errors in the corrected Addenda B and C available on the CMS Web site at www.cms.gov/PhysicianFeeSched/.

Due to a technical error, the incorrect CY 2015 work RVUs are included in Addendum B (and Addendum C, if applicable) for the following codes: 43191, 43192, 43193, 43194, 43195, 43196, 43197, 43198, 43200, 43201, 43202, 43204, 43205, 43211, 43212, 43214, 43215, 43229, 43232, 43233, 43235, 43236, 43238, 43239, 43242, 43247, 43253, 43254, 43257, 43266, 43270, 43274, 43276, 43278, 58541, 58542, 58543, 58544, 58570, 58571, 58572, 58573, 71275, 76930, 76932, 76948, 92545, 93315, 93317, 93318, and 95973. The correct CY 2015 work RVUS for these codes are reflected in the corrected Addenda B and C available on the CMS Web site at www.cms.gov/PhysicianFeeSched/.

Due to a technical error in the creation of the direct PE database, PE RVUs for the facility setting were created and are displayed in Addendum B for HCPCS code 77372 and Addenda B and C for HCPCS code G0277. These technical errors are corrected in Addenda B and C available on the CMS Web site at www.cms.gov/PhysicianFeeSched/.

Due to technical errors in the creation of the direct PE database, direct PE inputs were inadvertently included for CPT code 99183 and are reflected in the PE RVUs shown in Addenda B and C. This error is corrected in the Direct PE Input Database available on the CMS Web site at www.cms.gov/PhysicianFeeSched/. The corrected PE RVUS are included in Addenda B and C available on the CMS Web site at www.cms.gov/PhysicianFeeSched/.

Due to a technical error, in Addendum B, work and MP RVUs for CPT codes 99487 and 99489 were inadvertently included. The work and MP RVUs for these codes have been removed in the corrected Addendum B available on the CMS Web site at www.cms.gov/PhysicianFeeSched/.

Due to a technical error in the creation of the direct PE database, PE RVUs were not created for CPT code 99490 in the facility setting. The correct PE RVU for this code is reflected in the corrected Addendum B available on the CMS Web site at www.cms.gov/PhysicianFeeSched/.

Due to a technical error, HCPCS codes G9407 through G9472 are inadvertently included in Addendum B. These codes

have been removed in the corrected Addendum B available on the CMS Web site at www.cms.gov//PhysicianFeeSched/.

C. Summary of Errors in the Regulations Text

On page 68002 of the CY 2015 PFS final rule with comment period, we made a technical error in § 410.26(b)(5). In this paragraph, we inadvertently omitted language to limit the applicability of the exception that allows general, rather than direct, supervision of transitional care management services furnished incident to a practitioner's professional services to the non-face-to-face aspects of the service.

III. Waiver of Proposed Rulemaking and Delay in Effective Date

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 notice and comment and delay in effective date APA requirements; in cases in which these exceptions apply, sections

1871(b)(2)(C) and 1871(e)(1)(B)(ii) of the Act provide exceptions from the notice and 60-day comment period and delay in effective date requirements of the Act as well. Section 553(b)(B) of the APA and section 1871(b)(2)(C) of the Act authorize an agency to dispense with normal rulemaking requirements for good cause if the agency makes a finding that the notice and comment process are impracticable, unnecessary, or contrary to the public interest. 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 an agency includes a statement of support.

In our view, this correction document does not constitute a rulemaking that would be subject to these requirements. This correction document corrects technical errors in the CY 2015 PFS final rule with comment period and the corresponding addenda posted on the CMS Web site. The corrections contained in this document are consistent with, and do not make substantive changes to, the policies and payment methodologies that were adopted subjected to notice and comment procedures in the CY 2015 PFS final rule with comment period. As a result, the corrections made through this correction document are intended to ensure that the CY 2015 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 2015 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 2015 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 2015 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.

IV. Correction of Errors

In FR Doc. 2014–26183 of November 13, 2014 (79 FR 67547), make the following corrections:

A. Correction of Errors in the Preamble

1. On page 67559, in Table 4: Calculation of PE RVUs Under Methodology for Selected Codes, the table is corrected to read as follows:

TABLE 4—CALCULATION OF PR RVUS UNDER METHODOLOGY FOR SELECTED CODES

Factor (CF) (2nd part)	Step	Source	Formula	99213 Of- fice visit, est non-facility	33533 CABG, arte- rial, single facility	71020 Chest x-ray non-facility	71020-TC Chest x-ray, non-facility	71020-26 Chest x-ray, non-facility	93000 ECG, complete, non-facility	93005 ECG, tracing, non- facility	93010 ECG, report non- facility
(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	6.92	6.92	0	0.09	0.09	0
(4) Direct cost (Dir)	Step 1	.....	%=(1)+(2)+(3)	16.48	85.45	13.19	13.19	0	6.38	6.38	0
(5) Direct adjustment (Dir. Adj.)	Steps 2-4	See footnote*	.....	0.5953	0.5953	0.5953	0.5953	0.5953	0.5953	0.5953	0.5953
(6) Adjusted Labor	Steps 2-4	%=Labor* Dir Adj.	%=(1)*(5)	7.93	46.15	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	4.12	4.12	0	0.05	0.05	0
(9) Adjusted Direct	Steps 2-4	.....	%=(6)+(7)+(8)	9.81	50.87	7.85	7.85	0	3.8	3.8	0
(10) Conversion Factor (CF)	Step 5	PFS	.....	35.8228	35.8228	35.8228	35.8228	35.8228	35.8228	35.8228	35.8228
(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	0.11	0.11	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	6.73	0.53	0.53	0	0.26	0.26	0
(20) Ind. Alloc. Formula (2nd part)	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	40.48	0.85	0.63	0.22	0.52	0.35	0.17
(23) Indirect Adjustment (Ind. Adj.)	Steps 9-11	See Footnote**	.....	0.3829	0.3829	0.3829	0.3829	0.3829	0.3829	0.3829	0.3829
(24) Adjusted Indirect Allocator	Steps 9-11	%=Ind Alloc* Ind Adj.	.....	0.69	15.5	0.33	0.24	0.08	0.2	0.13	0.07
(25) Ind. Practice Cost Index (IPC)	Steps 12-16	%= Adj. Ind Alloc* PCI.	.....	1.07	0.75	0.99	0.99	0.99	0.91	0.91	0.91
(26) Adjusted Indirect	Step 17	.....	%=(24)*(25)	0.74	11.64	0.32	0.24	0.08	0.18	0.12	0.06
(27) Final PE RVU	Step 18	.....	%=((14)+(26))* Other Adj)	1.01	12.99	0.54	0.46	0.08	0.29	0.23	0.06

Note: PE RVUs in Table 4, row 27, may not match Addendum B due to rounding.

* 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]

Note: The use of any particular conversion factor (CF) in Table 4 to illustrate the PE Calculation has no effect on the resulting RVUs.

2. On page 67562, in Table 8: Codes Affected by Removal of Film Inputs, the following listed entries are removed.

HCPCS	Short descriptor
93320	Doppler echo exam heart
93321	Doppler echo exam heart
93325	Doppler color flow add-on

3. On page 67591, third column, first full paragraph, line 10, the sentence “In section II.G. of this CY 2015 PFS final rule with comment period, we address interim final values and establish CY 2015 inputs for the lower gastrointestinal procedures, many of which are also listed in Appendix G.” is corrected to read “In section II.G. of this CY 2015 PFS final rule with

comment period, we note that we are delaying the adoption of the new code set for lower gastrointestinal procedures until CY 2016; many of these codes are also listed in Appendix G.”

4. On page 67612, in Table 14: Codes reviewed by the 2014 Multi-Specialty Refinement Panel, the entries for CPT codes 43204, 43205 and 43233 are corrected to read as follows:

HCPCS code	Descriptor	CY 2014 interim final work RVU	RUC recommended work RVU	Refinement panel median rating	CY 2015 work RVU
43204	Injection of dilated esophageal veins using an endoscope.	2.40	2.89	2.77	2.43
43205	Tying of esophageal veins using an endoscope	2.51	3.00	2.88	2.54
43233	Balloon dilation of esophagus, stomach, and/or upper small bowel using an endoscope.	4.05	4.45	4.26	4.17

5. On page 67633, third column, first full paragraph, line 14, the phrase “CPT code 41391,” is corrected to read “CPT code 43391.”

the sentence “The final work RVU for CPT code 43278 is 8.” is corrected to read “The final work RVU for CPT code 43278 is 8.02.”

RVUS For New/Revised or Potentially Misvalued Codes, the listed entries on page 67658 are corrected to read:

6. On page 67636, third column, first partial paragraph, lines 24 through 25,

7. On pages 67651 through 67663, in Table 25: CY 2015 Interim Final Work

HCPCS code	Long descriptor	CY 2014 WRVU	RUC/HCPAC recommended work RVU	CY 2015 work RVU	CMS time refinement
76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation.	C	0.67	0.67	No
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation.	2.00	2.00	2.00	No
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation.	0.38	0.38	0.38	No
76965	Ultrasonic guidance for interstitial radioelement application.	1.34	1.34	1.34	No

8. On page 67660, in Table 25: CY 2015 Interim Final Work RVUS For New/Revised or Potentially Misvalued

Codes, the listed entry is corrected to read:

HCPCS code	Long descriptor	CY 2014 WRVU	RUC/HCPAC recommended work RVU	CY 2015 work RVU	CMS time refinement
92545	Oscillating tracking test, with recording	0.23	0.25	0.25	No

9. On page 67668,

a. First column, line 1, the title “(13) Breast Tomosynthesis (CPT codes 77061, 77062, and 77063)” is corrected to read “(13) Breast Tomosynthesis (CPT codes 77061, 77062, 77063 and G2079)”.

b. Second column, line 19, the phrase “a new code, G-2079” is corrected to read “a new code, G0279”.

c. Second column, line 27, is corrected by adding “whether or not a 2-D mammography is furnished” after

the phrase “diagnostic breast tomosynthesis”.

10. On page 67669, second column, lines 8 through 11, we are correcting the title “(18) Interventional Transesophageal Echocardiography (TEE) (CPT Codes 93312, 93313, 93314, 93315, 93316, 93317, 93318, 93355, and 93644)” to read “(18) Interventional Transesophageal Echocardiography (TEE) (CPT Codes 93312, 93313, 93314, 93315, 93316, 93317, 93318, and 93355).”

11. On page 67671, in Table 28: CY 2015 Interim Final Codes with Direct PE Input Recommendations Accepted without Refinements, the following listed entry is removed:

HCPCS	Short descriptor
31620	Endobronchial us add-on

12. On page 67673, in Table 29: Invoices Received for New Direct PE Inputs, the following listed entries for CPT code 31620 are removed:

CPT/HCPCS codes	Item name	CMS code	Average price	Number of invoices	Non-facility allowed services for HCPCS codes using this item (or projected services for new CPT codes*)
31620	Flexible dual-channeled EBUS bronchoscope, with radial probe.	EQ361	\$160,260.06	6	107
31620	Video system, Ultrasound (processor, digital capture, monitor, printer, cart).	ER099	\$13,379.57	6	107
31620	EBUS, single use aspiration needle, 21 g.	SC102	\$145.82	5	107
31620	Balloon for Bronchoscopy Fiberscope	SD294	\$28.68	4	107

13. On page 67674, Table 30: Invoices Received for Existing Direct PE Inputs, the list entries for CPT code 31627 are corrected by adding the following:

CPT/HCPCS codes	Item name	CMS code	Current price	Updated price	% Change	Number of invoices	Non-facility allowed services for HCPCS codes using this item
31627	sensor, patch, bronchoscopy (for kit, locatable guide) (patient).	SD235	\$1.10	\$3.00	173	2	37
31627	system, navigational bronchoscopy (super-Dimension).	EQ326	\$137,800.00	\$189,327.66	37	4	37
31627	kit, locatable guide, ext. working channel, w-b-scope adapter.	SA097	\$995.00	\$1,063.67	7	3	37

14. On pages 67678 through 67711, in Table 31: CY 2015 Interim Final Codes With Direct PE Input Recommendations

Accepted with Refinements, we are correcting the table by

a. On page 67687, deleting the following listed entries:

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	NF/F / PO	Labor Activity (where applicable)	RUC Recommendation or current value (min or qty)	CMS Refinement (min or qty)	Comment	Direct Costs Change
77061	Breast tomosynthesis uni	L043 A	Mammography Technologist	NF	Availability of prior images confirmed	3	2	Standard times for clinical labor tasks associated with digital imaging	\$-0.43
77062	Breast tomosynthesis bi	L043 A	Mammography Technologist	NF	Availability of prior images confirmed	3	2	Standard times for clinical labor tasks associated with digital imaging	\$-0.43

b. On page 67702, correcting the bottom half of the table to read:

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	NF/F/PO	Labor Activity (where applicable)	RUC Recommendation or current value (min or qty)	CMS Refinement (min or qty)	Comment	Direct Costs Change
93320	Doppler echo exam heart	ED021	computer, desktop, w-monitor	NF		5	0	Duplicative; item is in vascular ultrasound room (EL016)	\$-0.05
93320	Doppler echo exam heart	ED036	video printer, color (Sony medical grade)	NF		14	0		\$-0.15
93321	Doppler echo exam heart	ED021	computer, desktop, w-monitor	NF		2	0	Duplicative; item is in vascular ultrasound room (EL016)	\$-0.02
93321	Doppler echo exam heart	ED036	video printer, color (Sony medical grade)	NF		8	0		\$-0.09
93325	Doppler color flow add-on	ED021	computer, desktop, w-monitor	NF		2	0	Duplicative; item is in vascular ultrasound room (EL016)	\$-0.02
93325	Doppler color flow add-on	ED036	video printer, color (Sony medical grade)	NF		9	0		\$-0.10
93702	Bis xtracell fluid analysis	L037D	RN/LPN/MT A	NF	Results are uploaded from the device into the analysis software and a report is generated and printed for physician review.	2	0	Included as an automatic process for the new device.	\$-0.74
93880	Extracranial bilat study	ED021	computer, desktop, w-monitor	NF		7	0		\$-0.07
93880	Extracranial bilat study	ED036	video printer, color (Sony medical grade)	NF		10	0	Duplicative; item is in vascular ultrasound room (EL016)	\$-0.11

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	NF/F/PO	Labor Activity (where applicable)	RUC Recommendation or current value (min or qty)	CMS Refinement (min or qty)	Comment	Direct Costs Change
		L054A	Vascular Technologist	NF	QA Documentation	4	0	Included in overall clinical labor time; see preamble text	\$-2.16
		L054A	Vascular Technologist	NF	Technologist reviews & optimizes all duplex images; reviews & optimizes spectrum analysis measuring velocities & assuring proper angle acquisition. Compiles findings with sufficient data for physician review & diagnosis.	8	2	Standard times for clinical labor tasks associated with digital imaging	\$-3.24

15. On page 67726, first column, second full paragraph, lines 6 through 8, the phrase “with a clarification that practitioners do not have to use any specific content exchange standard in CY 2015.” is corrected to read “with a clarification that practitioners do not have to use any specific exchange or transfer standard in CY 2015.”

16. On page 67741, first column, first paragraph, we are correcting the entire paragraph to read:

The CY 2015 PFS CF for January 1, 2015 through March 31, 2015 is

\$35.7547. The CY 2015 PFS CF for April 1, 2015 through December 31, 2015 is \$28.1872. The CY 2015 national average anesthesia CF for January 1, 2015 through March 31, 2015 is \$22.4968. The CY 2015 national average anesthesia CF for April 1, 2015 through December 31, 2015 is \$17.7454.

17. On page 67742, third column, first partial paragraph,

a. Line 3, the phrase “by 0.06 percent” is corrected to read “by 0.19 percent”.

b. Third column, first full paragraph, line 8, the figure “\$35.8013.” is corrected to read “\$35.7547.”

c. Third column, second full paragraph, line 6, the figure “\$28.2239.” is corrected to read “\$28.1872.”

d. Third column, second full paragraph, line 9, the phrase “21.2 percent” is corrected to read “21.3 percent”.

18. On page 67742, in Table 45: Calculation of the CY 2015 PFS CF, the table is corrected to read as follows:

TABLE 45—CALCULATION OF THE CY 2015 PFS CF

January 1, 2015 through March 31, 2015		
Conversion Factor in effect in CY 2014		\$35.8228
Update	0.0 percent (1.00)	
CY 2015 RVU Budget Neutrality Adjustment	-0.19 percent (0.9981)	
CY 2015 Conversion Factor (1/1/2015 through 3/31/2015)		\$35.7547
April 1, 2015 through December 31, 2015		
Conversion Factor in effect in CY 2014		\$35.8228

TABLE 45—CALCULATION OF THE CY 2015 PFS CF—Continued

CY 2014 Conversion Factor had statutory increases not applied		\$27.2006
CY 2015 Medicare Economic Index	0.8 percent (1.008)	
CY 2015 Update Adjustment Factor	3.0 percent (1.03)	
CY 2015 RVU Budget Neutrality Adjustment	-0.19 percent (0.9981)	
CY 2015 Conversion Factor (4/1/2015 through 12/31/2015)		\$28.1872
Percent Change in Conversion Factor on 4/1/2015 (relative to the CY 2014 CF)		-21.3%
Percent Change in Update (without budget neutrality adjustment) on 4/1/2015 (relative to the CY 2014 CF)		-21.2%

19. On page 67743,
a. First column, first full paragraph, line 5, the sentence “After applying the 0.9994 budget” is corrected to read “After applying the 0.9981 budget”.

b. Second column, line 2, the figure “\$22.5550.” is corrected to read “\$22.4968.”
c. Third column, line 12, the figure “\$17.7913.” is corrected to read “\$17.7454.”

d. Table 46: Calculation of the CY 2015 Anesthesia CF is corrected to read as follows:

TABLE 46—CALCULATION OF THE CY 2015 ANESTHESIA CF

January 1, 2015 through March 31, 2015		
CY 2014 National Average Anesthesia CF		\$22.6765
Update	0.0 percent (1.00)	
CY 2015 RVU Budget Neutrality Adjustment	-0.19 percent (0.9981)	
CY 2015 Anesthesia Fee Schedule Practice Expense Adjustment	-0.00494 percent (0.99506)	
CY 2015 National Average Anesthesia CF (1/1/2015 through 3/31/2015)		\$22.4968
April 1, 2015 through December 31, 2015		
2014 National Average Anesthesia Conversion Factor in effect in CY 2015		\$22.6765
2014 National Anesthesia Conversion Factor had Statutory Increases Not Applied ..		\$17.2283
CY 2015 Medicare Economic Index	0.8 percent (1.008)	
CY 2015 Update Adjustment Factor	3.0 percent (1.03)	
CY 2015 Budget Neutrality Work and Malpractice Adjustment	-0.19 percent (0.9981)	
CY 2015 Anesthesia Fee Schedule Practice Expense Adjustment	-0.00494 percent (0.99506)	
CY 2015 Anesthesia Fee Schedule Practice Expense Adjustment	-0.00494 percent (0.99506)	
CY 2015 Anesthesia Conversion Factor (4/1/2015 through 12/31/2015)		\$17.7454
Percent Change from 2014 to 2015 (4/1/2015 through 12/31/2015)		-21.7%

20. On page 67803, last row, in Table 52: Individual Quality Cross-Cutting Measures for the PQRS to Be Available

for Satisfactory Reporting Via Claims, Registry, and EHR Beginning in 2015,

the listed entry is corrected to read as follows:

NQE/PQRS	CMS E-Measure ID	NQS Domain	Measure Title and Description [¶]	Measure Steward	Claims	CSV	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0420 /131	N/A	Community/Population Health	<p>Pain Assessment and Follow-Up: Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present</p> <p>No comments were received regarding this measure being classified as cross-cutting. CMS is finalizing its proposal to make this measure reportable as a cross-cutting measure for 2015 PQRS.</p>	CMS/QIP	X		X			X	

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21. On page 67848, the last two rows, and the first row on page 67849, in

Table 55: Measures Being Removed from the Existing PQRS Measure Set

Beginning in 2015, the listed are corrected to read as follows:

NQF/ PQRS	NQS Domain	Measure Title and Description [†]	Measure Steward	Claims	CSV	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0091/051	Effective Clinical Care	<p>Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation: Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry evaluation results documented</p> <p>A steward has been identified for this measure, and for this reason CMS is not finalizing its proposal to remove this measure from reporting in 2015 PQRS.</p>	American Thoracic Society	X		X			X	
0102/052	Effective Clinical Care	<p>Chronic Obstructive Pulmonary Disease (COPD): Inhaled Bronchodilator Therapy: Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV₁/FVC less than 60% and have symptoms who were prescribed an inhaled bronchodilator</p> <p>A steward has been identified for this measure, and for this reason CMS is not finalizing its proposal to remove this measure from reporting in 2015 PQRS.</p>	American Thoracic Society	X		X			X	
0050/109	Person and Caregiver- Centered Experience and Outcomes	<p>Osteoarthritis (OA): Function and Pain Assessment: Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain</p> <p>A steward has been identified for this measure, and for this reason CMS is not finalizing its proposal to remove this measure from reporting in 2015 PQRS.</p>	AAOS	X		X				

22. On page 67854, the second row, in Table 56: Existing Individual Quality Measures and Those Included in Measures Groups for the PQRS for Which Measure Reporting Updates Will Be Effective Beginning in 2015, the listed entry is corrected to read as follows:

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description ^y	Measure Steward	Claims	CSV	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
Measures Finalized as Proposed											
006 7/0 06		Effective Clinical Care	<p>Coronary Artery Disease (CAD): Antiplatelet Therapy: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) seen within a 12 month period who were prescribed aspirin or clopidogrel</p> <p>Several commenters were concerned with CMS' proposal to eliminate the claims-based reporting option for various measures, noting that not all eligible professionals have the resources to implement registry or EHR reporting and will no longer be able to participate in PQRS. CMS appreciates the commenters' concerns and believes that removal of the claims-based reporting option will not negatively impact a significant number of providers reporting these measures. CMS also received comments supporting inclusion of the measure in the Shared Savings Program CAD Composite measure but with composite measure testing and NQF review. Therefore, CMS is finalizing its proposal to remove the claims-based reporting option for this measure in 2015 PQRS as part of its goal to lower the data error rate and decrease provider burden. CMS will not finalize adding this measure in the Shared Savings Program CAD Composite.</p>	AMA- PCPI ACCF AHA			X			X	ACO

23. On page 67877, second row, in Table 56: Existing Individual Quality Measures and Those Included in

Measures Groups for the PQRS for Which Measure Reporting Updates Will Be Effective Beginning in 2015, the

listed entry is corrected to read as follows:

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NQE/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description ^y	Measure Steward	Claims	CSV	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
Measures Not Finalized as Proposed											
040 9 /20 5		Effective Clinical Care	<p>HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis: Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia, gonorrhea and syphilis screenings were performed at least once since the diagnosis of HIV infection</p> <p>This measure was erroneously listed as reportable by claims and measures groups (79 FR 67877). However, this measure never had a claims-based reporting option; this measure was only reportable by registry and measures groups in the previous program year. Therefore, this measure will remain reportable by registry and measures group in 2015 PQRS</p>	NCQA AMA- PCPI			X			X	

24. On page 67988, in Table 93: CY 2015 PFS Final Rule with Comment Period Estimated Impact Table: Impacts

of Work, Practice Expense, and Malpractice RVUs, the table is corrected to read as follows:

TABLE 93: CY 2015 PFS Final Rule with Comment Period Estimated Impact Table: Impacts of Work, Practice Expense, and Malpractice RVUs

(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	\$88,095	0%	0%	0%	0%
ALLERGY/IMMUNOLOGY	\$216	0%	0%	0%	0%
ANESTHESIOLOGY	\$1,993	0%	0%	0%	0%
AUDIOLOGIST	\$60	0%	0%	-1%	0%
CARDIAC SURGERY	\$356	0%	0%	0%	0%
CARDIOLOGY	\$6,470	0%	0%	0%	1%
CHIROPRACTOR	\$812	0%	0%	-1%	-1%
CLINICAL PSYCHOLOGIST	\$704	0%	-1%	-1%	-1%
CLINICAL SOCIAL WORKER	\$522	0%	-1%	-1%	-1%
COLON AND RECTAL SURGERY	\$159	0%	0%	1%	0%
CRITICAL CARE	\$287	0%	0%	1%	0%
DERMATOLOGY	\$3,177	0%	-1%	0%	-2%
DIAGNOSTIC TESTING FACILITY	\$715	0%	-2%	0%	-2%
EMERGENCY MEDICINE	\$3,053	0%	0%	1%	1%
ENDOCRINOLOGY	\$457	0%	0%	0%	0%
FAMILY PRACTICE	\$6,116	1%	0%	0%	1%
GASTROENTEROLOGY	\$1,884	0%	0%	0%	0%
GENERAL PRACTICE	\$507	0%	0%	0%	0%
GENERAL SURGERY	\$2,256	0%	-1%	1%	0%
GERIATRICS	\$227	1%	1%	0%	1%
HAND SURGERY	\$160	0%	0%	0%	0%
HEMATOLOGY/ONCOLOGY	\$1,811	0%	0%	0%	1%
INDEPENDENT LABORATORY	\$714	-1%	0%	0%	-1%
INFECTIOUS DISEASE	\$655	0%	0%	0%	0%
INTERNAL MEDICINE	\$11,132	1%	0%	0%	1%
INTERVENTIONAL PAIN MGMT	\$678	0%	0%	0%	0%
INTERVENTIONAL RADIOLOGY	\$273	0%	1%	0%	1%
MULTISPECIALTY CLINIC/OTHER PHY	\$84	0%	0%	0%	0%
NEPHROLOGY	\$2,181	0%	0%	0%	0%
NEUROLOGY	\$1,513	0%	0%	0%	0%
NEUROSURGERY	\$740	0%	0%	2%	2%
NUCLEAR MEDICINE	\$49	0%	0%	0%	0%
NURSE ANES / ANES ASST	\$1,185	0%	0%	0%	0%
NURSE PRACTITIONER	\$2,225	0%	0%	0%	0%
OBSTETRICS/GYNECOLOGY	\$696	0%	0%	0%	-1%

25. On page 67991 through 67992, in Table 94: Impact of Final Rule with Comment Period on CY 2015 Payment

for Selected Procedures the table is corrected to read as follows:

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(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
OPHTHALMOLOGY	\$5,685	0%	0%	-2%	-2%
OPTOMETRY	\$1,163	0%	0%	-1%	-1%
ORAL/MAXILLOFACIAL SURGERY	\$45	0%	0%	0%	0%
ORTHOPEDIC SURGERY	\$3,673	0%	-1%	0%	0%
OTHER	\$28	0%	0%	-1%	-1%
OTOLARNGOLOGY	\$1,174	0%	0%	0%	0%
PATHOLOGY	\$1,077	-1%	1%	0%	0%
PEDIATRICS	\$59	0%	0%	0%	0%
PHYSICAL MEDICINE	\$1,009	0%	0%	0%	0%
PHYSICAL/OCCUPATIONAL THERAPY	\$2,836	0%	0%	0%	0%
PHYSICIAN ASSISTANT	\$1,565	0%	0%	0%	0%
PLASTIC SURGERY	\$376	0%	0%	0%	-1%
PODIATRY	\$2,003	0%	0%	0%	0%
PORTABLE X-RAY SUPPLIER	\$112	0%	-2%	0%	-2%
PSYCHIATRY	\$1,352	0%	0%	0%	0%
PULMONARY DISEASE	\$1,795	0%	0%	0%	0%
RADIATION ONCOLOGY	\$1,794	0%	0%	0%	0%
RADIATION THERAPY CENTERS	\$57	0%	0%	0%	0%
RADIOLOGY	\$4,524	0%	-1%	0%	-1%
RHEUMATOLOGY	\$541	0%	0%	0%	-1%
THORACIC SURGERY	\$344	0%	0%	0%	0%
UROLOGY	\$1,838	0%	0%	0%	0%
VASCULAR SURGERY	\$980	0%	0%	0%	0%

Note: Table 93 shows only the payment impact on PFS services. These impacts use a constant conversion factor and thus do not include the effects of the April 2015 conversion factor change required under current law.

TABLE 94: Impact of Final Rule with Comment Period on CY 2015 Payment for Selected Procedures

CPT/ HCPCS ¹	MOD	Short Descriptor	Facility					Non-Facility				
			CY 2014 ²	CY 2015 Jan 1 – March 31 ³	% Change	CY 2015 April 1 – December 31 ⁴	% Change	CY 2014 ²	CY 2015 Jan 1 – March 31 ³	% Change	CY 2015 April 1 – December 31 ⁴	% Change
11721		Debride nail 6 or more	\$25.43	\$25.03	-2%	\$19.73	-22%	\$45.14	\$45.05	0%	\$35.52	-21%
17000		Destruct premalg lesion	\$53.38	\$53.63	0%	\$42.28	-21%	\$75.23	\$66.86	-11%	\$52.71	-30%
27130		Total hip arthroplasty	\$1,394.94	\$1,401.58	0%	\$1,104.94	-21%	NA	NA	NA	NA	NA
27244		Treat thigh fracture	\$1,261.68	\$1,272.15	1%	\$1,002.90	-21%	NA	NA	NA	NA	NA
27447		Total knee arthroplasty	\$1,394.22	\$1,401.23	1%	\$1,104.66	-21%	NA	NA	NA	NA	NA
33533		Cabg arterial single	\$1,955.92	\$1,943.63	-1%	\$1,532.26	-22%	NA	NA	NA	NA	NA
35301		Rechanneling of artery	\$1,200.42	\$1,197.78	0%	\$944.27	-21%	NA	NA	NA	NA	NA
43239		Egd biopsy	\$152.25	\$153.39	1%	\$120.92	-21%	\$405.51	\$410.11	1%	\$323.31	-20%
66821		After cataract laser	\$324.55	\$315.00	-3%	\$248.33	-23%	\$342.47	\$333.59	-3%	\$262.99	-23%
66984		Cataract surg w/iol 1	\$673.11	\$647.16	-4%	\$510.19	-24%	NA	NA	NA	NA	NA
67210		Treatment of retinal	\$523.37	\$506.64	-3%	\$399.41	-24%	\$540.92	\$524.16	-3%	\$413.22	-24%
71010		Chest x-ray 1 view	NA	NA	NA	NA	NA	\$24.00	\$22.53	-6%	\$17.76	-26%
71010	26	Chest x-ray 1 view	\$9.31	\$9.30	0%	\$7.33	-21%	\$9.31	\$9.30	0%	\$7.33	-21%
77056		Mammogram both	NA	NA	NA	NA	NA	\$116.07	\$115.49	0%	\$91.04	-22%
77056	26	Mammogram both	\$44.42	\$44.34	0%	\$34.95	-21%	\$44.42	\$44.34	0%	\$34.95	-21%
77057		Mammogram screening	NA	NA	NA	NA	NA	\$82.75	\$82.59	0%	\$65.11	-21%
77057	26	Mammogram screening	\$35.82	\$35.75	0%	\$28.19	-21%	\$35.82	\$35.75	0%	\$28.19	-21%
77427		Radiation tx management	\$186.28	\$186.28	0%	\$146.86	-21%	\$186.28	\$186.28	0%	\$146.86	-21%
88305	26	Tissue exam by	\$38.33	\$38.97	2%	\$30.72	-20%	\$38.33	\$38.97	2%	\$30.72	-20%
90935		Hemodialysis one	\$73.44	\$73.30	0%	\$57.78	-21%	NA	NA	NA	NA	NA
92012		Eye exam establish	\$54.81	\$52.92	-3%	\$41.72	-24%	\$87.05	\$85.45	-2%	\$67.37	-23%
92014		Eye exam&tx estab pt	\$82.75	\$80.45	-3%	\$63.42	-23%	\$126.10	\$124.07	-2%	\$97.81	-22%
93000		Electrocardiogram	NA	NA	NA	NA	NA	\$16.84	\$17.16	2%	\$13.53	-20%
93010		Electrocardiogram report	\$8.60	\$8.58	0%	\$6.76	-21%	\$8.60	\$8.58	0%	\$6.76	-21%
93015		Cardiovascular stress test	NA	NA	NA	NA	NA	\$75.94	\$76.87	1%	\$60.60	-20%
93307	26	Tte w/o doppler complete	\$45.85	\$45.77	0%	\$36.08	-21%	\$45.85	\$45.77	0%	\$36.08	-21%

CPT/ HCPCS ¹	MOD	Short Descriptor	Facility				Non-Facility					
			CY 2014 ²	CY 2015 Jan 1 – March 31 ³	% Change	CY 2015 April 1 – December 31 ⁴	% Change	CY 2014 ²	CY 2015 Jan 1 – March 31 ³	% Change	CY 2015 April 1 – December 31 ⁴	% Change
93458	26	L hrt artery/ventricle	\$325.63	\$321.79	-1%	\$253.68	-22%	\$325.63	\$321.79	-1%	\$253.68	-22%
98941		Chiropract manj 3-4	\$35.46	\$35.04	-1%	\$27.62	-22%	\$41.55	\$41.12	-1%	\$32.42	-22%
99203		Office/outpatient visit	\$77.02	\$77.59	1%	\$61.17	-21%	\$108.18	\$108.69	0%	\$85.69	-21%
99213		Office/outpatient visit est	\$51.58	\$51.13	-1%	\$40.31	-22%	\$73.08	\$72.94	0%	\$57.50	-21%
99214		Office/outpatient visit est	\$79.17	\$79.02	0%	\$62.29	-21%	\$107.83	\$107.98	0%	\$85.13	-21%
99222		Initial hospital care	\$138.63	\$138.01	0%	\$108.80	-22%	NA	NA	NA	NA	NA
99223		Initial hospital care	\$204.19	\$204.52	0%	\$161.23	-21%	NA	NA	NA	NA	NA
99231		Subsequent hospital care	\$39.41	\$39.33	0%	\$31.01	-21%	NA	NA	NA	NA	NA
99232		Subsequent hospital care	\$72.36	\$72.58	0%	\$57.22	-21%	NA	NA	NA	NA	NA
99233		Subsequent hospital care	\$104.24	\$105.12	1%	\$82.87	-21%	NA	NA	NA	NA	NA
99236		Observ/hosp same date	\$219.24	\$219.89	0%	\$173.35	-21%	NA	NA	NA	NA	NA
99239		Hospital discharge day	\$107.47	\$108.34	1%	\$85.41	-21%	NA	NA	NA	NA	NA
99283		Emergency dept visit	\$61.97	\$62.57	1%	\$49.33	-20%	NA	NA	NA	NA	NA
99284		Emergency dept visit	\$118.22	\$119.06	1%	\$93.86	-21%	NA	NA	NA	NA	NA
99291		Critical care first hour	\$224.61	\$225.97	1%	\$178.14	-21%	\$274.76	\$277.46	1%	\$218.73	-20%
99292		Critical care addl 30 min	\$112.48	\$112.63	0%	\$88.79	-21%	\$123.23	\$123.35	0%	\$97.25	-21%
99348		Home visit est patient	NA	NA	NA	NA	NA	\$84.54	\$84.38	0%	\$66.52	-21%
99350		Home visit est patient	NA	NA	NA	NA	NA	\$178.40	\$178.06	0%	\$140.37	-21%
G0008		Immunization admin	NA	NA	NA	NA	NA	\$25.08	\$25.39	1%	\$20.01	-20%

¹ CPT codes and descriptions are copyright 2014 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

² The CY 2014 conversion factor is 35.8228.

³ Payments based on the CY 2015 conversion factor of 35.7547 effective January 1 – March 31.

⁴ Payments based on the CY 2015 conversion factor of 28.1872 effective April 1.

27. On page 67999, third column, first full paragraph,
a. Line 18, the figure “35.8013,” is corrected to read “35.7547.”

b. Line 21, the figure “\$109.19,” is corrected to read “\$108.18.”

c. Line 23, the phrase “this service would be \$21.84,” is corrected to read “this service would be \$21.74.”

List of Subjects in 42 CFR Part 410

Health facilities, Health professions, Kidney diseases, Laboratories, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

Accordingly, 42 CFR chapter IV is corrected by making the following correcting amendments to part 410:

PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

■ 1. The authority citation for part 410 continues to read as follows:

Authority: Secs. 1102, 1834, 1871, 1881, and 1893 of the Social Security Act (42 U.S.C. 1302, 1395m, 1395hh, and 1395ddd).

■ 2. Section 410.26 is amended by revising paragraph (b)(5) to read as follows:

§ 410.26 Services and supplies incident to a physician's professional services: Conditions.

* * * * *

(b) * * *

(5) In general, services and supplies must be furnished under the direct supervision of the physician (or other practitioner). Chronic care management services and transitional care management services (other than the required face-to-face visit) can be furnished under general supervision of the physician (or other practitioner) when they are provided by clinical staff incident to the services of a physician (or other practitioner). The physician (or other practitioner) supervising the auxiliary personnel need not be the same physician (or other practitioner) upon whose professional service the incident to service is based.

* * * * *

Dated: March 13, 2015.

C'Reda Weeden,

Executive Secretary to the Department, Department of Health and Human Services.

[FR Doc. 2015-06427 Filed 3-19-15; 8:45 am]

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DEPARTMENT OF COMMERCE**National Oceanic and Atmospheric Administration****50 CFR Part 648**

[Docket No. 140902739-5224-02]

RIN 0648-BE49

Fisheries of the Northeastern United States; Atlantic Mackerel, Squid, and Butterfish Fisheries; Specifications and Management Measures

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Final rule.

SUMMARY: NMFS is implementing 2015 specifications and management measures for Atlantic mackerel, 2015–2017 specifications for *Illex* squid, 2015–2017 specifications for longfin squid, and 2015–2017 specifications for butterfish. This action also establishes a simplified butterfish fishery closure mechanism. These specifications set catch levels to prevent overfishing and allocate catch to commercial and recreational fisheries. Additionally, the simplified butterfish closure mechanism makes operation of the fishery more efficient and consistent with the higher catch limit for butterfish. These specifications and management measures are consistent with the Atlantic Mackerel, Squid, and Butterfish Fishery Management Plan and the recommendations of the Mid-Atlantic Fishery Management Council.

DATES: Effective April 20, 2015.

ADDRESSES: Copies of the specifications document, including the Environmental Assessment and Initial Regulatory Flexibility Analysis (EA/IRFA) and other supporting documents for the specifications, are available from Dr. Christopher Moore, Executive Director, Mid-Atlantic Fishery Management Council, Suite 201, 800 N. State Street, Dover, DE 19901. The specifications document is also accessible via the Internet at: <http://www.greateratlantic.fisheries.noaa.gov/>.

FOR FURTHER INFORMATION CONTACT: Carly Bari, Fishery Policy Analyst, (978) 281-9224.

SUPPLEMENTARY INFORMATION:**Background**

Specifications, as referred to in this rule, are the combined suite of commercial and recreational catch levels established for one or more fishing years. The specifications process also allows for the modification of a

select number of management measures, such as closure thresholds, gear restrictions, and possession limits. The Council's process for establishing specifications relies on provisions within the Atlantic Mackerel, Squid, and Butterfish Fishery Management Plan (FMP) and its implementing regulations, as well as requirements established by the Magnuson-Stevens Fishery Conservation and Management Act. Specifically, section 302(g)(1)(B) of the Magnuson-Stevens Act states that the Scientific and Statistical Committee (SSC) for each Regional Fishery Management Council shall provide its Council ongoing scientific advice for fishery management decisions, including recommendations for acceptable biological catch (ABC), preventing overfishing, maximum sustainable yield, and achieving rebuilding targets. The ABC is a level of catch that accounts for the scientific uncertainty in the estimate of the stock's defined overfishing level (OFL).

The Council's SSC met on May 7 and 8, 2014, to recommend ABCs for the 2015 Atlantic mackerel specifications, and the 2015–2017 butterfish, *Illex* squid, and longfin squid specifications. On November 14, 2014, NMFS published a proposed rule for fishing year 2015 for the mackerel, squid, and butterfish fishery specifications and management measures (79 FR 68202); the public comment period for the proposed rule ended December 15, 2014.

The Atlantic Mackerel, Squid, and Butterfish FMP regulations require the specification of annual catch limits (ACL) and accountability measures (AM) for mackerel and butterfish (both squid species are exempt from the ACL/AM requirements because they have a life cycle of less than 1 year). In addition, the regulations require the specification of domestic annual harvest (DAH), domestic annual processing (DAP), and total allowable level of foreign fishing (TALFF), along with joint venture processing for (JVP) commercial and recreational annual catch totals (ACT) for mackerel, the butterfish mortality cap in the longfin squid fishery, and initial optimum yield (IOY) for both squid species. Details concerning the Council's development of these measures were presented in the preamble of the proposed rule and are not repeated here.

In addition to the specifications, this action simplifies the management measure for the directed butterfly fishery and changes the regulations in regard to possession limits.