

administrative function that does not result in any change of policy or payment methodology.

Accordingly, in this correction document, we are republishing the SNF PPS payment rate tables (that is, Tables 1 through 9, inclusive) that appeared in the August 4, 2003 final rule, in order to show the corrected rates. (We note that we are not republishing Table 10 (FY 2004 Labor-Related Share (68 FR 46057)), as this table solely involves the relative importance of the various components of the labor-related share, and those figures have not changed from those that appeared in the final rule.) Further, we are republishing Table 11, which displays the projected impact of the FY 2004 SNF PPS payment update, including the variation in impact by region and by certain other facility characteristics. We note that the effect of the corrections being made in this notice is solely distributional in nature and, accordingly, that there is no change in the estimated aggregate expenditures for FY 2004 as set forth in the August 4, 2003 final rule. A further discussion of the projected impact of the FY 2004

SNF PPS payment update can be found in the August 4, 2003 final rule (68 FR 46067). In addition, the FY 2004 budget neutrality factor of 1.005 that appeared in the final rule (68 FR 46047) is hereby revised to 1.0016.

Finally, in the August 4, 2003 final rule (68 FR 46060), we added two radiopharmaceuticals, Zevalin and Bexxar, to the list of chemotherapy drugs that are excluded from consolidated billing (and, thus, are separately billable to Part B when furnished to a SNF resident during a covered Part A stay). We note that Healthcare Common Procedure Coding System (HCPCS) coding for Bexxar is currently in the process of being developed. Further, while the final rule identified HCPCS codes A9522 and A9523 for Zevalin, we note that the outpatient hospital PPS currently uses HCPCS codes G0273 and G0274 for Zevalin instead, and that further revision of these particular codes is possible in the near future. As we stated in the final rule, the consolidated billing exclusions will appear in a Consolidated Billing Annual Update

Program Memorandum that we will issue at the end of CY 2003, and will be effective as of January 1, 2004 (68 FR 46059). Accordingly, we are clarifying as an interpretive matter that the HCPCS codes to be utilized in connection with Bexxar and Zevalin include any successor codes that may replace the codes currently listed in the regulation. Such successor codes would be disseminated through program instructions. Once HCPCS coding has been developed for Bexxar (and has been definitively established for Zevalin), we will make revisions, as appropriate, to the particular codes that appear in the regulations text at § 411.15(p)(2)(xii) and § 489.20(s)(12).

II. Correction of Errors

In FR Doc. 03–19677 of August 4, 2003 (68 FR 46036), make the following corrections:

Corrections to Preamble

1. On page 46040, Tables 1 and 2 are revised to read as follows:

TABLE 1.—FY 2004 UNADJUSTED FEDERAL RATE PER DIEM—URBAN

Rate component	Nursing— case-mix	Therapy— case-mix	Therapy— non-case- mix	Non-case- mix
Per Diem Amount	\$129.52	\$97.56	\$12.85	\$66.10

TABLE 2.—FY 2004 UNADJUSTED FEDERAL RATE PER DIEM—RURAL

Rate component	Nursing— case-mix	Therapy— case-mix	Therapy— non-case- mix	Non-case- mix
Per Diem Amount	\$123.74	\$112.50	\$13.72	\$67.33

2. On pages 46042 through 46043, Table 3 is revised to read as follows:

BILLING CODE 4120–01–P