

APC description of Nesiritide, per 0.5 mg vial, payment amount of \$144.40, and unadjusted national copayment amount of \$21.58. On page 66984 for HCPCS code J2324, we incorrectly stated the description of the HCPCS code, and we stated incorrect payment and copayment information. On page 66984, remove the description of HCPCS code J2324 and the payment and copayment information and insert the following: Description of Nesiritide, per 0.5 mg vial, payment amount of \$144.40, and unadjusted national copayment amount of \$21.58.

On page 66822 for APC 9115, we incorrectly stated the description of the APC, and we stated incorrect payment and copayment information. On page 66822, remove the description of the APC and the payment and copayment information and insert the following: APC description of Inj, zoledronic acid, per 1 mg, payment amount of \$203.39, and unadjusted national copayment amount of \$30.40. On page 66985 for HCPCS code J3487, we incorrectly stated the description of the HCPCS code, and we stated incorrect payment and copayment information. Remove the description of HCPCS code J3487 and the payment and copayment information and insert the following: Description of Inj, zoledronic acid, per 1 mg, payment amount of \$203.39, and unadjusted national copayment amount of \$30.40.

On page 66822, under APC 9120, group title Inj, Fulvestrant, per 50 mg, and on page 66962, under CPT/HCPCS code C9120, we failed to include the correct payment and copayment. Remove the payment rate and minimum unadjusted copayment and insert a payment rate of \$175.16 and minimum unadjusted copayment of \$26.18. On page 66962, under CPT/HCPCS code C9120, remove the payment rate and minimum unadjusted copayment and insert a payment rate of \$175.16 and minimum unadjusted copayment of \$26.18. These corrections are also shown in Tables 1 and 2.

On page 66847, we incorrectly assigned status code N to CPT/HCPCS code 27096, inject sacroiliac joint. Two new codes, G0259, inject for sacroiliac joint, and G0260, inject for sacroiliac joint anesthesia, replace CPT code 27096 for reporting these injections in 2003. On page 66847, for CPT/HCPCS 27096, remove the status indicator of N and insert a status indicator of E.

On page 66916, for CPT/HCPCS code 78459, description Heart muscle imaging (PET), we assigned the wrong status indicator and did not include needed payment information. On page 66916, remove the status indicator of E

and insert a status indicator of S, APC of 285, relative weight of 18.1294, payment rate of \$945.47, national unadjusted copayment of \$409.56, and minimum unadjusted copayment of \$189.09.

On page 66958, for HCPCS codes A9522 (Indium111britumomabtiuxetan) and A9523 (Y-90britumomabtiuxetan), we wrongly assigned status indicator E, although the service is paid under the OPPS as a packaged service for which payment is made as a part of a separately billable service. On page 66958, remove the status indicator E and insert status indicator N for both codes. These corrections are also shown in Tables 1 and 2 of this correction notice.

On page 66972, for CPT/HCPCS code E0481, Intrpulumry percuss vent sys, we wrongly assigned status indicator A, although the service is not covered under Medicare. On page 66972, remove status indicator A and insert status indicator E.

For the following codes on the pages identified, beginning on page 66974 and continuing as noted below on pages 67004, 67005, and 67006, we wrongly assigned status indicator E (not paid under OPPS or not covered) or A (paid under a payment system other than OPPS). These codes are for services that are covered and paid under OPPS but for which payment is packaged into payment for other OPPS services. Therefore, they require the status indicator of "N." We made this correction on page 66974, for codes E0752, E0756, E0757, E0782, E0783, E0785, E0786; on page 67004, for code L8606; on page 67005, for code L8614; and on page 67006, for codes Q1001, Q1002, Q1003, Q1004, and Q1005. These changes are also shown in Table 2—Corrections to Addendum B of the November 1, 2002, Final Rule for corrections to Addendum B for the codes identified above.

On page 66979, under CPT/HCPCS codes G0237, G0238, and G0239, we inadvertently assigned these codes to the incorrect APC and assigned an incorrect status indicator. Remove APC 0970 (group title New Technology Level I (\$0–\$50)) and status indicator T and insert APC 0706 (group title New Technology Level I) and status indicator of S. These corrections are also shown in Table 2 of this correction notice.

On pages 66979 and 66980, for CPT/HCPCS codes G0281, G0282, and G0283, we assigned the wrong status indicator. Remove the status indicator A. Insert the status indicator E. These codes are not effective for January 1, 2003; they are effective April 1, 2003.

On page 66979, for CPT/HCPCS code G0252, PET imaging initial dx, we incorrectly assigned a status indicator, APC, payment rate, and minimum unadjusted copayment. G0252 represents a noncovered condition under Medicare coverage policy and no payment should be made for this service. Remove status indicator S, APC, payment rate, and minimum unadjusted copayment and insert status indicator E.

On page 66983, for CPT/HCPCS code J1327, remove status indicator of N and insert status indicator of K, APC of 1607, relative weight of 0.1453, payment rate of \$7.58, minimum unadjusted copayment of \$1.52. This change results from the change relating to Eptifibatide Injection discussed above.

On page 66984, for CPT/HCPCS code J2260, Inj, milrinone lactate /5ml, we incorrectly stated the description. Remove "ml" and insert "mg".

On page 67006, for CPT/HCPCS code Q0184, Metabolically active tissue, we failed to include a condition code to indicate that the grace period applies, although the code is removed for 2003. Insert condition code DG.

III. Waiver of Proposed Rulemaking and Waiver of 30-Day Delay in Effective Date

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** to provide a period for public comment before the provisions of a notice take effect. We can waive this procedure, however, if we find good cause that notice and comment procedure is impracticable, unnecessary, or contrary to the public interest and incorporate a statement of the finding and the reasons for it into the notice issued.

In addition, we ordinarily provide a 30-day delay in the effective date of the provisions of a notice. Section 553(d) of the Administrative Procedure Act (5 U.S.C. section 553(d)) ordinarily requires a 30-day delay in the effective date of final rules after the date of their publication in the **Federal Register**. This 30-day delay in effective date can be waived, however, if an agency finds for good cause that the delay is impracticable, unnecessary, or contrary to the public interest, and the agency incorporates a statement of the finding and its reasons in the rule issued.

In this case, we believe that it is in the public interest to make the corrections we identify above effective on January 1, 2003, without the 30-day delay in effective date because to fail to do so would result, in most cases, in underpayment of hospitals beginning January 1, 2003, with the implementation of the updated OPPS