Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh) unless otherwise indicated.

2. Section 410.34 is amended by republishing the introductory text to paragraph (a) and revising paragraphs (a)(1), (a)(2), and (d) to read as follows:

§ 410.34 Mammography services: Conditions for and limitations on coverage.

(a) *Definitions.* As used in this section, the following definitions apply:

(1) *Diagnostic mammography* means a radiologic procedure furnished to a man or woman with signs or symptoms of breast disease, or a personal history of biopsy-proven breast disease, and includes a physician's interpretation of the results of the procedure.

(2) *Screening mammography* means a radiologic procedure furnished to a woman without signs or symptoms of breast disease, for the purpose of early detection of breast cancer, and includes a physician's interpretation of the results of the procedure.

* * * * *

(d) *Limitations on coverage of screening mammography services.* The following limitations apply to coverage of screening mammography services as described in paragraph (a)(2) of this section:

(1) The service must be, at a minimum a two-view exposure (that is, a cranio-caudal and a medial lateral oblique view) of each breast.

(2) Payment may not be made for screening mammography performed on a woman under age 35.

(3) Payment may be made for only 1 screening mammography performed on a woman over age 34, but under age 40.

(4) For a woman over age 39, but under age 50, the following limitations apply:

(i) Payment may be made for a screening mammography performed after at least 11 months have passed following the month in which the last screening mammography was performed if the woman has—

(A) A personal history of breast cancer;

(B) A personal history of biopsy-proven benign breast disease;

(C) A mother, sister, or daughter who has had breast cancer; or

(D) Not given birth before age 30.

(ii) If the woman does not meet the conditions described in paragraph (d)(4)(i) of this section, payment may be made for a screening mammography performed after at least 23 months have passed following the month in which the last screening mammography was performed.

(5) For a woman over age 49, but under age 65, payment may be made for a screening mammography performed after at least 11 months have passed following the month in which the last screening mammography was performed.

(6) For a woman over age 64, payment may be made for a screening mammography performed after at least 23 months have passed following the month in which the last screening mammography was performed.

D. Part 414 is amended as set forth below:

PART 414—PAYMENT FOR PART B MEDICAL AND OTHER HEALTH SERVICES

1. The authority citation for part 414 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

2. In § 414.28, the introductory text is republished, and paragraph (b) is revised to read as follows:

§ 414.28 Conversion factors.

HCFA establishes CFs in accordance with section 1848(d) of the Act.

* * * * *

(b) *Subsequent CFs.* Beginning January 1, 1993, the CF for each year is equal to the CF for the previous year, adjusted in accordance with § 414.30. Beginning January 1, 1996, the CF for each CY may be further adjusted so that adjustments to the fee schedule in accordance with section 1848(c)(2)(B)(ii) of the Act do not cause total expenditures under the fee schedule to differ by more than $20 million from the amount that would have been spent if these adjustments had not been made.

§ 414.32 [Amended]

3. In § 414.32, paragraph (d)(2) is removed, and paragraph (d)(3) is redesignated as paragraph (d)(2).

§ 414.46 [Amended]

4. In § 414.46, the following changes are made:

a. The word ''procedure'' in paragraphs (c)(2) introductory text, (c)(2)(i), (d)(1) introductory text, and (g) is removed, and the word ''service'' is added in its place. The word ''procedures'' in paragraphs (a)(1), (c)(1), (d)(1)(i), (d)(1)(ii), (d)(1)(iii), (d)(1)(iv), (d)(2)(i), (d)(2)(ii), (d)(2)(iii), (d)(2)(iv), (d)(2)(v), the heading of paragraph (e), and paragraphs (e) and (g) is removed, and the word ''services'' is added in its place.

b. Paragraphs (c)(2)(ii) and (c)(2)(iii) are redesignated as paragraphs (c)(2)(iii) and (c)(2)(ii), respectively.

c. Newly redesignated paragraph (c)(2)(ii) and paragraph (c)(3) are revised, a new paragraph (c)(4) is added, and the introductory text to paragraph (d) and paragraph (d)(2) are revised to read as follows:

§ 414.46 Additional rules for payment of anesthesia services.

* * * * *

(c) *Physician personally performs the anesthesia service.*

* * * * *

(2) * * *

(ii) For services furnished before January 1, 1998, the physician is continuously involved in a single case involving a certified registered nurse anesthetist (CRNA), anesthesiologist assistant (AA), or student nurse anesthetist.

* * * * *

(3) For services furnished before January 1, 1998, no payment is made under the CRNA fee schedule for the services of a CRNA or AA involved in a service described in paragraph (c)(2) of this section unless HCFA determines that it was medically necessary for both the physician and the CRNA or AA to be involved in the same case.

(4) For services furnished on or after January 1, 1998, if a physician is continuously involved in a single service involving a CRNA or AA, the payment allowance for the service of the CRNA or the AA is determined on the basis of the payment methodology in paragraph (d)(2) of this section.

(d) *Physician medically directs concurrent anesthesia services.* HCFA uses one of the following payment methodologies to determine the fee schedule amount for concurrent medically directed anesthesia services furnished by a physician during a specified CY.

* * * * *

(2) *Beginning CY 1994.* Payment is based on a specified percentage of the payment allowance recognized for the anesthesia service personally performed by a physician alone. For services furnished on or after January 1, 1998, if a physician is continuously involved in a single service involving a CRNA, AA, or a student nurse anesthetist, the payment rules for medical direction in this paragraph apply. The following percentages apply for the years specified:

* * * * *

5. In § 414.60, paragraph (b) is revised, and paragraph (c) is added to read as follows:

§ 414.60 Payment for the services of certified registered nurse anesthetists.

* * * * *

(b) *Beginning CY 1994.* The allowance for an anesthesia service furnished by a