

Security. Recipients of Old Law and Section 306 Pension are no longer required to submit annual EVRs unless there is a change in their income.

Affected Public: Individuals or households.

Estimated Annual Burden: 113,075 hours. The annual burden for VA Forms 21-0512S-1, 21-0512V-1, 21-0513-1, 21-0514, 21-0514-1, 21-0516, 21-0516-1, 21-0518, 21-0518-1, 21-0519C, and 21-0519C-1 is 9,8775 and 14,300 for VA Forms 21-0517, 21-0517-1, 21-0519S, and 21-0519S-1.

Estimated Average Burden per Respondent: The estimated burden respondent for VA Forms 21-0512S-1, 21-0512V-1, 21-0513-1, 21-0514, 21-0514-1, 21-0516, 21-0516-1, 21-0518, 21-0518-1, 21-0519C, and 21-0519C-1 is 30 minutes and 40 minutes for VA Forms 21-0517, 21-0517-1, 21-0519S, and 21-0519S-1.

Frequency of Response: Annually.

Estimated Number of Respondents: 219,000. The number of respondents for VA Forms 21-0512S-1, 21-0512V-1, 21-0513-1, 21-0514, 21-0514-1, 21-0516, 21-0516-1, 21-0518, 21-0518-1, 21-0519C, and 21-0519C-1 is 197,550 and 21,450 for VA Forms 21-0517, 21-0517-1, 21-0519S, and 21-0519S-1.

Dated: April 4, 2008.

By direction of the Secretary.

Denise McLamb,

Program Analyst, Records Management Service.

[FR Doc. E8-7751 Filed 4-10-08; 8:45 am]

BILLING CODE 8320-01-P

DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0666]

Agency Information Collection (Information Regarding Apportionment of Beneficiary's Award) Activities Under OMB Review

AGENCY: Veterans Benefits Administration, Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501-3521), this notice announces that the Veterans Benefits Administration (VBA), Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden; it includes the actual data collection instrument.

DATES: Comments must be submitted on or before May 12, 2008.

ADDRESSES: Submit written comments on the collection of information through <http://www.Regulations.gov> or to VA's OMB Desk Officer, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503, (202) 395-7316. Please refer to "OMB Control No. 2900-0666" in any correspondence.

FOR FURTHER INFORMATION CONTACT: Denise McLamb, Records Management Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 461-7485, FAX (202) 273-0443 or e-mail denise.mclamb@mail.va.gov. Please refer to "OMB Control No. 2900-0666."

SUPPLEMENTARY INFORMATION:

Title: Information Regarding Apportionment of Beneficiary's Award, VA Form 21-0788.

OMB Control Number: 2900-0666.

Type of Review: Extension of a currently approved collection.

Abstract: The data collected on VA Form 21-0788 is used to determine whether a veteran's or beneficiary's compensation and pension benefits may be allocated to his or her dependents. The veteran and the beneficiary use the form to report their income information in order for VA to determine the amount of benefit that may be apportioned to a spouse and children who do not reside with the veteran. A portion of the surviving spouse's benefits may be allocated to children of deceased veterans, who do not reside with the surviving spouse.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published on January 23, 2008, at page 4047.

Affected Public: Individuals or households.

Estimated Annual Burden: 12,500 hours.

Estimated Average Burden per Respondent: 30 minutes.

Frequency of Response: One time.

Estimated Number of Respondents: 25,000.

Dated: April 4, 2008.

By direction of the Secretary.

Denise McLamb,

Program Analyst, Records Management Service.

[FR Doc. E8-7786 Filed 4-10-08; 8:45 am]

BILLING CODE 8320-01-P

DEPARTMENT OF VETERANS AFFAIRS

GR Modifier Use by the Department of Veterans Affairs

AGENCY: Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: The Department of Veterans Affairs (VA) bills health benefit plans for the cost of certain care delivered to veterans. Starting with dates of service on and after January 1, 2006, when medical residents deliver care in a VA Medical Center or clinic under the supervision of an attending physician, VA will issue its bill in the name of the attending physician but append the Healthcare Common Procedural Coding System (HCPCS) Level II modifier "-GR" to the CPT code for the service. For billing and payment purposes, the "-GR" modifier when used on VA billings has the same effect as the "-GC" or "-GE" modifier when used in billings from non-VA providers. The use of the "-GC" "-GE" modifiers is generally discontinued in VA billings; they are used only as specifically permitted by VA policy.

FOR FURTHER INFORMATION CONTACT: Tony A. Guagliardo, Director, Business Policy, Chief Business Office (163), Veterans Health Administration, Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 254-0384. (This is not a toll free number).

SUPPLEMENTARY INFORMATION: The Veterans Health Administration (VHA) supports the Nation's largest graduate medical training program; each year approximately 30 percent of all the medical residents in the United States receive some or all of their training in a VHA Medical Center or clinic. VA policy is that the cost of clinical services provided by medical residents will be billed to third party health benefit plans as provided in 38 U.S.C. 1729 when the resident is supervised by an attending physician in accordance with VHA policy.

For coding and billing purposes, documentation of resident supervision is different in VHA Medical Centers or clinics than in the non-VA sector. VHA requires that any services provided in whole or in part by a resident must be notated with the designation "-GR". In the non-VA sector, services provided in whole or in part by a resident must be notated with either the "-GC" or "-GE" modifier as appropriate. The Health and Human Services (HHS) Centers for Medicare and Medicaid Services (CMS) has adopted billing rules which generally require the documentation of

the physical presence of a supervising attending physician for resident-delivered services to be eligible for payment under the Medicare or Medicaid program. As a result, non-VA sector graduate medical education programs are generally structured to take advantage of CMS-based payments.

When billings for resident-delivered services are issued in the non-VA sector, a Health Care Procedural Coding System (HCPCS) Level II modifier, “-GC” can be appended to the Common Procedural Terminology -4 (CPT-4) service code to show that the physical-presence billing requirement was met. In limited circumstances where the CMS billing rules do not require physical-presence supervision, the HCPCS modifier “-GE” can be used. In each case, billings in the non-VA sector are issued in the name of the attending physician.

These CMS billing rules have their foundation in technical aspects of HHS’s funding of graduate medical education (GME) programs which do not apply to VA, for the simple reason

that HHS does not fund VA GME programs. Additionally, VA does not bill Medicare or Medicaid for services provided to veterans.

VHA resident supervision policy is based on the standards of the Accreditation Council for Graduate Medical Education (ACGME) which provide that residents should be appropriately supervised in the context of progressively increasing responsibility, and that training programs must identify the decision-making which allocates responsibility to individual residents. VHA’s resident supervision policy is set forth in its Handbook 1400.1, which may be found at http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1289. This policy is consistent with ACGME standards and quality of care, patient safety, and resident education objectives.

To facilitate billing of VA-delivered resident services, VHA requested and CMS authorized the use of a VA-specific HCPCS II modifier, “-GR.” When

appended to a CPT-4 code, the “-GR” modifier means:

“These services were provided in whole or in part by a resident at a VA Medical Center or clinic, supervised in accordance with VA policy.”

For billing and payment purposes, when used on a billing from a VA Medical Center or clinic, the “-GR” modifier has the same effect as the “-GC” or “-GE” modifier when used by the non-VA sector. VA practice, consistent with that of the non-VA sector, is to issue billings in the name of the attending physician.

Please note that when veterans receive VA-funded care in a non-VA medical facility, clinic, or office, VHA policy does permit the use of the “-GC” and “-GE” modifiers on billings if the modifiers are otherwise appropriate.

Approved: April 4, 2008.

Gordon H. Mansfield,

Deputy Secretary of Veterans Affairs.

[FR Doc. E8-7642 Filed 4-10-08; 8:45 am]

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