



# NATIONAL INTELLIGENCE REPORT®

Covering Government Policy For Diagnostic Testing & Related Medical Services

Celebrating Our 30th Year of Publication

Vol. 09, Iss. 22, December 14, 2009

## Lab Fee Cut Looms, But How Deep Will It Be?

*The Senate health care reform bill would let the scheduled cut of 1.9 percent take effect next year, but in 2011, establish a new update formula. The House version would change the formula in 2010, resulting in a 2.7 percent reduction.*

Medicare payments for Part B clinical laboratory services are on track to be cut 1.9 percent in 2010 under the statutory formula used to calculate the annual update: the Consumer Price Index (CPI-U) minus 0.5 percent. This marks the first time in the lab fee schedule's 25-year history that the update would drop into negative territory.

With significant unresolved differences between the House and the Senate on changes to the update formula, the scheduled cut is expected to take effect Jan. 1. Intent on finding money to pay for health care reform, Congress has shown no interest in granting a lab fee increase.

The House-passed health care reform bill and the Senate version now being debated on the floor take different approaches to getting Medicare savings by changing the lab fee update formula: *Cont., p. 2*

### INSIDE NIR

For the Record: Pathology 'grandfather' protection extension: one year in the Senate reform bill, two in the House bill ..... 2

Focus on Lab Payment Policy  
❑ CMS sets final crosswalks for new codes on the 2010 Medicare lab fee schedule..... 3  
❑ Table of CMS final crosswalks versus industry recommendations ..... 4-5

New waived tests, billing codes: see CLIA Advisory..... 6

CMS continues deeming authority for JCAHO hospital accreditation ..... 7

In Memoriam:  
Joan Hughes Logue, lab industry leader..... 7

Providers get more time to avoid Medicare denials under new PECOS payment policy..... 8

Upcoming G-2 Events ..... 8

[www.g2reports.com](http://www.g2reports.com)

## Showdown Soon on Medicare Physician Fee Update for 2010

Congress has until the end of this month to block a 21.2 percent cut in Medicare payments for physician services scheduled to take effect Jan. 1, 2010 under the Sustainable Growth Rate (SGR) factor used to update the Medicare physician fee schedule each year.

Lawmakers have said they will prevent the cut and grant a modest increase instead, but pending House and Senate legislation differs sharply over whether a fee fix should be short term or a permanent overhaul.

In the Senate health care reform bill, the 21.2 percent cut would be blocked and physicians would get a 0.5 percent increase in 2010 at an estimated cost of \$10.9 billion. A House-passed bill would cancel the cut and overhaul the update formula as follows:

- ❑ The 2010 update, based on the Medicare Economic Index, would increase physician payments by 1.2 percent, according to Congressional Budget Office (CBO) estimates.
- ❑ In subsequent years, the update would allow physician service spending to grow at the rate of the Gross Domestic Product (GDP) plus 1 percent per year (for primary care and preventive services, 2 percent per year) (*NIR 09, 21/Nov. 23, p. 1*).

The bill faces an uphill battle in the Senate because its cost of nearly \$210 billion is not paid for. The Senate has already rejected a similar bid to repeal the SGR system because it was not paid for (*NIR 09, 19/Oct. 26, p. 1*). 

"All the Reimbursement & Regulatory News You Can Bank On"



### Lab Fee Cut Looms, *from p. 1*

- ❑ *Productivity Adjustment:* The Senate bill would let the 1.9 percent cut go forward in 2010 and in 2011, replace the 0.5 percent reduction with a productivity adjustment (PA) and a guarantee that the PA would never reduce the update below zero. The House bill would apply the PA in 2010, with no protection against the update falling below zero. In 2010, the formula change would translate to a cut of 2.7 percent.
- ❑ *Additional Cuts:* The Senate bill would make an additional cut of 1.75 percent in the update for years 2011 to 2015. This is projected to reduce the update below zero in each of those years. The House bill has no similar provision.

### Fallout on Clinical Labs

In an analysis of the House and Senate provisions, the American Clinical Laboratory Association notes that the House, in applying the PA in January 2010, would reduce lab fees by approximately \$7.35 billion over 10 years, or 6 percent of total Medicare spending on lab services.

The Senate bill, which applies the PA a year later, saves an estimated \$5 billion, plus an additional \$5 billion reduction, for a total savings of \$10 billion, or 9 percent of total Medicare spending on lab services.

While laboratories by law are to receive an update each January based on the CPI-U, “this has rarely occurred and has, in fact, been cut because Congress froze the update in 10 of the past 12 years and cut the update by 0.5 percent for years 2009-2013,” said the ACLA analysis.

### Complex Molecular Diagnostic Tests

The Senate bill also includes a provision allowing hospital-based and independent clinical labs to bill Medicare directly for certain complex molecular diagnostic tests performed within 14 days of a beneficiary’s discharge, under a two-year demonstration project beginning July 1, 2011.

The Health and Human Services Secretary is to set the payment rates for these tests (*NIR 09, 21/Nov. 23, p. 4*). The cost of the project is not to exceed \$100 million, to be drawn from the Medicare budget. The original Finance Committee version paid for the project by tapping the lab fee update.

Under current Medicare rules, if a lab performs testing on blood or tissue samples collected by a hospital for inpatients and outpatients within the 14-day period, it must be paid by the hospital through its inpatient DRG payment, rather than a direct payment from Part B. 🏛️

## FOR THE RECORD

**PATHOLOGY ‘GRANDFATHER’ PROTECTION:** The Democratic leadership’s health care reform bill being debated on the Senate floor provides only a one-year extension of the pathology “grandfather” protection, not two years as reported in our Nov. 23 issue (p. 5). The version passed by the Finance Committee did authorize a two-year extension; however, the leadership scaled it back as part of a series of provisions aimed at keeping down the bill’s costs. The reform legislation passed by the House and sent to the Senate would authorize a two-year extension.

The “grandfather” protection, which expires at the end of this year, allows an independent clinical laboratory to bill Medicare directly for the technical component (TC) of pathology services to hospital inpatients and outpatients. It applies to hospital-lab arrangements in effect as of July 22, 1999, when the Medicare program first proposed to end such billings. The TC of pathology services includes anatomic services, cytopathology, and surgical pathology. 🏛️



# focuson: Lab Payment Policy

## CMS Issues Final Medicare Crosswalks for New 2010 Lab Codes

The Centers for Medicare and Medicaid Services has released its final decisions on the crosswalks to be used to establish payment rates for new codes on Medicare's 2010 Part B clinical laboratory fee schedule, effective Jan. 1.

The codes include 12 new CPT codes—three in chemistry, three in immunology, two in tissue typing, three in microbiology, and one for transcutaneous lab procedures—plus two new HCPCS G codes for drug screening.

### All Crosswalks, No Gap-Fills

In determining the final fees for the codes, the agency used the crosswalk method that matches a new code to an existing code on the fee schedule and its payment rate. It made no change from the preliminary crosswalks proposed in September (*NIR 09, 17/Sept. 28, p. 3*).

*At press time, fees for the new codes had yet to be published, but the CMS media office said release of the 2010 Medicare lab fee schedule is expected soon.*

The table on pages 4 and 5 compares the final CPT crosswalks with industry recommendations. Groups represented in the table include the American Association for Clinical Chemistry (AACC), American Clinical Laboratory Association (ACLA), American Society for Clinical Pathology (ASCP), American Society for Microbiology (ASM), College of American Pathologists (CAP), and Clinical Laboratory Management Association (CLMA). The American Association of Bioanalysts and the American Society for Clinical Laboratory Science did not submit comments.

### Change of Mind on MPO

Responding to a request by Abbott Diagnostics and backed by many industry groups, CMS finalized its intent to change the current crosswalk for CPT 83876, Myeloperoxidase (MPO), which was added to the fee schedule this year. The test is a quantitative marker used to predict myocardial infarction in patients with chest pain. Recommended crosswalks were to 82553, Creatine kinase (CK)(CPK); MB fraction only, or 83880, Natriuretic peptide (BNP).

Based on further research on the test method, the agency concluded, the test "appears to have the same level of complexity in the action step process as 83880, Natriuretic peptide (BNP)." The crosswalk change means a boost in payment. The current crosswalk is capped at \$18.91, the new crosswalk at \$49.56.

### Drug Screening G Codes

CMS also set final fees for new HCPCS drug screening codes on the Medicare lab fee schedule:

- ❑ G0430, Drug screen, qualitative; multiple drug classes, any method, each procedure (e.g., multiple drug test kit). Crosswalk: CPT 80100, Drug screen, qualitative; multiple drug classes, chromatographic method, each procedure, currently capped at \$21.23.
- ❑ G0431, single drug class method (e.g., immunoassay and enzyme assay), each drug test. Crosswalk: CPT 80101, Drug screen, qualitative; single drug class method, (e.g., immunoassay and enzyme assay), each drug class. Crosswalk: CPT 80101, Drug screen, qualitative; single drug class method, (e.g., immunoassay and enzyme assay), each drug class, currently capped at \$20.11.

The CMS notice of the final payment decisions and their rationale are posted at [cms.hhs.gov/Clinical-LabFeeSched](http://cms.hhs.gov/Clinical-LabFeeSched). Click on Laboratory Public Meetings. 🏛️



**Crosswalks for New CPT Codes on 2010 Medicare Lab Fee Schedule  
CMS Final Decisions vs. Industry Recommendations**

CODE/DESCRIPTOR*	CMS PRELIMINARY CROSSWALK	CURRENT NATL. FEE CAP**
<b>CHEMISTRY</b>		
<b>83987</b> , pH; exhaled breath condensate	<b>82800</b> , Blood gases, pH only + <b>87015</b> , Concentration, any type, for infectious agent	<b>\$22.12</b>
<i>Industry Recommendations</i>		
AACC, ACLA, ASCP, CAP, CLMA	Same	Same
ASM	No comment	N/A
<b>84145</b> , Procalcitonin (PCT)	<b>84146</b> , Prolactin	<b>\$28.30</b>
<i>Industry Recommendations</i>		
ASCP, ASM, CAP, CLMA	Same	Same
AACC, ACLA	83880, Natriuretic peptide	\$49.56
<b>84431</b> , Thromboxane metabolite(s), including thromboxane if performed, urine	<b>83520</b> , Immunoassay, analyte, quantitative; not otherwise specified	<b>\$18.91</b>
<i>Industry Recommendations</i>		
AACC, ACLA, ASCP, CAP	Same	Same
CLMA	83520 + 82570, Creatinine; other source	\$26.47
ASM	No comment	N/A
<b>IMMUNOLOGY</b>		
<b>86305</b> , Human epididymis protein 4 (HE4)	<b>86316</b> , Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each	<b>\$30.38</b>
<i>Industry Recommendations</i>		
ACLA, ASCP, ASM	Same	Same
AACC, CAP, CLMA	86304, Immunoassay for tumor antigen, quantitative; CA-125	Same
<b>86352</b> , Cellular function assay involving stimulation (eg, nitrogen or antigen) and detection of biomarker (eg, ATP)	<b>86353</b> , Leukocyte transformation, mitogen or antigen induced blastogenesis + <b>82397</b> , Chemiluminescent assay	<b>\$92.21</b>
<i>Industry Recommendations</i>		
AACC, ACLA, ASM	Same	Same
ASCP, CAP	86353 + 82397 + XX (gap-fill if advised)	\$92.21 + XX
CLMA	No comment	N/A
<b>86780</b> , Antibody, Treponema pallidum	<b>86781</b> , Treponema pallidum, confirmatory test (eg, FTA-abs.)	<b>\$19.34</b>
<i>Industry Recommendations</i>		
AACC, ACLA, ASCP, ASM, CAP, CLMA	Same	Same
<b>TISSUE TYPING</b>		
<b>86825</b> , Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sample or dilution	<b>86356</b> (\$39.03) x 3, Monoclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen	<b>\$117.27</b>
<i>Industry Recommendations</i>		
CAP	Same	Same
AACC	86361, T cells; absolute CD4 count x 3	Same
ACLA, ASCP	87536, HIV-1, quantification	\$124.24

ASM	88184, Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	N/A. Code payable via physician fee schedule. Mean of limiting charge: \$86.02
CLMA	88184, Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker + 88185, each additional marker (list separately to code for the first marker)	N/A. Paid on the physician fee schedule, \$124.79 pure fee, unadjusted for locality.
<b>86826</b> , Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg., using flow cytometry, each additional serum sample or dilution (list separately in addition to primary procedure)	<b>86356</b> , Mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen	<b>\$39.09</b>
<i>Industry Recommendations</i>		
AACC, CAP	Same	Same
ACLA, ASCP	86361, T cells; absolute CD4 count	Same
ASM	88185	N/A. Mean of physician fee schedule limiting charge: \$51.10
CLMA	88184, Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker + 88185, each additional marker (list separately to code for the first marker)	N/A. Paid via physician fee schedule, \$124.79 pure fee, unadjusted for locality.
<b>MICROBIOLOGY</b>		
<b>87150</b> , Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed	<b>87798</b> , Infectious agent antigen detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique	<b>\$51.25</b>
<i>Industry Recommendations</i>		
AACC, ACLA, ASCP, ASM, CAP, CLMA	Same	Same
<b>87153</b> , Culture, typing; identification by nucleic acid sequencing method, each isolate	Molecular diagnostics codes <b>83891, 83898, 83904, 83912, and 87900</b> (at 1/2)	<b>\$155.79</b>
<i>Industry Recommendations</i>		
AACC, ACLA, ASCP, ASM, CAP	87902, Infectious agent genotype analysis; hepatitis C virus	\$375.88
CLMA	83890-83912 range; no specific code recommended.	N/A
<b>87493</b> , Infectious agent antigen detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique	<b>87798</b> , Infectious agent antigen detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique	<b>\$51.25</b>
<i>Industry Recommendations</i>		
AACC, ACLA, ASCP, ASM, CLMA	Same	Same
CAP	87500, Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe techniques	Same
<b>TRANSUCUTANEOUS LAB PROCEDURES</b>		
<b>88738</b> , Hemoglobin (Hgb), quantitative, transcutaneous	<b>88740</b> , Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	<b>\$7.33</b>
<i>Industry Recommendations</i>		
AACC, ACLA, ASCP, CAP, CLMA	Same	Same
ASM	No comment	N/A

\*CPT codes © American Medical Assn. \*\*Final caps for 2010 were yet to be published at press time. However, under the current statutory update formula, lab fee are scheduled to be cut by 1.9 percent as of Jan. 1.



◆ CLIA Advisory

## New Waived Tests and Billing Codes

The Jan. 1, 2010 update to the list of CLIA waived tests includes the latest tests approved by the Food and Drug Administration for this category. New waived tests are approved on a flow basis and are valid as soon as approved.

When billing for the tests below, you must use the QW modifier so your local Medicare contractor can recognize the code as waived in accord with CLIA (the Clinical Laboratory Improvement Amendments).

<i>CPT Code</i>	<i>Effective Date</i>	<i>Description</i>
80101QW	March 10, 2009	Amedica Biotech Amedica Drug Screen Test Cup
80101QW	May 11, 2009	Twin Spirit Inc. DrugSmart Cup
84443QW	June 3, 2009	CLIAwaived Inc. Thyroid Test Rapid TSH Cassette {Whole Blood}
86308QW	July 16, 2009	ProAdvantage by NDC Infectious Mononucleosis Test Device (Whole Blood Only)
86318QW	August 7, 2009	Pro-Advantage by NDC H. pylori Device (Whole Blood)
87804QW	August 18, 2009	BinaxNOW Influenza A & B Test, K092223

### Other Coding, Billing Notices

For 2009, the description for the CPT code 84155 was modified from “Protein, total, except by refractometry; serum” to “Protein, total, except by refractometry; serum, plasma or whole blood.” Therefore, the CPT codes assigned for the total protein test performed on the following test systems have been changed from 84157QW to 84155QW:

- ❑ Abaxis Piccolo Blood Chemistry Analyzer (General Chemistry 13 Panel){Whole Blood}—Abaxis Piccolo xpress Chemistry Analyzer (General Chemistry 13 Panel){Whole Blood}—Abaxis Piccolo Point of Care Chemistry Analyzer (Liver Panel Plus Reagent Disc){whole blood}
- ❑ Abaxis Piccolo xpress Chemistry Analyzer {Liver Panel Plus} (Whole Blood)
- ❑ Arkay SPOTCHEM EZ Chemistry Analyzer (Spotchem II Basicpanel 2){Whole Blood}

Medicare contractors shall permit use of 84155QW for claims submitted by facilities with a valid, current CLIA certificate of waiver with dates of service on or after Jan. 1, 2009.

They are to deny use of 84157QW for claims submitted by facilities with a valid, current CLIA certificate of waiver with dates of service on or after Jan. 1, 2010.

Contractors are not required to search their files to either retract payment or retroactively pay claims; however, they should adjust claims if they are brought to their attention. 🏛️

*The list of CLIA waived tests and billing codes is typically updated quarterly. For the Jan. 1, 2010 update, which includes a complete list of all currently waived tests, see CMS Change Request 6685 (Nov. 20, 2009) at www.cms.hhs.gov/transmittals.*



## Deeming Authority for JCAHO Hospital Accreditation Renewed

The Centers for Medicare and Medicaid Services (CMS) has continued the deeming authority for the hospital accreditation program of the Joint Commission on Accreditation of Health Care Organizations (JCAHO) for another four years, through July 15, 2014. Hospitals accredited by JCAHO may be “deemed” to meet Medicare and Medicaid certification requirements, since the organization’s quality standards meet or exceed federal standards.

CMS issued the approval in the Nov. 27 *Federal Register*, noting changes JCAHO made to its hospital requirements following CMS’s comparison with Medicare conditions of participation and the survey process in its State Operations Manual. Hospitals seeking Medicare approval may be surveyed either by an accrediting body, such as JCAHO, or by state surveyors on behalf of CMS. All deemed status surveys are unannounced, a policy that JCAHO instituted in 2006. 

### *In Memoriam*

#### Joan Hughes Logue, Lab Industry Trailblazer



JOAN HUGHES LOGUE, founder of the Clinical Laboratory Management Association (CLMA) and a nationally renowned consultant on lab management, regulatory compliance, and Medicare reimbursement, passed away from lung cancer Nov. 20 in her home in Longwood, Fla.

As principal of Health Systems Concepts Inc. (HSC), and Health Software Consultants, LLC, in Longwood, she worked with major hospital and national reference laboratory clients throughout the country and was a frequent speaker to national professional groups on clinical laboratory management issues.

She also was a pioneer in the development of automated systems to ensure regulatory compliance, such as the *MediBill Analyst*, the first software to conduct retrospective probe audits of lab billings to meet requirements of the HHS Office of Inspector General.

Mrs. Logue founded CLMA in 1976 and served as its director from 1984 to 1989. As director, she increased membership to almost 10,000 and initiated the peer review journal, the *Clinical Leadership and Management Review*. She later continued to consult for the association, based in Wayne, Pa. Prior to her positions with CLMA, she served as director of administration and communication for the National Committee for Clinical Laboratory Standards (NCCLS).

In 2005, Mrs. Logue received the Laboratory Public Service National Leadership Award for Lifetime Achievement presented by Washington G-2 Reports/IOMA.

She was born June 23, 1936, in Mount Pleasant, Mich., graduated in medical technology from the University of Texas, and from 1968 to 1976, served as administrative director of pathology at Paoli Hospital in Paoli, Pa.

She is survived by her husband of 52 years, Bill Logue; sister Janet Clarkson of Texas; brother Bill Hughes of Kansas City; daughter Kathy Logue Anderson, son Bill Logue, and her three grandchildren Kristi Anderson, Gregory Anderson, and Brenna Logue. HSC, which specializes in providing support to laboratories, transplant programs, and medical device and diagnostic manufacturers, will continue to operate under the direction of principals William Vaughn and her daughter, Kathy Logue Anderson.



# Providers Get More Time to Meet PECOS Payment Policy

Medicare Part B providers have until April 5, 2010, to make current their enrollment record in the program and avoid having their claims rejected, the Centers for Medicare and Medicaid Services (CMS) has announced.

In response to requests from medical groups, the agency agreed to delay implementation until then of a policy to deny Medicare reimbursement to physicians and other Part B providers who are not in the Medicare database called the Provider Enrollment, Chain, and Ownership System (PECOS).

For now, if the ordering or referring provider is not in PECOS, the claim will be processed but the provider/supplier will receive a warning message.

Providers who have not updated their Medicare enrollment record since November 2003—when CMS began to use PECOS—need to do so, CMS said. “If these physicians and nonphysician practitioners have no changes to their enrollment data, they need to submit an initial enrollment application which will establish a current enrollment record in PECOS.”

Happy Holidays from all of us at Washington G-2 Reports/IOMA!

Reminder: December is a one-issue month for NIR.

### Upcoming G-2 Events

#### Webinar

Dec. 17

To Give or Not to Give: Labs, Pathologists, Docs, and Freebies

Featured Speaker: Jane Pine Wood, Esq., member, McDonald Hopkins LLC

Times: 2:00 p.m. – 3:30 p.m. (Eastern)

#### Conference

April 14-16

Molecular Diagnostics 2010:

Putting MDx to the Test:

How Your Lab Can Capitalize on Molecular Diagnostics

Hyatt Regency Cambridge  
Cambridge, Mass.

Register for the conference before March 5 to save \$100!

For details on the above, including special savings, go to [www.g2reports.com](http://www.g2reports.com)

### NIR Subscription Order or Renewal Form

- YES, enter my one-year (22-issues) subscription to the *National Intelligence Report (NIR)* at the rate of \$509/yr. Subscription includes the NIR newsletter and electronic access to the current and all back issues at [www.ioma.com/g2reports/issues/NIR](http://www.ioma.com/g2reports/issues/NIR). Subscribers outside the U.S. add \$100 postal.\*
- AAB & NILA members qualify for special discount of 25% off—or \$381.75 (Offer code NIR11).
- I would like to save \$204 with a 2-year subscription to NIR for \$814.\*
- YES, I would also like to order the *Lab Industry Strategic Outlook 2009: Market Trends & Analysis* for \$1,495 (\$1,195 for Washington G-2 Reports subscribers). (Report #3308C).

#### Please Choose One:

- Check enclosed (payable to Washington G-2 Reports)
- American Express       VISA       MasterCard

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Name As Appears On Card \_\_\_\_\_

Name/Title \_\_\_\_\_

Company/Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail address \_\_\_\_\_

\*By purchasing an individual subscription, you expressly agree not to reproduce or redistribute our content without permission, including by making the content available to non-subscribers within your company or elsewhere.

MAIL TO: Washington G-2 Reports, 1 Washington Park, Suite 1300, Newark, NJ 07102-3130. Or call 973-718-4700 and order via credit card or fax order to 973-718-0595 NIR 12/09AB

©2009 Institute of Management and Administration, a division of BNA Subsidiaries, LLC. All rights reserved. Copyright and licensing information: It is a violation of federal copyright law to reproduce all or part of this publication or its contents by any means. The Copyright Act imposes liability of up to \$150,000 per issue for such infringement. Information concerning illicit duplication will be gratefully received. To ensure compliance with all copyright regulations or to acquire a license for multi-subscriber distribution within a company or for permission to republish, please contact IOMA's corporate licensing department at 973-718-4703, or e-mail [jpjng@ioma.com](mailto:jpjng@ioma.com). Reporting on commercial products herein is to inform readers only and does not constitute an endorsement. NATIONAL INTELLIGENCE REPORT (ISSN 0270-6768) is published twice monthly (except August and December, which are one-issue months) by Washington G-2 Reports, 1 Washington Park, Suite 1300, Newark, NJ 07102-3130. Telephone: (973) 718-4700. Fax: (973) 718-0595. Web site: [www.g2reports.com](http://www.g2reports.com). Order Line: (212) 629-3679.

Jim Curren, Editor; Dennis Weissman, Executive Editor; Janice Prescott, Sr. Production Editor; Perry Patterson, Vice President and Publisher; Joe Bremner, President.

Receiving duplicate issues? Have a billing question? Need to have your renewal dates coordinated? We'd be glad to help you. Call customer service at 973-718-4700.