(2) the accuracy of VBA's estimate of the burden of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or the use of other forms of information technology.

Authority: 38 U.S.C. 1522. Title: Request for Details of Expenses, VA Form 21P–8049.

OMB Control Number: 2900–0138. Type of Review: Revision of a currently approved collection.

Abstract: VA Form 21P–8049 is primarily used to gather the necessary information to determine eligibility for VA Pension. Without VA Form 21P-8049, VA will not be able to properly evaluate the totality of a claimant's circumstances when considering an application for benefits. VA will also be unable to evaluate the totality of claimant's circumstances when VA receives evidence of a significant increase in the corpus of a claimant's estate. The collection is conducted on a one-time basis and cannot be conducted less frequently. The respondent burden has decreased due to the number of receivables over the past year with non substantive and substantive changes. These changes include updated instructions, reformatting to include optical character recognition boxes, and renumbering section headers and questions.

Affected Public: Individuals and households.

Estimated Annual Burden: 218 hours. Estimated Average Burden per Respondent: 15 minutes.

Frequency of Response: One time. Estimated Number of Respondents: 871 per year. By direction of the Secretary.

## Maribel Aponte,

VA PRA Clearance Officer, Office of Enterprise and Integration/Data Governance Analytics, Department of Veterans Affairs. [FR Doc. 2022–19731 Filed 9–12–22; 8:45 am] BILLING CODE 8320–01–P

## DEPARTMENT OF VETERANS AFFAIRS

Cost-Based and Inter-Agency Billing Rates for Medical Care or Services Provided by the Department of Veterans Affairs for Fiscal Year 2023

**AGENCY:** Department of Veterans Affairs. **ACTION:** Notice.

**SUMMARY:** This document updates the Cost-Based and Inter-Agency billing rates for medical care or services provided by the U.S. Department of Veterans Affairs (VA) furnished in certain circumstances.

**DATES:** The rates set forth herein are effective October 1, 2022.

FOR FURTHER INFORMATION CONTACT: Ms. Debra Vatthauer, Office of Finance, Revenue Operations, Payer Relations and Services, Rates and Charges (104RO1), Veterans Health Administration, Department of Veterans Affairs, 128 Bingham Road, Suite 1000, Asheville, NC 28806; telephone: 608–821–7346 (this is not a toll-free number).

**SUPPLEMENTARY INFORMATION:** VA's methodology for computing Cost-Based and Inter-Agency rates for medical care or services provided by VA is set forth in 38 CFR 17.102(h). Two sets of rates are obtained by applying this methodology, Cost-Based and Inter-Agency.

Cost-Based rates apply to medical care and services that are provided by VA under 38 CFR 17.102(a), (b), (d) and (g), respectively, in the following circumstances:

- In error or based on tentative eligibility;
  - In a medical emergency;
  - To pensioners of allied nations; and
- For research purposes in circumstances under which the medical care appropriation shall be reimbursed from the research appropriation.

Inter-Agency rates apply to medical care and services that are provided by VA under § 17.102(c) and (f), respectively, in the following circumstances when the care or services provided are not covered by any applicable sharing agreement in accordance with § 17.102(e):

- To beneficiaries of the Department of Defense or other Federal agencies; and
- To military retirees with chronic disability.

The calculations for the Cost-Based and Inter-Agency rates are the same with two exceptions. Inter-Agency rates are all-inclusive and are not broken down into three components (*i.e.*, Physician; Ancillary; and Nursing Room and Board), and do not include standard fringe benefit costs that cover Government employee retirement, disability costs and return on fixed assets.

The following table depicts the Cost-Based and Inter-Agency rates that are effective October 1, 2022, and will remain in effect until the next fiscal year **Federal Register** update. These rates supersede those established by the **Federal Register** notice published on August 4, 2021, at 86 FR 42015.

	Cost-based rates	Inter-agency rates
A. Hospital Care per inpatient day:		
General Medicine:		
All Inclusive Rate	\$5,724	\$5,630
Physician	685	
Ancillary	1,492	
Nursing Room and Board	3,547	
Neurology:		
All Inclusive Rate	4,969	4,885
Physician	727	
Ancillary	1,312	
Nursing Room and Board	2,930	
Rehabilitation Medicine:	,	
All Inclusive Rate	4,254	4,179
Physician	483	·
Ancillary	1,300	
Nursing Room and Board	2,471	
Blind Rehabilitation:	,	
All Inclusive Rate	4.249	4.171
Physician	342	.,,
Ancillary	2,111	

	Cost-based rates	Inter-agency rates
Nursing Room and Board	1,796	
Spinal Cord Injury:		
All Inclusive Rate	4,396	4,31
Physician	545	
Ancillary	1,106	
Nursing Room and Board	2,745	
Surgery:	· ·	
All Inclusive Rate	9,923	9.76
Physician	1,094	
Ancillary	3,010	
Nursing Room and Board	5,819	
General Psychiatry:	3,013	
All Inclusive Rate	3,575	3,51
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Physician	337	
Ancillary	563	
Nursing Room and Board	2,675	
Substance Abuse (Alcohol and Drug Treatment):	0.004	0.50
All Inclusive Rate	3,631	3,56
Physician	346	
Ancillary	840	
Nursing Room and Board	2,445	
Psychosocial Residential Rehabilitation Program:		
All Inclusive Rate	521	51
Physician	33	
Ancillary	55	
Nursing Room and Board	433	
Intermediate Medicine:		
All Inclusive Rate	3.906	3,84
Physician	192	
Ancillary	573	
Nursing Room and Board	3,141	
Poly-trauma Inpatient:	0,141	
All Inclusive Rate	4,765	4.67
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Physician	1,456	
Ancillary	,	
Nursing Room and Board	2,768	
Nursing Home Care, Per Day:	2011	0.0=
All Inclusive Rate	2,314	2,27
Physician	72	
Ancillary	313	
Nursing Room and Board	1,929	
Outpatient Medical Treatments:		
Outpatient Visit (to include Ineligible Emergency Dental Care)	453	44
Outpatient Physical Medicine & Rehabilitation Service Visit	366	35
Outpatient Poly-trauma/Traumatic Brain Injury	673	66

Note: Outpatient Prescriptions will be billed at Drug Cost plus Administrative Fee.

## **Signing Authority**

Denis McDonough, Secretary of Veterans Affairs, approved this document on September 7, 2022, and authorized the undersigned to sign and submit the document to the Office of the Federal Register for publication electronically as an official document of the Department of Veterans Affairs.

## Luvenia Potts,

Regulation Development Coordinator, Office of Regulation Policy & Management, Office of the Secretary, Department of Veterans Affairs.

[FR Doc. 2022–19739 Filed 9–12–22; 8:45 am]

BILLING CODE 8320-01-P