

Federal Protective Service or Guard Service personnel before entering the building.

- Security measures include inspection of vehicles, inside and out, at the entrance to the grounds.

- In addition, all persons entering the building must pass through a metal detector.

- All items brought into CMS—including personal items such as desktops, cell phones, palm pilots, etc.—are subject to physical inspection.

- The public may enter the building 30–45 minutes before the meeting convenes each day.

- All visitors must be escorted in areas other than the lower and first-floor levels in the Central Building.

- The main-entrance guards will issue parking permits and instructions upon arrival at the building.

IX. Special Accommodations

Individuals requiring sign-language interpretation or other special accommodations must send a request for these services to the DFO by 5 p.m. (e.s.t.), Wednesday, August 29, 2007.

Authority: Section 1833(t)(9) of the Act (42 U.S.C. 13951(t)). The Panel is governed by the provisions of Pub. L. 92–463, as amended (5 U.S.C. Appendix 2).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare-Hospital Insurance; and Program No. 93.774, Medicare-Supplementary Medical Insurance Program)

Dated: May 1, 2007.

Leslie V. Norwalk,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E7–9521 Filed 5–24–07; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1546–N]

Medicare Program; Public Meeting in Calendar Year 2007 for New Clinical Laboratory Tests Payment Determinations

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice announces a public meeting to discuss payment determinations for specific new Physicians' Current Procedural Terminology (CPT) codes for clinical laboratory tests. The meeting provides a forum for interested parties to make oral

presentations and submit written comments on the new codes that will be included in Medicare's Clinical Laboratory Fee Schedule for calendar year 2008, which will be effective on January 1, 2008. The meeting will address technical issues relating to payment determinations for a specified list of new clinical laboratory codes.

The development of the codes for clinical laboratory tests is performed by the CPT Editorial Panel and will not be discussed at the CMS meeting.

DATES: The public meeting is scheduled for Monday, July 16, 2007 from 10 a.m. to 2 p.m.

ADDRESSES: The public meeting will be held in the main auditorium of the central building of the Centers for Medicare & Medicaid Services (CMS) located at 7500 Security Boulevard, Baltimore, Maryland 21244.

FOR FURTHER INFORMATION CONTACT: Anita Greenberg, (410) 786–4601.

SUPPLEMENTARY INFORMATION:

I. Background

Section 531(b) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA), Pub. L. 106–554, mandated procedures that permit public consultation for payment determinations for new clinical laboratory tests under Part B of title XVIII of the Social Security Act (the Act) in a manner consistent with the procedures established for implementing coding modifications for International Classification of Diseases (ICD–9–CM). The procedures and public meeting announced in this notice for new clinical laboratory tests are in accordance with the procedures published on November 23, 2001 in the **Federal Register** (66 FR 58743) to implement section 531(b) of BIPA. Also, section 942(b) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), Pub. L. 108–173, added section 1833(h)(8)(B)(iii) of the Act, which required that we establish by regulation procedures for determining the basis for, and amount of, payment for new clinical laboratory tests. In the calendar year (CY) 2007 physician fee schedule final rule (71 FR 69701 through 69704), we adopted new 42 CFR subpart G regarding payment for new clinical diagnostic laboratory tests. Under 42 CFR 414.506, we annually convene a meeting that includes representatives of CMS officials involved in determining payment amounts to receive individual comments and recommendations (and data on which the recommendations are based).

A newly created CPT code can either represent a refinement or modification of existing test methods, or a substantially new test method. The newly created CPT codes for the calendar year 2007 will be listed at the web site <http://www.cms.hhs.gov/ClinicalLabFeeSched> on or after June 18, 2007.

The first method, called cross-walking, is used when a new test is determined to be similar to an existing test, multiple existing test codes, or a portion of an existing test code. The new test code is then assigned the related existing local fee schedule amounts and resulting national limitation amount. The second method, called gap-filling, is used when no comparable, existing test is available. When using this method, instructions are provided to each Medicare carrier to determine a payment amount for its geographic area(s) for use in the first year, and the carrier-specific amounts are used to establish a national limitation amount for following years. For each new clinical laboratory test code, a determination must be made to either cross-walk or to gap-fill, and, if cross-walking is appropriate, to know which tests to cross-walk.

II. Meeting Format

This meeting is open to the public. The on-site check-in for visitors will be held from 9:30 to 10 a.m., followed by opening remarks. Registered individuals may discuss and recommend payment determinations for specific new CPT codes for the 2008 Clinical Laboratory Fee Schedule.

Oral presentations must be brief, and must be accompanied by three written copies. Presenters may also make copies available for approximately 50 meeting participants. Presenters should address the new test code(s) and descriptor, the test purpose and method, costs, charges, and make a recommendation with rationale for using one of two methods (cross-walking or gap-fill) for determining payment for new clinical laboratory codes. Presentations that do not address the six items may be considered incomplete and not considered by CMS when making a payment determination. We will request missing information following the meeting in order to prevent a recommendation from being considered incomplete.

A summary of the new codes and the payment recommendations that are presented during the public meeting will be posted on our Web site by September 7, 2007 and can be accessed at <http://www.cms.hhs.gov/ClinicalLabFeeSched>. In addition, the

summary will list other comments received on or before 15 days after the meeting, or August 1, 2007. The summary will also display CMS' tentative payment determinations, and interested individuals may submit written comments on the tentative payment determinations by September 21, 2007 to the address specified in the summary.

III. Registration Instructions

We are coordinating the public meeting registration. Beginning June 18, 2007 registration may be completed on-line at <http://www.cms.hhs.gov/ClinicalLabFeeSched>. The following information must be submitted when registering: Name; company name; address; telephone number(s); and E-mail address(es).

When registering, individuals who want to make a presentation must also specify which new clinical laboratory test code(s) they will be presenting. A confirmation will be sent upon receipt of the registration.

Registration Deadline: Individuals must register by July 11, 2007.

IV. Security, Building, and Parking Guidelines

The meeting will be held in a Federal government building; therefore, Federal security measures are applicable. In planning your arrival time, we recommend allowing additional time to clear security. In order to gain access to the building and grounds, participants must bring a government-issued photo identification and a copy of your written meeting registration confirmation. Persons without proper identification may be denied access to the building.

Individuals who are not registered in advance will not be permitted to enter the building and will be unable to attend the meeting. The public may not enter the building earlier than 30 to 45 minutes prior to the convening of the meeting.

Security measures also include inspection of vehicles, inside and out at the entrance to the grounds. In addition, all persons entering the building must pass through a metal detector. All items brought to CMS, whether personal or for the purpose of demonstration or to support a presentation, are subject to inspection.

V. Special Accommodations

Individuals attending a meeting who are hearing or visually impaired and have special requirements, or a condition that requires special assistance, should provide the information upon registering for the meeting.

Authority: Section 1102, 1833(h), and 1871 of the Social Security Act (42 U.S.C. 1302, 42 U.S.C. 13951, and 42 U.S.C. 1395hh)

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: March 22, 2007.

Leslie V. Norwalk,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E7-9525 Filed 5-24-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-3172-N]

Medicare Program; Meeting of the Medicare Coverage Advisory Committee—July 18, 2007

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice announces a public meeting of the Medicare Evidence Development Coverage Advisory Committee (MedCAC or Committee), formerly the Medicare Coverage Advisory Committee (MCAC). The Committee generally provides advice and recommendations about whether scientific evidence is adequate to determine whether certain medical items and services are reasonable and necessary under the Medicare statute. This meeting concerns percutaneous transluminal angioplasty (PTA) and stenting of the renal arteries.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)).

DATES: *Meeting Date:* The public meeting will be held on Wednesday, July 18, 2007 from 7:30 a.m. until 4:30 p.m., eastern daylight time (e.d.t.).

Deadlines for Registration and Request for Special Accommodations: Registration must be completed no later than 5 p.m., e.d.t. on Monday, July 9, 2007. Request for special accommodations must be received by 5 p.m., e.d.t. Tuesday, July 10, 2007.

Deadlines for Written Comments and Presentations: Written comments and presentations must be received by June 18, 2007, 5 p.m., e.d.t. Presentations, once submitted, are final. No further changes to the presentation can be accepted after submission.

ADDRESSES: *Meeting Location:* The meeting will be held in the main auditorium of the Centers for Medicare

& Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244.

Presentation and Comment

Submission: Interested persons may present data, information, or views orally or in writing on issues pending before the Committee. Presentation and written comments must be submitted by e-mail to

Michelle.Atkinson@cms.hhs.gov or by regular mail to Michelle Atkinson, Executive Secretary for MedCAC, Centers for Medicare & Medicaid Services, Office of Clinical Standards and Quality, Coverage and Analysis Group, C1-09-06, 7500 Security Boulevard, Baltimore, MD 21244.

Registration and Special

Accommodations: Individuals wishing to participate or who need special accommodations, or both, may register by phone or e-mail by contacting Maria Ellis at 410-786-0309 or Maria.Ellis@cms.hhs.gov no later than 5 p.m., e.d.t. on Monday, July 9, 2007. Persons attending the meeting who are hearing or visually impaired, or have a condition that requires special assistance or accommodations, are asked to contact Michelle Atkinson, Executive Secretary for MedCAC, no later than July 9, 2007.

Web site: You may access up-to-date information on this meeting at http://www.cms.hhs.gov/FACA/02_MCAC.asp#TopOfPage.

FOR FURTHER INFORMATION CONTACT:

Michelle Atkinson, Executive Secretary for MedCAC, 410-786-2881; Michelle.Atkinson@cms.hhs.gov; Centers for Medicare & Medicaid Services, OCSQ—Coverage and Analysis Group, C1-09-06, 7500 Security Boulevard, Baltimore, MD 21244).

SUPPLEMENTARY INFORMATION:

I. Background

On December 14, 1998, we published a notice in the **Federal Register** (63 FR 68780) to describe the Medicare Coverage Advisory Committee (MCAC), which provides advice and recommendations to CMS about clinical issues.

This notice announces the July 18, 2007 public meeting of the Committee. During this meeting, the Committee will discuss evidence and hear presentations from the public concerning the use of PTA and stenting of the renal arteries for the treatment of atherosclerotic renal artery stenosis (ARAS). The clinical outcomes in the Medicare population will be discussed. MedCAC will review the following kinds of evidence:

- The most informative measures of clinical outcomes.
- Indications.