

consistent in quality with inpatient surgical services.

- To meet the requirements at § 482.51(b)(5), CIHQ modified its standards to require that the operating room register be complete and up-to-date.
- To meet the requirements at § 482.51(b)(6), CIHQ modified its standards to address the requirement that an operative report must be written or dictated immediately following surgery and signed by the surgeon.
- To meet the requirements at § 482.56(a)(2), CIHQ modified its standards to include the reference to part 484 of the Code of Federal Regulations.
- To meet the survey process requirements in Appendix A of the SOM, CIHQ revised its policies outlining the survey size and composition to require that every survey will include at least one registered nurse with hospital survey experience.
- To meet the survey process requirements in Appendix Q of the SOM, CIHQ revised its policies to require notification to CMS of an immediate jeopardy situation, the content of the CMS notification, and the appropriate level of citation related to immediate jeopardy findings.
- To meet the requirements found at Section 2728B of the SOM, CIHQ revised its policies to require a more detailed monitoring plan that includes frequency of monitoring, duration of monitoring, sample size and target threshold, as part of a hospital's plan of correction for deficiencies found on survey.
- To meet the requirements found at Section 2005A2 of the SOM, CIHQ revised its policies to require the issuance of an accreditation denial for hospitals initially seeking participation in the Medicare program when the hospital has been found to be non-compliant with a condition of participation.

- To meet the requirements at § 498.13 and Section 2008D of the SOM, CIHQ revised its policies to clearly state that the final accreditation decision is based on the final survey report in which the provider meets all requirements or the date, which the provider is found to meet all conditions but has lower level deficiencies and CIHQ has received an acceptable plan of correction.

- To meet the requirements at Section 3012 of the SOM, CIHQ revised its policies to accurately reflect the requirement that follow-up surveys must be conducted within 45 calendar days from the survey end-date of the survey, which the condition level finding was cited.

- To clarify the survey process and to ensure the consistent application of survey activities, CIHQ updated its policies, survey tools and guidance to surveyors related to tracer activities, patient interviews, and staff interviews.

- To eliminate any real or perceived conflict of interest between CIHQ's consulting services through "Accreditation Resource Services" and its accreditation activities, CIHQ updated its plan to ensure that both entities are separated by a firewall and that information is not shared.

B. Term of Approval

Based on our review and observations described in section III of this final notice, we have determined that CIHQ's requirements for hospitals meet or exceed our requirements. Therefore, we approve CIHQ as a national accreditation organization for hospitals that request participation in the Medicare program, effective July 26, 2013, through July 26, 2017.

V. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed

by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 35).

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program; No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: July 2, 2013.

Marilyn Tavenner,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2013-18014 Filed 7-25-13; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-9080-N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—April Through June 2013

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

ACTION: Notice.

SUMMARY: This quarterly notice lists CMS manual instructions, substantive and interpretive regulations, and other **Federal Register** notices that were published from April through June 2013, relating to the Medicare and Medicaid programs and other programs administered by CMS.

FOR FURTHER INFORMATION CONTACT: It is possible that an interested party may need specific information and not be able to determine from the listed information whether the issuance or regulation would fulfill that need. Consequently, we are providing contact persons to answer general questions concerning each of the addenda published in this notice.

| Addenda | Contact | Phone Number |
|--|------------------------|----------------|
| I CMS Manual Instructions | Ismael Torres | (410) 786-1864 |
| II Regulation Documents Published in the Federal Register | Terri Plumb | (410) 786-4481 |
| III CMS Rulings | Tiffany Lafferty | (410)786-7548 |
| IV Medicare National Coverage Determinations | Wanda Belle | (410) 786-7491 |
| V FDA-Approved Category B IDEs | John Manlove | (410) 786-6877 |
| VI Collections of Information | Mitch Bryman | (410) 786-5258 |
| VII Medicare –Approved Carotid Stent Facilities | Lori Ashby | (410) 786-6322 |
| VIII American College of Cardiology-National Cardiovascular Data Registry Sites | Marie Casey, BSN, MPH | (410) 786-7861 |
| IX Medicare’s Active Coverage-Related Guidance Documents | Lori Ashby | (410) 786-6322 |
| X One-time Notices Regarding National Coverage Provisions | Lori Ashby | (410) 786-6322 |
| XI National Oncologic Positron Emission Tomography Registry Sites | Stuart Caplan, RN, MAS | (410) 786-8564 |
| XII Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities | Marie Casey, BSN, MPH | (410) 786-7861 |
| XIII Medicare-Approved Lung Volume Reduction Surgery Facilities | Marie Casey, BSN, MPH | (410) 786-7861 |
| XIV Medicare-Approved Bariatric Surgery Facilities | Kate Tillman, RN, MAS | (410) 786-9252 |
| XV Fluorodeoxyglucose Positron Emission Tomography for Dementia Trials | Stuart Caplan, RN, MAS | (410) 786-8564 |
| All Other Information | Annette Brewer | (410) 786-6580 |

I. Background

The Centers for Medicare & Medicaid Services (CMS) is responsible for administering the Medicare and Medicaid programs and coordination and oversight of private health insurance. Administration and oversight of these programs involves the following: (1) Furnishing information to Medicare and Medicaid beneficiaries, health care providers, and the public; and (2) maintaining effective communications with CMS regional offices, state governments, state Medicaid agencies, state survey agencies, various providers of health care, all Medicare contractors that process claims and pay bills, National Association of Insurance Commissioners (NAIC), health insurers, and other stakeholders. To implement the various statutes on which the programs are based, we issue regulations under the authority granted to the Secretary of the Department of Health and Human Services under sections 1102, 1871, 1902, and related provisions of the Social Security Act (the Act) and Public Health Service Act. We also issue various manuals, memoranda, and statements necessary to administer and oversee the programs efficiently.

Section 1871(c) of the Act requires that we publish a list of all Medicare manual instructions, interpretive rules, statements of policy, and guidelines of general applicability not issued as regulations at least every 3 months in the **Federal Register**.

II. Revised Format for the Quarterly Issuance Notices

While we are publishing the quarterly notice required by section 1871(c) of the Act, we will no longer republish duplicative information that is available to the public elsewhere. We believe this approach is in alignment with CMS’ commitment to the general principles of the President’s Executive Order 13563 released January 2011 entitled “Improving Regulation and Regulatory Review,” which promotes modifying and streamlining an agency’s regulatory program to be more effective in achieving regulatory objectives. Section 6 of Executive Order 13563 requires agencies to identify regulations that may be “outmoded, ineffective, insufficient, or excessively burdensome, and to modify, streamline, expand or repeal them in accordance with what has been learned.” This approach is also in alignment with the President’s Open Government and Transparency Initiative that establishes a system of transparency, public participation, and collaboration.

Therefore, this quarterly notice provides only the specific updates that have occurred in the 3-month period along with a hyperlink to the full listing that is available on the CMS Web site or the appropriate data registries that are used as our resources. This information is the most current up-to-date information and will be available earlier than we publish our quarterly notice. We believe the Web site list provides more timely access for beneficiaries, providers, and suppliers. We also

believe the Web site offers a more convenient tool for the public to find the full list of qualified providers for these specific services and offers more flexibility and “real time” accessibility. In addition, many of the Web sites have listservs; that is, the public can subscribe and receive immediate notification of any updates to the Web site. These listservs avoid the need to check the Web site, as notification of updates is automatic and sent to the subscriber as they occur. If assessing a Web site proves to be difficult, the contact person listed can provide information.

III. How To Use the Notice

This notice is organized into 15 addenda so that a reader may access the subjects published during the quarter covered by the notice to determine whether any are of particular interest. We expect this notice to be used in concert with previously published notices. Those unfamiliar with a description of our Medicare manuals should view the manuals at <http://www.cms.gov/manuals>.

Authority: (Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance, Program No. 93.774, Medicare—Supplementary Medical Insurance Program, and Program No. 93.714, Medical Assistance Program)

Dated: July 19, 2013.

Kathleen Cantwell,

Director, Office of Strategic Operations and Regulatory Affairs.

BILLING CODE 4120-01-P

Publication Dates for the Previous Four Quarterly Notices

We publish this notice at the end of each quarter reflecting information released by CMS during the previous quarter. The publication dates of the previous four Quarterly Listing of Program Issuances notices are: May 18, 2012 (77 FR 29648), August 17, 2012 (77 FR 49799), November 9, 2012 (77 FR 67368) and May 3, 2013 (78 FR 26038). For the purposes of this quarterly notice, we are providing only the specific updates that have occurred in the 3-month period along with a hyperlink to the website to access this information and a contact person for questions or additional information.

Addendum I: Medicare and Medicaid Manual Instructions (April through June 2013)

The CMS Manual System is used by CMS program components, partners, providers, contractors, Medicare Advantage organizations, and State Survey Agencies to administer CMS programs. It offers day-to-day operating instructions, policies, and procedures based on statutes and regulations, guidelines, models, and directives. In 2003, we transformed the CMS Program Manuals into a web user-friendly presentation and renamed it the CMS Online Manual System.

How to Obtain Manuals

The Internet-only Manuals (IOMs) are a replica of the Agency's official record copy. Paper-based manuals are CMS manuals that were officially released in hardcopy. The majority of these manuals were transferred into the Internet-only manual (IOM) or retired. Pub 15-1, Pub 15-2 and Pub 45 are exceptions to this rule and are still active paper-based manuals. The remaining paper-based manuals are for reference purposes only. If you notice policy contained in the paper-based manuals that was not transferred to the IOM, send a message via the CMS Feedback tool.

Those wishing to subscribe to old versions of CMS manuals should contact the National Technical Information Service, Department of Commerce, 5301 Shawnee Road, Alexandria, VA 22312 Telephone (703-605-6050). You can download copies of the listed material free of charge at: <http://cms.gov/manuals>.

How to Review Transmittals or Program Memoranda

Those wishing to review transmittals and program memoranda can access this information at a local Federal Depository Library (FDL). Under the FDL program, government publications are sent to approximately 1,400

designated libraries throughout the United States. Some FDLs may have arrangements to transfer material to a local library not designated as an FDL. Contact any library to locate the nearest FDL. This information is available at <http://www.gpo.gov/libraries/>

In addition, individuals may contact regional depository libraries that receive and retain at least one copy of most federal government publications, either in printed or microfilm form, for use by the general public. These libraries provide reference services and interlibrary loans; however, they are not sales outlets. Individuals may obtain information about the location of the nearest regional depository library from any library. CMS publication and transmittal numbers are shown in the listing entitled Medicare and Medicaid Manual Instructions. To help FDLs locate the materials, use the CMS publication and transmittal numbers. For example, to find the Medicare Claims Processing publication titled Claim Status Category and Claim Status Codes Update use CMS-Pub. 100-04, Transmittal No. 2681.

Addendum I lists a unique CMS transmittal number for each instruction in our manuals or program memoranda and its subject number. A transmittal may consist of a single or multiple instruction(s). Often, it is necessary to use information in a transmittal in conjunction with information currently in the manual. For the purposes of this quarterly notice, we list only the specific updates to the list of manual instructions that have occurred in the 3-month period. This information is available on our website at www.cms.gov/Manuals.

| Transmittal Number | Manual/Subject/Publication Number |
|---|--|
| Medicare General Information (CMS-Pub. 100-01) | |
| 00 | None |
| Medicare Benefit Policy (CMS-Pub. 100-02) | |
| 170 | Updates to Medicare Coverage of Hepatitis B Vaccine and its Administration and Medicare Coverage of the Annual Wellness Visit (AWV) Providing Personalized Prevention Plan Services (PPPS) Antigens Immunizations Annual Wellness Visit (AWV) Providing Personalized Prevention Plan Services (PPPS) Routine Services and Appliances |
| 171 | Implementation of the End Stage Renal Disease (ESRD) Prospective Payment System (PPS) Definitions Relating to ESRD Renal Dialysis Items and Services Composite Rate Items and Services Drugs and Biologicals |

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| | ESRD Prospective Payment System (PPS) Base Rate Bad Debts Reserved Composite Rate Tests for Hemodialysis, IPD, CCPD, and Hemofiltration Composite Rate Tests for CAPD Brief History of ESRD Composite Payment Rates for Outpatient Maintenance Dialysis |
| Medicare National Coverage Determination (CMS-Pub. 100-03) | |
| 153 | Autologous Platelet-Rich Plasma (PRP) for Chronic Non-Healing Wounds Blood-Derived Products for Chronic Non-Healing Wounds |
| 154 | Autologous Platelet-Rich Plasma (PRP) for Chronic Non-Healing Wounds Blood-Derived Products for Chronic Non-Healing Wounds |
| 155 | Ocular Photodynamic Therapy (OPT) with Verteporfin for Macular Degeneration Photodynamic Therapy Ocular Photodynamic Therapy (OPT) Photosensitive Drugs Verteporfin |
| Medicare Claims Processing (CMS-Pub. 100-04) | |
| 2680 | Data Reporting on Home Health Prospective Payment System (HH PPS) Claims HH PPS Claims Input/Output Record Layout |
| 2681 | Claim Status Category and Claim Status Codes Update |
| 2682 | Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP) - July 2013 Competitive Bidding Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Single Payment Amounts |
| 2683 | Non-systems Internet Only Manual (IOM) Changes |
| 2684 | Common Edits and Enhancements Modules (CEM) Code Set Update |
| 2685 | Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction |
| 2686 | Remittance Advice Remark and Claims Adjustment Reason Code and Medicare Remit Easy Print and PC Print Update |
| 2687 | Clarify the definition of customized durable medical equipment (DME) Items |
| 2688 | Reporting End Stage Renal Disease (ESRD) Drugs Administered Through the Dialysate |
| 2689 | National Coverage Determination (NCD) for Transcatheter Aortic Valve Replacement (TAVR) – Implementation of Mandatory Reporting of Clinical Trial Number Claims Processing Requirements for TAVR Services on Professional Claims Claims Processing Requirements for TAVR Services on Inpatient Hospital Claims |
| 2690 | Billing Social Work and Psychological Services in Comprehensive Outpatient Rehabilitation Facilities (CORFs) Application of Financial Limitations Notification for Beneficiaries Exceeding Financial Limitations Multiple Procedure Payment Reductions for Outpatient Rehabilitation Services |

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| | Applicable Types of Bill Billing for Biofeedback Training for the Treatment of Urinary Incontinence Allowable Revenue Codes on CORF 75X Bill Types Outpatient Mental Health Treatment Limitation Billing for Social Work and Psychological Services in a CORF |
| 2691 | Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction |
| 2692 | Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction |
| 2693 | Issued to a specific, audience not posted to Internet/Intranet due to Sensitivity of Instruction |
| 2694 | Discontinuation of Home Health Type of Bill 33X Noncovered Charges on Outpatient Bills Claim Submission and Processing Chart Summarizing the Effects of RAP/Claim Actions on the HH PPS Episode File Request for Anticipated Payment (RAP)/HH PPS Claims Collection of Deductible and Coinsurance from Patient General Medical and Other Health Services Not Covered Under the Plan of Care (Bill Type 34X) Osteoporosis Injections as HHA Benefit |
| 2695 | Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - July 2013 Update |
| 2696 | Issued to a specific, audience not posted to Internet/Intranet due to Sensitivity of Instruction |
| 2697 | New Non-Physician Specialty Code for Complimentary Insurer Nonphysician Practitioner, Supplier, and Provider Specialty Codes |
| 2698 | Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction |
| 2699 | Part B Claims Submission under the Indirect Payment Procedure (IPP) |
| 2700 | Quarterly Update to the Correct Coding Initiative (CCI) Edits, Version 19.2, Effective July 1, 2013 |
| 2701 | Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction. |
| 2702 | Issued to a specific, audience not posted to Internet/Intranet due to Sensitivity of Instruction |
| 2703 | Ambulance Payment Reduction for Non-Emergency Basic Life Support (BLS) Transports to and from Renal Dialysis Facilities Payment for Non-Emergency BLS Trips to/from ESRD Facilities CMS Supplied National ZIP Code File and National Ambulance Fee Schedule File |
| 2704 | July 2013 Integrated Outpatient Code Editor (I/OCE) Specifications Version 14.2 |
| 2705 | Common Edits and Enhancements Modules (CEM) Code Set Update |
| 2706 | Indian Health Services (IHS) Hospital Payment Rates for Calendar Year 2013 |
| 2707 | Instructions for Downloading the Medicare ZIP Code File for October 2013 |

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| 2708 | July Update to the CY 2013 Medicare Physician Fee Schedule Database (MPFSDB) |
| 2709 | July Quarterly Update for 2013 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule Durable Medical Equipment Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule Quarterly Update Schedule For DMEPOS Fee Schedule Record Layout for DMEPOS Fee Schedule |
| 2710 | Autologous Platelet-Rich Plasma (PRP) for Chronic Non-Healing Wounds Autologous Platelet-Rich Plasma (PRP) for Chronic Non-Healing Wounds Policy Healthcare Common Procedure Coding System (HCPCS) Codes and Diagnosis Coding Types of Bill (TOB) Payment Method Place of Service (POS) Professional Claims Medicare Summary Notices (MSNs), Remittance Advice Remark Codes (RARCs), Claim Adjustment Reason Codes (CARCs), and Group Codes |
| 2711 | Expedited Determinations for Provider Service Terminations Statutory Authority Scope Exceptions Notice of Medicare Non-Coverage Alterations to the NOMNC Completing the NOMNC Provider Delivery of the NOMNC Required Delivery Timeframes Refusal to Sign the NOMNC Financial Liability for Failure to Deliver a Valid NOMNC Amending the Date of the NOMNC NOMNC Delivery to Representatives Notice Retention for the NOMNC Hours of NOMNC Delivery Expedited Determination Process Beneficiary Responsibilities Timeframe for Requesting an Expedited Determination Provide Information to QIO Obtain Physician Certification of Risk (Home Health and CORF services only) Beneficiary Liability During QIO Review Untimely Requests for Review Provider Responsibilities The Detailed Explanation of Non-Coverage QIO Responsibilities Receive Beneficiary Requests for Expedited Review Notify Providers and Allow Explanation of Why Covered Services Should End Validate Delivery of the NOMNC Solicit the Views of the Beneficiary |

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| | Solicit the Views of the Provider Make Determination and Notify Required Parties Effect of a QIO Expedited Determination Right to Pursue an Expedited Reconsideration Effect of QIO Determination on Continuation of Care Right to Pursue the Standard Claims Appeal Process Expedited Determination Notice Association with Advance Beneficiary Notices Expedited Determination Notice Association with Advance Beneficiary Notices |
| 2712 | Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP) - October 2013 |
| 2713 | Claim Status Category and Claim Status Codes Update |
| 2714 | Updates to Chapter 12 and Chapter 16 of the Medicare Claims Processing Manual to Revise Instructions Regarding the Technical Component (TC) of Pathology Services Furnished to Hospital Patients Payment for Pathology Services Technical Component (TC) of Physician Pathology Services to Hospital Patients |
| 2715 | October 2013 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files |
| 2716 | Internet Only Manual (IOM) Update to Payment for Medical or Surgical Services Furnished by CRNAs. This CR rescinds and fully replaces CR 8027. Qualified Nonphysician Anesthetist Services Qualified Nonphysician Anesthetists Entity or Individual to Whom Fee Schedule is Payable for Qualified Nonphysician anesthetists Anesthesia Fee Schedule Payment for Qualified Nonphysician Anesthetists Conversion Factors Used on or After January 1, 1997 for Qualified Nonphysician Anesthetists Anesthesia Time and Calculation of Anesthesia Time Units Billing Modifiers General Billing Instructions Qualified Nonphysician Anesthetist Special Billing and Payment Situations An Anesthesiologist and Qualified Nonphysician Anesthetist Work Together Qualified Nonphysician Anesthetist and an Anesthesiologist in a Single Anesthesia Procedure Payment for Medical or Surgical Services Furnished by CRNAs Conversion Factors for Anesthesia Services of Qualified Nonphysician Anesthetists Furnished on or After January 1, 1992 |
| 2717 | July 2013 Update of the Ambulatory Surgical Center (ASC) Payment System |
| 2718 | July 2013 Update of the Hospital Outpatient Prospective Payment System (OPPS) Billing for Brachytherapy Sources – General Payment for New Brachytherapy Sources |
| 2719 | Pass-through Payments for Certified Registered Nurse Anesthetist Anesthesia Services and Related Care Pass-through Payments for Certified Registered Nurse Anesthetist Anesthesia Services and Related Care |

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| | Payment for CRNA Pass-Through Services Payment for Anesthesia Services by a CRNA (Method II CAH only) |
| 2720 | Autologous Platelet-Rich Plasma (PRP) for Chronic Non-Healing Wounds Autologous Platelet-Rich Plasma (PRP) for Chronic Non-Healing Wounds Policy Healthcare Common Procedure Coding System (HCPCS) Codes and Diagnosis Coding Types of Bill (TOB) Payment Method Place of Service (POS) Professional Claims Medicare Summary Notices (MSNs), Remittance Advice Remark Codes (RARCs), Claim Adjustment Reason Codes (CARCs), and Group Codes |
| 2721 | New Non-Physician Specialty Code for Indirect Payment Procedure (IPP) Non-physician Practitioner, Supplier, and Provider Specialty Codes |
| 2722 | Changes to Contractor Designation in Processing Foreign, Emergency and Shipboard Claims Contractors Designated to Process Foreign Claims Source of Part B Claims Designated Contractors |
| 2723 | None |
| 2724 | July 2013 Integrated Outpatient Code Editor (I/OCE) Specifications Version 14.2 |
| 2725 | Corrections to the Medicare Claims Processing Manual Foreword Line-Item Modifiers Related to Reporting of Non-covered Charges When Covered and Non-covered Services Are on the Same Outpatient Claim Liability Considerations for Bundled Services Coding That Results from Processing Noncovered Charges Claims Processing Requirements for Financial Limitations Physician Fee Schedule Payment Policy Indicator File Record Layout General Billing Requirements Payment CWF General Information |
| 2726 | Coding Requirements for Laboratory Specimen Collection Update |
| 2727 | Medicare Contractor Annual Update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) |
| 2728 | Ocular Photodynamic Therapy (OPT) with Verteporfin for Macular Degeneration Billing Requirements for Ocular Photodynamic Therapy (OPT) with Verteporfin Coding Requirements for OPT with Verteporfin Claims Processing Requirements for OPT with Verteporfin Services on Professional Claims and Outpatient Facility Claims Claims Processing Requirements for OPT with Verteporfin Services on Inpatient Facility Claims Medicare Summary Notice (MSN) and Remittance Advice (RA) Messages |
| 2729 | Appeals Revisions-Final Regulation |
| 2730 | Coding Requirements for Laboratory Specimen Collection Update Coding Requirements for Specimen Collection |
| 2731 | Medicare Part A Skilled Nursing Facility (SNF) Prospective Payment System |

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| | (PPS) Pricer Update FY 2014 |
| Medicare Secondary Payer (CMS-Pub. 100-05) | |
| 92 | Medicare Contractors submission of Prescription Drug Inquiries and Common Working File Assistance Requests to the Coordination of Benefits Contractor through the ECRS Web Portal ECRS Web Quick Reference Card Version 5.2.2 ECRS Web User Guide Version |
| 93 | Medicare Contractors submission of Prescription Drug Inquiries and Common Working File Assistance Requests to the Coordination of Benefits Contractor through the ECRS Web Portal ECRS Web Quick Reference Card Version 5.2.2 ECRS Web User Guide Version |
| Medicare Financial Management (CMS-Pub. 100-06) | |
| 218 | Notice of New Interest Rate for Medicare Overpayments and Underpayments -3rd qtr Notification for FY 2013 |
| 219 | New Non-Physician Specialty Code for Complimentary Insurer |
| 220 | Removal of POR and PSOR instructions and the Glossary of Acronyms from the Internet Only Manual, Publication 100.06, Chapter 3 |
| 221 | New Non-Physician Specialty Code for Indirect Payment Procedure (IPP) Non-Physician Practitioner/Supplier Specialty Codes |
| 222 | Revisions and Deletions to the Internet Only Manual, Publication 100-06, Chapter 3, Overpayments; Section 140.2.3 - Filing Bankruptcy Draws a Line in the Sand Filing Bankruptcy Draws a Line in the Sand |
| Medicare State Operations Manual (CMS-Pub. 100-07) | |
| 83 | Revisions to Appendix E and Chapter 2 sections 2290-2308 of the State Operations Manual (SOM) |
| 84 | Revised Appendix A, Interpretive Guidelines for Hospitals, Appendix L, Interpretive Guidelines for Ambulatory Surgical Centers and Appendix W, Interpretive Guidelines for Critical Access Hospitals. |
| Medicare Program Integrity (CMS-Pub. 100-08) | |
| 457 | Model Letter Revisions Denials Model Letter Guidance Model Acknowledgement Letter Acknowledgement Letter Example Development Letter Guidance Model Development Letter Model Rejection Letter Model Returned Application Letter Model Revalidation Letter |
| 458 | esMD RC Public Announcement Acceptable Submission Methods |
| 459 | Tax Identification Numbers of Foreign Owning and Managing Entities and Individuals |
| 460 | Clarify the definition of customized durable medical equipment (DME) items Definition of Customized DME |
| 461 | Update to Chapter 15 of the Program Integrity Manual (PIM) Clinical Psychologists |

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| | Practice Location Information Movement of Providers and Suppliers into the High Level Reconsideration Requests |
| 462 | Update to Chapter 15 of the Program Integrity Manual (PIM) |
| 463 | Model Letter Revisions |
| Medicare Contractor Beneficiary and Provider Communications (CMS-Pub. 100-09) | |
| 00 | None |
| Medicare End Stage Renal Disease Network Organizations (CMS Pub 100-14) | |
| 00 | None |
| Medicare Managed Care (CMS-Pub. 100-16) | |
| 111 | Chapter 9, Employer/Union-Sponsored Group Health Plans |
| 112 | Adding MSP Validity Indicator to the CWF to MBD Feed Working Aged Adjustment |
| 113 | Chapter 12, Effect of Change of Ownership Entire Chapter |
| 114 | Risk Adjustment Entire Chapter |
| Medicare Business Partners Systems Security (CMS-Pub. 100-17) | |
| 00 | None |
| Demonstrations (CMS-Pub. 100-19) | |
| 00 | None |
| One Time Notification (CMS-Pub. 100-20) | |
| 1205 | Incentive Payment Related to Prior Authorization for Power Mobility Devices (PMD). |
| 1207 | Direct Mailing to Referral Agents about the DMEPOS Competitive Bidding Program Round 2 and National Mail-Order for Diabetic Testing Supplies |
| 1208 | Use of Q6 Modifier for Locum Tenens by Providing Performing Provider NPT "FOR ANALYSIS ONLY" |
| 1209 | Recovery of Annual Wellness Visit (AWV) Overpayments |
| 1210 | Implementing the Recompensation Award for the Jurisdiction C Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Workload |
| 1211 | Modification to Change Request (CR)7254 |
| 1212 | MCS Prepayment Review Report |
| 1213 | Updating the Shared Systems and Common Working File (CWF) to no Longer Create Veteran Affairs (VA) "I" records in the Medicare Secondary Payer (MSP) Auxiliary File |
| 1214 | Medicare System Update to Include Line Level National Provider Identifier (NPI) Sanction Editing on Critical Access Hospital (CAH) Method II Outpatient Claims |
| 1215 | VMS Prepayment Review Report |
| 1216 | Applying Multiple Procedure Payment Reductions to Therapy Cap Amounts for Critical Access Hospital Claims |
| 1217 | CWF Editing for Vaccines Furnished at Hospice |
| 1218 | American Recovery and Reinvestment Act of 2009 Electronic Health Record (EHR) Incentive : New Critical Access Hospital Banking Information File Transfer for Eligible Professional Payment |
| 1219 | National Competitive Bidding Program (CBP): Instructions for Processing CBP Oxygen and Capped Rental Item Claims with the Start of the Round One |

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| | Recompete |
| 1220 | Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for October 2013 |
| 1221 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction |
| 1222 | Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction |
| 1223 | Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction |
| 1224 | Phase III ERA Enrollment Operating Rules |
| 1225 | Reporting of Principal and Interest when returning previously recouped money – Analysis |
| 1226 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction |
| 1227 | Update to the Common Working File (CWF) Qualifying Stay Edit for Skilled Nursing Facility (SNF) and Swing Bed (SB) Providers |
| 1228 | Debts Referred to Treasury through the Healthcare Integrated General Ledger Accounting System (HIGLAS) |
| 1229 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction |
| 1230 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction |
| 1231 | Common Working File (CWF) Informational Unsolicited Response (IUR) or Reject for a new patient visit billed by the same physician or physician group within the past three years. |
| 1232 | New Healthcare Common Procedure Coding System (HCPCS) Codes for Customized Durable Medical Equipment |
| 1233 | Standardizing the standard - Operating Rules for code usage in Remittance Advice |
| 1234 | MSP Claims and use of CARC 23 - Analysis and Design |
| 1235 | Phase III ERA Enrollment Operating Rules |
| 1236 | Standardizing the Standard - Phase I |
| 1237 | Analysis and Design of VMS for implementing system changes for handling Bankrupt Suppliers |
| 1238 | Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction |
| 1239 | New Healthcare Common Procedure Coding System (HCPCS) Codes for Customized Durable Medical Equipment |
| 1240 | Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction |
| 1241 | Issued to a Specific audience not posted to Internet/Intranet due to Confidentiality of Instruction |
| 1242 | Change in Creation Date for CMS Standard Edit/Audit/Reason Code Reports |
| 1243 | Implementation of CMS Ruling 1455-R (Medicare Program; Part B Billing in Hospitals) |
| 1244 | Common Working File (CWF) Informational Unsolicited Response (IUR) or Reject for a new patient visit billed by the same physician or physician group within the past three years. |
| 1245 | Implementing the Recompensation Award for the Jurisdiction L (formerly |

| | |
|------|--|
| | Jurisdiction 12) Part A/Part B Medicare Administrative Contractor (A/B MAC) Workload |
| 1246 | Implementation of the Award for the Jurisdiction K (JK) Part A and Part B Medicare Administrative Contractor (A/B MAC) to National Government Services |
| 1247 | Implementation of CMS Ruling 1455-R (Medicare Program; Part B Billing in Hospitals) |
| 1248 | Multi Carrier System (MCS) Modifications to Liability Assignment Regarding Therapy Cap Claim Denials |

Addendum II: Regulation Documents Published in the Federal Register (April through June 2013)

Regulations and Notices

Regulations and notices are published in the daily **Federal Register**. To purchase individual copies or subscribe to the **Federal Register**, contact GPO at www.gpo.gov/fdsys. When ordering individual copies, it is necessary to cite either the date of publication or the volume number and page number.

The **Federal Register** is available as an online database through GPO Access. The online database is updated by 6 a.m. each day the **Federal Register** is published. The database includes both text and graphics from Volume 59, Number 1 (January 2, 1994) through the present date and can be accessed at <http://www.gpoaccess.gov/fr/index.html>. The following website <http://www.archives.gov/federal-register/> provides information on how to access electronic editions, printed editions, and reference copies.

This information is available on our website at: <http://www.cms.gov/quarterlyproviderupdates/downloads/Regs-2Q13QPU.pdf>

For questions or additional information, contact Terri Plumb (410-786-4481).

Addendum III: CMS Rulings

CMS Rulings are decisions of the Administrator that serve as precedent final opinions and orders and statements of policy and interpretation. They provide clarification and interpretation of complex or ambiguous provisions of the law or regulations relating to Medicare, Medicaid, Utilization and Quality Control Peer Review, private health insurance, and related matters.

The rulings can be accessed at <http://www.cms.gov/Rulings/CMSR/list.asp#TopOfPage>. For questions or additional information, contact Tiffany Lafferty (410-786-7548).

Addendum IV: Medicare National Coverage Determinations (April through June 2013)

Addendum IV includes completed national coverage determinations (NCDs), or reconsiderations of completed NCDs, from the quarter covered by this notice. Completed decisions are identified by the section of the NCD Manual (NCDM) in which the decision appears, the title, the date the publication was issued, and the effective date of the decision. An NCD is a determination by the Secretary for whether or not a particular item or service is covered nationally under the Medicare Program (title XVIII of the Act), but does not include a determination of the code, if any, that is assigned to a particular covered item or service, or payment determination for a particular covered item or service. The entries below include information concerning completed decisions, as well as sections on program and decision memoranda, which also announce decisions or, in some cases, explain why it was not appropriate to issue an NCD. Information on completed decisions as well as pending decisions has also been posted on the CMS website. For the purposes of this quarterly notice, we list only the specific updates that have occurred in the 3-month period. This information is available at: www.cms.gov/medicare-coverage-database/. For questions or additional information, contact Wanda Belle (410-786-7491).

| Title | NCDM Section | Transmittal Number | Issue Date | Effective Date |
|--|--------------|--------------------|------------|----------------|
| TAVR Mandatory Clinical Trail Number | NCD20.32 | TN2689 | 05/03/2013 | 07/1/2013 |
| OPT with Verteporfin for Macular Degeneration | NCD80.3.1 | TN155 | 06/14/2013 | 04/03/2013 |
| Autologous Platelet-Rich Plasma (PRP) for Chronic Non-Healing Wounds | NCD270.3 | TN154 | 06/10/2013 | 08/02/2012 |

Addendum V: FDA-Approved Category B Investigational Device Exemptions (IDEs) (April through June 2013)

Addendum V includes listings of the FDA-approved investigational device exemption (IDE) numbers that the FDA assigns. The listings are organized according to the categories to which the devices are assigned (that is, Category A or Category B), and identified by the IDE number. For the purposes of this quarterly notice, we list only the specific updates to the Category B IDEs as of the ending date of the period covered

by this notice and a contact person for questions or additional information. For questions or additional information, contact John Manlove (410-786-6877).

Under the Food, Drug, and Cosmetic Act (21 U.S.C. 360c) devices fall into one of three classes. To assist CMS under this categorization process, the FDA assigns one of two categories to each FDA-approved investigational device exemption (IDE). Category A refers to experimental IDEs, and Category B refers to non-experimental IDEs. To obtain more information about the classes or categories, please refer to the notice published in the April 21, 1997 **Federal Register** (62 FR 19328).

| IDE | Device | Start Date |
|---------|---|------------|
| G130054 | Juvederm Volbella XC | 04/03/2013 |
| G130056 | Sensor Optimization of CRT Response (SOCR) Study | 04/03/2013 |
| G130055 | Neuroport Array and Neuroport System | 04/04/2013 |
| G120243 | Abdominal Compression Elastic Support (ACES) | 04/11/2013 |
| G120053 | Perceval S Heart Valve | 04/12/2013 |
| G130007 | Model 9005 Lutonix DCB | 04/18/2013 |
| G130068 | Ulthera System | 04/19/2013 |
| G120172 | Mguard Prime Micronet Covered Coronary Stent System | 04/19/2013 |
| G120266 | Angel Catheter | 04/19/2013 |
| G130012 | 9.4 Tesla 80 CM MR Scanner | 04/24/2013 |
| G130069 | Pantaprazole 13C Breath Test (PTZ-BT) | 04/24/2013 |
| G120275 | Enlightn Renal Denervation System | 04/25/2013 |
| G130073 | NRAS Q61 Mutation test | 04/26/2013 |
| G130078 | Gel-One | 04/26/2013 |
| G130077 | Brava Systems | 04/26/2013 |
| G130084 | EPI-Sense-AF Guided Coagulation System with Visitrax | 05/03/2013 |
| G130087 | Gastric Emptying Breath Test (GEBT) | 05/08/2013 |
| G130082 | Cortical Recording and Stimulation Array System | 05/10/2013 |
| G130048 | MECTA 5000Q Feast Drive | 05/15/2013 |
| G120160 | Direct Flow Medical Trans Catheter Aortic Valve System | 05/15/2013 |
| G120254 | VORTX RX | 05/22/2013 |
| G130046 | Magnamosis Magnetic Compression Anastomosis Device | 05/23/2013 |
| G130093 | Veni RF Plus Endovenous Ablation System | 05/24/2013 |
| G130095 | Lap-Band & MetFormin | 05/28/2013 |
| G130094 | Dermaveil | 05/29/2013 |
| G130097 | Multimodality Image-Guided (MIMIG) System | 05/30/2013 |
| G130081 | Intuitive Surgical Da Vinci Single-Site Instruments And Accessories | 05/31/2013 |
| G120300 | GE Datex-Ohmeda AISIS With Smartflow | 05/31/2013 |
| G130099 | Exablate 2000 MRGHIFU System | 06/04/2013 |
| G130141 | Cook Cervical Ripening Balloon | 06/04/2013 |
| G120263 | Portico Transcatheter Aortic Valve Implant | 06/05/2013 |
| G120235 | Entrainment Based Mechanical Ventilation | 06/06/2013 |
| G130108 | Rezum Generator, Rezum Delivery Device, Rezum Accessory | 06/06/2013 |

| | Pack | |
|---------|---|------------|
| G130100 | Neural Prosthetic System 2 (NPS2) | 06/12/2013 |
| G130111 | Axialif System | 06/14/2013 |
| G110072 | Perclot Polysaccharide Hemostatis System | 06/14/2013 |
| G130110 | Essure System For Permanent Birth Control | 06/14/2013 |
| G130113 | Integrated Bracanalysis | 06/14/2013 |
| G130024 | Perfusion-Induced Systemic-Hyperthermia (PISH) | 06/18/2013 |
| G070038 | Aethlon GNA Hemopurifier | 06/20/2013 |
| G120015 | Croma Eyefill Viscoelastic Device | 06/20/2013 |
| G130105 | Medtronic Application Card For Spinal Cord Stimulation Model 8870 | 06/20/2013 |
| G130120 | Gore Tag Thoracic Branch Endoprosthesis | 06/21/2013 |
| G130080 | PantoPrazole-C Breath Test (PTZ-BT) | 06/27/2013 |
| G130130 | DAKO MET 2 Pharmdx Kit | 06/27/2013 |
| G130123 | Tristan 621 Biomagnetometer | 06/28/2013 |
| G130126 | Medtronic Symplicity Renal Denervation System | 06/29/2013 |

Addendum VI: Approval Numbers for Collections of Information (April through June 2013)

All approval numbers are available to the public at Reginfo.gov. Under the review process, approved information collection requests are assigned OMB control numbers. A single control number may apply to several related information collections. This information is available at www.reginfo.gov/public/do/PRAMain. For questions or additional information, contact Mitch Bryman (410-786-5258).

Addendum VII: Medicare-Approved Carotid Stent Facilities, (April through June 2013)

Addendum VII includes listings of Medicare-approved carotid stent facilities. All facilities listed meet CMS standards for performing carotid artery stenting for high risk patients. On March 17, 2005, we issued our decision memorandum on carotid artery stenting. We determined that carotid artery stenting with embolic protection is reasonable and necessary only if performed in facilities that have been determined to be competent in performing the evaluation, procedure, and follow-up necessary to ensure optimal patient outcomes. We have created a list of minimum standards for facilities modeled in part on professional society statements on competency. All facilities must at least meet our standards in order to receive coverage for carotid artery stenting for high risk patients. For the purposes of this quarterly notice, we are providing only the specific updates that have occurred in the 3-month period. This information is available at: <http://www.cms.gov/MedicareApprovedFacilitie/CASF/list.asp#TopOfPage>

For questions or additional information, contact Lori Ashby (410-786-6322).

| Facility | Provider Number | Effective Date | State |
|---|-----------------|----------------|-------|
| The following facilities are new listings for this quarter. | | | |
| Northside Hospital Atlanta 1000 Johnson Ferry Road, NE Atlanta, GA 30342 | 1457396079 | 04/25/2013 | GA |
| Memorial Hospital 3625 University Boulevard South Jacksonville, FL 32216 | 1447206438 | 04/25/2013 | FL |
| Saint Mary's Regional Medical Center 235 West Sixth Street Reno, NV 89503 | 1801152566 | 04/25/2013 | NV |
| Good Samaritan Regional Health Center 1 Good Samaritan Way Mt. Vernon, IL 62864 | 441221 | 04/25/2013 | IL |
| Wayne Memorial Hospital 2700 Wayne Memorial Drive Goldsboro, NC 27534 | 1750353462 | 04/25/2013 | NC |
| Lowell General Hospital 295 Varnum Avenue Lowell, MA 01854 | 220063 | 05/17/2013 | MA |
| ARH Regional Medical Center 100 Medical Center Drive Hazard, KY 41701 | 180002 | 05/17/2013 | KY |
| Providence Holy Cross Medical Center 15031 Rinaldi Street P.O. Box 9600 Mission Hills, CA 91346 | 1477587632 | 05/17/2013 | CA |
| Memorial Hospital at Gulfport 4500 13 th Street Gulfport, MS 39501 | 1639401318 | 06/05/2013 | MS |
| Kaiser Foundation Hospital Redwood City 1150 Veterans Boulevard 901 Marshall Building 3 rd Floor Redwood City, CA 94063 | 050541 | 06/05/2013 | CA |
| University of South Alabama Medical Center 2451 Fillingim Street Mobile, AL 36617 | 010087 | 06/26/2013 | AL |
| Editorial changes (shown in bold) were made to the facilities listed below. | | | |
| Wake Forest Baptist Medical Center Medical Center Boulevard Winston-Salem, NC 27157 | 340047 | 06/27/2005 | NC |
| Sherman Health 1425 North Randall Road Elgin, IL 60123 | 140030 | 11/18/2005 | IL |

**Addendum VIII:
American College of Cardiology's National Cardiovascular Data
Registry Sites (April through June 2013)**

Addendum VIII includes a list of the American College of Cardiology's National Cardiovascular Data Registry Sites. We cover implantable cardioverter defibrillators (ICDs) for certain clinical indications, as long as information about the procedures is reported to a central registry. Detailed descriptions of the covered indications are available in the NCD. In January 2005, CMS established the ICD Abstraction Tool through the Quality Network Exchange (QNet) as a temporary data collection mechanism. On October 27, 2005, CMS announced that the American College of Cardiology's National Cardiovascular Data Registry (ACC-NCDR) ICD Registry satisfies the data reporting requirements in the NCD. Hospitals needed to transition to the ACC-NCDR ICD Registry by April 2006.

Effective January 27, 2005, to obtain reimbursement, Medicare NCD policy requires that providers implanting ICDs for primary prevention clinical indications (that is, patients without a history of cardiac arrest or spontaneous arrhythmia) report data on each primary prevention ICD procedure. Details of the clinical indications that are covered by Medicare and their respective data reporting requirements are available in the Medicare NCD Manual, which is on the CMS website at <http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=99&sortByDID=1&sortOrder=ascending&itemID=CMS014961>

A provider can use either of two mechanisms to satisfy the data reporting requirement. Patients may be enrolled either in an Investigational Device Exemption trial studying ICDs as identified by the FDA or in the ACC-NCDR ICD registry. Therefore, for a beneficiary to receive a Medicare-covered ICD implantation for primary prevention, the beneficiary must receive the scan in a facility that participates in the ACC-NCDR ICD registry. The entire list of facilities that participate in the ACC-NCDR ICD registry can be found at www.ncdr.com/webncdr/common

For the purposes of this quarterly notice, we are providing only the specific updates that have occurred in the 3-month period. This information is available by accessing our website and clicking on the link for the American College of Cardiology's National Cardiovascular Data Registry at: www.ncdr.com/webncdr/common. For questions or additional information, contact Marie Casey, BSN, MPH (410-786-7861).

| Facility | City | State |
|--|----------------|-------|
| The following facilities are new listings for this quarter. | | |
| Verdugo Hills Hospital | Glendale | CA |
| Forest Hills Hospital | Forest Hills | NY |
| Spring Valley Hospital | Las Vegas | NV |
| The Hospital at Westlake Medical Center | Austin | TX |
| Carondelet St Mary's Hospital | Tucson | AZ |
| Soin Medical Center | Beavercreek | OH |
| Gulf Breeze Hospital | Gulf Breeze | FL |
| Florida Hospital Heartland | Sebring | FL |
| Saint Mary's Health Center | Jefferson City | MO |
| Women and Children's Hospital | Lake Charles | LA |
| Palms West Hospital | Loxahatchee | FL |
| Children's Medical Center of Dallas | Dallas | TX |
| Sumner Regional Medical Center | Gallatin | TN |
| Waccamaw Community Hospital | Murrells Inlet | SC |
| Delnor Hospital | Geneva | IL |
| Newman Regional Health | Emporia | KS |
| Health Alliance Hospital | Leominster | MA |
| Mercy Western Hills | Cincinnati | OH |
| The following facility is terminated as of this quarter. | | |
| Greene Memorial Hospital | Xenia | OH |

**Addendum IX: Active CMS Coverage-Related Guidance Documents
(April through June 2013)**

There are no CMS coverage-related guidance documents published in the April through June 2013 quarter. To obtain the document, visit the CMS coverage website at <http://www.cms.gov/medicare-coverage-database/details/medicare-coverage-document-details.aspx?MCDId=23>. For questions or additional information, contact Lori Ashby (410-786-6322).

**Addendum X:
List of Special One-Time Notices Regarding National Coverage Provisions (April through June 2013)**

There were no special one-time notices regarding national coverage provisions published in the April through June 2013 quarter. This information is available at www.cms.hhs.gov/coverage. For questions or additional information, contact Lori Ashby (410-786-6322).

Addendum XI: National Oncologic PET Registry (NOPR)

(April through June 2013)

Addendum XI includes a listing of National Oncologic Positron Emission Tomography Registry (NOPR) sites. We cover positron emission tomography (PET) scans for particular oncologic indications when they are performed in a facility that participates in the NOPR.

In January 2005, we issued our decision memorandum on **positron emission tomography (PET)** scans, which stated that CMS would cover PET scans for particular oncologic indications, as long as they were performed in the context of a clinical study. We have since recognized the National Oncologic PET Registry as one of these clinical studies. Therefore, in order for a beneficiary to receive a Medicare-covered PET scan, the beneficiary must receive the scan in a facility that participates in the registry. There were no updates to the listing of National Oncologic Positron Emission Tomography Registry (NOPR) in the January through March 2013 quarter. This information is available at <http://www.cms.gov/MedicareApprovedFacilities/NOPR/list.asp#TopOfPage>. For questions or additional information, contact Stuart Caplan, RN, MAS (410-786-8564)

| New Facility | Provider Number | Effective Date | State |
|--|-----------------|----------------|-------|
| University Radiology Associates, LLP 550 Harrison Street Suite #100; Telephone: 315-464-2226 Syracuse, NY 13202 | 38874A | 05/15/2013 | NY |
| Editorial changes (shown in bold) were made to the facilities listed below. | | | |
| Old name: Medcenter One New name: Sanford Health Bismarck 300 North 7 th Street Bismarck, ND 58506-5525 | 1538245634 | 07/24/2013 | ND |
| Old name: Hackensack Medical and Molecular Imaging New name: American Imaging 155 State Street Hackensack, NJ 07601 | 1306944657 | 01/29/2010 | NJ |

Addendum XII: Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities (April through June 2013)

Addendum XII includes a listing of Medicare-approved facilities that receive coverage for ventricular assist devices (VADs) used as destination therapy. All facilities were required to meet our standards in order to receive coverage for VADs implanted as destination therapy. On October 1, 2003, we issued our decision memorandum on VADs for the

clinical indication of destination therapy. We determined that VADs used as destination therapy are reasonable and necessary only if performed in facilities that have been determined to have the experience and infrastructure to ensure optimal patient outcomes. We established facility standards and an application process. All facilities were required to meet our standards in order to receive coverage for VADs implanted as destination therapy.

For the purposes of this quarterly notice, we are providing only the specific updates that have occurred to the list of Medicare-approved facilities that meet our standards in the 3-month period. This information is available at <http://www.cms.gov/MedicareApprovedFacilitie/VAD/list.asp#TopOfPage>. For questions or additional information, contact Marie Casey, BSN, MPH (410-786-7861).

| Facility | Provider Number | Date Approved | State |
|---|-----------------|---------------|-------|
| The following facilities are new listings for this quarter. | | | |
| Memorial Hermann Hospital 6411 Fannin Street Houston TX 77030 | 450068 | 04/10/2013 | TX |
| Editorial changes (shown in bold) were made to the facilities listed below. | | | |
| From: University Hospital To: University Cincinnati Medical Center 234 Goodman Street Cincinnati, OH 45219 | 360003 | 01/11/2012 | OH |

Addendum XIII: Lung Volume Reduction Surgery (LVRS) (April through June 2013)

Addendum XIII includes a listing of Medicare-approved facilities that are eligible to receive coverage for lung volume reduction surgery. Until May 17, 2007, facilities that participated in the National Emphysema Treatment Trial were also eligible to receive coverage. The following three types of facilities are eligible for reimbursement for Lung Volume Reduction Surgery (LVRS):

- National Emphysema Treatment Trial (NETT) approved (Beginning 05/07/2007, these will no longer automatically qualify and can qualify only with the other programs);
- Credentialed by the Joint Commission (formerly, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)) under their Disease Specific Certification Program for LVRS; and
- Medicare approved for lung transplants.

Only the first two types are in the list. There were no additions to the listing of facilities for lung volume reduction surgery published in the April through June 2013 quarter. This information is available at www.cms.gov/MedicareApprovedFacilitie/LVRS/list.asp#TopOfPage. For questions or additional information, contact Marie Casey, BSN, MPH (410-786-7861).

Addendum XIV: Medicare-Approved Bariatric Surgery Facilities (April through June 2013)

Addendum XIV includes a listing of Medicare-approved facilities that meet minimum standards for facilities modeled in part on professional society statements on competency. All facilities must meet our standards in order to receive coverage for bariatric surgery procedures. On February 21, 2006, we issued our decision memorandum on bariatric surgery procedures. We determined that bariatric surgical procedures are reasonable and necessary for Medicare beneficiaries who have a body-mass index (BMI) greater than or equal to 35, have at least one co-morbidity related to obesity and have been previously unsuccessful with medical treatment for obesity. This decision also stipulated that covered bariatric surgery procedures are reasonable and necessary only when performed at facilities that are: (1) certified by the American College of Surgeons (ACS) as a Level 1 Bariatric Surgery Center (program standards and requirements in effect on February 15, 2006); or (2) certified by the American Society for Bariatric Surgery (ASBS) as a Bariatric Surgery Center of Excellence (BSCOE) (program standards and requirements in effect on February 15, 2006).

For the purposes of this quarterly notice, we list only the specific updates to Medicare-approved facilities that meet CMS's minimum facility standards for bariatric surgery and have been certified by ACS and/or ASMBS in the 3-month period. This information is available at www.cms.gov/MedicareApprovedFacilitie/BSF/list.asp#TopOfPage. For questions or additional information, contact Kate Tillman, RN, MAS (410-786-9252).

| Facility | Provider Number | Date Approved | State |
|--|-----------------|---------------|-------|
| The following facilities are new listings for this quarter. | | | |
| MedStar Washington Hospital Center 110 Irving Street NW Washington, DC 20010 Kenneth Alexander (202) 877-3152 | 1548378235 | 02/20/2013 | DC |
| Crouse Hospital 736 Irvine Avenue | 1033107743 | 03/19/2013 | NY |

| | | | |
|--|-------------------|-------------------|----|
| Syracuse, NY (315) 470-7111; ASMBS | | | |
| Crittenton Hospital Medical Center (CHMC) 1101 W. University Drive Rochester, MI 48307 Moe Gamal (248) 643-4646 | 1437176203 | 04/11/2013 | MI |
| Cooper University Hospital 1 Cooper Plaza Camden, NJ 08103 ASMBS | 310014 | 04/30/2013 | NJ |
| Herrin Hospital 201 S 14 th Street Herrin, IL 62948 ASMBS | 1528158573 | 04/02/2013 | IL |
| Memorial Hospital of Florida LP 12901 Swann Avenue Tampa, FL 33609-4056 ASMBS; (813) 342-1429 | 100206 | 08/30/2011 | FL |
| Editorial changes (shown in bold) were made to the facilities listed below. | | | |
| St. Vincent's Medical Center 13500 North Meridian Street Carmel, IN 46032 Ted Eads (317) 582-7737 | 1639124134 | 05/18/2010 | IN |
| Boston Medical Center 732 Harrison Avenue, 2nd Floor Boston, MA 02118 Melody Route (617) 414-6833 | 220031/1346218294 | 12/19/2012 | MA |
| The Ohio State University Hospital 410 W. 10th Avenue Columbus, OH 43210 Etene Terrell (614) 293-3504 Bradley Needleman (614) 293-3504 | 360085 | 01/01/2010 | OH |
| University of Alabama at Birmingham Hospital 1813 6th Avenue South, MEB 300, zip 3293 Birmingham, AL 35294-0016 Deborah Thedford (205) 996-6984 | 1154435824 | 12/08/2012 | AL |
| St. Vincent's Medical Center 1 Shircliff Way Jacksonville, FL 32204 Katherine Jewell (904) 308-3664 | 1134117575 | 12/14/20012 | FL |
| Penrose- St. Francis Health Services 2222 North Nevada Avenue Colorado Springs, CO 80907 ASMBS (719) 776-5359 | 060031 | 02/24/2006 | CO |
| The Methodist Hospital 6565 Fannin, NB1-001 Houston, TX 77030 Marietta Schmid (713) 441-5970 | 450358 | 03/23/2013 | TX |
| Carolinas Medical Center Mercy | 1497792550 | 04/01/2013 | NC |

| | | | |
|---|-------------------|-------------------|----|
| 2608 E 7 th Street Charlotte, NC 28204 Constance Simms (704) 446-4075 | | | |
| William Beaumont Hospital- Royal Oak 3601 West Thirteen Mile Road Royal Oak, MI 48073-6769 Elizabeth Gates (248) 551-9705 | 230130/1689653305 | 04/21/2013 | MI |
| The following facility was removed as of this quarter. | | | |
| Meriter Hospital (NPI#) 202 South Park Street Madison, WI 53715 ASMBS (608) 890-9996 | 520089 | 12/15/2006 | WI |

Addendum XV: FDG-PET for Dementia and Neurodegenerative Diseases Clinical Trials (April through June 2013)

There were no FDG-PET for Dementia and Neurodegenerative Diseases Clinical Trials published in the April through June 2013 quarter. This information is available on our website at www.cms.gov/MedicareApprovedFacilities/PETDT/list.asp#TopOfPage. For questions or additional information, contact Stuart Caplan, RN, MAS (410-786-8564).

[FR Doc. 2013-17967 Filed 7-25-13; 8:45 am]

BILLING CODE 4120-01-C

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Office of Clinical and Preventive Services National HIV Program: Enhanced HIV/AIDS Screening and Engagement in Care

Announcement Type: New.
Funding Announcement Number: HHS-2013-IHS-OCPS-HIV-0001.
Catalog of Federal Domestic Assistance Number: 93.933.

Key Dates

Application Deadline Date: August 26, 2013.

Review Date: August 29, 2013.

Earliest Anticipated Start Date: September 15, 2013.

Signed Tribal Resolutions Due Date: August 26, 2013.

Proof of Non-Profit Status Due Date: August 26, 2013.

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS) is accepting competitive cooperative agreement applications for Enhanced HIV/AIDS Screening and Engagement in Care. This program is funded by the Office of the Secretary (OS), Department of Health and Human Services (HHS). Funding for the HIV/AIDS award will be provided by OS via an Intra-Departmental Delegation of Authority dated 07/17/13 to IHS to permit obligation of funding appropriated by the Department of Defense, Military Construction and Veterans Affairs, and Full-Year Continuing Appropriations Act, 2013, Public Law 113-6. This program is described in the Catalog of Federal Domestic Assistance under 93.933.

Background

The IHS Office of Clinical and Preventive Services (OCPS), National Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS) Program serves as the primary source for national education, policy development, budget development, and allocation for clinical, preventive, and public health HIV/AIDS programs for the IHS, Area Offices, and Service Units. It provides leadership in articulating the clinical, preventive, and public health needs of American Indian/ Alaska Native (AI/AN) communities and developing, managing, and

administering program functions related to HIV/AIDS.

Purpose

The purpose of this cooperative agreement is to meet community needs for the enhancement of HIV/AIDS testing activities and the provision of HIV/AIDS-related services among AI/AN people. Such programs are necessary to reduce the incidence of HIV/AIDS and improve quality of life for People Living with HIV/AIDS (PLWHA). The main goals are to: increase the number of AI/AN with awareness of his/her HIV status; and, improve engagement and retention in care among PLWHA. Awardee activities will seek to: increase access to HIV related services, reduce stigma, make HIV testing routine, and improve engagement in care. Emphasis should be placed on increasing routine HIV screening for adults as per 2006 Centers for Disease Control and Prevention (CDC) guidelines, provide pre- and post-test counseling (when indicated), and developing or deploying strategies for engaging PLWHA in appropriate, culturally responsive HIV-related care.

II. Award Information

Type of Award

Cooperative Agreement.

Estimated Funds Available

The total amount of funding identified for the current fiscal year 2013 is approximately \$320,000. Individual award amounts are anticipated to be between \$60,000 and \$90,000. All competing and continuation awards issued under this announcement are subject to the availability of funds. In the absence of funding, the IHS is under no obligation to make any awards selected for funding under this announcement.

Anticipated Number of Awards

Approximately four awards will be issued under this program announcement. OS and IHS will concur on the final decision as to who will receive awards.

Project Period

The project period will be for five years and will run consecutively from September 1, 2013 to August 31, 2018.

Cooperative Agreement

In the Department of Health and Human Services (HHS), a cooperative agreement is administered under the same policies as a grant. The funding agency (OS) is required to have substantial programmatic involvement in the project during the entire award

segment. Below is a detailed description of the level of involvement required for both the funding agency and the grantee. OS, through IHS, will be responsible for activities listed under section A and the awardee will be responsible for activities listed under section B as stated:

Substantial Involvement Description for Cooperative Agreement

A. IHS Programmatic Involvement

Provide funded organizations with ongoing consultation and technical assistance to plan, implement, and evaluate each component of the comprehensive program as described under Grantee Cooperative Agreement Award Activities below. Consultation and technical assistance will include, but not be limited to, the following areas:

(1) Interpretation of current scientific literature related to epidemiology, statistics, surveillance, Healthy People 2020 Objectives, and other HIV disease control activities;

(2) Design and implementation of program components (including, but not limited to, program implementation methods, surveillance, epidemiologic analysis, outbreak investigation, development of programmatic evaluation, development of disease control programs, and coordination of activities);

(3) Implementation of program management best practices;

(4) Conduct site visits to assess program progress and provide programmatic technical assistance as travel funds allow; and

(5) Coordination of these activities with all IHS HIV activities on a national basis.

B. Grantee Cooperative Agreement Award Activities

- Assist AI/AN communities and Tribal organizations in increasing the number of AI/ANs with awareness of their HIV status. The grantee will assist and facilitate reporting of HIV diagnoses to local and State public health authorities in the region as required by applicable law.

- Test at least one previously untested (not tested in the prior five years) patient for every \$75.00 in cooperative agreement funds received, inclusive of all ancillary and indirect costs.

- Collaborate with national IHS programs by providing standardized, anonymous HIV surveillance data on a quarterly basis, and in identifying and documenting best practices for implementing routine HIV testing.