

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB Desk Officer at the address below, no later than 5 p.m. on January 23, 2006. OMB Human Resources and Housing Branch, Attention: Carolyn Lovett, CMS Desk Officer, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: December 14, 2005.

Michelle Shortt,

*Director, Regulations Development Group,
Office of Strategic Operations and Regulatory
Affairs.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-9033-N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—July Through September 2005

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

ACTION: Notice.

SUMMARY: This notice lists CMS manual instructions, substantive and interpretive regulations, and other **Federal Register** notices that were published from July 2005 through September 2005, relating to the Medicare and Medicaid programs. This notice provides information on national coverage determinations (NCDs) affecting specific medical and health care services under Medicare. Additionally, this notice identifies certain devices with investigational device exemption (IDE) numbers approved by the Food and Drug Administration (FDA) that potentially may be covered under Medicare. This notice also includes listings of all approval numbers from the Office of Management and Budget for collections of information in CMS regulations. Finally, this notice includes a list of Medicare-approved carotid stent facilities.

Section 1871(c) of the Social Security Act requires that we publish a list of Medicare issuances in the **Federal Register** at least every 3 months. Although we are not mandated to do so by statute, for the sake of completeness of the listing, and to foster more open and transparent collaboration efforts, we are also including all Medicaid issuances and Medicare and Medicaid

substantive and interpretive regulations (proposed and final) published during this 3-month time frame.

FOR FURTHER INFORMATION CONTACT: It is possible that an interested party may have a specific information need and not be able to determine from the listed information whether the issuance or regulation would fulfill that need. Consequently, we are providing information contact persons to answer general questions concerning these items. Copies are not available through the contact persons. (See Section III of this notice for how to obtain listed material.)

Questions concerning items in Addendum III may be addressed to Timothy Jennings, Office of Strategic Operations and Regulatory Affairs, Centers for Medicare & Medicaid Services, C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850, or you can call (410) 786-2134.

Questions concerning Medicare NCDs in Addendum V may be addressed to Patricia Brocato-Simons, Office of Clinical Standards and Quality, Centers for Medicare & Medicaid Services, C1-09-06, 7500 Security Boulevard, Baltimore, MD 21244-1850, or you can call (410) 786-0261.

Questions concerning FDA-approved Category B IDE numbers listed in Addendum VI may be addressed to John Manlove, Office of Clinical Standards and Quality, Centers for Medicare & Medicaid Services, C1-13-04, 7500 Security Boulevard, Baltimore, MD 21244-1850, or you can call (410) 786-6877.

Questions concerning approval numbers for collections of information in Addendum VII may be addressed to Bonnie Harkless, Office of Strategic Operations and Regulatory Affairs, Regulations Development and Issuances Group, Centers for Medicare & Medicaid Services, C5-14-03, 7500 Security Boulevard, Baltimore, MD 21244-1850, or you can call (410) 786-5666.

Questions concerning Medicare-approved carotid stent facilities may be addressed to Sarah J. McClain, Office of Clinical Standards and Quality, Centers for Medicare & Medicaid Services, C1-09-06, 7500 Security Boulevard, Baltimore, MD 21244-1850, or you can call (410) 786-2994.

Questions concerning all other information may be addressed to Gwendolyn Johnson, Office of Strategic Operations and Regulatory Affairs, Regulations Development Group, Centers for Medicare & Medicaid Services, C5-14-03, 7500 Security Boulevard, Baltimore, MD 21244-1850, or you can call (410) 786-6954.

SUPPLEMENTARY INFORMATION:

I. Program Issuances

The Centers for Medicare & Medicaid Services (CMS) is responsible for administering the Medicare and Medicaid programs. These programs pay for health care and related services for 39 million Medicare beneficiaries and 35 million Medicaid recipients. Administration of the two programs involves (1) furnishing information to Medicare beneficiaries and Medicaid recipients, health care providers, and the public and (2) maintaining effective communications with regional offices, State governments, State Medicaid agencies, State survey agencies, various providers of health care, all Medicare contractors that process claims and pay bills, and others. 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). We also issue various manuals, memoranda, and statements necessary to administer the programs efficiently.

Section 1871(c)(1) 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**. We published our first notice June 9, 1988 (53 FR 21730). Although we are not mandated to do so by statute, for the sake of completeness of the listing of operational and policy statements, and to foster more open and transparent collaboration, we are continuing our practice of including Medicare substantive and interpretive regulations (proposed and final) published during the respective 3-month time frame.

II. How To Use the Addenda

This notice is organized so that a reader may review the subjects of manual issuances, memoranda, substantive and interpretive regulations, NCDs, and FDA-approved IDEs published during the subject quarter 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 may wish to review Table I of our first three notices (53 FR 21730, 53 FR 36891, and 53 FR 50577) published in 1988, and the notice published March 31, 1993 (58 FR 16837). Those desiring information on the Medicare NCD Manual (NCDM, formerly the Medicare

Coverage Issues Manual (CIM)) may wish to review the August 21, 1989, publication (54 FR 34555). Those interested in the revised process used in making NCDs under the Medicare program may review the September 26, 2003, publication (68 FR 55634).

To aid the reader, we have organized and divided this current listing into eight addenda:

- Addendum I lists the publication dates of the most recent quarterly listings of program issuances.
- Addendum II identifies previous **Federal Register** documents that contain a description of all previously published CMS Medicare and Medicaid manuals and memoranda.
- Addendum III lists a unique CMS transmittal number for each instruction in our manuals or Program Memoranda and its subject matter. 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 manuals.
- Addendum IV lists all substantive and interpretive Medicare and Medicaid regulations and general notices published in the **Federal Register** during the quarter covered by this notice. For each item, we list the—
 - Date published;
 - **Federal Register** citation;
 - Parts of the Code of Federal Regulations (CFR) that have changed (if applicable);
 - Agency file code number; and
 - Title of the regulation.
- Addendum V includes completed NCDs, or reconsiderations of completed NCDs, from the quarter covered by this notice. Completed decisions are identified by the section of the NCDM in which the decision appears, the title, the date the publication was issued, and the effective date of the decision.
- Addendum VI includes listings of the FDA-approved IDE categorizations, using the IDE numbers the FDA assigns. The listings are organized according to the categories to which the device numbers are assigned (that is, Category A or Category B), and identified by the IDE number.
- Addendum VII includes listings of all approval numbers from the Office of Management and Budget (OMB) for collections of information in CMS regulations in title 42; title 45, subchapter C; and title 20 of the CFR.
- Addendum VIII includes listings of Medicare-approved carotid stent facilities. All facilities listed meet CMS standards for performing carotid artery stenting for high risk patients.

III. How To Obtain Listed Material

A. Manuals

Those wishing to subscribe to program manuals should contact either the Government Printing Office (GPO) or the National Technical Information Service (NTIS) at the following addresses: Superintendent of Documents, Government Printing Office, ATTN: New Orders, P.O. Box 371954, Pittsburgh, PA 15250-7954, Telephone (202) 512-1800, Fax number (202) 512-2250 (for credit card orders); or National Technical Information Service, Department of Commerce, 5825 Port Royal Road, Springfield, VA 22161, Telephone (703) 487-4630.

In addition, individual manual transmittals and Program Memoranda listed in this notice can be purchased from NTIS. Interested parties should identify the transmittal(s) they want. GPO or NTIS can give complete details on how to obtain the publications they sell. Additionally, most manuals are available at the following Internet address: <http://cms.hhs.gov/manuals/default.asp>.

B. Regulations and Notices

Regulations and notices are published in the daily **Federal Register**. Interested individuals may purchase individual copies or subscribe to the **Federal Register** by contacting the GPO at the address given above. 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 also available on 24x microfiche and 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) forward. Free public access is available on a Wide Area Information Server (WAIS) through the Internet and via asynchronous dial-in. Internet users can access the database by using the World Wide Web; the Superintendent of Documents home page address is <http://www.gpoaccess.gov/fr/index.html>, by using local WAIS client software, or by telnet to swais.gpoaccess.gov, then log in as guest (no password required). Dial-in users should use communications software and modem to call (202) 512-1661; type swais, then log in as guest (no password required).

C. Rulings

We publish rulings on an infrequent basis. Interested individuals can obtain copies from the nearest CMS Regional

Office or review them at the nearest regional depository library. We have, on occasion, published rulings in the **Federal Register**. Rulings, beginning with those released in 1995, are available online, through the CMS Home Page. The Internet address is <http://cms.hhs.gov/rulings>.

D. CMS' Compact Disk-Read Only Memory (CD-ROM)

Our laws, regulations, and manuals are also available on CD-ROM and may be purchased from GPO or NTIS on a subscription or single copy basis. The Superintendent of Documents list ID is HCLRM, and the stock number is 717-139-00000-3. The following material is on the CD-ROM disk:

- Titles XI, XVIII, and XIX of the Act.
- CMS-related regulations.
- CMS manuals and monthly revisions.
- CMS program memoranda.

The titles of the Compilation of the Social Security Laws are current as of January 1, 2003. (Updated titles of the Social Security Laws are available on the Internet at http://www.ssa.gov/OP_Home/ssact/comp-toc.htm.) The remaining portions of CD-ROM are updated on a monthly basis.

Because of complaints about the unreadability of the Appendices (Interpretive Guidelines) in the State Operations Manual (SOM), as of March 1995, we deleted these appendices from CD-ROM. We intend to re-visit this issue in the near future and, with the aid of newer technology, we may again be able to include the appendices on CD-ROM.

Any cost report forms incorporated in the manuals are included on the CD-ROM disk as LOTUS files. LOTUS software is needed to view the reports once the files have been copied to a personal computer disk.

IV. How To Review Listed Material

Transmittals or Program Memoranda can be reviewed 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.

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. For each CMS publication listed in Addendum III, CMS publication and transmittal numbers are shown. To help FDLs locate the materials, use the CMS publication and transmittal numbers. For example, to find the Medicare NCD publication titled "Cochlear Implantation," use CMS—Pub. 100—03, Transmittal No. 42. (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: December 7, 2005.

Jacquelyn Y. White,
Director, Office of Strategic Operations and Regulatory Affairs.

Addendum I

This addendum lists the publication dates of the most recent quarterly listings of program issuances.

June 27, 2003 (68 FR 38359)
September 26, 2003 (68 FR 55618)
December 24, 2003 (68 FR 74590)
March 26, 2004 (69 FR 15837)
June 25, 2004 (69 FR 35634)
September 24, 2004 (69 FR 57312)
December 30, 2004 (69 FR 78428)

February 25, 2005 (70 FR 9338)
June 24, 2005 (70 FR 36620)
September 23, 2005 (70 FR 55863)

Addendum II—Description of Manuals, Memoranda, and CMS Rulings

An extensive descriptive listing of Medicare manuals and memoranda was published on June 9, 1988, at 53 FR 21730 and supplemented on September 22, 1988, at 53 FR 36891 and December 16, 1988, at 53 FR 50577. Also, a complete description of the former CIM (now the NCDM) was published on August 21, 1989, at 54 FR 34555. A brief description of the various Medicaid manuals and memoranda that we maintain was published on October 16, 1992, at 57 FR 47468.

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS

[July through September 2005]

Transmittal No.	Manual/Subject/Publication No.
Medicare General Information (CMS—Pub. 100—01)	
25	Next Generation Desktop Testing Requirements Definitions
26	Next Generation Desktop Maintainer Requirements
27	Implement New Medicare Plan ID and Carrier Number for the Single Testing Contractor
28	Shared System Testing Requirements for Maintainers, Beta Testers, and Contractors
28	Provider Extract File
28	Conforming Changes for Change Request 3648 to Pub. 100—01
28	Hospital Insurance (Part A) for Inpatient Hospital, Hospice, and Skilled Nursing Facility Services—A Brief Description Home Health Services
28	Supplementary Medical Insurance (Part B)—A Brief Description
28	Discrimination Prohibited
28	Role of Part A Intermediaries
28	Limitation on Physical Therapy, Occupational Therapy and Speech-Language Pathology Services
28	Certification for Hospital Services Covered by the Supplementary Medical Insurance Program
28	Content of the Physician's Certification
28	Recertifications for Home Health Services
28	Physician's Certification and Recertification for Outpatient Physical Therapy Occupational Therapy and Speech-Language Pathology Recertification
28	Under Arrangements
28	Term of Agreements
28	Determining Payment for Services Furnished After Termination, Expiration, or Cancellation
28	Home Health Agency Defined
29	2005 Scheduled Release for October Updates to Software Programs and Pricing/Coding Files
Medicare Benefit Policy (CMS—Pub. 100—02)	
37	Conforming Changes for Change Request 3648 to Pub. 100—02
37	Medical and Other Health Services Furnished to Inpatients of Participating Hospitals Outpatient Hospital Services
37	Distinguishing Outpatient Hospital Services Provided Outside the Hospital Coverage of Outpatient Therapeutic Services
37	Medical and Other Health Services Furnished by Home Health Agencies Skilled Services Defined
37	Speech-Language Pathology
37	Physical Therapy, Speech-Language Pathology, and Occupational Therapy Furnished by the Skilled Nursing Facility or by Others Under Arrangements With the Facility and Under Its Supervision
37	Inpatient Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services
37	Services Furnished Under Arrangements With Providers
37	Supplementary Medical Insurance Provisions
37	Services Not Provided Within United States
Medicare National Coverage Determinations (CMS—Pub. 100—03)	
42	Cochlear Implantation
42	Cochlear Implantation (Effective April 4, 2005)

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued
[July through September 2005]

Transmittal No.	Manual/Subject/Publication No.
Medicare Claims Processing (CMS—Pub. 100–04)	
601	Cochlear Implantation Billing Requirements for Expanded Coverage of Cochlear Implantation Intermediary Billing Procedures Applicable Bill Types Special Billing Requirements for Intermediaries Intermediary Payment Requirements Carrier Billing Procedures Healthcare Common Procedure Coding System
602	Expansion of Various Alpha and Numeric Fields Within the Outpatient Prospective Payment System Outpatient Code Editor
603	Modification to the Appeals Language on the Medicare Summary Notice; Full Replacement of Change Request 3808 Appeals Section Back of Medicare Summary Notice—Carriers and Intermediaries Carrier Spanish Medicare Summary Notices Back Intermediary Spanish Medicare Summary Notices Back
604	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
605	Frequency Instructions for Smoking and Tobacco-Use Cessation Counseling Services Remittance Advice Notices Medicare Summary Notices
606	Medicare Program-Update to the Hospice Payment Rates, Hospice Cap, Hospice Wage Index, and the Hospice Pricer for FY 2005 Payment Rates
607	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
608	New Health Professional Shortage Area Modifier Zip Code Files Provider Education Claims Coding Requirements Services Eligible for Health Professional Shortage Area and Physician Scarcity Bonus Payments Post-payment Review Health Professional Shortage Area Incentive Payments for Physician Services Rendered in a Critical Access Hospital
609	Remittance Advice Remark Code and Claim Adjustment Reason Code Update
610	This Transmittal is rescinded and replaced by Transmittal 634
611	Payment Methodology for Rehabilitation Services in Indian Health Service/Tribally Owned and/or Operated Hospitals and Hospital Based Facilities Services Paid Under the Physician Fee Schedule
612	Abarelix for Treatment of Prostate Cancer
613	New Healthcare Common Procedure Coding System Codes and Systems Edits for Supplies and Accessories for Ventricular Assist Devices—Full Replacement of CR 3761
614	Medicare Physician Fee Schedule Database 2006 File Layout
615	Revision of Chapter 24, Electronic Data Interchange Support Requirements Electronic Data Interchange General Outreach Activities Carrier, Durable Medical Equipment Regional Carrier, and Fiscal Intermediary Analysis of Internal Information Systems Information Review of Provider Profiles Contact with New Providers Production and Distribution of Material to Increase Use of Electronic Data Interchange Electronic Data Interchange Enrollment New Enrollments and Maintenance of Existing Enrollments Submitter Number Release of Medicare Eligibility Data Network Service Vendor Agreement Electronic Data Interchange User Guidelines Directory of Billing Software Vendors and Clearinghouses Technical Requirements—Data, Media, and Telecommunications System Availability Media Telecommunications and Transmission Protocols Toll-Free Service Initial Editing Translators Required Electronic Data Interchange Formats General Health Insurance Portability and Accountability Act Electronic Data Interchange Requirements Continued Support of Pre-Health Insurance Portability and Accountability Act Electronic Data Interchange Formats National Council for Prescription Drug Program Claim Requirements Crossover Claim Requirements Direct Data Entry Screens Use of Imaging, External Key Shop, and In-House Keying for Entry of Transaction Data Submitted on Paper Electronic Funds Transfer Electronic Data Interchange Testing Requirements

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued
[July through September 2005]

Transmittal No.	Manual/Subject/Publication No.
	<p>Shared System and Common Working File Maintainers Internal Testing Requirements Carrier, Durable Medical Equipment Regional Carrier, and Intermediary Internal Testing Requirements Third-Party Certification Systems and Services Electronic Data Interchange Submitter/Receiver Testing by Carriers, Durable Medical Equipment Regional Carriers, and Fiscal Intermediaries Testing Accuracy Limitation on Testing of Multiple Providers That Use the Same Clearinghouse, Billing Service, or Vendor Software Carrier, Durable Medical Equipment Regional Carrier, and Fiscal Intermediary Submitter/Receiver Testing With Legacy Formats During the Health Insurance Portability and Accountability Act Contingency Period Discontinuation of Use of Claim Legacy Formats following Successful Health Insurance Portability and Accountability Act Format Testing Electronic Data Interchange Receiver Testing by Carriers, Durable Medical Equipment Regional Carriers, and Intermediaries Changes in Provider's System or Vendor's Software, and Use of Additional Electronic Data Interchange Formats Support of Electronic Data Interchange Trading Partners User Guidelines Technical Assistance to Electronic Data Interchange Trading Partners Training Content and Frequency Prohibition Against Requiring Use of Proprietary Software or Direct Data Entry Free Claim Submission Software Remittance Advice Print Software Medicare Remit Easy Print Software for Carrier and Durable Medical Equipment Regional Carrier Provider Use Medicare Standard Fiscal Intermediary PC-Print Software Newsletters/Bulletin Board/Internet Publication of Electronic Data Interchange Information Provider Guidelines for Choosing a Vendor Determining Goals/Requirements Vendor Selection Negotiating With Vendors Electronic Data Interchange Edit Requirements Carrier, Durable Medical Equipment Regional Carrier, and Fiscal Intermediary X12 Edit Requirements Supplemental Fiscal Intermediary-Specific Shared System Edit Requirements Fiscal Intermediary Health Insurance and Portability Accountability Act Claim Level Implementation Guide Edits Supplemental Carrier/Durable Medical Equipment Regional Carrier-Specific Shared System Implementation Guide Edit Requirements Keyshop and Image Processing Carrier, Durable Medical Equipment Regional Carrier, or Fiscal Intermediary Data Security and Confidentiality Requirements Carrier, Durable Medical Equipment Regional Carrier, and Fiscal Intermediary Electronic Data Interchange Audit Trails Security-Related Requirements for Carrier, Durable Medical Equipment Regional Carrier, or Fiscal Intermediary Arrangements with Clearinghouses And Billing Services Mandatory Electronic Submission of Medicare Claims Small Providers and Full-Time Equivalent Employee Self-Assessments Exceptions Unusual Circumstance Waivers Unusual Circumstance Waivers Subject to Provider Self-Assessment Unusual Circumstance Waivers Subject to Medicare Contractor Approval Unusual Circumstance Waivers Subject to Contractor Evaluation and CMS Decision Electronic and Paper Claims Implications of Mandatory Electronic Submission Enforcement Provider Education</p>
616	<p>Certified Registered Nurse Anesthetist Pass-Through Payments Anesthesia and Certified Registered Nurse Anesthetist Services in a Critical Access Hospitals Payment for Certified Registered Nurse Anesthetist Pass-Through Services Payment for Anesthesia Services by a Certified Registered Nurse Anesthetist (Method II Critical Access Hospital Only)</p>
617	<p>Administration of Drugs and Biologicals in a Method II Critical Access Hospital Coding for Administering Drugs in a Method II Critical Access Hospital Coding for Low Osmolar Contrast Material</p>
618	<p>Coding for the Administration of Other Drugs and Biologicals Clarification for Carriers and Durable Medical Equipment Regional Carriers About Correction and Recoupment of Previously Processed Claims</p>
619	<p>Late IRF-PAI Data Submission Penalty Protocol Within the Inpatient Rehabilitation Facility Prospective Payment System Payment Adjustment for Late Transmission of Patient Assessment Data</p>
620	<p>New Fiscal Intermediary (FI) Edit to Identify Potentially Excessive Medicare Payments Fiscal Intermediary Edits Affecting Multiple Bill Types Threshold Edit for Outpatient and Inpatient Part B Claims</p>
621	<p>Locality Codes for Purchased Diagnostic Tests</p>
622	<p>This Transmittal is rescinded and replaced by Transmittal 668</p>
623	<p>Durable Medical Equipment Regional Carrier Only—Corrections to the Billing Indicator Field for Adjusted Claims</p>
624	<p>This Transmittal is rescinded and replaced by Transmittal 686</p>
625	<p>Competitive Acquisition Program for Part B Drugs—Coding, Testing, and Implementation</p>
626	<p>Common Working File Expansion of Duplicate Claim Edit for Clinical Diagnostic Services</p>
627	<p>New Low Osmolar Contrast Material (LOCM) HCPCS Codes/Payment Criteria/Payment Level</p>

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued
[July through September 2005]

Transmittal No.	Manual/Subject/Publication No.
628	Low Osmolar Contrast Media (HCPCS Codes Q9945–Q9951) Payment Criteria/Payment Level Radiopharmaceutical Diagnostic Imaging Agents Codes Applicable to Positron Emission Tomography Scan Services Performed on or After January 28, 2005 Appropriate Common Procedure Terminology Codes Effective for Positron Emission Tomography Scan Services Performed on or After January 28, 2005
629	Tracer Codes Required for Positron Emission Tomography Scans
630	Certificate of Medical Necessity Claim Edits Workload Reporting
631	Durable Medical Equipment Regional Carrier Systems
632	Medicare Part A Skilled Nursing Facility Prospective Payment System Pricer
633	Update and Health Insurance Prospective Payment System Coding Update Effective January 1, 2006
634	Health Insurance Prospective Payment System Rate Code
635	Skilled Nursing Facility Prospective Payment System Rate Components
636	Decision Logic Used by the Pricer on Claims
637	Claim Status Category Code and Claim Status Code Update
638	Billing and Claims Processing Instructions for Claims Subject to Expedited Determinations
639	Limitation of Liability Notification and Coordination With Quality Improvement Organizations
640	Limitation on Liability—Overview
641	Hospital Claims Subject to Hospital Issued Notices of Noncoverage
642	Scope of Issuance of Hospital Issued Notices of Noncoverage
643	General Responsibilities of Quality Improvement Organizations and Fiscal Intermediaries Related to Hospital Issued Notices of Noncoverage
644	Billing and Claims Processing Requirements Related to Hospital Issued Notices of Noncoverage
645	Skilled Nursing Facility, Home Health Agency, Hospice, and Comprehensive Outpatient Rehabilitation Facility Claims Subject to Expedited Determinations
646	Scope of Issuance of Expedited Determination Notices
647	General Responsibilities of Quality Improvement Organizations and Fiscal Intermediaries Related to Expedited Determinations
648	Billing and Claims Processing Requirements Related to Expedited Determinations
649	Coordination With the Quality Improvement Organization
650	Guidelines for Payment of Vaccines (Pneumococcal Pneumonia Virus, Influenza Virus, and Hepatitis B Virus) and Their Administration Provided by Indian Health Service/Tribally-Owned and/or Operated Hospitals and Hospital Based Facilities
651	Billing Requirements
652	Bills Submitted to Fiscal Intermediaries
653	Vaccines and Vaccine Administration
654	Guidelines for Payment of Vaccines (Pneumococcal Pneumonia Virus, Influenza Virus, and Hepatitis B Virus) and Their Administration at Renal Dialysis Facilities
655	Vaccines Furnished to End-Stage Renal Disease Patients
656	Fiscal Intermediary Payment for Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccine
657	Bills Submitted by Hospices and Payment for Renal Dialysis Facilities
658	Financial Liability for Services Subject to Home Health Consolidated Billing
659	Home Health Prospective Payment System Consolidated Billing and Primary
660	Home Health Agencies
661	Home Health Prospective Payment System Consolidated Billing Beneficiary Notification and Payment Liability Under Home Health Consolidated Billing
662	Responsibilities of Home Health Agencies
663	Responsibilities of Providers/Suppliers of Services Subject to Consolidated Billing
664	Responsibilities of Hospitals Discharging Medicare Beneficiaries to Home Health Care
665	Home Health Consolidated Billing Edits in Medicare Systems
666	Non-routine Supply Editing
667	Therapy Editing
668	Other Editing Related to Home Health Consolidated Billing
669	Only Request for Anticipated Payment Received and Services Fall Within 60 Days After Request for Anticipated Payment Start Date
670	No Request for Anticipated Payment Received and Therapy Services Rendered in the Home
671	Health Insurance Eligibility Query to Determine Episode Status
672	Other Editing and Changes for Home Health Prospective Payment System Episodes
673	Coordination of Home Health Prospective Payment System Claims and Episodes With Inpatient Claim Types
674	Instructions for Implementation of CMS Ruling 05–01; Presbyopia-Correcting Intraocular Lens
675	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
676	New Medicare Summary Notice Messages
677	Adjustments
678	Ajustes
679	Cessation of Additional \$50 Payment for New Technology Intraocular Lenses
680	Ambulatory Surgical Center Services on Ambulatory Surgical Center List
681	Payment for Intraocular Lens
682	Medicare Part A Skilled Nursing Facility Prospective Payment System Pricer Update FY 2006
683	October 2005 Quarterly Update to Skilled Nursing Facility Consolidated Billing
684	New Waived Tests
685	Nature and Effect of Assignment on Carrier Claims

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued
[July through September 2005]

Transmittal No.	Manual/Subject/Publication No.
644	October 2005 Non-Outpatient Prospective Payment System Code Editor Specifications Version 21
645	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
646	Update to the Inpatient Provider Specific File and the Outpatient Provider Specific File to Retain Provider Information
647	The Supplemental Security Income/Medicare Beneficiary Data for Fiscal Year 2004 for Inpatient Prospective Payment System Hospitals
648	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
649	Competitive Acquisition Program for Part B Drugs—Coding, Testing, and Implementation
650	This Transmittal is rescinded and replaced by Transmittal 673
651	Changes to the Laboratory National Coverage Determination Edit Software for October 2005
652	This Transmittal is rescinded and replaced by Transmittal 661
653	October 2005 Quarterly Average Sales Price Medicare Part B Drug Pricing File, Effective October 1, 2005 and Revisions to April 2005 and July 2005 Quarterly Average Sale Price Medicare Part B Drug Pricing File
654	Services Not Provided Within the United States Services Received by Medicare Beneficiaries Outside the United States Source of Part B Claims Appeals of Denied Charges for Physicians and Ambulance Services in Connection With Foreign Hospitalization Services Rendered in Nonparticipating Providers Coverage Requirements for Emergency Hospital Services in Foreign Countries Services Furnished in a Foreign Hospital Nearest to Beneficiary's U.S. Residence Coverage of Physician and Ambulance Services Furnished Outside U.S. Payment by the Railroad Retirement Beneficiaries for Services Furnished in Canada to Qualified Railroad Retirement Beneficiaries Foreign Religious Nonmedical Health Care Facility Claims Elections to Bill for Services Rendered at Nonparticipating Hospitals Processing Claims Appeals on Claims for Emergency and Foreign Services Payment for Services from Foreign Hospitals Full Denial—Foreign Claim—Beneficiary Filed
655	This Transmittal is rescinded and replaced by Transmittal 663
656	Full Replacement of Change Request 3607, Payment Edits in Applicable States For Durable Medical Equipment Prosthetics, Orthotics & Supplies Provider Billing for Prosthetics and Orthotic Services
657	Quarterly Update to Correct Coding Initiative Edits, Version V11.3, Effective October 1, 2005
658	Billing for Devices Under the Hospital Outpatient Prospective Payment System Billing for Devices Under the Outpatient Prospective Payment System Requirements that Hospitals Report Device Codes on Claims on Which They Report Specified Procedures Edits for Claims on Which Specified Procedures Are To Be Reported With Device Codes
659	Instructions for Downloading the Medicare Zip Code File
660	This Transmittal is rescinded and replaced by Transmittal 664
661	This Transmittal is rescinded and replaced by Transmittal 672
662	This Transmittal is rescinded and replaced by Transmittal 691
663	Update To The Hospice Payment Rates, Hospice Cap, Hospice Wage Index, and the Hospice Pricer for Fiscal Year 2006
664	This Transmittal is rescinded and replaced by Transmittal 683
665	October Quarterly Update for 2005 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Fees Schedule
666	Updates to the Coordination of Benefits Contractor Detailed Error Report File Layout Consolidation of the Claims Crossover Process Coordination of Benefits Agreement Detailed Error Notification Process
667	Home Care and Domiciliary Care Visits (Codes 99321–99350)
668	Enforcement of Hospital Inpatient Bundling: Carrier Denial of Ambulance Claims During an Inpatient Stay Hospital Inpatient Bundling General Coverage and Payment Policies Common Working File Editing of Ambulance Claims for Inpatients Intermediary Guidelines Provider/Intermediary Bill Processing Guidelines Effective April 1, 2002, as a Result of Fee Schedule Implementation
669	Schedule for Completing the Calendar Year 2006 Fee Updates and the Participating Physician Enrollment Procedures
670	Realignment of States and Medicare Claims Processing Workload From Durable Medical Equipment Regional Carrier Regions A, B, C, and D to the Durable Medical Equipment Major Ambulatory Jurisdictions A, B, C and D
671	Updated Manual Instructions for the Medicare Claims Processing Manual, Regarding Smoking and Tobacco-Use Cessation Counseling Services Healthcare Common Procedure Coding System and Diagnosis Coding Carrier Billing Requirements Fiscal Intermediary Billing Requirements Medicare Summary Notices
672	October Update to the 2005 Medicare Physician Fee Schedule Database
673	Manual Update on Medical Nutrition Therapy Services—Manualization Medicare Nutrition Therapy Services General Conditions and Limitations on Coverage Referrals for Medicare Nutrition Therapy Services Dietitians and Nutritionists Performing Medicare Nutrition Therapy Services

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued
[July through September 2005]

Transmittal No.	Manual/Subject/Publication No.
	Payment for Medicare Nutrition Therapy Services General Claims Processing Information Common Working File Edits
674	This Transmittal is rescinded and replaced by Transmittal 692
675	Changes to Appeals of Claims Decisions: Redeterminations and Reconsiderations (Implementation Date October 1, 2005) Workload Data Analysis Program Managing Appeals Workloads Standard Operating Procedures Execution of Workload Prioritization Workload Priorities
676	2006 Healthcare Common Procedure Coding System Annual Update Reminder
677	This Transmittal is rescinded and replaced by 687
678	This Transmittal is rescinded and replaced by 688
679	Medicare Redetermination Notice and Effect of the Redetermination Medicare Redetermination Notice (for partly or fully unfavorable redeterminations) Medicare Redetermination Notice (for fully favorable redeterminations) Effect of the Redetermination
680	Inpatient Rehabilitation Facility Annual Update: Prospective Payment System Pricer Changes for FY 2006
681	Guidelines For Payment of Vaccines (Pneumococcal Pneumonia Virus, Influenza Virus, And Hepatitis B Virus) and Their Administration Provided by Indian Health Services/Tribally-Owned and/or Operated Hospitals and Hospital Based Facilities Billing Requirements Bills Submitted to Fiscal Intermediaries Vaccines and Vaccine Administration
682	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
683	October 2005 Outpatient Prospective Payment System Code Editor Specifications Version
684	Correction to Chapter 17, Section 80.2.3, MSN/ANSI X12 Denial Messages for Anti-Emetic Drugs
685	Discontinuation of the Skilled Nursing Facility Healthcare Common Procedure Coding System Help File and Notification to Fiscal Intermediaries and Providers of the Redesigned Skilled Nursing Facility Consolidated Billing Annual Update File Posted on CMS Web site Services Included in Part A Prospective Payment System Payment Not Billable Separately by the Skilled Nursing Facility Services Beyond the Scope of the Part A Skilled Nursing Facility Benefit Billing for Medical and Other Health Services General Payment Rules and Application of Part B Deductible and Coinsurance
686	Common Working File Unsolicited Response Adjustments for Certain Claims Denied Due to an Open Medicare Secondary Payer Group Health Plan Record Where the Group Health Plan Record Was Subsequently Deleted
687	Appeals of Claims Decisions: Redeterminations and Reconsiderations (Implementation Dates for Fiscal Intermediary Initial Determination Issued On or After May 1, 2005 and Carrier Initial Determinations Issued on or After January 1, 2006) Filing a Request for Redetermination Appeal Rights for Dismissals Dismissal Letters Model Dismissal Notices Reconsideration—The Second Level of Appeal Filing a Request for a Reconsideration Time Limit for Filing a Request for a Reconsideration Contractor Responsibilities—General Qualified Independent Contractor Case File Development Qualified Independent Contractor Case File Preparation Forwarding Qualified Independent Contractor Case Files Qualified Independent Contractor Jurisdictions Tracking Cases Effectuation of Reconsiderations
688	Appeals of Claims Decisions: Redeterminations and Reconsiderations (Implementation Dates for All Requests for Redetermination Received by Fiscal Intermediary on or After May 1, 2005, and All Requests for Redetermination Received by Carriers on or After January 1, 2006) Redetermination—The First Level of Appeal The Redetermination The Redetermination Decision Dismissals Vacating a Dismissal
689	One Time Update to the National Council Prescription Drug Programs Companion Document Regarding Crossover Claims to Medicaid
690	Fiscal Year (FY) 2006 Payment for Services Furnished in Ambulatory Surgical Centers
691	October 2005 Update of the Hospital Outpatient Prospective Payment System
692	Fiscal Year 2006 Inpatient Prospective Payment System and Long Term Care Hospital Changes
693	Updates to the Inpatient Rehabilitation Facility and Skilled Nursing Facility Provider Specific File and Changes in Inpatient Rehabilitation Facility Prospective Payment System for FY 2006 Provider-Specific File Case-Mix Groups Facility Level Adjustments Area Wage Adjustment

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued
[July through September 2005]

Transmittal No.	Manual/Subject/Publication No.
694	Rural Adjustment Outlier Teaching Status Adjustment Full Time Equivalent Resident Cap Inpatient Rehabilitation Facility Prospective Payment System Pricer Software Update to the Healthcare Provider Taxonomy Codes Version 5.1
Medicare Secondary Payer (CMS—Pub. 100–05)	
31	Full Replacement of Change Request 3770, Expanding the Number of Source Identifiers for Common Working File Medicare Secondary Payer Records
32	Change Request 3770 Is Rescinded Definition of Medicare Secondary Payer/Common Working File Terms Medicare Secondary Payer Delete Transaction Identification of Reimbursement Advisory Committee Created Group Health Plan Records
33	Exception for Small Employers in Multi-Employer Group Health Plans Overview and General Responsibilities Introduction to the Coordination of Benefits Contractor Scope of the Coordination of Benefit Contractor in Relation to Contractors Contractors Claim Referrals to the Coordination of Benefit Contractors IRS/SSA/CMS Data Match Coordination of Benefit Contractors Discontinues Dissemination of the Right of Recovery Letters to Contractors Exception for Small Employers in Multi-Employer Group Health Plans Purpose Background Specific Information
34	Working Aged Exception for Small Employers in Multi-Employer Group Health Plans
34	Manualization: Long-Standing Medicare Secondary Payer Policy in Chapter 1 of the Medicare Secondary Payer Internet Only Manual General Provisions Working Aged End-Stage Renal Disease Workers' Compensation No-Fault Insurance Liability Insurance Conditional Primary Medicare Benefits When Conditional Primary Medicare Benefits May Be Paid When a Group Health Plan Is a Primary Payer to Medicare When Conditional Primary Medicare Benefits May Not Be Paid When a Group Health Plan Is a Primary Payer to Medicare When Medicare Secondary Payer Benefits Are Payable and Not Payable Multiple Insurers Definitions Crediting Deductible for Non-Inpatient Psychiatric Services Clarification of Current Employment Status for Specific Groups Actions Resulting From Group Health Plan or Large Group Health Plan Nonconformance Federal Government's Right to Sue and Collect Double Damages
35	Updates to the Group Health Plan Identification and Recovery Processes General IRS/SSA/CMS Data Match (Data Match) Group Health Plan Identified Cases Non-Data Match Group Health Plan Identified Cases Other Sources of Recovery Actions Group Health Plan Acknowledges Specific Debt (42 CFR 411.25) Recovery When a State Medicaid Agency Has Also Requested a Refund From the Group Health Plan Identification of Group Health Plan Mistaken Primary Payments Via the Recovery Management and Accounting System Progression of Recovery Management Accounting System Group Health Plan Lead Identification Progression of Recovery Management Accounting System History Search Contractor Recovery Case Files (Audit Trails) Group Health Plan Letters (Used for Recovery Management Accounting System/Healthcare Integrated General Ledger Accounting System (ReMAS/HIGLAS) When the Only Debtor Interfaced to Healthcare Integrated General Ledger Accounting System Is the Employer) Employer Group Health Plan Letter Important Information for Employers Insurer Group Health Plan Letter (Used for Recovery Management Accounting System/Healthcare Integrated General Ledger Accounting System When the Only Debtor Interfaced to Healthcare Integrated General Ledger Accounting System Is the Employer) Accountability Worksheet (Not Applicable to Recovery Management Accounting System/Healthcare Integrated General Ledger Accounting System Users) Summary Data Sheet (Not Applicable to ReMAS/HIGLAS Users) Field Description on the Medicare Secondary Payer Summary Data Sheet Payment Record Summary (Used with ReMAS/HIGLAS Users but in a Modified Format)

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued
[July through September 2005]

Transmittal No.	Manual/Subject/Publication No.
36	Courtesy Copy of All Medicare Secondary Payer Group Health Plan-Based Recovery Demand Packages to the Employer's Insurer/Third Party Administrator Insurer/Third Party Administrator Courtesy Copy Letter Recovery Management Accounting System Error Reports Mistaken Group Health Plan Primary Payments Mistaken Primary Payment Activities and Record Layouts Contractor Actions Upon Receipt of the Data Match Cycle Tape or Other Notice of Non-Data Match Group Health Plan Mistaken Payments (for Contractor Not on ReMAS/HIGLAS for GHP Recovery) and Actions to Take for Those Contractors Using Recovery Management Accounting System/Health Integrated General Ledger Accounting System Group Health Plan Functions Coordination of Benefits Contractor Responsibility to Obtain Missing Medicare Secondary Payer Information Time Limitations for Group Health Plan Recoveries Actual Notice Contractor History Search Aggregate Claims for Recovery Documentation of Debt Recovery Attempt Audit Trails Summary of Medicare Reimbursement Claim Facsimiles for Each Claim Mistakenly Paid IRS/SSA/CMS Mistaken Payment Recovery Tracking System Inpatient, Skilled Nursing Facility, and Religious Non-Medicare Health Care Outpatient Mistaken Payment Report Record Layout Home Health Agency Mistaken Payment Record Layout Communication Receive in Response to Recovery Actions Update to the Healthcare Provider Taxonomy Codes Version 5.1
Medicare Financial Management (CMS—Pub. 100-06)	
71	Notice of New Interest Rate for Medicare Overpayments and Underpayments
72	Claims Accounts Receivable Update Intermediary Claims Accounts Receivable Financial Reporting for Intermediary Claims Accounts Receivable
73	This Transmittal is rescinded and replaced by Transmittal 75
74	Discovery Code Indication for Recovery Audit Contractor (RAC) Non-MSP Identified Overpayments
75	New Thresholds for 2nd Demand Letter for Physicians/Suppliers Part B Overpayment Demand Letters to Physicians/Suppliers
76	Development of New Report to Capture Benefits, Improvement and Protection Act and Medicare Prescription Drug, Improvement, and Modernization Act Appeals Data Monthly Statistical Report on Intermediary and Carrier Part A and Part B Appeals Activity Form Redeterminations Qualified Independent Contractor Reconsiderations Administrative Law Judge Results Department Appeals Board Effectuations Clerical Error Reopenings Validation of Reports
77	Non-Medicare Secondary Payer Debt Referral and Debt Collection Improvement Act of 1996 Activities Background Cross Servicing Treasury Offset Program Definition of Delinquent Debt Referral Requirements Exemptions to Referral Debt to be Referred Delinquent Non-Medicare Secondary Payer Fiscal Intermediary Debt, Including Debt on the Provider Overpayment Reporting System Delinquent Non-Medicare Secondary Payer Medicare Carrier Debt, Including Debt on the Physician/Supplier Overpayment Reporting System Delinquent Non-Medicare Secondary Payer Debt Previously Ineligible for Referral Debt Collection Improvement Act Language/Intent to Refer Letter Response to "Intent to Refer" Letter Provider Overpayment Reporting System Updates Physician/Supplier Overpayment Reporting System Updates Cross Servicing Collection Efforts Actions Subsequent to Debt Collection System Input Transmission of Debt Update to Debt Collection System After Transmission Financial Reporting for Debt Referred Financial Reporting for Non-Medicare Secondary Payer Debt

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued
[July through September 2005]

Transmittal No.	Manual/Subject/Publication No.
78	Coordination of Benefits Agreement Process for Contractor Financial Staff Notification
Medicare State Operations Manual (CMS—Pub. 100-07)	
09	Revision of Appendix P and Certain Exhibits of the State Operations Manual
10	Revisions—Appendix J—Interpretive Guidelines Intermediate Care Facilities With Mental Retardation
11	Revised Chapter 2—“The Certification Process,” Sections 2180E thru 2200F, and Appendix B—“Interpretive Guidelines: Home Health Agencies”
Medicare Program Integrity (CMS—Pub. 100-08)	
115	Program Integrity Manual Revision Affiliated Contractor/Full Program Safeguard Contractor Communication With the Comprehensive Error Rate Testing Contractor Overview of the Comprehensive Error Rate Testing Process Providing Sample Information to the Comprehensive Error Rate Testing Contractor Providing Review Information to the Comprehensive Error Rate Testing Contractor Providing Feedback Information to the Comprehensive Error Rate Testing Contractor Disputing/Disagreeing With a Comprehensive Error Rate Testing Decision Handling Overpayments and Underpayments Resulting From the Comprehensive Error Rate Testing Findings Handling Appeals Resulting From Comprehensive Error Rate Testing Initiated Denials Tracking Overpayments Tracking Appeals Potential Fraud Full Program Safeguard Contractor Requirements Involving Comprehensive Error Rate Testing Information Dissemination Full Program Safeguard Contractor Error Rate Reduction Plan Contacting Non-Responders Late Documentation Received by the Comprehensive Error Rate Testing Contractor Voluntary Refunds Local Coverage Determination/National Coverage Determination Comprehensive Error Rate Testing Review Contractor Review Guidelines
116	Revise the Fiscal Intermediary Shared System to Allow Reporting of Data for the Comprehensive Error Rate Testing Program Resolution File at a Line Level
117	Revise the Medicare Contractor System and the VIPS Medicare System To Allow Update of the Comprehensive Error Rate Testing Program Resolution File Within Five Business Days of a Comprehensive Error Rate Testing Request
118	Various Benefit Integrity Clarifications Goal of Medical Review Program Overpayment Procedures Disposition of the Suspension The Medicare Fraud Program Program Safeguard Contractor and Medicare Contractor Benefit Integrity Unit Organizational Requirements Training for Law Enforcement Organizations Procedural Requirements Requests for Information From Outside Organizations Sharing Fraud Referrals Between the Office of Inspector General and the Department of Justice Complaint Screening Investigations Conducting Investigations Disposition of Cases Reversed Denials by Administrative Law Judges on Open Cases Types of Fraud Alerts Coordination Investigation, Case, and Suspension Entries Update Requirements for Cases Closing Investigations Deleting Investigations, Cases, or Suspensions Access Harkin Grantees or Senior Medicare Patrol—Complaint Tracking System Harkin Grantees or Senior Medicare Patrol Project Description Harkin Grantees Tracking System Instructions System Access to Metaframe and Data Collection Data Dissemination/Aggregate Report Referral of Cases to the Office of the Inspector General/Office of Investigations Immediate Advisements to the Office of Inspector General/Office of Investigations Denial of Payments for Cases Referred to and Accepted by Office of Inspector General/Office of Investigations Take Administrative Action on Cases Referred to and Refused by Office of Inspector General /Office of Investigations Referral to State Agencies or Other Organizations Referral to Quality Improvement Organizations

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued
[July through September 2005]

Transmittal No.	Manual/Subject/Publication No.
	Referral Process to CMS Referrals to Office of Inspector General Breaches of Assignment Agreement by Physician or Other Supplier Annual Deceased-Beneficiary Postpayment Review Vulnerability Report
119	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
120	Correction to Change Request (CR) 3222: Local Medical Review Policy/Local Coverage Determination Medicare Summary Notice Message Revision Denials Notices
121	This Transmittal is rescinded and replaced by Transmittal 124
122	Medical Review Collection Number Requirements Overview of Prepayment and Postpayment Review for Medical Review Purposes
123	Chapter 3, Medicare Modernization Act Section 935 Verifying Potential Errors and Setting Priorities Determining Whether the Problem Is Widespread or Provider Specific Overpayment Procedures "Probe" Reviews
124	Evidence of Medical Necessity: Wheelchair and Power Operated Vehicle Claims
125	Medical Review Additional Documentation Requests Additional Documentation Requests During Prepayment or Postpayment Medical Review
Medicare Contractor Beneficiary and Provider Communications (CMS—Pub. 100–09)	
12	Next Generation Desktop Testing Requirements
13	Provider Contact Centers Training Program Guidelines for Telephone Service Staff Development and Training
Medicare Managed Care (CMS—Pub. 100–16)	
66	Beneficiary Enrollment and Disenrollment Requirements for Medicare Advantage Plans Changes in Requirements for Periodic Surveys of Current and Former Enrollees, and in the CMS Method for Calculating Interest on Overpayment and Underpayments to Health Maintenance Organizations, Comprehensive Medical Plans and Health Care Prepayment Plans
67	Initial Publication of Chapter 1—General Provisions Introduction Definitions Types of Medical Assistance Plans Cost Sharing in Enrollment—Related Costs
68	Revisions to Chapter 12, "Effect of Change of Ownership," and Chapter 14, "Contract Determination and Appeals" Effect of Change of Ownership What Constitutes a Change of Ownership Address for Sending Notifications to CMS When a Novation Agreement Is Required Acceptable Novation Agreements Contract Determination Notice Postponement of the Contract Determination's Effective Date Reconsiderations Time Frames for Filing a Reconsideration Request Parties to the Hearing Conduct and Record of a Hearing Reopening of Contract Reconsidered Determination or Decision of a Hearing Officer or the Administrator
69	Beneficiary Enrollment and Disenrollment Requirements for Medicare Advantage Plans
70	Deletion of MCM Chapter 19—The Enrollment and Payment User's Guide, and Chapter 20—Managed Care and Medical Assistance Business Requirements
71	Changes in Manual Instructions for Benefits and Beneficiary Protections Basic Rules Types of Benefits Availability and Structure of Plans CMS Review and Approval of M+C Benefit—rewritten and relocated to § 20 Requirements Relating to Medicare Conditions of Participation—renumbered as § 4.10.7 Provider Networks—renumbered as new § 10.8 and parts of the old § 20, "Original Medicare Covered Benefits" CMS Approval of Proposed Plan MA Benefits—old 10.7 revised and located here General Guidelines on Benefit Approval Screening Mammography, Influenza Vaccine, and Pneumococcal Vaccine Inpatient Hospital Rehabilitation Service Value-Added Items and Services Prescription Drug Discount Programs

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued
[July through September 2005]

Transmittal No.	Manual/Subject/Publication No.
72	Waiting Periods and Exclusions That Are Not Present in Original Medicare Annual Beneficiary Out-of-Pocket Cap Drug Benefits Drugs That Are Covered Under Original Medicare Mid-Year Benefit Enhancements Multi-Year Benefits Return to Home Skilled Nursing Facility Guidance on Acceptable Cost-Sharing and Deductibles Homemaker Services Caregiver Resource Services Electronic Monitoring Dentures Chiropractic Services Cash Beauty Parlor Transportation Safety Items Travel for Transplants Meals Basic Benefits Cost-sharing Rules for Medical Assistance Regional Plans Supplemental Benefits and Mandatory Supplemental and Optional Supplemental Basic Versus Supplemental Benefits The Annual Deductible General Rule Accessing Plan Contracting Providers Enrollee Information and Disclosure Definitions Factors That Influence Service Area Approval The "County Integrity Rule" General Rule Employer Plans Basic Rule Medicare Benefits Secondary to Group Health Plans and Large Group Health Plans Medicare Secondary Payer Rules and State Laws Discrimination Against Beneficiaries Prohibited Disclosure Requirements at Enrollment (and Annually Thereafter) Information Pertaining to a Medical Assistance Organization Changing Their Rules or Provider Network Other Information That Is Disclosable Upon Request Access and Availability Rules for Coordinated Care Plans Emergency and Urgently Needed Services Post-Stabilization Care Services General Description Private Fee-for-Service Plan Terms and Conditions of Participation Provider Types—Direct Contracting, Deemed Contracting, Non-Contracting Access to Services Payments and Balance Billing Advance Notice of Coverage Prompt Payment Requirements Original Medicare vs. Estimated Payment Amounts Table Summarizing Private Fee-for-Service Plan Provider Types and Rules Changes in Manual Instructions for Intermediate Sanctions Types of Intermediate Sanctions General Basis for Imposing Intermediate Sanctions on Medical Assistance Organizations Imposing Sanctions for Specific Medical Assistance Contract Violations Civil Monetary Penalties for Medical Assistance Organizations That Improperly Terminate the Medical Assistance Contract CMS Process for Suspending Marketing, Enrollment, and Payment Contract Termination by CMS
Medicare Business Partners Systems Security (CMS—Pub. 100–17)	
00	None
Demonstrations (CMS—Pub. 100–19)	
26	This Transmittal is rescinded and replaced by Transmittal 27
27	The Medicare Chronic Care Improvement, "Medicare Health Support," Program
28	The Medicare Care Management for High Cost Beneficiaries Demonstration

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued
[July through September 2005]

Transmittal No.	Manual/Subject/Publication No.
One-Time Notification (CMS—Pub. 100–20)	
161	Kansas Blue Cross Blue Shield Carrier Numbering Issue
162	Instructions for Fiscal Intermediary Standard System and Multi-Carrier System Healthcare Integrated General Ledger Accounting System Changes
163	Qualified Independent Contractor Jurisdictions
164	Medicare HIPAA Electronic Claims Report—Third Reporting Timeframe Extension
165	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
166	This Transmittal is rescinded and replaced by Transmittal 173
167	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
168	Shared System Maintainer Hours for Resolution of Problems Detected During Health Insurance Portability and Accountability Act Transaction January 2006 Release Testing
169	Analysis of Systems Improvements to Streamline POS Code Set Updates
170	Updates to the Coordination of Benefits Agreement Insurance File for Use in the National Claims Crossover Program
171	Preliminary system updates in preparation for ending the Medicare contingency plan in October 2005
172	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
173	Overnight Oximetry Testing
174	Fiscal Intermediary Shared System Modification
175	Common Working File Calculation of Next Eligible Date for Preventive Services
176	Change of the CareFirst Part A Plan to Highmark in the State of Maryland and Washington, DC
177	Termination of Existing Crossover Agreements as Trading Partners Transition to the National Coordination of Benefits Agreement Program
178	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
179	Calculation of the Interim Payment of Indirect Medical Education Through the Inpatient Prospective Payment Pricer for Hospitals That Received an Increase to Their Full-Time Equivalent Resident Cap Under Section 422 of the Medicare Modernization Act, P.L. 108–173
180	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
181	National Modifier and Condition Code To Be Used To Identify Disaster Disaster Related Claims

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER
[July through September 2005]

Publication date	FR Vol. 70 page number	CFR parts affected	File code	Title of regulation
July 6, 2005	39022	414	CMS–3125–IFC	Medicare Program; Competitive Acquisition of Outpatient Drugs and Biologicals Under Part B.
July 8, 2005	39514	.....	CMS–1288–N	Medicare Program; Meeting of the Advisory Panel on Ambulatory Payment Classification (APC) Groups—August 17, 18, and 19, 2005.
July 12, 2005	40039	.....	CMS–2212–N	Medicaid Program; Meeting of the Medicaid Commission—July 27, 2005.
July 14, 2005	40788	484	CMS–1301–P	Medicare Program; Home Health Prospective Payment System Rate Update for Calendar Year 2006.
July 14, 2005	40709	.....	CMS–1288–CN	Medicare Program; Meeting of the Advisory Panel on Ambulatory Payment Classification (APC) Groups—August 17, 18, and 19, 2005; Correction.
July 22, 2005	42331	.....	CMS–3142–FN	Medicare Program; Evaluation Criteria and Standards for Quality Improvement Program Contracts.
July 22, 2005	42330	.....	CMS–1315–N	Medicare Program; August 22, 2005, Meeting of Practicing Physicians Advisory Council and Request for Nominations.
July 22, 2005	42329	.....	CMS–3153–N	Medicare Program; Meeting of the Medicare Coverage Advisory Committee—October 6, 2005.
July 22, 2005	42328	.....	CMS–4093–N	Medicare Program; Request for Nominations for the Advisory Panel on Medicare Education.
July 22, 2005	42327	.....	CMS–3158–N	Medicare Program; Request for Nominations for Members for the Medicare Coverage Advisory Committee.
July 22, 2005	42276	146	CMS–4094–F3	Amendment to the Interim Final Regulation for Mental Health Parity.
July 25, 2005	42674	419 and 485	CMS–1501–P	Medicare Program; Proposed Changes to the Hospital Outpatient Prospective Payment System and Calendar Year 2006 Payment Rates.
August 4, 2005	45130	418	CMS–1286–F	Medicare Program; Hospice Wage Index for Fiscal Year 2006.

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued
[July through September 2005]

Publication date	FR Vol. 70 page number	CFR parts affected	File code	Title of regulation
August 4, 2005	45026	409, 411, 424, and 489	CMS-1282-F	Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2006.
August 4, 2005	44930		CMS-2220-N	Medicare Program; Meeting of the Medicaid Commission—August 17–18, 2005.
August 4, 2005	44879	402	CMS-6019-P	Medicare Program; Revised Civil Money Penalties, Assessments, Exclusions, and Related Appeals Procedures.
August 8, 2005	45764	405, 410, 411, 413, 414, and 426.	CMS-1502-P	Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2006.
August 12, 2005	47278	405, 412, 413, 415, 419, 422, and 485.	CMS-1500-F	Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2006 Rates.
August 15, 2005	47880	412	CMS-1290-F	Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for FY 2006.
August 15, 2005	47759	483	CMS-3198-P	Medicare and Medicaid Programs; Condition of Participation: Immunization Standard for Long Term Care Facilities.
August 26, 2005	50940	410	CMS-3017-IFC	Medicare Program; Conditions for Payment of Power Mobility Devices, including Power Wheelchairs and Power-Operated Vehicles.
August 26, 2005	50680	419 and 485	CMS-1501-CN	Medicare Program; Proposed Changes to the Hospital Outpatient Prospective Payment System and Calendar Year 2006 Payment Rates; Correction.
August 26, 2005	50375		CMS-4111-N	Medicare Program; Meeting of the Advisory Panel on Medicare Education, September 27, 2005.
August 26, 2005	50374		CMS-1330-N	Medicare Program; Town Hall Meeting on the Medicare Provider Feedback Group (MPFG)—September 12, 2005.
August 26, 2005	50373		CMS-4106-PN	Medicare Program; Changes in Medicare Advantage Deeming Authority.
August 26, 2005	50372		CMS-1309-NC	Medicare and Medicaid Programs; Announcement of an Application From a Hospital Requesting Waiver for Organ Procurement Service Area.
August 26, 2005	50358		CMS-2209-N	Medicaid Program; Fiscal Disproportionate Share Hospital Allotments and Disproportionate Share Hospital Institutions for Mental Disease Limits.
August 26, 2005	50358		CMS-1486-N	Medicare Program; Announcement of New Members of the Advisory Panel on Ambulatory Payment Classification (APC) Groups.
August 26, 2005	50262	447 and 455	CMS-2198-P	Medicaid Program; Disproportionate Share Hospital Payments.
August 26, 2005	50214	433	CMS-2210-IFC	Medicaid Program; State Allotments for Payment of Medicare Part B Premiums for Qualifying Individuals: Federal Fiscal Year 2005.
August 26, 2005	50214	405	CMS-4064-IFC3	Medicare Program; Changes to the Medicare Claims Appeal Procedures: Correcting Amendment to a Correcting Amendment.
August 30, 2005	51321	410	CMS-6024-P	Medicare Program; Prior Determination for Certain Items and Services.
September 1, 2005	52105		CMS-1308-NC	Medicare Program; Withdrawal of Ambulance Fee Schedule Issued in Accordance With Federal District Court Order in <i>Lifestar Ambulance v. United States</i> , No. 4:02-CV-127-1 (M.D. Ga., Jan. 16, 2003)—Medicare Covered Ambulance Services.
September 1, 2005	52056	405, 410, 411, 413, 414, and 426.	CMS-1502-CN	Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2006; Correction.
September 1, 2005	52023	422	CMS-4069-F3	Medicare Program; Establishment of the Medicare Advantage Program; Correcting Amendment; Partial Stay of Effectiveness.
September 1, 2005	52019	403	CMS-4063-F	Medicare Program; Medicare Prescription Drug Discount Card; Revision of Marketing Rules for Endorsed Drug Card Sponsors.
September 6, 2005	52930	414	CMS-1325-IFC2	Medicare Program; Competitive Acquisition of Outpatient Drugs and Biologicals Under Part B: Interpretation and Correction.

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued
[July through September 2005]

Publication date	FR Vol. 70 page number	CFR parts affected	File code	Title of regulation
September 16, 2005	54751	.....	CMS-5017-N	Medicare Program; Medicare Health Care Quality (MHCQ) Demonstration Programs.
September 23, 2005	55905	.....	CMS-3159-N	Medicare Program; Meeting of the Medicare Coverage Advisory Committee—November 29, 2005.
September 23, 2005	55903	.....	CMS-1269-N5	Medicare Program; Emergency Medical Treatment and Labor Act (EMTALA) Technical Advisory Group (TAG) Meeting—October 26, 2005 Through October 28, 2005.
September 23, 2005	55897	.....	CMS-8027-N	Medicare Program; Medicare Part B Monthly Actuarial Rates, Premium Rate, and Annual Deductible for Calendar Year 2006.
September 23, 2005	55896	.....	CMS-8025-N	Medicare Program; Part A Premium for Calendar Year 2006 for the Uninsured Aged and for Certain Disabled Individuals Who Have Exhausted Other Entitlement.
September 23, 2005	55887	.....	CMS-1307-GNC	Medicare Program; Criteria and Standards for Evaluating Intermediary, Carrier, and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Regional Carrier Performance During Fiscal Year 2006.
September 23, 2005	55885	.....	CMS-8026-N	Medicare Program; Inpatient Hospital Deductible and Hospital and Extended Care Services Coinsurance Amounts for Calendar Year 2006.
September 23, 2005	55863	.....	CMS-9032-N	Medicare and Medicaid Programs; Quarterly Listing of Program Issuances-April Through June 2005.
September 23, 2005	55862	.....	CMS-2227-PN	Medicare and Medicaid Programs; Application by the Accreditation Commission of Healthcare for Deeming Authority for Home Health Agencies.
September 23, 2005	55812	447 and 455	CMS-2198-CN	Medicaid Program; Disproportionate Share Hospital Payments.
September 29, 2005	56901	.....	CMS-2230-FN	State Children's Health Insurance Program (SCHIP); Redistribution of Unexpended SCHIP Funds From the Appropriation for Fiscal Year 2002.
September 30, 2005	57376	505	CMS-1320-P	Medicare Program; Health care Infrastructure Improvement Program; Forgiveness of Indebtness.
September 30, 2005	57368	505	CMS-1287-IFC	Medicare Program; Health Care Infrastructure Improvement Program; Selection Criteria of Loan Program for Qualifying Hospitals Engaged in Cancer-Related Health Care.
September 30, 2005	57300	.....	CMS-1307-CN	Medicare Program; Criteria and Standards for Evaluating Intermediary, Carrier, and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Regional Carrier Performance During Fiscal Year 2006; Correction Notice.
September 30, 2005	57297	.....	CMS-3144-NC	Medicare Program; Calendar Year 2005 Review of Appropriateness of Payment Amounts for New Technology Intraocular Lenses (NTIOLs) Furnished by Ambulatory Surgical Centers (ASCs).
September 30, 2005	57296	.....	CMS-1269-N6	Medicare Program; Emergency Medical Treatment and Labor Act (EMTALA) Technical Advisory Group (TAG): Announcement of a New Member.
September 30, 2005	57174	418	CMS-1286-CN	Medicare Program; Hospice Wage Index for Fiscal Year 2006.
September 30, 2005	57166	412	CMS-1290-CN	Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for FY 2006; Correction.
September 30, 2005	57164	411 and 424	CMS-1282-CN	Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Correction.
September 30, 2005	57161	405, 412, 413, 415, 419, 422, and 485.	CMS-1500-CN	Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2006 Rates; Correction.

Addendum V—National Coverage Determinations

[July Through September 2005]

A national coverage determination (NCD) is a determination by the Secretary with

respect to whether or not a particular item or service is covered nationally under Title XVIII of the Social Security Act, but does not include a determination of what code, if any, is assigned to a particular item or service covered under this title, or determination

with respect to the amount of payment made for a particular item or service so covered. We include below all of the NCDs that were issued during the quarter covered by this notice. The entries below include information concerning completed decisions

as well as sections on program and decision memoranda, which also announce pending decisions or, in some cases, explain why it was not appropriate to issue an NCD. We identify completed decisions by the section of the NCDM in which the decision appears, the title, the date the publication was issued, and the effective date of the decision. Information on completed decisions as well as pending decisions has also been posted on the CMS Web site at <http://cms.hhs.gov/coverage>.

National Coverage Determinations

[July Through September 2005]

There were no new NCDs posted during this time period.

Addendum VI—FDA-Approved Category B IDEs

[July Through September 2005]

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 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 **Federal Register** notice published on April 21, 1997 (62 FR 19328).

The following list includes all Category B IDEs approved by FDA during the second quarter, July through September 2005.

IDE/Category

- G040204
- G050005
- G050016
- G050028
- G050035
- G050036
- G050041
- G050044
- G050069
- G050072
- G050082
- G050086
- G050103
- G050107
- G050108
- G050112
- G050113
- G050114
- G050117
- G050119
- G050120
- G050122
- G050123
- G050125
- G050127
- G050129
- G050130
- G050132
- G050133
- G050134
- G050135

- G050136
- G050141
- G050144
- G050145
- G050146
- G050147
- G050148
- G050149
- G050153
- G050155
- G050158
- G050160
- G050161
- G050163
- G050165
- G050166
- G050170
- G050172
- G050174
- G050177
- G050178
- G050180
- G050181
- G050182
- G050183

Addendum VII—Approval Numbers for Collections of Information

Below we list all approval numbers for collections of information in the referenced sections of CMS regulations in Title 42; Title 45, Subchapter C; and Title 20 of the Code of Federal Regulations, which have been approved by the Office of Management and Budget:

OMB CONTROL NUMBERS

[Approved CFR Sections in Title 42, Title 45, and Title 20 (Note: Sections in Title 45 are preceded by "45 CFR," and sections in Title 20 are preceded by "20 CFR")]

OMB number	Approved CFR sections
0938-0008	414.40, 424.32, 424.44
0938-0022	413.20, 413.24, 413.106
0938-0023	424.103
0938-0025	406.28, 407.27
0938-0027	486.100-486.110
0938-0033	405.807
0938-0035	407.40
0938-0037	413.20, 413.24
0938-0041	408.6, 408.22
0938-0042	410.40, 424.124
0938-0045	405.711
0938-0046	405.2133
0938-0050	413.20, 413.24
0938-0062	431.151, 435.1009, 440.220, 440.250, 442.1, 442.10-442.16, 442.30, 442.40, 442.42, 442.100-442.119, 483.400-483.480, 488.332, 488.400, 498.3-498.5
0938-0065	485.701-485.729
0938-0074	491.1-491.11
0938-0080	406.7, 406.13
0938-0086	420.200-420.206, 455.100-455.106
0938-0101	430.30
0938-0102	413.20, 413.24
0938-0107	413.20, 413.24
0938-0146	431.800-431.865
0938-0147	431.800-431.865
0938-0151	493.1357, 493.1363, 493.1405, 493.1406, 493.1411, 493.1417, 493.1423, 493.1443, 493.1449, 493.1455, 493.1461, 493.1462, 493.1469, 493.1483, 493.1489, 493.1491
0938-0155	405.2470
0938-0170	493.1269-493.1285
0938-0193	430.10-430.20, 440.167
0938-0202	413.17, 413.20
0938-0214	411.25, 489.2, 489.20
0938-0236	413.20, 413.24
0938-0242	442.30, 488.26
0938-0245	407.10, 407.11

OMB CONTROL NUMBERS—Continued

[Approved CFR Sections in Title 42, Title 45, and Title 20 (Note: Sections in Title 45 are preceded by “45 CFR,” and sections in Title 20 are preceded by “20 CFR”)]

OMB number	Approved CFR sections
0938-0246	431.800-431.865
0938-0251	406.7
0938-0266	416.41, 416.47, 416.48, 416.43
0938-0267	410.65, 485.56, 485.58, 485.60, 485.64, 485.66
0938-0269	412.116, 412.632, 413.64, 413.350, 484.245
0938-0270	405.376
0938-0272	440.180, 441.300-441.305
0938-0273	485.701-485.729
0938-0279	424.5
0938-0287	447.31
0938-0296	413.170, 413.184
0938-0301	413.20, 413.24
0938-0302	418.22, 418.24, 418.28, 418.56, 418.58, 418.70, 418.74, 418.83, 418.96, 418.100
0938-0313	489.11, 489.20
0938-0328	482.12, 482.13, 482.21, 482.22, 482.27, 482.30, 482.41, 482.43, 482.45, 482.53, 482.56, 482.57, 482.60, 482.61, 482.62, 485.618, 485.631
0938-0334	491.9, 491.10
0938-0338	486.104, 486.106, 486.110
0938-0354	441.60
0938-0355	442.30, 488.26
0938-0357	409.40-409.50, 410.36, 410.170, 411.4-411.15, 421.100, 424.22, 484.18, 489.21
0938-0358	412.20-412.30
0938-0359	412.40-412.52
0938-0360	488.60
0938-0365	484.10, 484.11, 484.12, 484.14, 484.16, 484.18, 484.20, 484.36, 484.48, 484.52
0938-0372	414.330
0938-0378	482.60-482.62
0938-0379	442.30, 488.26
0938-0382	442.30, 488.26
0938-0386	405.2100-405.2171
0938-0391	488.18, 488.26, 488.28
0938-0426	476.104, 476.105, 476.116, 476.134
0938-0429	447.53
0938-0443	473.18, 473.34, 473.36, 473.42
0938-0444	1004.40, 1004.50, 1004.60, 1004.70
0938-0445	412.44, 412.46, 431.630, 456.654, 466.71, 466.73, 466.74, 466.78
0938-0447	405.2133
0938-0448	405.2133, 45 CFR 5, 5b; 20 CFR Parts 401, 422 Subpart E 0938-0449 440.180, 441.300-441.310
0938-0454	424.20
0938-0456	412.105
0938-0463	413.20, 413.24, 413.106
0938-0467	431.17, 431.306, 435.910, 435.920, 435.940-435.960
0938-0469	417.126, 422.502, 422.516
0938-0470	417.143, 417.800-417.840, 422.6
0938-0477	412.92
0938-0484	424.123
0938-0501	406.15
0938-0502	433.138
0938-0512	486.304, 486.306, 486.307
0938-0526	475.102, 475.103, 475.104, 475.105, 475.106
0938-0534	410.38, 424.5
0938-0544	493.1-493.2001
0938-0564	411.32
0938-0565	411.20-411.206
0938-0566	411.404, 411.406, 411.408
0938-0573	412.230, 412.256
0938-0578	447.534
0938-0581	493.1-493.2001
0938-0599	493.1-493.2001
0938-0600	405.371, 405.378, 413.20
0938-0610	484.10, 489.102
0938-0612	493.801, 493.803, 493.1232, 493.1233, 493.1234, 493.1235, 493.1236, 493.1239, 493.1241, 493.1242, 493.1249, 493.1251, 493, 1252, 493.1253, 493.1254, 493.1255, 493.1256, 493.1261, 493.1262, 493.1263, 493.1269, 493.1273, 493.1274, 493.1278, 493.1283, 493.1289, 493.1291, 493.1299
0938-0618	433.68, 433.74, 447.272
0938-0653	493.1771, 493.1773, 493.1777
0938-0657	405.2110, 405.2112
0938-0658	405.2110, 405.2112

OMB CONTROL NUMBERS—Continued

[Approved CFR Sections in Title 42, Title 45, and Title 20 (Note: Sections in Title 45 are preceded by "45 CFR," and sections in Title 20 are preceded by "20 CFR")]

OMB number	Approved CFR sections
0938-0659	456.700, 456.705, 456.709, 456.711, 456.712
0938-0667	482.12, 488.18, 489.20, 489.24
0938-0679	410.38
0938-0685	410.32, 410.71, 413.17, 424.57, 424.73, 424.80, 440.30, 484.12
0938-0686	493.551-493.557
0938-0688	486.304, 486.306, 486.307, 486.310, 486.316, 486.318, 486.325
0938-0691	412.106
0938-0692	466.78, 489.20, 489.27
0938-0701	422.152
0938-0702	45 CFR 146.111, 146.115, 146.117, 146.150, 146.152, 146.160, 146.180
0938-0703	45 CFR 148.120, 148.124, 148.126, 148.128
0938-0713	441.16, 489.66, 489.67
0938-0714	411.370-411.389
0938-0717	424.57
0938-0721	410.33
0938-0723	421.300-421.318
0938-0730	405.410, 405.430, 405.435, 405.440, 405.445, 405.455, 410.61, 415.110, 424.24
0938-0732	417.126, 417.470
0938-0734	45 CFR 5b
0938-0739	413.337, 413.343, 424.32, 483.20
0938-0742	422.300-422.312
0938-0749	424.57
0938-0753	422.000-422.700
0938-0754	441.151, 441.152
0938-0758	413.20, 413.24
0938-0760	484 Subpart E, 484.55, 484.205, 484.245, 484.250
0938-0761	484.11, 484.20
0938-0763	422.1-422.10, 422.50-422.80, 422.100-422.132, 422.300-422.312, 422.400-422.404, 422.560-422.622
0938-0770	410.2
0938-0778	422.64, 422.111
0938-0779	417.126, 417.470, 422.64, 422.210
0938-0781	411.404-411.406, 484.10
0938-0786	438.352, 438.360, 438.362, 438.364
0938-0783	422.66, 422.562, 422.564, 422.568, 422.570, 422.572, 422.582, 422.584, 422.586, 422.590, 422.594, 422.602, 422.612, 422.618, 422.619, 422.620, 422.622
0938-0787	406.28, 407.27
0938-0790	460.12, 460.22, 460.26, 460.30, 460.32, 460.52, 460.60, 460.70, 460.71, 460.72, 460.74, 460.80, 460.82, 460.98, 460.100, 460.102, 460.104, 460.106, 460.110, 460.112, 460.116, 460.118, 460.120, 460.122, 460.124, 460.132, 460.152, 460.154, 460.156, 460.160, 460.164, 460.168, 460.172, 460.190, 460.196, 460.200, 460.202, 460.204, 460.208, 460.210
0938-0792	491.8, 491.11
0938-0798	413.24, 413.65, 419.42
0938-0802	419.43
0938-0818	410.141, 410.142, 410.143, 410.144, 410.145, 410.146, 414.63
0938-0829	422.568
0938-0832	Parts 489 and 491
0938-0833	483.350-483.376
0938-0841	431.636, 457.50, 457.60, 457.70, 457.340, 457.350, 457.431, 457.440, 457.525, 457.560, 457.570, 457.740, 457.750, 457.810, 457.940, 457.945, 457.965, 457.985, 457.1005, 457.1015, 457.1180
0938-0842	412.23, 412.604, 412.606, 412.608, 412.610, 412.614, 412.618, 412.626, 413.64
0938-0846	411.352-411.361
0938-0857	Part 419
0938-0860	413.65, 419.42
0938-0866	45 CFR Part 162
0938-0872	413.337, 483.20,
0938-0873	422.152
0938-0874	45 CFR Parts 160 and 162
0938-0878	Part 422 Subpart F & G
0938-0883	45 CFR Parts 160 and 164
0938-0884	405.940
0938-0887	45 CFR 148.316, 148.318, 148.320
0938-0897	412.22, 412.533
0938-0907	412.230, 412.304, 413.65
0938-0910	422.620, 422.624, 422.626
0938-0911	426.400, 426.500
0938-0916	483.16

OMB CONTROL NUMBERS—Continued

[Approved CFR Sections in Title 42, Title 45, and Title 20 (Note: Sections in Title 45 are preceded by “45 CFR,” and sections in Title 20 are preceded by “20 CFR”)]

OMB number	Approved CFR sections
0938–0920	438.6, 438.8, 438.10, 438.12, 438.50, 438.56, 438.102, 438.114, 438.202, 438.206, 438.207, 438.240, 438.242, 438.402, 438.404, 438.406, 438.408, 438.410, 438.414, 438.416, 438.710, 438.722, 438.724, 438.810
0938–0921	414.804
0938–0931	45 CFR Part 142.408, 162.408, and 162.406
0938–0933	438.50
0938–0934	403.766
0938–0936	423
0938–0940	484 and 488
0938–0944	422.250, 422.252, 422.254, 422.256, 422.258, 422.262, 422.264, 422.266, 422.270, 422.300, 422.304, 422.306, 422.308, 422.310, 422.312, 422.314, 422.316, 422.318, 422.320, 422.322, 422.324, 423.251, 423.258, 423.265, 423.272, 423.279, 423.286, 423.293, 423.301, 423.308, 423.315, 423.322, 423.329, 423.336, 423.343, 423.346, 423.350
0938–0950	405.910
0938–0951	423.48
0938–0953	405.1200 and 405.1202
0938–0954	414.906, 414.908, 414.914, 414.916
0938–0957	Part 423 Subpart R

Addendum VIII—Medicare-Approved Carotid Stent Facilities [July Through September 2005]

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.

Effective Date—July 7, 2005

Antelope Valley Hospital, 1600 West Avenue J, Lancaster, CA 93534
 Medicare Provider #050056
 Baptist St. Anthony's Hospital, 1600 Wallace Boulevard, Amarillo, TX 79106
 Medicare Provider #450231
 Dayton Heart Hospital, 707 S. Edwin Moses Boulevard, Dayton, OH 45408
 Medicare Provider #360253
 Duke Health Raleigh Hospital, 3400 Wake Forest Road, Raleigh, NC 27609
 Medicare Provider #340073
 East Pasco Medical Center, 7050 Gall Boulevard, Zephyrhills, FL 33541–1399
 Medicare Provider #100046
 FirstHealth Moore Regional Hospital, 1555 Memorial Drive, P.O. Box 3000
 Pinehurst, NC 28374
 Medicare Provider #340115
 The George Washington University Hospital, 900 23rd Street, NW., Washington, DC 20037
 Medicare Provider #090001
 Heart Hospital of Lafayette, 1105 Kaliste Saloom Road, Lafayette, LA 70508

Medicare Provider #190263
 Johns Hopkins Hospital, 600 North Wolfe Street, Baltimore, MD 21287–1629
 Medicare Provider #210009
 Kingman Regional Medical Center, 3269 Stockton Hill Road, Kingman, AZ 86401
 Medicare Provider #030055
 Lafayette General Medical Center, 1214 Coolidge Street, P.O. Box 52009, Lafayette, LA 70505
 Medicare Provider #190002
 Manatee Memorial Hospital and Health Systems, 206 2nd Street East, Bradenton, FL 34208
 Medicare Provider #100035
 Mercy Health System, 1000 Mineral Point Avenue, P.O. Box 5003, Janesville, WI 53547–5003
 Medicare Provider #520066
 The Methodist Hospital, 6565 Fannin Street, Houston, TX 77030
 Medicare Provider #450358
 Mohawk Valley Vascular Center of Faxton, St. Luke's Healthcare, 1656 Champlain Avenue, Utica, NY 13502
 Medicare Provider #330044
 Northwest Medical Center, 2801 North State Road 7, Margate, FL 33063–9002
 Medicare Provider #100189
 Oakwood Hospital and Medical Center, 18101 Oakwood Boulevard, P.O. Box 2500, Dearborn, MI 48123–2500
 Medicare Provider #230020
 Rhode Island Hospital, 593 Eddy Street, Providence, RI 02903
 Medicare Provider #041007
 Scripps Green Hospital, 10666 North Torrey Pines Road, La Jolla, CA 92037–9100
 Medicare Provider #050424
 St. Cloud Hospital, 1406 Sixth Avenue North, St. Cloud, MN 56303–1901

Medicare Provider #240036
 St. Joseph's Regional Medical Center, 703 Main Street, Paterson, NJ 07530
 Medicare Provider #310019
 St. Luke's Hospital, 5901 Monclova Road, Maumee, OH 43537–1899
 Medicare Provider #360090
 St. Vincent Hospital, 835 S. Van Buren Street, P.O. Box 13508, Green Bay, WI 54307–3508
 Medicare Provider #520075
 St. Vincent's Medical Center, 1800 Barrs Street, Jacksonville, FL 32204
 Medicare Provider #100040
 Stormont-Vail HealthCare, 1500 S.W. 10th Avenue, Topeka, KS 66604–1353
 Medicare Provider #170086
 Tomball Regional Hospital, 605 Holderrieth Street, Tomball, TX 77375
 Medicare Provider #450670
 Trinity Mother Frances Health System, 800 E. Dawson, Tyler, TX 75701
 Medicare Provider #450102
 Effective Date—July 15, 2005
 Allen Memorial Hospital, 1825 Logan Avenue, Waterloo, IA 50703–1999
 Medicare Provider #160110
 Alta Bates Summit Medical Center, Alta Bates Campus, 2450 Ashby Avenue
 Berkley, CA 94705
 Medicare Provider #050305
 Alta Bates Summit Medical Center, Summit Campus, 350 Hawthorne Avenue, Oakland, CA 94609
 Medicare Provider #050043
 Banner Baywood Heart Hospital, 6750 East Baywood Avenue, Mesa, AZ 85206
 Medicare Provider #030105
 Battle Creek Health System, 300 North Avenue, Battle Creek, MI 49016

Medicare Provider #230075
Beth Israel Deaconess Medical Center, 330 Brookline Avenue, Boston, MA 02215
Medicare Provider #220086
BryanLGH Medical Center, 1600 South 48th Street, Lincoln, NE 68506-1299
Medicare Provider #280003
Deborah Heart & Lung Center, 200 Trenton Road, Browns Mills, NJ 08015
Medicare Provider #310031
Erie County Medical Center Corporation, 462 Grinder Street, Buffalo, NY 14215
Medicare Provider #330219
Fairview Southdale Hospital, 6401 France Avenue, Edina, MN 55435
Medicare Provider #240078
Gratiot Medical Center, 300 East Warwick Drive, Alma, MI 48801-1096
Medicare Provider #230030
Harbor Hospital, 3001 South Hanover Street, Baltimore, MD 21225-1290
Medicare Provider #210034
Holmes Regional Medical Center, 1350 South Hickory Street, Melbourne, FL 32901
Medicare Provider #100019
Holy Cross Hospital, 4725 North Federal Highway, Fort Lauderdale, FL 33308
Medicare Provider #100073
Marion General Hospital, 1000 McKinley Park Drive, Marion, OH 43301
Medicare Provider #360011
Mease Countryside Hospital, 3231 McMullen Booth Road, Safety Harbor, FL 34695
Medicare Provider #100265
Mercy General Hospital, 4001 J Street, P.O. Box 19245, Sacramento, CA 95819-9990
Medicare Provider #050017
OU Medical Center, 1200 Everett Drive, Oklahoma City, OK 73104
Medicare Provider #370093
Pennsylvania Hospital of the University of Pennsylvania Health System, 800 Spruce Street, Philadelphia, PA 19071-6192
Medicare Provider #390226
Provena Mercy Medical Center, 1325 North Highland Avenue, Aurora, IL 60506
Medicare Provider #140174
Reading Hospital and Medical Center, P.O. Box 16052, Reading, PA 19612-6052
Medicare Provider #390044
Regional Medical Center of Hopkins County, 900 Hospital Drive, Madisonville, KY 42431
Medicare Provider #180093
Sacred Heart Medical Center, 101 West 8th Avenue, P.O. Box 2555, Spokane, WA 99220-2555
Medicare Provider #500054
Scripps Mercy Hospital, 4077 Fifth Avenue, San Diego, CA 92103
Medicare Provider #050077
Sisters of Charity Providence Hospitals, 2435 Forest Drive, Columbia, SC 29204
Medicare Provider #420026
Tucson Medical Center, 5301 East Grant Road, Tucson, AZ 85712
Medicare Provider #030006
UCLA Medical Center, 10833 Le Conte Avenue, Los Angeles, CA 90095-1730
Medicare Provider #050262
University of Colorado Hospital, 4200 East 9th Avenue, Denver, CO 80262
Medicare Provider #060024
Effective Date—July 20, 2005
Christus St. Patrick Hospital, 524 South Ryan Street, Lake Charles, LA 70601
Medicare Provider #190027
Condell Medical Center, 801 South Milwaukee Avenue, Libertyville, IL 60048
Medicare Provider #140202
Florida Hospital Ormond Memorial, 875 Sterthaus Avenue, Ormond Beach, FL 32174
Medicare Provider #100169
Lakewood Hospital, 14519 Detroit Avenue, Lakewood, OH 44107
Medicare Provider #360212
Loma Linda University Medical Center, 11234 Anderson Street, P.O. Box 2000, Loma Linda, CA 92354
Medicare Provider #050327
Miami Valley Hospital, Medical Imaging, One Wyoming Street, Dayton, OH 45409-2793
Medicare Provider #360051
National Park Medical Center, 1910 Malvern Avenue, Hot Springs, AR 71901
Medicare Provider #040078
Newark Beth Israel Medical Center, 201 Lyons Avenue, Newark, NJ 07112
Medicare Provider #310002
Salina Regional Health Center, P.O. Box 5080, Salina, KS 67402-5080
Medicare Provider #170012
Scott and White Memorial Hospital and Scott, Sherwood and Brindley Foundation, 2401 South 31st Street, Temple, TX 76508
Medicare Provider #450054
Sentra Norfolk General Hospital, 600 Gersham Drive, Norfolk, VA 23507
Medicare Provider #490007
Spartanburg Regional Medical Center, 101 East Wood Street, Spartanburg, SC 29303
Medicare Provider #420007
St. Francis Hospital, 3237 South 16th Street, Milwaukee, WI 53215-4592
Medicare Provider #520078
St. Vincent Indianapolis Hospital, 2001 West 86th Street, Indianapolis, IN 46260
Medicare Provider #150084
Tulsa Regional Medical Center, 744 West 9th, Tulsa, OK 74127
Medicare Provider #370078
University Hospital, SUNY Upstate Medical University, 750 East Adams Street, Syracuse, NY 13210
Medicare Provider #330241
UT Southwestern University Hospitals—Zale Lipshy, 5151 Harry Hines Boulevard, Dallas, TX 75390
Medicare Provider #450766
UT Southwestern University Hospitals—St. Paul, 5909 Harry Hines Boulevard, Dallas, TX 75390
Medicare Provider #450044
Effective Date—July 22, 2005
Forrest General Hospital, 6051 Highway 49, Hattiesburg, MS 39401-7243
Medicare Provider #250078
Hamilton Medical Center, P.O. Box 1168, Dalton, GA 30722-1168
Medicare Provider #110001
Heritage Valley Health System, The Medical Center, 100 Dutch Ridge Road, Beaver, PA 15009-9700
Medicare Provider #390036
Northeast Georgia Medical Center, 743 Spring Street, Gainesville, GA 30501
Medicare Provider #110029
Wishard Health Services, 1001 West Tenth Street, Indianapolis, IN 46202
Medicare Provider #150024
Effective Date—July 27, 2005
East Texas Medical Center Athens, 2000 South Palestine, Athens, TX 75751
Medicare Provider #450389
Glendale Adventist Medical Center, 1509 Wilson Terrace, Glendale, CA 91206
Medicare Provider #050239
Lahey Clinic Medical Center, Inc., 41 Mall Road, Burlington, MA 01805
Medicare Provider #220171
Saint Joseph Hospital, One Saint Joseph Drive, Lexington, KY 40504
Medicare Provider #180010
St. Mary's Medical Center, 2900 First Avenue, Huntington, WV 25702
Medicare Provider #510007
Yakima Regional Medical and Cardiac Center, 110 South 9th Avenue, Yakima, WA 98902
Medicare Provider #500012
Effective Date—August 1, 2005
Alegent Health Bergan Mercy Medical Center, 7500 Mercy Rd., Omaha, NE 68124-9832
Medicare Provider #280060
Bon Secours DePaul Medical Center, 150 Kingsley Ln., Norfolk, VA 23505
Medicare Provider #490011
Hendrick Medical Center, 1900 Pine St., Abilene, TX 79601-2316
Medicare Provider #450229
Nebraska Heart Hospital, 7500 S. 91st St., Lincoln, NE 68526

Medicare Provider #280128 Singing River Hospital System, 3109 Bienville Blvd., Ocean Springs, MS 39564	Medicare Provider #360077 Forum Health-Northside Medical Center, Cardiovascular Administration, 500 Gypsy Lane, Youngstown, OH 44501	Medicare Provider #100008 Camden-Clark Memorial Hospital, 800 Garfield Avenue, P.O. Box 718, Parkersburg, WV 26102
Medicare Provider #250040 St. Peter's Hospital, 315 South Manning Blvd., Albany, NY 12208	Medicare Provider #360141 Mercy Hospital, 144 State Street, Portland, ME 04101	Medicare Provider #510058 HCA Dauterive Hospital, 600 North Lewis Avenue, New Iberia, LA 70563
Medicare Provider #330057 University of California San Francisco Medical Center, 500 Parnassus Ave., San Francisco, CA 94143-0296	Medicare Provider #020008 New Hanover Regional Medical Center, 2131 South 17th Street, P.O. Box 9000, Wilmington, NC 28402-9000	Medicare Provider #190003 Kadlec Medical Center, 888 Swift Boulevard, Richland, WA 99352
Medicare Provider #050454 <i>Effective Date—August 4, 2005</i>	Medicare Provider #340141 Sharp Grossmont Hospital, P.O. Box 158, La Mesa, CA 91944-0158	Medicare Provider #500058 Lancaster Community Hospital, 43830 10th Street West, Lancaster, CA 93534
Bowling Green Warren County Community Hospital Corp. d/b/a The Medical Center, 250 Park Street, P.O. Box 90010, Bowling Green, KY 42102-9010	Medicare Provider #050026 Torrance Memorial Medical Center, 3330 Lomita Boulevard, Torrance, CA 90505- 5073	Medicare Provider #050204 Mercy Hospital, 4050 Coon Rapids Boulevard, Coon Rapids, MN 55433
Medicare Provider #180013 Carson-Tahoe Hospital, 775 Fleischmann Way, P.O. Box 2168, Carson City, NV 89702-2168	Medicare Provider #050351 <i>Effective Date—August 16, 2005</i>	Medicare Provider #240115 Montefiore Medical Center, 111 East 210th Street, New York, NY 10467
Medicare Provider #290010 Heart Hospital of Austin, 3801 N. Lamar Boulevard, Austin, TX 78756	Englewood Hospital and Medical Center, 350 Engle Street, Englewood, NJ 07631	Medicare Provider #330059 Morristown Memorial Hospital, 100 Madison Avenue, Morristown, NJ 07962-1956
Medicare Provider #450824 Indiana Heart Hospital, 8040 Clearvista Parkway, Suite 200, Indianapolis, IN 46256	Medicare Provider #310045 Mobile Infirmary Medical Center, Five Mobile Infirmary Circle, Mobile, AL 36607	Medicare Provider #310015 Palmetto Health Richland, 5 Richland Medical Park Drive, Columbia, SC 29203-6897
Medicare Provider #150154 JFK Medical Center, 5301 South Congress Avenue, Atlantis, FL 33462	Medicare Provider #010113 Ocean Medical Center, 425 Jack Martin Boulevard, Brick, NJ 08724	Medicare Provider #420018 Saint Elizabeth Regional Medical Center, 555 South 70th Street, Lincoln, NE 68510
Medicare Provider #100080 Sierra Vista Regional Medical Center, 1010 Murray Avenue, San Luis Obispo, CA 93405	Medicare Provider #310052 OSF St. Joseph Medical Center, 200 East Washington Street, Bloomington, IL 61701	Medicare Provider #280020 Springhill Medical Center, 3710 Dauphine Street, Mobile, AL 36608
Medicare Provider #050506 St. Joseph Hospital, 1100 West Stewart Drive, P.O. Box 5600 Orange, CA 92863-5600	Medicare Provider #140162 St. Luke's Medical Center, LP, 1800 East Van Buren Street, Phoenix, AZ 85006	Medicare Provider #010144 Unity Hospital, 550 Osborne Road, Fridley, MN 55432
Medicare Provider #050069 St. Luke's Cornwall Hospital, 70 Dubois Street, Newburgh, NY 12550	Medicare Provider #030037 <i>Effective Date—August 19, 2005</i>	Medicare Provider #240132 Wilson Memorial Regional Medical Center, 33-57 Harrison Street, Johnson City, NY 13790
Medicare Provider #330264 UCI Medical Center, 101 The City Drive South, Orange, CA 92868	Inova Alexandria Hospital, 4320 Seminary Road, Alexandria, VA 22304	Medicare Provider #330394 <i>Effective Date—August 23, 2005</i>
Medicare Provider #050348 <i>Effective Date—August 8, 2005</i>	Medicare Provider #490040 Inova Fairfax Hospital, Inova Fairfax Hospital for Children and Inova Heart and Vascular Institute, 3300 Gallows Road, Falls Church, VA 22042-3300	Jackson Madison County General Hospital, 708 West Forest Avenue, Jackson, TN 38301-3956
Lynchburg General Hospital, 1920 Atherholt Road, Lynchburg, VA 24501-1104	Medicare Provider #490063 Milford Hospital, 300 Seaside Avenue, P.O. Box 3015, Milford, CT 06460-0815	Medicare Provider #044002 Leesburg Regional Medical Center, 600 E. Dixie Avenue, Leesburg, FL 34748
Medicare Provider #490021 Mercy Hospitals Bakersfield, 2215 Truxtun Avenue, P.O. Box 119, Bakersfield, CA 93302	Medicare Provider #070019 Our Lady of the Lakes Regional Medical Center, 5000 Hennessy Boulevard, Baton Rouge, LA 70808	Medicare Provider #100084 Meriter Hospitals, Inc., 202 South Park Street, Madison, WI 53715
Medicare Provider #050295 Virginia Regional Medical Center, 901 Ninth Street North, Virginia, MN 55792	Medicare Provider #190064 Summit Hospital, 17000 Medical Center Drive, Baton Rouge, LA 70816	Medicare Provider #520089 Poplar Bluff Regional Medical Center, 2620 North Westwood Boulevard, Poplar Bluff, MO 63901
Medicare Provider #240084 <i>Effective Date—August 9, 2005</i>	Medicare Provider #190202 University of Michigan Health System, 1500 E. Medical Center Drive, Ann Arbor, MI 48109-0060	Medicare Provider #260119 Saint Francis Hospital, 241 North Road, Poughkeepsie, NY 12601-1399
Columbia Hospital, 2201 45th Street, West Palm Beach, FL 33407	Medicare Provider #230046 <i>Effective Date—August 22, 2005</i>	Medicare Provider #330067 The Western Pennsylvania Hospital, 4800 Friendship Avenue, Pittsburg, PA 15224
Medicare Provider #100234 Fairview Hospital, 14519 Detroit Avenue, Fairview, OH 44107	Baptist Hospital of Miami, 8900 North Kendall Drive, Miami, FL 33176	Medicare Provider #390090 <i>Effective Date—August 24, 2005</i>
		Halifax Medical Center, 303 N. Clyde Morris

Boulevard, Daytona Beach, FL 32114
Medicare Provider #100017
Jackson Hospital, 1725 Pine Street,
Montgomery, AL 36106-1117
Medicare Provider #010024
Marietta Memorial Hospital, 401 Matthew
Street, Marietta, OH 45750
Medicare Provider #360147
Meadowcrest Hospital, 2500 Belle Chasse
Highway, Gretna, LA 70056
Medicare Provider #190152
Medical Center Hospital, P.O. Box 7239,
Odessa, TX 79760-7239
Medicare Provider #450132
REX Healthcare, 4420 Lake Boone Trail,
Raleigh, NC 27607
Medicare Provider #340114
St. John's Mercy Medical Center, 615 South
New Ballas Road, St. Louis, MO 63141
Medicare Provider #260020
Effective Date—August 26, 2005
Candler Hospital, 5353 Reynolds Street,
Savannah, GA 31405
Medicare Provider #110024
CHRISTUS Santa Rosa, 333 North Santa Rosa
Street, San Antonio, TX 78207-3198
Medicare Provider #450237
Durham Regional Hospital, 3643 North
Roxboro Road, Durham, NC 27704
Medicare Provider #344155
Hillcrest Medical Center, 1120 South Utica
Avenue, Tulsa, OK 74104
Medicare Provider #370001
Houston Northwest Medical Center, 710 FM
1960 West, Houston, TX 77090
Medicare Provider #450638
Mercy Hospital, 3663 South Miami Avenue,
Miami, FL 33133
Medicare Provider #100061
Saint Barnabas Medical Center, Old Short
Hills Road, Livingston, NJ 07039
Medicare Provider #310076
Effective Date—August 31, 2005
Columbia St. Mary's Hospital Milwaukee,
Inc., 2323 North Lake Drive, Milwaukee,
WI 53211
Medicare Provider #520051
Franklin Square Hospital Center, 9000
Franklin Square Drive, Baltimore, MD
21237-9986
Medicare Provider #210015
The Griffin Hospital, 130 Division Street,
Derby, CT 06418
Medicare Provider #070031
Gwinnett Medical Center, 1000 Medical
Center Boulevard, Lawrenceville, GA
30045
Medicare Provider #110087
Louis A. Weiss Memorial Hospital, 4646
North Marine Drive, Chicago, IL 60640
Medicare Provider #140082
The North Shore Medical Center, 81
Highland Avenue, Salem, MA 01970
Medicare Provider #220006
South Pointe Hospital, 20000 Harvard Road,
Warrensville Hts., OH 44122
Medicare Provider #360144
Southwest Medical Center—Lafayette, 2810
Ambassador Caffery, Lafayette, LA 70506
Medicare Provider #190205
St. Mary's Hospital Ozaukee, Inc., 13111
North Port Washington Road, Mequon,
WI 53097
Medicare Provider #520027
St. Tammany Parish Hospital, 1202 South
Tyler Street, Covington, LA 70433
Medicare Provider #190045
Trinity Medical Center Terrace Park, 4500
Utica Ridge Road, Bettendorf, IA 52722
Medicare Provider #160104
UAMS Medical Center, 4301 West Markham,
Little Rock, AK 72205-7199
Medicare Provider #040016
Valley Baptist Medical Center—Harlingen,
P.O. Drawer 2588, 2101 Pease Street,
Harlingen, TX 78551
Medicare Provider #450033
Effective Date—September 6, 2005
Carilion Roanoke Memorial Hospital, 1906
Bellevue Avenue, Roanoke, VA 24014
Medicare Provider #490024
Midland Memorial Hospital, 2200 West
Illinois Avenue, Midland, TX 79701-
6499
Medicare Provider #450133
Provena Saint Joseph Medical Center, 333
North Madison Street, Joliet, IL 60435-
6595
Medicare Provider #140007
Salinas Valley Memorial Healthcare System,
450 E. Romie Lane, Salinas, CA 93901
Medicare Provider #050334
UHHS Geauga Regional Hospital, 13207
Ravenna Road, Chardon, OH 44024
Medicare Provider #360192
Effective Date—September 8, 2005
Howard Regional Health System, 3500 South
Lafountain Street, P.O. Box 9011,
Kokomo, IN 46904-9011
Medicare Provider #150007
Luther Hospital, 1221 Whipple Street, P.O.
Box 4105, Eau Claire, WI 54702-4105
Medicare Provider #520070
Our Lady of Fatima Hospital, 200 High
Service Avenue, No. Providence, RI
02904
Medicare Provider #041005
Pitt County Memorial Hospital, Inc., P.O. Box
6028, Greenville, NC 27835-6028
Medicare Provider #340040
Effective Date—September 12, 2005
Baylor All Saints Medical Center, 1400
Eighth Avenue, Fort Worth, TX 76104
Medicare Provider #450137
St. Vincent's Hospital, Staten Island, 355
Bard Avenue, Staten Island, NY 10310
Medicare Provider #330028
SUNY Stony Brook University Hospital,
Nicolls Road, Stony Brook, NY 11794
Medicare Provider #330393
The Washington Hospital, 155 Wilson
Avenue, Washington, PA 15301
Medicare Provider #390042
Effective Date—September 15, 2005
Abilene Regional Medical Center, 6250
Highway 83/84, Abilene, TX 79606
Medicare Provider #450558
Bon Secours Cottage Health Services, 468
Cadioux Road, Grosse Pointe, MI 48230
Medicare Provider #230089
HealthOne/HCA Rose Medical Center, 4567
E. 9th Avenue, Denver, CO 80220
Medicare Provider #060032
Providence Health Center, 6901 Medical
Parkway, Waco, TX 76712
Medicare Provider #450042
St. Edward Mercy Medical Center, 7301
Rogers Avenue, P.O. Box 17000, Fort
Smith, AR 72917-7000
Medicare Provider #040062
St. Joseph's Hospital, 3001 W. Dr. M.L. King
Jr. Boulevard, Tampa, FL 33607
Medicare Provider #100075
Effective Date—September 22, 2005
Baylor University Medical Center,
Department of Radiology, 3500 Gaston
Avenue, Dallas, TX 75246
Medicare Provider #450021
Delray Medical Center, 5352 Linton
Boulevard, Delray Beach, FL 33484
Medicare Provider #100258
Desert Springs Hospital, 2075 East Flamingo
Road, Las Vegas, NV 89119
Medicare Provider #290022
Ellis Hospital, 1101 Nott Street, Schenectady,
NY 12308
Medicare Provider #330153
Ingham Regional Medical Center, 401 West
Greenlawn Avenue, Lansing, MI 48910
Medicare Provider #230167
St. Joseph's Hospital, 11705 Mercy
Boulevard, Savannah, GA 31419
Medicare Provider #110043
Mercy Hospital of Pittsburgh, 1400 Locust
Street, Pittsburgh, PA 15219-5166
Medicare Provider #390028
The Pottsville Hospital and Warne Clinic,
420 South Jackson Street, Pottsville, PA
17901
Medicare Provider #390030
Southwest Mississippi Regional Medical
Center, 215 Marion Avenue, McComb,
MS 39648
Medicare Provider #250097
Sparks Regional Medical Center, 1311 South

I Street, P.O. Box 17006, Fort Smith, AR 72917-7006
 Medicare Provider #040055
 Tampa General Hospital, 2 Columbia Drive, Tampa, FL 33606
 Medicare Provider #100128
 Wesley Medical Center, 550 N. Hillside, Wichita, KS 67214
 Medicare Provider #170123
Effective Date—September 28, 2005
 Advocate Illinois Masonic Medical Center, 836 W. Wellington Avenue, Chicago, IL 60657-5193
 Medicare Provider #140182
 East Texas Medical Center-Tyler, 1000 South Beckham, Tyler, TX 75701
 Medicare Provider #450083
 Maimonides Medical Center, 4802 Tenth Avenue, Brooklyn, NY 11219
 Medicare Provider #330914
 Mesa General Hospital, 515 North Mesa Drive, Mesa, AZ 85201
 Medicare Provider #030017
 Opelousas General Health System, 539 E. Prudhomme Street, P.O. Box 1389, Opelousas, LA 70570
 Medicare Provider #190017
 Southern Ohio Medical Center, 1895 27th Street, Portsmouth, OH 45662
 Medicare Provider #360008
 St. Joseph Hospital, 2901 Squalicum Parkway, Bellingham, WA 98264
 Medicare Provider #500030
 St. Lukes Hospital, 801 Ostrum Street, Bethlehem, PA 18015
 Medicare Provider #390049
 WakeMed Health and Hospitals, 3000 New Bern Avenue, Raleigh, NC 27610
 Medicare Provider #340069
 Yale-New Haven Hospital, 20 York Street, New Haven, CT 06504,
 Medicare Provider #070022

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1289-N]

Medicare Program: Meeting of the Advisory Panel on Ambulatory Payment Classification (APC) Groups—March 1, 2, and 3, 2006

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (DHHS).

ACTION: Notice.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee

Act (FACA) (5 U.S.C. Appendix 2), this notice announces the first biannual meeting of the Ambulatory Payment Classification (APC) Panel (the Panel) for 2006.

The purpose of the Panel is to review the APC groups and their associated weights and to advise the Secretary of the Department of Health and Human Services (HHS) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) concerning the clinical integrity of the APC groups and their associated weights. The advice provided by the Panel will be considered as CMS prepares its annual updates of the hospital Outpatient Prospective Payment System (OPPS) through rulemaking.

DATES: Meeting Dates: The first biannual meeting for 2006 is scheduled for the following dates and times:

- Wednesday, March 1, 2006, 1 p.m. to 5 p.m. (e.s.t.).
- Thursday, March 2, 2006, 8 a.m. to 5 p.m. (e.s.t.).
- Friday, March 3, 2006, 8 a.m. to 12 noon (e.s.t.).

Deadlines:

Deadline for Hardcopy Comments/Suggested Agenda Topics—
 5 p.m. (e.s.t.), Wednesday, February 1, 2006.

Deadline for Hardcopy Presentations—
 5 p.m. (e.s.t.), Wednesday, February 1, 2006.

Deadline for Attendance Registration—
 5 p.m. (e.s.t.), Wednesday, February 8, 2006.

Deadline for Special Accommodations—
 5 p.m. (e.s.t.), Wednesday, February 8, 2006.

Submission of Materials to the Designated Federal Officer (DFO):

Because of staffing and resource limitations, we cannot accept written comments and presentations by FAX, nor can we print written comments and presentations received electronically for dissemination at the meeting.

Only hardcopy comments and presentations will be accepted for placement in the meeting booklets. All hardcopy presentations *must be accompanied by Form CMS-20017*. The form is now available through the CMS Forms Web site. The URL for linking to this form is (<http://www.cms.hhs.gov/forms/cms20017.pdf>).

We are also requiring electronic versions of the written comments and presentations (in addition to the hardcopies), so we can send them electronically to the Panel members for their review before the meeting.

Consequently, *you must send BOTH electronic and hardcopy versions of your presentations and written comments by the prescribed deadlines*. (Electronic transmission must be sent to the e-mail address below, and hardcopies—accompanied by Form CMS-20017—must be mailed to the Designated Federal Officer [DFO], as specified in the **FOR FURTHER INFORMATION CONTACT:** section of this notice.)

ADDRESSES: The meeting will be held in the Multipurpose Room, 1st Floor, CMS Central Office, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

FOR FURTHER INFORMATION CONTACT: For inquiries regarding the meeting; meeting registration; and hardcopy submissions of oral presentations, agenda items, and comments, please contact the DFO: Shirl Ackerman-Ross, DFO, CMS, CMM, HAPG, DOC, 7500 Security Boulevard, Mail Stop C4-05-17, Baltimore, MD 21244-1850. Phone: (410) 786-4474.

• E-mail Address for comments, presentations, and registration requests is APCPanel@cms.hhs.gov

• News media representatives must contact our Public Affairs Office at (202) 690-6145.

Advisory Committees' Information Lines:

The CMS Advisory Committees' Information Line is 1-877-449-5659 (toll free) and (410) 786-9379 (local).

Web Sites:

• For additional information on the APC meeting agenda topics and updates to the Panel's activities, search our Web site at: <http://www.cms.hhs.gov/faca/apc/default.asp>.

• To obtain Charter copies, search our Web site at <http://www.cms.hhs.gov/faca> or e-mail the Panel DFO.

SUPPLEMENTARY INFORMATION:

I. Background

The Secretary is required by section 1833(t)(9)(A) of the Act, as amended and redesignated by sections 201(h) and 202(a)(2) of the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999 (BBRA) (Pub. L. 106-113), respectively, to establish and consult with an expert, outside advisory panel on Ambulatory Payment Classification (APC) groups. The APC Panel (the Panel), which was re-chartered by the Secretary on November 1, 2004, meets up to three times annually to review the APC groups and to provide technical advice to the Secretary and the Administrator concerning the clinical integrity of the groups and their associated weights. All members must have technical expertise that shall enable them to participate fully in the