authority of the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35).

Authority: Section 5509 of the Affordable Care Act.

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

Dated: May 15, 2012.

Marilyn Tavenner,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2012–12131 Filed 5–17–12; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–9073–N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—January Through March 2012

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

ACTION: Notice.

SUMMARY: This quarterly notice lists CMS manual instructions, substantive and interpretive regulations, and other **Federal Register** notices that were published from January through March 2012, relating to the Medicare and Medicaid programs and other programs administered by CMS.

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

Addenda	Contact	Phone No.
I CMS Manual Instructions	Ismael Torres	(410) 786–1864
II Regulation Documents Published in the **Federal Register**	Terri Plumb	(410) 786–4481
III CMS Rulings	Tiffany Lafferty	(410) 786–7548
IV Medicare National Coverage Determinations	Wanda Belle	(410) 786–7491
V FDA-Approved Category B IDEs	John Manlove	(410) 786–6877
VI Collections of Information	Mitch Bryman	(410) 786–5258
VII Medicare-Approved Carotid Stent Facilities	Sarah J. McClain	(410) 786–2294
VIII American College of Cardiology-National Cardiovascular Data Registry Sites	JoAnna Baldwin, MS	(410) 786–7205
IX Medicare's Active Coverage-Related Guidance Documents	Lori Ashby	(410) 786–6322
X One-time Notices Regarding National Coverage Provisions	Lori Ashby	(410) 786–6322
XI National Oncologic Positron Emission Tomography Registry Sites	Stuart Caplan, RN, MAS	(410) 786–8564
XII Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities	JoAnna Baldwin, MS	(410) 786–7205
XIII Medicare-Approved Lung Volume Reduction Surgery Facilities	JoAnna Baldwin, MS	(410) 786–7205
XIV Medicare-Approved Bariatric Surgery Facilities	Kate Tillman, RN, MAS	(410) 786–9252
XV Fluorodeoxyglucose Positron Emission Tomography for Dementia Trials	Stuart Caplan, RN, MAS	(410) 786–8564
All Other Information	Annette Brewer	(410) 786–6580

I. Background

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

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

II. Revised Format for the Quarterly Issuance Notices

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

Therefore, this quarterly notice provides only the specific updates that have occurred in the 3-month period along with a hyperlink to the full listing that is available on the CMS Web site or the appropriate data registries that are used as our resources. This information is the most current up-to-date information and will be available earlier than we publish our quarterly notice. We believe the Web site list provides more timely access for beneficiaries, providers, and suppliers. We also believe the Web site offers a more convenient tool for the public to find the full list of qualified providers for these specific services and offers more flexibility and ''real time'' accessibility. In addition, many of the Web sites have listservs; that is, the public can subscribe and receive immediate notification of any updates to the Web site. These listservs avoid the need to check the Web site, as notification of

updates is automatic and sent to the subscriber as they occur. If assessing a Web site proves to be difficult, the contact person listed can provide information.

III. How To Use the Notice

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

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

Dated: May 11, 2012.

Kathleen Cantwell,

Acting Director, Office of Strategic Operations and Regulatory Affairs.

BILLING CODE 4120–01–P

Publication Dates for the Previous Four Quarterly Notices

We publish this notice at the end of each quarter reflecting information released by CMS during the previous quarter. The publication dates of the previous four Quarterly Listing of Program Issuances notices are: August 8, 2011 (76 FR 48564), November 4, 2011 (76 FR 68467), December 16, 2011 (76 FR 78267), and February 21, 2012 (77 FR 9931). For the purposes of this quarterly notice, we are providing only the specific updates that have occurred in the 3-month period along with a hyperlink to the Web site to access this information and a contact person for questions or additional information.

Addendum I: Medicare and Medicaid Manual Instructions (January through March 2012)

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

How to Obtain Manuals

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

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

How to Review Transmittals or Program Memoranda

Those wishing to review transmittals and program memoranda can access this information at a local Federal Depository Library (FDL). Under the FDL program, government publications are sent to approximately 1,400 designated libraries throughout the United States. Some FDLs may have arrangements to transfer material to a local library not designated as an FDL. Contact any library to locate the nearest FDL. This information is available at http://www.gpo.gov/libraries/

In addition, individuals may contact regional depository libraries that receive and retain at least one copy of most Federal government publications, either in printed or microfilm form, for use by the general public. These libraries provide reference services and interlibrary loans; however, they are not sales outlets. Individuals may obtain information about the location of the nearest regional depository library from any library. CMS publication and transmittal numbers are shown in the listing entitled Medicare and Medicaid Manual Instructions. To help FDLs locate the materials, use the CMS publication and transmittal numbers. For example, to find the Medicare National Coverage Determination publication titled Autologous Cellular Immunotherapy Treatment of Metastatic Prostate Cancer -use CMS-Pub. 100-03, Transmittal No. 140.

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

Transmittal Number	Manual/Subject/Publication Number
Medicare General Information (CMS-Pub. 100-01)	
76	Allowing Physician Assistants to Perform Skilled Nursing Facility (SNF) Level of Care Certifications and Recertifications
77	July 2012 Quarterly Updates to the CMS Standard File for Reason Codes for the Fiscal Intermediary Shared System (FISS)
Medicare Benefit Policy (CMS-Pub. 100-02)	
153	Allowing Physician Assistants to Perform Skilled Nursing Facility (SNF) Level of Care Certifications and Recertifications
Medicare National Coverage Determination (CMS-Pub. 100-03)	
140	Autologous Cellular Immunotherapy Treatment of Metastatic Prostate Cancer
141	Intensive Behavioral Therapy for Obesity Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs
142	Intensive Behavioral Therapy for Obesity

Medicare Claims Processing (CMS-Pub. 100-04)	
2379	Summary of Policies in the CY 2012 Medicare Physician Fee Schedule (MPFS) Final Rule and the Telehealth Originating Site Facility Fee Payment Amount
2380	Autologous Cellular Immunotherapy Treatment of Metastatic Prostate Cancer
2382	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
2383	FISS Claims Processing Updates for Ambulance Services MAC Bill Processing Guidelines Effective April 1, 2002, as a Result of Fee Schedule Implementation
2384	Quarterly Update to the Correct Coding Initiative (CCI) Edits, Version 18.1, Effective April 1, 2012
2386	January 2012 Update of the Hospital Outpatient Prospective Payment System (OPPS) Policy and Billing Instructions for Condition Code 44 Cardiac Resynchronization Therapy Payment Window for Outpatient Services Treated as Inpatient Services Use of Modifiers for Discontinued Services
2387	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
2388	Update to Pub 100-04, Medicare Claims Processing Manual, Chapter 3: Inpatient Hospital Billing Billing Coverage and Utilization Rules for PPS and Non-PPS Hospitals
2389	Issued to a specific audience, not to posted to Internet/Intranet due to Confidentiality of Instruction
2390	Revised Editing for Hepatitis B Administration Code G0010 Healthcare Common Procedure Coding System (HCPCS) and Diagnosis Codes
2391	New Hospice Condition Code for Out of Service Area Discharges Data Required on the Institutional Claim to Medicare Contractor Billing for Hospice Denials Billing for Denial of Hospice Room and Board Charges
2393	Inpatient Rehabilitation Facility (IRF) No-Pay Billing for Medicare Advantage (MA) Patients Update Additional Payment Amounts for Hospitals with Disproportionate Share of Low-Income Patients
2394	CWF Editing for Autologous Cellular Immunotherapy Treatment of Metastatic Prostate Cancer (PROVENGE®) Medicare Summary Notices (MSNs), Remittance Advice Remark Codes (RARCs), Claim Adjustment Reason Codes (CARCs), and Group Codes
2395	Multiple Procedure Payment Reduction (MPPR) for Physician Services for Certain Diagnostic Imaging Procedures in Critical Access Hospitals (CAH) Optional Method for Outpatient Services: Cost-Based Facility Services Plus 115 percent Fee Schedule Payment for Professional Services Multiple Procedure Payment Reduction (MPPR) on Certain Diagnostic Imaging Procedures Rendered by Physicians
2396	April 2012 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
2397	Update to Abortion Condition Codes Associated With Reason Code 32809
2398	Issued to a specific audience, not posted to Internet/Intranet/ due to Confidentiality of Instruction
2399	Clarification for Skilled Nursing Facility (SNF) and Swing Bed (SB) Part A Billing - Updating System Requirements for Assessment Date Reporting and Removal of the Occurrence Code 16 Reporting Requirement Billing SNF PPS Services
2400	Issued to a specific audience, not posted to Internet/Intranet/ due to Confidentiality of Instruction
2401	Issued to a specific audience, not posted to Internet/Intranet/ due to Confidentiality of Instruction
2402	Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs (ICD-10) Healthcare Common Procedure Coding System (HCPCS) Codes for Screening for STIs and HIBC to Prevent STIs Diagnosis Code Reporting Billing Requirements Types of Bill (TOBs) and Revenue Codes Payment Method Specialty Codes and Place of Service (POS)
2403	Medicare System Update to Include a Rendering Provider Field to Allow Correct Physician National Provider Identifier (NPI) Reporting for the Primary Care Incentive Program (PCIP) for Critical Access Hospitals (CAHs) Reimbursed Under the Optional Method Identifying Primary Care Services Eligible for the PCIP
2404	Issued to a specific audience, not posted to Internet/Intranet/ due to Confidentiality of Instruction
2405	Issued to a specific audience, not posted to Internet/Intranet/ due to Confidentiality of Instruction
2406	Announcement of Medicare Rural Health Clinic (RHC) and Federally Qualified Health Centers (FQHC) Payment Rate Increases
2407	Revised and Clarified Place of Service (POS) Coding Instructions Site of Service Payment Differential Place of Service (POS) Instructions for the Professional Component (PC or Interpretation) and the Technical Component (TC) of Diagnostic Tests Provider of Service or Supplier Information Place of Service Codes (POS) and Definitions Carrier Instructions for Place of Service (POS) Codes
2408	New Waived Tests
2409	Intensive Behavioral Therapy for Obesity Intensive Behavioral Therapy for Obesity (Effective November 29, 2011) Policy Institutional Billing Requirements Professional Billing Requirements Claim Adjustment Reason Codes (CARCs), Remittance Advice Remark Codes (RARCs), Group Codes, and Medicare Summary Notice (MSN) Messages Common Working File (CWF) Edits

2410	New Hospice Condition Code for Out of Service Area Discharges Data Required on the Institutional Claim to Medicare Contractor Billing for Hospice Denials Billing for Denial of Hospice Room and Board Charges
2411	Redesign of the Medicare Summary Notice (MSN) – Final Implementation – And Major Update to Chapter 21 of the Medicare Claims Process Manual Basic Concepts and Approaches Format Conventions for the MSN Specifications for Section I: Summary (Page 1) Specifications for Header for Other Pages Specifications for Section 2: Making the Most of Your Medicare (Page 2) Specifications for Section 3: Claims Claims Calculations Specifications for Section 4 (Last Page): Denials & Appeals Specifications for Pay MSN Cover Sheet & Check Specifications for Envelopes Exhibits of the Extended Family of MSNs in Black & White Exhibits of Alternate Scenarios Exhibits of MSNs in Spanish Exhibits of the Extended Family of MSNs of Color
2412	Instructions for Downloading the Medicare ZIP Code File for July 2012
2413	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
2414	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
2415	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
2416	Healthcare Provider Taxonomy Codes (HPTC) Update April 2012
2417	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
2418	April 2012 Update of the Hospital Outpatient Prospective Payment System (OPPS) Transitional Outpatient Payments (TOPs) for CY 2010 through February 29, 2012
2419	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
2420	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
2421	Intensive Behavioral Therapy for Obesity Intensive Behavioral Therapy for Obesity Policy Institutional Billing Requirements Professional Billing Requirements Claim Adjustment Reason Codes (CARCs), Remittance Advice Remark Codes (RARCs), Group Codes, and Medicare Summary Notice (MSN) Messages Common Working File (CWF) Edits
2422	Revision of Medicare Summary Notice (MSN) for Non-Competitive Bid Claims
2423	April 2012 Integrated Outpatient Code Editor (I/OCE) Specifications Version 13.1
2424	Influenza Virus Vaccine Annual Payment Limit Effective Date Drugs and Biologicals Exceptions to Average Sales Price (ASP) Payment Methodology
2425	April 2012 Update of the Ambulatory Surgical Center (ASC) Payment System
2426	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
2427	2012 Durable Medical Equipment Prosthetics, Orthotics, and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction
2428	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
2429	April Update to the CY 2012 Medicare Physician Fee Schedule Database (MPFSDB)
2431	Screening for Depression in Adults Screening for Depression in Adults Coverage Requirements A/B Medicare Administrative Contractor (MAC) and Carrier Billing Requirements Frequency Place of Service (POS) Common Working File (CWF) Edits Professional Billing Requirements Institutional Billing Requirements
2432	Intensive Behavioral Therapy for Cardiovascular Disease (CVD) Coding Requirements for IBT for CVD Claims Processing Requirements for IBT for CVD Correct Place of Services (POS) Codes for IBT for CVD on Professional Claims Provider Specialty Edits for IBT for CVD on Professional Claims Correct Types of Bill (TOB) for IBT for CVD on Institutional Claims Frequency Edits for IBT for CVD Claims Common Working File (CWF) Edits for IBT for CVD Claims
2433	Alcohol Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse Policy Institutional Billing Requirements Professional Billing Requirements Claim Adjustment Reason Codes, Remittance Advice Remark Codes, Group Codes and Medicare Summary Notice Messages Common Working File (CWF) Requirements
2434	Quarterly Update to the Correct Coding Initiative (CCI) Edits, Version 18.2, Effective July 1, 2012
2435	Revised and Clarified Place of Service (POS) Coding Instructions Site of Service Payment Differential Place of Service (POS) Instructions for the Professional Component (PC or Interpretation) and the Technical Component (TC) of Diagnostic Tests
2436	Claim Status Category and Claim Status Codes Update
Medicare Secondary Payer (CMS-Pub. 100-05)	
00	None

Medicare Financial Management (CMS-Pub. 100-06)	
202	Recovery Audit Program MAC-issued Demand Letters Adjusting the Claim
203	Notice of New Interest Rate for Medicare Overpayments and Underpayments - 2nd Notification for FY 2012
204	Notice of New Interest Rate for Medicare Overpayments and Underpayments - 2nd Notification for FY 2012 Immediate Recoupment Requirements Additional Requirements for Demand Letters Example 1-Sample of the 935 First Demand Letter for Part A & B Payments Made Upon Notice of Demand or Through an Immediate Recoupment Request Immediate Recoupment Requirements for Non-935 Overpayment Recovery from the Physicians and Other Suppliers Part B Non-935 Overpayment Demand Letters to Physicians/Other Suppliers
205	Immediate Recoupment for Fee for Service Claims Overpayments Immediate Recoupment Requirements Additional Requirements for Demand Letters Example 1-Sample of the 935 First Demand Letter Payments Made Upon Notice of Demand or Through a Requested Immediate Recoupment Immediate Recoupment Requirements for Overpayment Recovery from the Physicians and Other Suppliers Part B Overpayment Demand Letters to Physicians/Other Suppliers
206	Processing of Recovery Audit Program Error Files Error Files
Medicare State Operations Manual (CMS-Pub. 100-07)	
79	Revised Exhibit 286, Hospital/CAH Database Worksheet
80	Revised Exhibit 286, Hospital/CAH Database Worksheet
81	Revisions to State Operations Manual (SOM), Appendix A, Hospitals
Medicare Program Integrity (CMS-Pub. 100-08)	
402	Advanced Diagnostic Imaging (ADI) Accreditation Enrollment Procedures (This CR Fully Rescinds and Replaces CR 7177.) Advanced Diagnostic Imaging
403	Claims against Surety Bonds for Suppliers of Durable Medicare Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Claims Against Surety Bonds
404	General Update to Chapter 15 of the Program Integrity Manual (PIM) – Part I
405	General Update to Chapter 15 of the Program Integrity Manual (PIM) – Part III
406	Issued to a specific audience not posted to Internet/Intranet due to Confidentiality of Instruction
407	Advanced Diagnostic Imaging (ADI) Accreditation Enrollment Procedures (This CR Fully Rescinds and Replaces CR 7177.) Advanced Diagnostic Imaging
408	Additional Provider and Supplier Enrollment Requirements for Fixed Wing and Helicopter Air Ambulance Operators. Air Ambulance Suppliers
409	Issued to a specific audience not posted to Internet/Intranet due to Confidentiality of Instruction
410	Instructions for Processing Form CMS-855O Submissions Ordering/Referring Suppliers Who Do Not Have Medicare Billing Privileges Ordering/Referring Suppliers – Background Processing Initial Form CMS-855O Submissions Processing Form CMS-855O Change of Information Requests Form CMS-855O Revocations Model Approval Letter - Initial Form CMS-855O Submissions Model Rejection Letter - Form CMS-855O Submissions Model Denial Letter - Form CMS-855O Submissions Model Revocation Letter - Form CMS-855O
411	Issued to a specific audience not posted to Internet/Intranet due to Confidentiality of Instruction
412	General Update to Chapter 15 of the Program Integrity Manual (PIM) – Part II
Medicare Contractor Beneficiary and Provider Communications (CMS-Pub. 100-09)	
00	None
Medicare End Stage Renal Disease Network Organizations (CMS Pub 100-14)	
00	None
Medicare Managed Care (CMS-Pub. 100-16)	
00	None
Medicare Business Partners Systems Security (CMS-Pub. 100-17)	
00	None
Demonstrations (CMS-Pub. 100-19)	
82	Implementation Support and Payment Processing for the Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration- Additional Requirements
83	Issued to a specific audience not posted to Internet/Intranet due to Confidentiality of Instruction
One Time Notification (CMS-Pub. 100-20)	
1012	Use of Revised Remittance Advice Remark Code (RARC) N103 When Denying Services Furnished to Federally Incarcerated Beneficiaries
1013	Contractor Instructions to Implement International Classification of Diseases-10th Revision (ICD-10) Plans
1014	Instructions to Teaching Hospitals for Reporting the Internal Revenue Service (IRS) Refund of Medical Resident FICA Taxes
1015	Emergency Update to the CY 2012 Medicare Physician Fee Schedule Database (MPFSDB)
1016	Direct Mailing to Medicare Providers About the 2012 Electronic Prescribing Payment
1017	Instructions to Teaching Hospitals for Reporting the Internal Revenue Service (IRS) Refund of Medical Resident FICA Taxes
1018	Issuances to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
1019	Update to the Fiscal Year (FY) 2012 List of Codes Exempt from Reporting Present on Admission (POA)

1021	Automated Tracking and Reporting of Recovery Audit-Associated Reopening and Appeals
1022	Fee for Service Common Eligibility Services Conference Calls and Research
1023	Common Edits and Enhancements Module (CEM) and Receipt, Control, and Balancing Updates - July 2012
1024	Common Edits and Enhancements Modules (CEM) Code Set Update
1025	Enterprise Electronic Change Information Management Portal (ECHIMP)
1026	Implementation of the HIPAA Version 5010 276/277 Claim Status Edits July 2012 Release
1027	New Occurrence Span Code to Report Antepartum Days
1028	Contractor Instructions to Implement International Classification of Diseases-10th Revision (ICD-10) Plans
1029	Delayed Work from CR 7589: Request to Require Hours for Research and Conference Calls with Maintainers, MACs, and EDCs and Additional Requirements for IDR Shared Systems
1030	Health Insurance Portability and Accountability Act (HIPAA) 5010 837 Institutional (837I) Edits and 5010 837 Professional (837P) Edits – July 2012 Version
1031	Analysis and Design of Edits to Correct Recovery Auditor Identified Improper Payments in MCS.
1032	Revisions to the Hospice Medicare Summary Notice (MSN)
1033	Analysis of Improper Overpayments to Design Edits to Correct these Overpayments in CWF, MCS, and FISS.
1034	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
1035	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
1036	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
1037	Health Insurance Portability and Accountability (HIPAA) 5010/D.0 Fixes – July 2012
1038	Updates to Editing of Patient Discharge Status Codes on Hospice Claims
1039	International Classification of Diseases-10th Edition (ICD-10), Inclusion of Type of Bill (TOB) 33X, Home Health, Outpatient (includes HHA visits under a Part A Plan of treatment)
1040	Interaction of Multiple Procedure Payment Reduction (MPPR) on Imaging Procedures and the Outpatient Prospective Payment System (OPPS) Cap on the Technical Component of Imaging Procedures
1041	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
1042	Creation of New Indicator for Use on the Ambulatory Surgical Centers (ASCs) Payment Indicator File for Reporting Quality Measures
1043	Delayed Work from CR 7589: Request to Require Hours for Research and Conference Calls with Maintainers, MACs, and EDCs and Additional Requirements for IDR Shared Systems
1044	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
1045	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
1046	Fiscal Intermediary Shared System (FISS) and Common Working File (CWF) System Enhancement for Storing Line Level Rendering Physicians/Practitioners National Provider Identifier (NPI) and Physician Specialty Code Information
1047	Enhancements to the Recovery Audit Mass Adjustment/Reporting Process in the ViPS Medicare System (VMS)
1048	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
1049	Implement Fraud Prevention Predictive Modeling Prepayment Edits – Analysis and Design Only
1050	Automated Tracking and Reporting of Recovery Audit-Associated Reopenings and Appeals
1051	Analysis of Improper Overpayments to Design Edits to Correct these Overpayments in CWF, MCS, and FISS.
1052	Analysis and Design of Edits to Correct Recovery Auditor Identified Improper Payments in MCS.
1053	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
1054	Use of Revised Remittance Advice Remark Code (RARC) N103 When Denying Services Furnished to Federally Incarcerated Beneficiaries
1055	Medicare Fiscal Intermediaries Shared System (FISS), HealthCare Integrated General Ledger Accounting System (HIGLAS), and Change of Ownership Process Revisions for IRS Form 1099 Reporting
1056	Revision of Medicare Summary Notice (MSN) for Non-Competitive Bid Claims
1057	Implementation of a Correction of Initial Default Values for Medically Unlikely Edits (MUEs)
1058	Emergency March 2012 Update (MCTRJCA) to the CY 2012 Medicare Physician Fee Schedule (MPFS) Database
Medicare Quality Reporting Incentive Programs (CMS-Pub. 100-22)	
5	Medicare Quality Reporting Incentive Programs Manual Update

Addendum II: Regulation Documents Published in the Federal Register (January through March 2012)

Regulations and Notices

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

The **Federal Register** is available as an online database through GPO Access. The online database is updated by 6 a.m. each day the **Federal Register** is published. The database includes both text and graphics from Volume 59, Number 1 (January 2, 1994) through the present date and can be accessed at http://www.gpoaccess.gov/fr/index.html. The following

Web site http://www.archives.gov/federal-register/ provides information on how to access electronic editions, printed editions, and reference copies.

This information is available on our Web site at: http://www.cms.gov/quarterlyproviderupdates/downloads/Regs-1Q12QPU.pdf

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

Addendum III: CMS Rulings

CMS Rulings are decisions of the Administrator that serve as precedent final opinions and orders and statements of policy and interpretation. They provide clarification and interpretation of complex or ambiguous provisions of the law or regulations relating to Medicare, Medicaid, Utilization and Quality Control Peer Review, private health insurance, and related matters. The rulings can be accessed at http://www.cms.gov/Rulings/CMSR/list.asp#TopOfPage. For questions or additional information, contact Tiffany Lafferty (410-786-7548).

Addendum IV: Medicare National Coverage Determinations (January through March 2012)

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

Title	NCDM Section	Transmittal Number	Issue Date	Effective Date
Autologous Cellular Immunotherapy for Prostate Cancer	110.22	R2394CP	01/25/2012	06/30/2011
Screening for Sexually Transmitted Infections and High Intensity Behavioral Counseling to Prevent STIs	210.10	R141NCD R2402CP	01/26/2012	11/08/2011
Intensive Behavioral Therapy for Obesity	210.12	R142NCD R2409CP	02/03/2012	11/29/2011
Screening for Depression in Adults	210.90	R2431CP	03/23/2012	10/14/2011
Intensive Behavioral Therapy for Cardiovascular Disease	210.11	R2432CP	03/23/2012	11/08/2011
Screening for Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	210.80	R2433	03/26/2012	10/14/2011

Addendum V: FDA-Approved Category B Investigational Device Exemptions (IDEs) (January through March 2012)

Addendum V includes listings of the FDA-approved investigational device exemption (IDE) numbers that the FDA assigns. The listings are organized according to the categories to which the devices are assigned (that is, Category A or Category B), and identified by the IDE number. For the purposes of this quarterly notice, we list only the specific updates to the Category B IDEs as of the ending date of the period covered by this notice and a contact person for questions or additional information. For questions or additional information, contact John Manlove (410-786-6877).

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

IDE	Device	Start Date
BB14724	Tissue Genesis Cell Isolation System (CIS)	03/09/12
BB14958	Celution One System	01/26/12
BB15013	Magellan System	03/16/12
G100096	Accent MRI Pacemaker and Tendril MRI lead IDE study	03/07/12
G110208	AcrySof IQ Toric Intraocular Lens (IOL) Model SN6AT2	01/18/12

G110232	Phoenix Children's Hospital PhotoMedex	01/04/12
G110239	Neurostar TMS Therapy	01/13/12
G110244	Bioness Stimrouter Neuromodulation System	01/20/12
G110249	Avinger, Inc. Chronic Total Occlusion Crossing	01/26/12
G120003	Incraft AAA Stent Graft System	02/02/12
G120004	Ulthera System	02/03/12
G120005	Synvisc-One	02/03/12
G120007	Firefly Flourescence Imaging	02/02/12
G120012	Device Registry	02/03/12
G120013	Activa Tremor Control System	02/09/12
G120017	EXABLATE TRANSCRAINIAL MR GUIDED FOCUSED ULTRASOUND	02/16/12
G120022	PLICATED LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING	02/10/12
G120023	Hires Optima Strategy	02/21/12
G120024	Mitraclip System The Coapt Trial	02/23/12
G120025	Celsius Thermocool Radiofrequency Ablation Catheter	02/24/12
G120026	Cardiac Resynchronization Therapy Device	02/24/12
G120028	Penumbra System	02/22/12
G120037	Tria Beauty Fan Device	02/29/12
G120038	Trinity Biolox Delta Ceramic Total Hip System	03/07/12
G120040	Meso Biomatrix Implant	03/08/12
G120042	Acrysof IQ Restor Multifocal Toric Intraocular Lens	03/01/12
G120044	Osseofix Spinal Fraction Reduction System	03/15/12
G120048	Spectra Optia Apheresis System	03/28/12

Addendum VI: Approval Numbers for Collections of Information (January through March 2012)

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

Addendum VII: Medicare-Approved Carotid Stent Facilities, (January through March 2012)

Addendum VII includes listings of Medicare-approved carotid stent facilities. All facilities listed meet CMS standards for performing carotid artery stenting for high risk patients. On March 17, 2005, we issued our decision memorandum on carotid artery stenting. We determined that carotid artery stenting with embolic protection is reasonable and necessary only if performed in facilities that have been determined to be competent in performing the evaluation, procedure, and follow-up necessary to ensure optimal patient outcomes. We have created a list of minimum standards for facilities modeled in part on professional society statements on competency. All facilities must at least meet our standards in order to receive coverage for carotid artery stenting for high risk patients. For the purposes of this quarterly notice, we are providing only the specific updates that have occurred in the 3-month period. This information is available on our Web site at:
http://www.cms.gov/MedicareApprovedFacilitie/CASF/list.asp#TopOfPage
For questions or additional information, contact Sarah J. McClain (410-786-2294).

Facility	Provider Number	Effective Date	State
The following facilities are new listings for this quarter.			
Providence Saint Joseph Medical Center 501 South Buena Vista Street, Burbank, CA 91505	050235	01/04/2012	CA
San Francisco General Hospital Medical Center 1001 Potrero Avenue, San Francisco, CA 94110	1164609962	01/05/2012	CA
Memorial Hospital 325 South Belmont Street P.O. Box 15118 York, PA 17405	39-0101	01/11/2012	PA
Elmhurst Memorial Healthcare 155 E. Brush Hill Road, Elmhurst, IL 60126	140200	01/12/2012	IL
Northwest Medical Center 6200 North La Cholla Boulevard, Tucson, AZ 85741	030085	01/12/2012	AZ
SSM St. Mary's Health Center 6420 Clayton Road, Richmond Heights, MO 63117	1962572396	01/12/2012	MO
Kaiser Foundation Hospital Santa Clara 700 Lawrence Expressway, Santa Clara, CA 95051	1326119967	02/10/2012	CA
HCA Northside Hospital – Galencare 6000 49th Street North, St. Petersburg, FL 33709	100238	02/17/2012	FL
Mountain Vista Medical Center 1301 South Crismon Road, Mesa, AZ 85209	03012	02/29/2012	AZ
Central Maine Heart And Vascular Institute 300 Main Street, Lewiston, ME 04240	1689653487	02/29/2012	ME
Corpus Christi Medical Center 7101 South Padre Island Drive Corpus Christi, TX 78412	1508810573	03/03/2012	TX
Hill Country Memorial Hospital 1020 South State Highway 16 Fredericksburg, TX 78624	450604	03/03/2012	TX
Methodist Mansfield Medical Center 2700 East Broad Street, Mansfield, TX 76063	670023	03/03/2012	TX

Facility	Provider Number	Effective Date	State
McAllen Heart Hospital 1900 D Street, McAllen, TX 78503	450119	03/10/2012	TX
McLaren – Central Michigan 1221 South Drive, Mt. Pleasant, MI 48858	230080	03/10/2012	MI
Saint Mary's Health Care 200 Jefferson Avenue SE, Grand Rapids, MI 49503	230059	03/14/2012	MI
UPMC East 2775 Mosside Boulevard, Monroeville, PA 15146	1225323983	03/29/2012	PA
Editorial changes (shown in bold) were made to the facilities listed below.			
Florida Hospital Memorial Medical Center 301 Memorial Medical Parkway Daytona Beach, FL 32117	100068	07/20/2005	FL
Mission Trail Baptist Hospital 3333 Research Plaza San Antonio, TX 78235	450058	10/04/2005	TX

Addendum VIII:
American College of Cardiology's National Cardiovascular Data Registry Sites
(January through March 2012)

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

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

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

For the purposes of this quarterly notice, we are providing only the specific updates that have occurred to the list of Medicare-approved ICD facilities in the 3-month period. This information is available by accessing our Web site and clicking on the link for the American College of Cardiology's National Cardiovascular Data Registry at: www.ncdr.com/webncdr/common. For questions or additional information, contact Joanna Baldwin, MS (410-786-7205).

Facility Name	Address 1	City	State	Zip Code
The following facilities are new listings for this quarter.				
El Centro Regional Medical Center	1415 Ross Avenue	El Centro	CA	92243
Brookhaven Memorial Hospital Medical Center	101 Hospital Road	Patchogue	NY	11772
Brookhaven Memorial Hospital Medical Center	185 Hospital Road	Winchester	TN	37398
Carolinas Medical Center - Pineville	10628 Park Road	Charlotte	NC	28210
Cincinnati Children's Hospital Medical Center	3333 Burnet Avenue	Cincinnati	OH	45229
Southside Regional Medical Center	200 Medical Park Boulevard	Petersburg	VA	23805
Hollywood Presbyterian Hospital	1300 North Vermont Avenue	Los Angeles	CA	90027
Huron Medical Center	1100 S. Van Dyke Road	Bad Axe	MI	48413
Palm Bay Hospital	1425 Malabar Road NE	Palm Bay	FL	32907
City Hospital (WVUH-East)	2500 Hospital Drive	Martinsburg	WV	25401
Marietta Memorial Hospital	401 Matthew Street	Marietta	OH	45750
Beebe Medical Center	424 Savannah Road	Lewes	DE	19958
Dyersburg Regional Medical Center	400 Tickle Street	Dyersburg	TN	38024
Northern Louisiana Medical Center	401 East Vaughn Avenue	Ruston	LA	71270
Adventist Health-Castle Medical Center	640 Ulukahiki Street	Kailua	HI	96734

Greenwood Leflore Hospital	1401 River Road	Greenwood	MS	38930
Indiana University Health Saxony Hospital (IU Heal)	13000 East 136th Street	Fishers	IN	46037
Somerset Hospital	225 South Center Avenue	Somerset	PA	15501
Knox Community Hospital	1330 Coshocton Road	Mount Vernon	OH	43050
Natchez Community Hospital	129 Jeff Davis Boulevard	Natchez	MS	39120
The following facility is no longer a participant as of this notice.				
Spring Valley Hospital	5400 South Rainbow Boulevard.	Las Vegas	NV	89118

Addendum IX: Active CMS Coverage-Related Guidance Documents (January through March 2012)

There were no CMS coverage-related guidance documents published in the January through March 2012 quarter. To obtain full-text copies of these documents, visit the CMS Coverage Web site at http://www.cms.gov/mcd/index_list.asp?list_type=mcd_1 and click on the archives link. For questions or additional information, contact Lori Ashby (410-786-6322).

Addendum X: List of Special One-Time Notices Regarding National Coverage Provisions (January through March 2012)

There were no special one-time notices regarding national coverage provisions published in the January through March 2012 quarter. This information is available at www.cms.hhs.gov/coverage. For questions or additional information, contact Lori Ashby (410-786-6322).

Addendum XI: National Oncologic PET Registry (NOPR) (January through March 2012)

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

In January 2005, we issued our decision memorandum on **positron emission tomography** (PET) scans, which stated that CMS would cover PET scans for particular oncologic indications, as long as they were performed in the context of a clinical study. We have since recognized the National Oncologic PET Registry as one of these clinical studies. Therefore, in order for a beneficiary to receive a Medicare-covered PET scan, the beneficiary must receive the scan in a facility that participates in the registry.

For the purposes of this notice, we are providing only the specific updates that occurred in this 3-month period.

This information is available at http://www.cms.gov/MedicareApprovedFacilitie/NOPR/list.asp#TopOfPage.

For questions or additional information, contact Stuart Caplan, RN, MAS (410-786-8564)

Facility Name	Address 1	City	State	Zip Code
The following facilities are new listings for this quarter.				
Lakeview Hospital	927 West Churchill Street	Stillwater	MN	55082
Lake City Imaging, LLD DBA Invision – Lake City	3140 NW Medical Center Land, Suite 100	Lake City	FL	32055
Valley View Medical Center	5330 S. Highway 95	Fort Mohave	AZ	86426
AHMC International Cancer Center	605 N. Garfield Avenue, 1st Floor	Monterey Park	CA	91754
Alaska Regional Hospital	2801 DeBarr Road	Anchorage	AK	99514
Alle-Kiski Medical Center	651 Fourth Avenue	New Kensington	PA	15068
Alliance Imaging - Rancho San Antonio	7777 Milliken Avenue	Rancho Cucamonga	CA	91730
Audrain Medical Center	620 E Monroe Street	Mexico	MO	65202
Aurora Medical Center Summit	36500 Aurora Drive	Summit	WI	53066
Banner MD Anderson Cancer Center	2946 E Banner Gateway Drive	Gilbert	AZ	85234
Baptist Hospital of Miami	8900 N Kendall Drive	Miami	FL	33176
Bates County Memorial Hospital	615 W Nursery Street	Butler	MO	64730
Bon Secours DePaul Medical Center	150 Kingsley Lane	Norfolk	VA	23505
California Pacific Medical Center	2333 Buchanan Street	San Francisco	CA	94115
Cancer Care Partners-CCC	301 East Day Road	Mishawaka	IN	46545

Facility Name	Address 1	City	State	Zip Code
The following facilities are new listings for this quarter.				
Cancer Care Specialists of Central IL	210 W McKinley Avenue Suite 1	Decatur	IL	62526
Cancer Radiation and Specialty Clinics of El Paso	7812 Gateway East Suite 120	El Paso	TX	79915
CHRISTUS Schumpert Health System	One St. Mary Place	Shreveport	LA	71111
Comanche County Memorial Hospital	110 NW 31st Street	Lawton	OK	73502
CP Advanced Imaging	155 Canal Street	New York	NY	10013
Crossroads Cancer Center	905 Medical Park Drive	Effingham	IL	62401
Desert Springs Cancer Care	21803 N. Scottsdale Road, #110	Scottsdale	AZ	85255
Diagnostic PET/CT of Chattanooga	2205 McCallie Avenue, Suite 400 A	Chattanooga	TN	37404
Doctors Imaging	4204 Teuton Street	Metairie	LA	70006
Eden Medical Center	20103 Lake Chabot Road	Castro Valley	CA	94546
Ellis Fischel Cancer Center	115 Business Loop 70 West	Columbia	MO	65203
First Coast Oncology	10881 San Jose Boulevard	Jacksonville	FL	32223
First Coast Oncology, Nassau	1340 South 18th Street, Suite 103	Fernandina Beach	FL	32034
Florida Cancer Specialists – HUD	7651 Medical Drive	Hudson	FL	34667
Florida Cancer Specialists – PRY	8763 River Crossing Boulevard	New Port Richey	FL	34655
Florida Cancer Specialists – SHP	4003 Mariner Boulevard	Spring Hill	FL	34609
Florida Cancer Specialists – Broadway	3840 Broadway	Ft Myers	FL	33901
Florida Cancer Specialists – GNV	1147 NW 64th Terrace	Gainesville	FL	32605
Florida Cancer Specialists – Sebring	4420 Sun N Lake Boulevard	Sebring	FL	33872
Florida Hospital DeLand	680 Peachwood Drive	DeLand	FL	32720
Freeman Health System	932 East 34th Street	Joplin	MO	64804
Georgia Health Sciences University	821 St. Sebastian Way	Augusta	GA	30912

Facility Name	Address 1	City	State	Zip Code
The following facilities are new listings for this quarter.				
Grande Ronde Hospital	900 Sunset Drive	La Grande	OR	97850
Greenbrier Valley Medical Center	202 Maplewood Avenue	Ronceverte	WV	24970
Highlands Oncology Group-Rogers	808 South 52nd Street	Rogers	AR	72758
Hutchinson Area Health Care	1095 Highway 15 South	Hutchinson	MN	55350
Licking Memorial Hospital	88 McMillen Drive	Newark	OH	43055
Litchfield Oncology Institute	209 Limestone Pass	Cottage Grove	WI	53527
Logan Regional Medical Center	601 Holden Road	Logan	WV	25601
Maine Medical Center	100 Campus Drive	Scarborough	ME	04074
Mary Bird Perkins Covington	1203 Southe Tyler	Covington	LA	70433
Mayo Clinic Health System – Eau Claire Hospital	1221 Whipple Street	Eau Claire	WI	54702
McCullogh-Hyde Memorial Hospital	110 North Poplar Street	Oxford	OH	45056
Medical Arts Radiology	146 Manetto Hill Road	Plainview	NY	11803
Medical Imaging Center	5008 Brittonfield Parkway, Ste. 100	East Syracuse	NY	13057
Medical Imaging of Baltimore	6715 N. Charles Street	Baltimore	MD	21204
Mercy Imaging Center Carmichael	6305 Coyle Avenue	Carmichael	CA	95608
Mitchell County Hospital	400 West 8th Street	Beloit	KS	67420
Modern Nuclear, Inc.	3010 W. Orange Avenue	Anaheim	CA	92804
Northfield Hospital	200 North Avenue	Northfield	WI	55057
Northside Medical Center Valley Care Health Systems	500 Gypsy Lane	Youngstown	OH	44501
Northwest Medical Center	609 West Maple Avenue	Springdale	AR	72765
Ohio Valley Medical Center	2000 Eoff Street	Wheeling	WV	26003
Oklahoma Oncology, Inc.	11212 E 48th Street	Tulsa	OK	74146
Oncology Associates of Monroe	1162 Oliver Road	Monroe	LA	71201

Facility Name	Address 1	City	State	Zip Code
The following facilities are new listings for this quarter.				
Our Lady of Bellefonte Hospital	1000 St. Christopher Drive	Ashland	KY	41101
Palmetto Health Baptist PETCT	Taylor at Marion Streets	Columbia	SC	20920
Palo Alto Medical Foundation	795 El Camino Real	Palo Alto	CA	94301
Physicians for CURE	1561 West Fairbanks Avenue Suite100	Winter Park	FL	32789
Physicians for CURE	3201 SW 33rd Road	Ocala	FL	34474
Physicians for CURE	717 West Robertson Street	Brandon	FL	33511
Precision Imaging Centers - Gate Parkway	7860 Gate Parkway	Jackonsville	FL	32256
Promedica St. Luke's Hospital	5901 Monclova Road	Maumee	OH	43537
Riverwalk	9900 Stockdale Highway	Bakersfield	CA	93311
Robert Wood Johnson University Hospital	1 Robert Wood Johnson Place	New Brunswick	NJ	08901
Saint Luke's Hospital East	100 Northeast Saint Luke's Boulevard	Lee's Summit	MO	64086
Shared Medical Services	3722 S Harlem	Riverside	IL	60546
Sharp Grossmont Hospital	9000 Wakarusa Street	La Mesa	CA	91942
Shields PET/CT at Tufts Medical Center	55 Christy's Drive	Brockton	MA	02301
SimonMed Imaging Newport Beach	3300 West Coast Highway	Newport Beach	CA	92263
South Lake Hospital	1900 Don Wickham Drive	Clermont	FL	34711
Southwest General Medical Center	18181 Pearl Road	Strongsville	OH	44136
Southwestern Regional Medical Center	10109 East 79th Street	Tulsa	OK	74133
SSM St. Clare Health Center	1015 Bowles Avenue	Fenton	MO	63026
SSM St. Joseph Hospital West	400 Medical Plaza	Lake Saint Louis	MO	63367
St. Francis Tulsa	6161 S Yale Avenue	Tulsa	OK	74136
St. Joseph Elgin	77 N. Airlite Street	Elgin	IL	60123
Stockton Diagnostic Imaging	2800 North California Street	Stockton	CA	95204
Swedish Hospital	751 NE Blakely Drive	Issaquah	WA	98029

Facility Name	Address 1	City	State	Zip Code
The following facilities are new listings for this quarter.				
Issaquah				
Texas Oncology - Amarillo	1000 S. Coulter, Suite 100	Amarillo	TX	79106
The Cancer Center at Kishwaukee Community Hospital	10 Health Services Drive	Dekalb	IL	60115
Tower Saint John's Imaging	2202 Wilshire Boulevard	Santa Monica	CA	90403
Trident Diagnostic Services	9313 Medical Plaza Drive, Suite 101	North Charleston	SC	29406
UMC at Orange Grove Radiation Oncology	1891 W. Orange Grove Road	Tucson	AZ	85704
Union Imaging Center	445 Chestnut Street	Union	NJ	07083
Wilkes-Barre General Hospital – PET Scan Center	345 N. River Street	Wilkes-Barre	PA	18702
Wooster Community Hospital	1761 Beall Avenue	Wooster	OH	44691
Zilkha Radiology	369 East Main Street, Suite 14	East Islip	NY	11738
Editorial changes (shown in bold) were made to the facilities listed below.				
Genesis Healthcare Partners-Genesis Imaging	5395 Ruffin Road, Suite 202	San Diego	CA	92123
Baptist Memorial Hospital Tipton Germantown Pet/CT	7945 Wolf River Boulevard	Germantown	TN	38138
Pinnacle Health Imaging-Tristan Radiology	4520 Union Deposit Road	Harrisburg	PA	17111
Long Beach PET Imaging Center	**2708 E. Willow Street**	**Signal Hill**	**CA**	**90755**
Saint Joseph Imaging Center	3475 Richmond Road	Lexington	KY	40509
Ark-La-Tex Diagnostics, Inc d/b/a Open Air MRI of Cen-La	5419 A Jackson Street Ext	Alexandria	LA	71303
Schuylkill Medical Center South Jackson Street	700 E Norwegian Street	Pottsville	PA	17901

Facility Name	Address 1	City	State	Zip Code
The following facilities are new listings for this quarter.				
Advanced Radiology GBMC MRI and PET CT	6715 N Charles Street	Baltimore	MD	21204

Addendum XII: Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities (January through March 2012)

Addendum XII includes a listing of Medicare-approved facilities that receive coverage for ventricular assist devices (VADs) used as destination therapy. All facilities were required to meet our standards in order to receive coverage for VADs implanted as destination therapy. On October 1, 2003, we issued our decision memorandum on VADs for the clinical indication of destination therapy. We determined that VADs used as destination therapy are reasonable and necessary only if performed in facilities that have been determined to have the experience and infrastructure to ensure optimal patient outcomes. We established facility standards and an application process. All facilities were required to meet our standards in order to receive coverage for VADs implanted as destination therapy.

For the purposes of this quarterly notice, we are providing only the specific updates that have occurred to the list of Medicare-approved facilities that meet our standards in the 3-month period. This information is available on our Web site at http://www.cms.gov/MedicareApprovedFacilitie/VAD/list.asp#TopOfPage. For questions or additional information, contact JoAnna Baldwin, MS (410-786-7205).

Facility	Provider Number	Date Approved	State
The following facilities are new listings for this quarter.			
UC Health University Hospital 234 Goodman Street Cincinnati, OH 45219	360003	01/11/2012	OH
Loma Linda University Medical Center and Children's Hospital 11234 Anderson Street Loma Linda, CA 92354	050327	2/17/2012	CA
NYU Hospitals Center 550 First Avenue New York, NY 10016	330214	2/15/2012	NY
The Christ Hospital 2139 Auburn Avenue Cincinnati, OH 45219	360163	2/18/2012	OH
University of Texas Medical Branch 301 University Boulevard Galveston, TX 77555	450018	3/5/2012	TX

Addendum XIII: Lung Volume Reduction Surgery (LVRS) (January through March 2012)

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

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

Only the first two types are in the list. There were no additions to the listing of facilities for lung volume reduction surgery published in the January through March 2012 quarter. This information is available on our Web site at www.cms.gov/MedicareApprovedFacilitie/LVRS/list.asp#TopOfPage. For questions or additional information, contact JoAnna Baldwin, MS (410-786-7205).

Addendum XIV: Medicare-Approved Bariatric Surgery Facilities (January through March 2012)

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

Surgery Center (program standards and requirements in effect on February 15, 2006); or (2) certified by the American Society for Bariatric Surgery (ASBS) as a Bariatric Surgery Center of Excellence (BSCOE) (program standards and requirements in effect on February 15, 2006).

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

Addendum XV: FDG-PET for Dementia and Neurodegenerative Diseases Clinical Trials (January through March 2012)

There were no FDG-PET for Dementia and Neurodegenerative Diseases Clinical Trials published in the January through March 2012 quarter.

This information is available on our Web site at www.cms.gov/MedicareApprovedFacilitie/PETDT/list.asp#TopOfPage. For questions or additional information, contact Stuart Caplan, RN, MAS (410-786-8564).

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