Dated: February 10, 2012.

Ronald Otten,

Deputy Chief, Centers for Disease Control and Prevention.

[FR Doc. 2012–3622 Filed 2–17–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10418]

Agency Information Collection Activities: Submission for OMB Review; Comment Request; Reopening of Comment Period

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the Agency's function; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Title of Information Collection:* Medical Loss Ratio Annual Reporting *Form Number:* CMS–10418 (OCN: 0938–New). For policy questions regarding this collection contact Carol Jimenez at 301–492–4109. For all other issues call 410–786–1326.

Reopening of Comment Period

The Type of Information Collection Request, Use, Frequency, Affected Public and Total Respondents are described in the 60-day notice that published on December 16, 2011 (76 FR 78265) and are not repeated here. However, the Total Annual Responses, and Total Annual Hours have been revised to 331,178 and 1,805,301, respectively. In addition, the model notices associated with this information collection request are now available for public viewing and comments. The model notices were still under development when the 60-day notice published. In the interest of ensuring that the public is aware of the revised supporting materials and has additional time to review and comment on those materials, we are publishing this notice and are reopening the public comment period for 15 days.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web Site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995,* or Email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov,* or call the Reports Clearance Office on (410) 786–1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by March 2, 2012:

1. *Electronically.* You may submit your comments electronically to *http://www.regulations.gov.* Follow the instructions for ''Comment or Submission'' or ''More Search Options'' to find the information collection document(s) accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number CMS–10418 (OCN 0938–NEW), Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: February 14, 2012.

Martique Jones,

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

[FR Doc. 2012–3844 Filed 2–16–12; 11:15 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–9069–N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—October Through December 2011

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 October through December 2011, 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

Addenda	Contact	Phone No.
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 2011 entitled ''Improving Regulation and Regulatory Review,'' which promotes modifying and streamlining an agency's regulatory program to be more effective in achieving regulatory objectives. Section 6 of Executive Order 13563 requires agencies to identify regulations that may be ''outmoded, ineffective, insufficient, or excessively burdensome, and to modify, streamline, expand or repeal them in accordance with what has been learned.'' This approach is also in alignment with the President's Open Government and Transparency Initiative that establishes a system of transparency, public participation, and collaboration.

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

III. How To Use the Notice

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

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

Dated: February 6, 2012.

Olen Clybourn,

Deputy 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: March 31, 2011 (76 FR 17873), August 8, 2011 (76 FR 48564), November 4, 2011 (76 FR 68467), and December 16, 2011 (76 FR 78267). 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 (October through December 2011)

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. 136.

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)
71	January 2012 Quarterly Updates to the CMS Standard File for Reason Codes for the Fiscal Intermediary Shared System (FISS)
72	Update to Medicare Deductible, Coinsurance and Premium Rates for 2012
73	April 2012 Quarterly Updates to the CMS Standard File for Reason Codes for the Fiscal Intermediary Shared System (FISS)
74	Update to Medicare Deductible, Coinsurance and Premium Rates for 2012 Basis for Determining the Part A Coinsurance Amounts
75	Contractor Implementation of Change Requests and Compliance with Technical Direction Letters CR Implementation Report (CRIR) Template TDL Compliance Report (TCR) Template Sample Cover Letter/Attestation Statement
	Medicare Benefit Policy (CMS-Pub. 100-02)
148	Billing for Donor Post-Kidney Transplant Complication Services
149	Implementation of Changes in End Stage Renal Disease (ESRD) Payment for Calendar Year (CY) 2012
150	Implementation of Changes in End Stage Renal Disease (ESRD) Payment for Calendar Year (CY) 2012
151	Expansion of Medicare Telehealth Services for CY 2012
152	January 2012 Update of the Hospital Outpatient Prospective Payment System (OPPS) Coverage of Outpatient Diagnostic Services Furnished on or after January 1, 2010 Coverage of Outpatient Therapeutic Services Incident to a Physician's Service Furnished on or after January 1, 2010
	Medicare National Coverage Determination (CMS-Pub. 100-03)
136	Autologous Cellular Immunotherapy Treatment of Metastatic Prostate Cancer
137	Intensive Behavioral Therapy for Cardiovascular Disease
138	Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse
139	Screening for Depression in Adults
	Medicare Claims Processing (CMS-Pub. 100-04)
2315	Issued to a specific audience, not posted to Internet/Intranet/ due to

Transmittal Number	Manual/Subject/Publication Number
	Confidentiality of Instruction
2316	Hospice Claims Processing Procedures When Required Face-to-Face Encounters Do Not Occur Timely
2317	Annual Update of HCPCS Codes Used for Home Health Consolidated Billing Enforcement
2318	Updates to the Internet Only Manual Pub.100-04, Chapter 15-Ambulance to include The Medicare and Medicaid Extenders Act of 2010 (MMEA) Provisions
2319	Calendar Year (CY) 2012 Participation Enrollment and Medicare Participating Physicians and Suppliers Directory (MEDPARD) Procedures
2320	Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2012
2321	New Waived Tests
2322	Quarterly Update to the Correct Coding Initiative (CCI) Edits, Version 18.0, Effective January 1, 2012
2323	Inpatient Rehabilitation Facility (IRF) and Inpatient Psychiatric Facility (IPF) Cost-to-Charge Ratios (CCRs)
2324	Issued to a specific audience, not posted to Internet/Intranet/ due to Confidentiality of Instruction
2325	Annual Type of Service (TOS) Update
2326	Discontinuation of Hospice Late Charge Claims
2327	Issued to a specific audience, not posted to Internet/Intranet/ due to Confidentiality of Instruction
2328	Claim Adjustment Reason Code (CARC) Used for Therapy Claims Subject to the Multiple Procedure Payment Reduction
2329	Influenza Vaccine Payment Allowances - Annual Update for 2011-2012 Season
2330	Issued to a specific audience, not posted to Internet/Intranet/ due to Confidentiality of Instruction
2331	January 2012 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
2332	Diagnosis Code Update for Add-on Payments for Blood Clotting Factor Administered to Hemophilia Inpatients
2333	Payment for Multiple Surgeries in a Method II Critical Access Hospital (CAH)
2334	Billing for Donor Post-Kidney Transplant Complication Services
2335	Clarification and Revisions for Claims Submitted for End Stage Renal Disease (ESRD) Patients
2336	FISS Claims Processing Updates for Ambulance Services
2337	New Influenza Virus Vaccine Code y
2338	Issued to a specific audience, not posted to Internet/Intranet/ due to Confidentiality of Instruction
2339	Autologous Cellular Immunotherapy Treatment of Metastatic Prostate Cancer
2340	CY 2012 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
2341	January 2012 Quarterly Update for the DMEPOS Competitive Bidding Program
2342	Annual Medicare Physician Fee Schedule Files Delivery and Implementation Manualization
2343	Announcement of Medicare Rural Health Clinic (RHC) and Federally Qualified Health Centers (FQHC) Payment Rate Increases
2344	Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2012

Transmittal Number	Manual/Subject/Publication Number
2345	Influenza Vaccine Payment Allowances – Annual Update for 2011-2012 Season
2346	Medicare Claims Processing Pub. 100-04 Chapter 24 Update for HIPAA 5010 and EDI Enhancements
2347	Recoupment of Incorrect Payments Made Under the End Stage Renal Disease (ESRD) Prospective Payment System (PPS) for the Low-Volume Payment Adjustment
2348	Instructions for Retrieving the 2012 Pricing and HCPCS Data Files through CMS Mainframe Telecommunications Systems
2349	Reasonable Charge Update for 2012 for Splints, Casts, and Certain Intraocular Lenses
2350	Annual Update to the Therapy Code List
2351	Therapy Cap Values for Calendar Year (CY) 2012
2352	Issued to a specific audience, not posted to Internet/Intranet/ due to Confidentiality of Instruction
2353	Instructions for Downloading the Medicare ZIP Code File for April 2012
2354	Expansion of Medicare Telehealth Services for CY 2012 List of Medicare Telehealth Services Telehealth Consultation Services, Emergency Department or Initial Inpatient versus Inpatient Evaluation and Management (E/M) Visits Telehealth Consultation Services, Emergency Department or Initial Inpatient Defined Originating Site Facility Fee Payment Methodology
2355	Issued to a specific audience, not posted to Internet/Intranet/ due to Confidentiality of Instruction
2356	Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2012
2357	Intensive Behavioral Therapy for Cardiovascular Disease Table of Contents Intensive Behavioral Therapy for Cardiovascular Disease (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
2358	Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse Alcohol Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse Policy Institutional Billing Requirements Claim Adjustment Reason Codes, Remittance Advice Remark Codes, Group Codes and Medicare Summary Common Working File (CWF) Requirements
2359	Screening for Depression in Adults Table of Contents Screening for Depression in Adults A/B Medicare Administrative Contractor (MAC) and Carrier Billing Requirements Frequency Place of Service (POS) Common Working File (CWF) Edits

Transmittal Number	Manual/Subject/Publication Number
	Professional Billing Requirements Institutional Billing Requirements CARCs, RARCs, Group Codes, and MSN Messages
2360	Instructions for Retrieving the 2012 Pricing and HCPCS Data Files through CMS Mainframe Telecommunications Systems
2361	Clarification and Revisions for Claims Submitted for End Stage Renal Disease (ESRD) Patients Emergency Room (ER) Services That Span Multiple Service Dates Calculation of the Basic Case-Mix Adjusted Composite Rate and the ESRD Prospective Payment System Rate Laboratory Services Performed During Emergency Room Service Coding for Adequacy of Dialysis, Vascular Access and Infection Separately Billable ESRD Drugs Epoetin Alfa (EPO) Darbepoetin Alfa (Aranesp) for ESRD Patients
2362	Home Health Advance Beneficiary Notice, (HHABN), Form CMS-R-296
2363	Table of Contents Form CMS-R-296 Home Health Advance Beneficiary Notice (HHABN) Background on the HHABN Scope of the HHABN Triggering Events for HHABN/ Written Notice Completing the HHABN HHABN Delivery Effective HHABNs Defective HHABNs Collection of Funds and Liability Related to the HHABN Special Issues Associated with the HHABN
2364	April 2012 Quarterly Update for the DMEPOS Competitive Bidding Program
2365	Issued to a specific audience, not posted to Internet/Intranet/ due to Confidentiality of Instruction
2366	Off-Cycle Release of the Inpatient Prospective Payment System (IPPS) Fiscal Year (FY) 2012 Pricer
2367	Verification of Status for all Hospitals Qualifying for Disproportionate Share Hospital (DSH) Payments under 42 CFR Section 412.106(c)(2), also known as the "Pickle Amendment"
2368	Additional Payment Amounts for Hospitals with Disproportionate Share of Low-Income Patients
2369	Summary of Policies in the CY 2012 Medicare Physician Fee Schedule (MPFS) Final Rule and the Telehealth Originating Site Facility Fee Payment Amount
2370	January 2012 Integrated Outpatient Code Editor (I/OCE) Specifications Version 13.0
2371	Claim Status Category and Claim Status Codes Update
2372	Claim Adjustment Reason Code (CARC), Remittance Advice Remark Code (RARC), and Medicare Remit Easy Print (MREP) and PC Print Update
2373	Bundling of Payments for Services Provided to Outpatients Who Later Are Admitted as Inpatients: 3-Day Payment Window Policy and the Impact on Wholly Owned or Wholly Operated Physician Practices
2374	Additional Instructions Regarding Demand Bills Under the Home Health Prospective Payment System
2375	Annual Type of Service (TOS) Update
2376	January 2012 Update of the Hospital Outpatient Prospective Payment System

Transmittal Number	Manual/Subject/Publication Number
	(OPPS) Policy and Billing Instructions for Condition Code 44 Table of Contents Cardiac Resynchronization Therapy Payment Window for Outpatient Services Treated as Inpatient Services Use of Modifiers for Discontinued Services
2377	Manual Revision to Chapter 6, Section 20.1.1 Physician's Services and Other Professional Services Excluded From Part A PPS Payment and the Consolidated Billing Requirement Physician's Services and Other Professional Services Excluded From Part A PPS Payment and the Consolidated Billing Requirement
2378	January 2012 Update of the Ambulatory Surgery Center Payment System (ASC)
Medicare Secondary Payer (CMS-Pub. 100-05)	
00	None
Medicare Financial Management (CMS-Pub. 100-06)	
196	Notice of New Interest Rate for Medicare Overpayments and Underpayments - First Notification for FY 2012
197	Notice of New Interest Rate for Medicare Overpayments and Underpayments - 1st Notification for FY 2012
198	Medicare Financial Management Manual, Chapter 4 - Debts Returned to Agency (RTA) by Treasury Table of Contents Debts Returned to Agency (RTA) by the United States Department of the Treasury (Treasury) Debts RTA by Treasury Due to Bankruptcy (RB) Debts RTA By Treasury as Uncollectible (RU) or Out of Business (RN) Debts RTA by Treasury as Dispute Response not Received Timely (RX) Debts RTA by Treasury as a Miscellaneous Dispute, a Manual RTA, Complaint or as Recall Approved (RD) Debts RTA by Treasury as paid in Full (RP), Satisfied Payment Agreement (RS) or Satisfied Compromise (RC)
199	Instructions for Processing Physicians and other Suppliers Debts that have been Confirmed as Identity Theft Table of Contents Confirmed Identity Theft 1 IRS Form 1099 MISC 2 Seized Monies Received from Law Enforcement
200	Recovery Audit Program Tracking Appeals and Reopenings Table of Contents Tracking Appeals and Reopenings
201	Issued to a specific audience, not posted to Internet/Intranet/ due to Confidentiality of Instruction
Medicare State Operations Manual (CMS-Pub. 100-07)	
72	Revised Appendix A: Conditions of Participation and Interpretive Guidelines for Hospitals Standard: Respiratory Services Standard: Nursing Services Standard: Rehabilitation Services Standard: Rehabilitation Services Standard: Rehabilitation Services Standard: Respiratory Services

Transmittal Number	Manual/Subject/Publication Number
	Standard: Pharmaceutical Services
73	
74	Revised Appendix A, Interpretive Guidelines for Hospitals Standard: Post-anesthesia Evaluation Standard: Pre-anesthesia Evaluation Condition of Participation: Anesthesia Services
75	Revised Appendix A, Interpretive Guidelines for Hospitals, and Appendix W, Interpretive Guidelines for Critical Access Hospitals (CAHs) Standard: Notice of Rights/A-0117 Standard: Exercise of Rights/A-0130 Standard: Exercise of Rights/A-0131 Standard: Exercise of Rights/A-0132 Standard: Patient Visitation Rights/C-1002 Standard: Patient Visitation Rights/A-0215 Standard: Patient Visitation Rights/A-0216 Standard: Patient Visitation Rights/A-0217 Standard: Compliance With Federal Laws and Regulations/A-0151 Standard: Patient Visitation Rights/C-1000 Standard: Patient Visitation Rights/C-1001 Standard: Exercise of Rights/A-0133
76	Clarifications to Appendix L, Ambulatory Surgical Center Interpretive Guidelines – Obtaining Consent before Observing Surgical Procedures
77	Revised Appendix A, Interpretive Guidelines for Hospitals
78	Revised Appendix A, Interpretive Guidelines for Hospitals, and Revised Appendix W, Interpretive Guidelines for Critical Access Hospitals (CAHs)
Medicare Program Integrity (CMS-Pub. 100-08)	
390	Issued to a specific audience, not posted to Internet/Intranet/ due to Confidentiality of Instruction
391	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
392	Update to Notifications Sent to State Medicaid Agencies and Child Health Plans of Medicare Terminations for Certified Providers and Suppliers and Medicare Revocations for Providers and Suppliers. This CR rescinds and fully replaces CR 7017, 7074 and 7334. Contractor Issued Revocations
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)	
00	None
One Time Notification (CMS-Pub. 100-20)	
963	*Expansion of the Current Scope of Editing for Ordering/Referring Providers for Durable Medical Equipment, Prosthetics, Orthotics, and Supplier* (DMEPOS) Suppliers Claims Process by Durable Medical Equipment Medicare Administrative Contractors (DMEMACs)

Transmittal Number	Manual/Subject/Publication Number
964	Expansion of the Current Scope of Editing for Ordering/Referring Providers for claims processed by Medicare Carriers and Part B Medicare Administrative Contractors (MACs)
965	Issued to specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
966	Health Insurance Portability and Accountability Act (HIPAA) 5010 837 Institutional (837I) Edits and 5010 837 Professional (837P) Edits – April 2012 Version
967	Issued to specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
968	Automated Tracking and Reporting of Recovery Audit-Associated Reopenings and Appeals
969	Issued to specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
970	VMS Modifications to Oxygen CMN Editing s
971	Instructions for the Fiscal Intermediary Shared System (FISS) to modify the Workers Compensation Set Aside (WCSA) Claims Process to Capture the Amount Medicare would have paid when the Claim is returned by CWF. This change request also updates the MSP Savings Report to add Special Project Savings Total on the Savings Report to include totals from all Special Projects.
972	Common Edits and Enhancements Modules (CEM) Code Set Update
973	Revisions to Common Working File (CWF) Edits that Deny Claims for Prosthetics, Orthotics, and Supplies (POS) Furnished to Beneficiaries in a Skilled Nursing Facility (SNF) Stay
974	Issued to specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
975	Format Revisions to the Special Incentive Remittance Advice used to Report Quarterly Incentive Payments for Health Professional Shortage Areas (HPSAs), the Primary Care Incentive Payment Program (PCIP), and the HPSA Surgical Incentive Payment Program (HSIP)
976	Determining Claims Processing Timeliness When Held Claims Are Later Subject to an Additional Documentation Request
977	Enhancements to the Recovery Audit Mass Adjustment/Reporting Process in the Fiscal Intermediary Shared System (FISS)
978	Modify the Interchange Control Number (ICN) for Medicare Advantage Encounters
979	Processing Multiple Home Health Unsolicited Responses
980	Modify the Interchange Control Number (ICN) for Medicare Advantage Encounters
981	Issued to specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
982	Issued to specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
983	Health Insurance Portability and Accountability (HIPAA) 5010/D.0 Fixes - April 2012
984	Issued to specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
985	Fee for Service Common Eligibility Services Conference Calls and Research
986	Issued to specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
987	Issued to specific audience, not posted to Internet/ Intranet due to

Transmittal Number	Manual/Subject/Publication Number
	Confidentiality of Instruction
988	Enhancements to the Recovery Audit Mass Adjustment/Reporting Process in the Multi-Carrier System (MCS)
989	Change Management Process -- Enterprise Electronic Change Information Management Portal (ECHIMP)
990	CMS Standard Edit 009H is Obsolete
991	Expansion of the Current Scope of Editing for Ordering/Referring Providers for Claims processed by Medicare Carriers and Part B Medicare Administrative Contractors (MACs)
992	Issued to specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction E
993	Reporting of Recoupment for Overpayment on the Remittance Advice (RA) with Patient Control Number
994	Issued to a specific audience, not posted to Intranet/Intranet due to Confidentiality of Instruction
995	Multiple Procedure Payment Reduction (MPPR) on Certain Diagnostic Imaging Procedures
996	Creating Payor ID for Medicare Advantage Encounter Data Submission
997	Creating Payor ID for Medicare Advantage Encounter Data Submission
998	HIPAA 5010 Outbound File Compliance Check
999	MCS ICD-10 Changes
1000	Issued to a specific audience, not posted to Intranet/Intranet due to Confidentiality of Instruction
1001	Request to Require Hours for Research and Conference Calls with Maintainers, MACs, and EDCs and Additional Requirements for IDR Shared Systems
1002	Automated Tracking and Reporting of Recovery Audit-Associated Reopenings And Appeals
1003	Instructions to Accept and Process All Ambulance Transportation Healthcare Common Procedure Coding System (HCPCS) Codes
1004	Requirement to Report Medicare Fee for Service Rendering Provider Place of Service Address Information to the Common Working File
1005	Implementation of the Award for the Jurisdiction F (J-F) Part A and Part B Medicare Administrative Contractor (A/B MAC) including New Workload Numbers for Alaska, Idaho, Oregon and Washington
1006	Issued to specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
1007	Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program: Allowing Contract or Non-Contract Suppliers to Maintain and Service the Enteral Nutrition Equipment That They Provided in the 15th Continuous Month of Rental
1008	Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program: Allowing Contract or Non-contract Suppliers to Maintain and Service the Enteral Nutrition Equipment that They Provided in the 15th Continuous Month of Rental
1009	Issued to specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
1010	Instructions to Teaching Hospitals for Reporting the Internal Revenue Service (IRS) Refund of Medical Resident FICA Taxes
1011	Review and Analysis of Draft Accredited Standards Committee X12 Technical Report 3s

Addendum II: Regulation Documents Published in the Federal Register (October through December 2011)

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-4Q11QPU.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 (October through December 2011)

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
Screening for Depression in Adults	210.10	R139NCD	11/23/2011	10/14/2011
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	210.9	R138NCD	11/23/2011	10/14/2011
Intensive Behavioral Therapy for Cardiovascular Disease	210.11	R137NCD	11/23/2011	11/08/2011
October Clinical Lab Edits	190	R2344CP	11/04/2011	10/01/2011
Autologous Cellular Immunotherapy for Prostate Cancer	110.22	R136NCD	11/02/2011	06/30/2011

Addendum V: FDA-Approved Category B Investigational Device Exemptions (IDEs) (October through December 2011)

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
G110172	Small Particle Hyaluronic Acid with Lidocaine (SPHAL)	10/06/11
G110071	SpaceOAR System	10/14/11
G110096	Becton Dickinson Continuous Glucose Monitor Generation 2	10/14/11
G110177	DAKO EGFRVIII IHC Pharmdx Kit	10/18/11
G110048	Hydrus Aqueous Implant	10/20/11
BB14861	Cell Isolation System (CIS)	10/26/11
G100310	TransMedics Organ Care System (OCS) - Lung	10/26/11
G110191	Real-Time RT-PCR EGFRVIII Companion Diagnostics Assay	11/10/11
G110195	PTA Dilatation Catheter	11/10/11
G110198	Small Molecule Functional Kinase Inhibitor Screen	11/16/11
G110199	Deep Brain Stimulation	11/16/11
G110201	ISOMETRIC HANDGRIP THERAPY DEVICE	11/18/11
G110204	ACRYSOF IQ RESTOR +2.5 D MULTIFOCAL INTRAOCULAR LENS	11/22/11
G110206	COSTATUS SYETEM	11/23/11
G110209	ZIMMER MAXERA ACETABULAR SYSTEM	12/01/11
G110213	ANTI-MUC1 (H23) MOUSE MONOCLONAL ANTIBODY ASSAY	12/01/11
G110215	AURORA ENDOMETRIAL ABLATION SYSTEM	12/07/11
BB14923	Magnetic-Activated Cell Sorter (CliniMACS, Miltenyi)	12/16/11
G110235	TAQMAN BASED REAL TIME RT-PCR EGFRVIII COMPANION DIAGNOSTIC ASSAY	12/23/11

Addendum VI: Approval Numbers for Collections of Information (October through December 2011)

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, (October through December 2011)

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.			
Davis Hospital and Medical Center 1600 West Antelope Drive, Layton, UT 84041	460041	10/21/2011	UT
The Jewish Hospital Mercy Health Partners 4777 E. Galbraith Road, Cincinnati, OH 45236	1336478163	10/21/2011	OH
St. Francis Medical Center 601 Hamilton Avenue, Trenton, NJ 08629-1986	31-0021	10/19/2011	NJ
Editorial changes (shown in bold) were made to the facilities listed below.			
Saint Joseph Regional Medical Center **5215 Holy Cross Pkwy** **Mishawaka, IN 46545-1469**	150012	01/26/2006	IN
Arizona Heart Hospital 1930 E. Thomas Road, Phoenix, AZ 85016	**030030**	04/18/2005	AZ

Facility	Provider Number	Effective Date	State
From: Medical Center East **To: St. Vincent's East** 50 Medical Park East Drive, Birmingham, AL 35235	010011	11/21/2005	AL
From: **Methodist Le Bonheur Germantown Hospital** **To: Methodist Hospital Germantown** 7691 Poplar Avenue, Germantown, TN 38138	440049	11/14/2005	TN
From: Methodist North Hospital **To: Methodist Hospital North** 3960 New Covington Pike, Memphis, TN 38128	440049	11/14/2005	TN
From: Methodist University Hospital **To: Methodist Hospital University** 1211 Union Avenue, Memphis, TN 38104	440049	11/14/2005	TN

Addendum VIII:
American College of Cardiology's National Cardiovascular Data Registry Sites (October through December 2011)

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.				
Barnes Jewish St. Peters Hospital	10 Hospital Drive, MO	St. Peters	MO	63376
Children's Healthcare of Atlanta	1405 Clifton Road, NE	Atlanta	GA	30322
Fairbanks Memorial Hospital	1650 Cowles Street	Fairbanks	AK	99701
Highlands Regional Medical	3600 S Highlands Avenue	Sebring	FL	33870
Franciscan Healthcare Jackson Memorial Hospital (JACKSON HEALTH SYSTEM)	1611 NW 12th Avenue	Miami	FL	33136
Nacogdoches Memorial Hospital	1204 Mound Street	Nacogdoches	TX	75961
Pampa Regional Medical Center	One Medical Plaza	Pampa	TX	79065
Parker Adventist Hospital	9395 Crown Crest Boulevard	Parker	CO	80138
Providence Hospital	1150 Varnum Street, N.E.	Washington	DC	20017
Riley Hospital for Children Indiana University Health	705 Riley Drive	Indianapolis	IN	46202
Tanner Medical Center	705 Dixie Street	Carrollton	GA	30117
Viera Hospital	8745 North Wickham Road	Melbourne	FL	32940
The following facility is no longer a participant in the ACC-NCDR-ICD Registry as of this notice.				
East Cooper Medical Center	2000 Hospital Drive	Charleston	SC	29464

Addendum IX: Active CMS Coverage-Related Guidance Documents (October through December 2011)

There were no CMS coverage-related guidance documents published in the October through December 2011 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 (October through December 2011)

There were no special one-time notices regarding national coverage provisions published in the October through December 2011 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) (October through December 2011)

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

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

There were no new facilities that meet CMS's requirements for performing PET scans under National Coverage Determination CAG-00181N published in the July through September 2011 quarter.

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)

Editorial changes (shown in bold) were made to the facilities listed below.				
Facility Name	**Address 1**	**City**	**State**	**Zip Code**
Capital Health System	**1 Capital Way**	**Pennington**	**NJ**	**08534**
Old name: **Positron Imaging Of Austin** **New name:** **Texas Oncology Cancer Center**	6101 Balcones Drive	Austin,	TX	78731

Addendum XII: Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities (October through December 2011)

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 are new listings for this quarter.				
University of California San Diego Medical Center 9300 Campus Point Drive La Jolla, CA 92037	050025	11/18/2011		CA
Providence St. Vincent Medical Center 9205 Southwest Barnes Road Portland, OR 97225	380004	12/08/2011		OR
Scott & White Memorial Hospital 2401 South 31st Street Temple, TX 76508	450054	12/08/2011		TX
Bon Secours – St. Mary's Hospital 5801 Bremo Road Richmond, VA 23226	490059	12/22/2011		VA
Facility Name	**Provider Number**	**Date Approved**	**Date De-certified**	**State**
Editorial changes (shown in bold) were made to the facilities listed below.				
Maine Medical Center 22 Bramhall Street Portland, ME	060024	02/03/2009 Joint Commision certified on 02/03/09.	**10/06/2010**	ME
OSF St Francis Medical Center 530 NE Glen Oak Avenue Peoria, Illinois 61637	140067	08/31/2009	**11/22/2011**	IL

Addendum XIII: Lung Volume Reduction Surgery (LVRS)
(October through December 2011)

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 October through December 2011 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
(October through December 2011)

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).

Facility Name	Provider Number	Date Approved	State	Other Information
The following facilities are new listings for this quarter.				
University of California San Francisco Medical Center 500 Parnassus Avenue San Francisco, CA 94143-0790	1689772592	05/13/2011	CA	ACS
Baylor Regional Medical Center at Grapevine 2020 West Highway 114 Grapevine, TX 76051	45-0563	11/18/2011	TX	ASMBS
Metropolitan Methodist Hospital 1310 McCullough Avenue San Antonio, TX 78212	450388	11/18/2011	TX	ASMBS
Lafayette General Medical Center 1214 Coolidge Boulevard Lafayette, LA 70503	190002	11/29/2011	LA	ASMBS
Orlando Health 1414 Kuhl Avenue Orlando, FL 32806	100006	11/30/2011	FL	ASMBS
Lawrence Hospital Center 55 Palmer Avenue Bronxville, NY 10708	330061	11/05/2011	NY	ACS
Thomas Jefferson University Hospital 125 S. 11th Street Philadelphia, PA 19107	39-0174	11/18/2011	PA	ASMBS
The following facilities are deletions for this quarter.				
The Regional Medical Center of Acadiana 2810 Ambassador Caffery Parkway Lafayette, LA 70506	190205	09/23/2005	LA	ASMBS
Mount Sinai Hospital One Gustave L. Levy Place, 1190 5th Avenue New York, NY 10029	330024	07/06/2006	NY	ASMBS
Editorial changes (shown in bold) were made to the facilities listed below.				
St. Anthony's Hospital 2807 Little York Road Houston, TX **77093**	450795	03/18/2009	TX	ASMBS
Aurora Sinai Medical Center 945 North 12 Street Milwaukee, WI53233	520138	**09/30/2005**	WI	ASMBS
Centennial Center for the Treatment of Obesity 2200 Murphy Ave**nue** Nashville, TN 37203	440161	**08/22/2005**	TN	ASMBS
Abbott Northwestern Hospital 800 East 28th Street Minneapolis, MN 55407	240057	**08/10/2005**	MN	ASMBS

Facility Name	Provider Number	Date Approved	State	Other Information
St. Mary's Hospital 5801 Bremo Road Richmond, VA 23226	490059	**11/4/2005**	VA	ASMBS
Northwestern Memorial Hospital 251 East Huron Street Chicago, IL 60611	140281	**09/25/2005**	IL	ASMBS
From: Southwest Washington Medical Center **To: PeaceHealth Southwest** 400 NE Mother Joseph Place Vancouver, WA 98664	500050	09/08/2008	WA	ASMBS
From: St. Mary's Medical Center **To: Essentia Health** 400 East 3rd Street Duluth, MN 55805	1457393035	11/03/2011	MN	ACS
Sacred Heart Hospital 421 Chew Street Allentown, PA 18102	390197	**02/01/2007**	PA	ASMBS
Frye Regional Medical Center **420 N Center Street** Hickory, NC 28601	340116	**8/31/2005**	NC	ASMBS
From: St. John Providence Weight Loss To: St. John Hospital and Medical Center 21101 Moross Road Detroit, MI 48236	230165	05/14/2011	MI	ACS
York Hospital 1001 South George Street York, PA 17405-7198	390046	**9/30/2005**	PA	ASMBS
Spectrum Health Hospital 1840 Wealthy Street, SE Grand Rapids, MI 49506	23-0038	**8/10/2005**	MI	ASMBS
Was: Gratiot Medical Center Now: MidMichigan Medical Center-Gratiot 300 E. Warwick Drive Alma, MI 48801	23-0030	07/30/2007	MI	ASMBS
Bon Secours Mary Immaculate Hospital **2 Bernardine Drive Newport News, VA 23602**	49-0041	08/30/2011	VA	ASMBS
Was: USC University Hospital Now: Keck Medical Center of USC 1500 San Pablo Street Los Angeles, CA 90033	05-0696	01/30/2008	CA	ASMBS
Methodist Dallas Medical Center P.O. Box 655999 Dallas, TX 75265-5999	45-0051	**05/15/2005**	TX	ASMBS
Virginia Commonwealth University Medical Center 1200 East Marshall Street Richmond, VA 23298-5049	Kellum: 20000094; Maher: 004732m98	**10/14/2005**	VA	ASMBS

Addendum XV: FDG-PET for Dementia and Neurodegenerative Diseases Clinical Trials (October through December 2011)

There were no FDG-PET for Dementia and Neurodegenerative Diseases Clinical Trials published in the October through December 2011 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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