Dated: November 5, 2013.

Martique Jones,

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

[FR Doc. 2013–26822 Filed 11–7–13; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–9081–N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—July Through September 2013

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

ACTION: Notice.

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

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

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

I. Background

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

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

II. Revised Format for the Quarterly Issuance Notices

While we are publishing the quarterly notice required by section 1871(c) of the Act, we will no longer republish duplicative information that is available to the public elsewhere. We believe this approach is in alignment with CMS' commitment to the general principles of the President's Executive Order 13563 released January 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: November 1, 2013.

Kathleen Cantwell,

Director, Office of Strategic Operations and Regulatory Affairs.

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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 17, 2012 (77 FR 49799), November 9, 2012 (77 FR 67368), May 3, 2013 (78 FR 26038) and July 26, 2013 (78 FR 45233). For the purposes of this quarterly notice, we are providing only the specific updates that have occurred in the 3-month period along with a hyperlink to the website to access this information and a contact person for questions or additional information.

Addendum I: Medicare and Medicaid Manual Instructions (July through September 2013)

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

How to Obtain Manuals

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

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

How to Review Transmittals or Program Memoranda

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

In addition, individuals may contact regional depository libraries that receive and retain at least one copy of most federal government publications, either in printed or microfilm form, for use by the general public. These libraries provide reference services and interlibrary loans; however, they are not sales outlets. Individuals may obtain information about the location of the nearest regional depository library from any library. CMS publication and transmittal numbers are shown in the listing entitled Medicare and Medicaid Manual Instructions. To help FDLs locate the materials, use the CMS publication and transmittal numbers. For example, to find the Medicare National Coverage Determination publication titled Positron Emission Tomography (PET) Scans use CMS-Pub. 100-03, Transmittal No. 156.

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

Transmittal Number	Manual/Subject/Publication Number
Medicare General Information (CMS-Pub. 100-01)	
00	None
Medicare Benefit Policy (CMS-Pub. 100-02)	
00	None
Medicare National Coverage Determination (CMS-Pub. 100-03)	
156	Positron Emission Tomography (PET) Scans
Medicare Claims Processing (CMS-Pub. 100-04)	
2737	National Coverage Determination (NCD) for Transcatheter Aortic Valve Replacement (TAVR) – Implementation of Mandatory Reporting of Clinical Trial Number Claims Processing Requirements for TAVR Services on Professional Claims Claims Processing Requirements for TAVR Services on Inpatient Hospital Claims
2738	Type of Service (TOS) Corrections 2013 Type of Service
2739	New Claim Adjustment Reason Code (CARC) to Identify a Reduction in Payment Due to Sequestration Competitive Bidding Durable Medical

	Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Single Payment Amounts
2740	Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction
2741	Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction
2742	Issued to a specific, audience not posted to Internet/Intranet due to Sensitivity of Instruction
2743	Coding Changes to Ultrasound Diagnostic Procedures for Transesophageal Doppler Monitoring Transeophageal Doppler Used for Cardiac Monitoring Coding Requirements for Transesophageal Doppler Cardiac Monitoring Furnished Before January 1, 2013 Coding Requirements for Transesophageal Doppler Cardiac Monitoring Furnished On or After January 1, 2013 Coding Requirements for Transesophageal Doppler Cardiac Monitoring Furnished On or After January 1, 2013
2744	Type of Service (TOS) Corrections 2013 Type of Service
2745	New Waived Tests
2746	Revision to the ViPS Medicare System Diagnosis Code Editing on the CMS-1500
2747	Additional Data Reporting Requirements for Hospice Claims
2748	Demand Billing of Hospice General Inpatient Level of Care
2749	Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction
2750	Positron Emission Tomography Local Coverage Determination for PET Using New, Proprietary Radiopharmaceuticals for their FDA-Approved Labeled Indications for Oncologic Imaging Only
2751	Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction
2752	Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction
2753	Instructions for Downloading the Medicare ZIP Code File for January 2014
2754	October Update to the CY 2013 Medicare Physician Fee Schedule Database (MPFSDB)
2755	Additional States Requiring Payment Edits for DMEPOS Suppliers of Prosthetics and Certain Custom-Fabricated Orthotics. Update to CR 3959
2756	Revision to the ViPS Medicare System Diagnosis Code Editing on the CMS-1500
2757	Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction
2758	Mandatory Reporting of an 8-Digit Clinical Trial Number on Claims-General Billing Requirements for Providers Billing Routine Costs of Clinical Trials Involving a Category A IDE Billing Requirements for Providers Billing Routine Costs of Clinical Trials Involving a Category B IDE Payment for Qualifying Clinical Trial Services Billing Requirements-General

	Requirements for Billing Routine Costs of Clinical Trials
2759	Update to the Claims Processing Internet-Only Manual (IOM) to Add the National Uniform Billing Committee (NUBC) Payer Only Codes Payer Only Codes Utilized by Medicare
2760	Annual Clotting Factor Furnishing Fee Update 2014
2761	Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction
2762	Annual Clotting Factor Furnishing Fee Update 2014
2763	October 2013 Integrated Outpatient Code Editor (I/OCE) Specifications Version 14.3
2764	Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction
2765	Diagnosis Code Reporting on Religious Nonmedical Health Care Institution Claims
2766	Update to Hospice Payment Rates, Hospice Cap, Hospice Wage Index, Quality Reporting Program and the Hospice Pricer for FY 2014 Carrier Specific Requirements for Certain Specialties/Services
2767	Handling of Incomplete or Invalid Claims once the Phase 2 Ordering and Referring Edits are Implemented Handling Incomplete or Invalid Claims
2768	Update-Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Fiscal Year (FY) 2014 Annual Update
2769	Inpatient Rehabilitation Facility (IRF) Annual Update: Prospective Payment System (PPS) Pricer Changes for FY 2014 Payment Provisions Under IRF PPS Quality Reporting Program
2770	October 2013 Update of the Ambulatory Surgery Center (ASC) Payment System
2771	Introduction to Electronic Data Interchange (EDI) for Medicare Fee For Services Requirement for EDI Audience for this Chapter Scope of this Chapter Acronyms and Definitions General EDI Legislative Background The America Reinvestment and Recovery Act (ARRA) HIPAA and ARRA on Security and Privacy Administrative Simplification and Compliance Act (ASCA) EDI Enrollment and Registration (AKA Trading Partner Agreements) EDI Enrollment New Enrollments and Maintenance of Existing Enrollments Submitter Number Network Service Vendor (NSV) Agreement Electronic Remittance Advice (ERA) Enrollment Form Centers for Medicare and Medicaid Services – Medicare Fee-For-Service HIPAA Transaction Standards as Designated by CMS Transactions Used in the Acknowledgment of Receipt of Inbound Claims Change Request (CR) to Communicate Policy Medicare FFS Contractors (A/B MAC, DME MAC, CEDI)/Test Program and Annual Recertification Activities

Security Requirements	Provider Responsibility
A/B MACs, DME MACs, and CEDI Data Security and Confidentiality Requirements	Contractor Responsibility
MAC, DME MACs and CEDI Audit Trails	A/B MACs, and CEDI Edit Requirements
Security-Related Requirements for A/B MACs, and CEDI Arrangements With Clearinghouses and Billing Services	Key Shop and Optical Character Recognition
Release of Medicare Data	Claim Key Shop and Optical Character Recognition (OCR)/Image Character Recognition (ICR) Mapping to ASC X12N Based Flat File
EDI Enrollment and EDI Claim Record Retention	Key Shop and Image Processing
General EDI Outreach Activities	Institutional Implementation Guide and Direct Data Entry Edits
MAC and DME MACMAC Analysis of Internal Information	Supplemental FI-Specific Shared System Edit Requirements
Contact With New Providers	Trading Partner and Contractor Crossover Claim Requirements
Production and Distribution of Information to Increase Use of EDI	Professional Implementation Guide (IG) Edits
Production and Distribution of Material to Market EDI User Guidelines	National Council for Prescription Drug Program (NCPDP) Implementation
Technical Assistance to EDI Trading Partners	Remittance Advice and Standard Paper Remittances
Training Content and Frequency	Claim Key Shop and Optical Character Recognition (OCR)/Image Character Recognition (ICR) Mapping to X12N Based Flat File
Prohibition Against Requiring Use of Proprietary Software or DDE Free Claim Submission Software	Key Shop and Image Processing Payments
Newsletters/Bulletin Board/Internet Publication of EDI Information	Payment Floor Requirement
Provider Guidelines for Choosing a Vendor	Alternative to EFT
Vendor Selection	Electronic Funds Transfer (EFT)
Provision of EDI User Guidelines	Tri-Partite Bank Agreement
Provision and Maintenance of a Directory of Billing Software Vendors and Clearinghouses	Health Care Provider Taxonomy Code (HPTC) Requirements
Operating Rules for Electronic Transactions	Payments
Telecommunications, Internet and Dial-up Media	Payment Floor Requirement
Telecommunications and Transmission Protocols	Alternative to EFT
Translators	Electronic Funds Transfer (EFT)
Common Edits and Enhancements Module (CEM) – General Description Across All Versions	Tri-Partite Bank Agreement
Claim Numbering	Health Care Provider Taxonomy Code (HPTC) Requirements
Receipt Control and Balancing	General HIPAA EDI Requirements
Acknowledgements	National Council for Prescription Drug Program (NCPDP) Claim Requirements
Outbound File Compliance Check	Contractor Reporting of Operational and Workload (CROWD) Reporting
Common Edits and Enhancement Module (CEM) Code Sets Requirements	Common Edits and Enhancement Module (CEM) Reporting
Handling of Poorly Formed/Invalid Flat Files for a 277CA	Mandatory Electronic Submission of Medicare Claims
Unique Specifications for DME	Small Providers and Full-Time Equivalent Employee Self-Assessments
CEDI Claim Numbering	Exceptions
Receipt Control and Balancing	Unusual Circumstance" Waivers
CEDI Acknowledgments for ASC X12 5010 and NCPDP D.O. Transactions	Unusual Circumstance Waivers Subject to Provider Self-Assessment
EDI Testing Accuracy	Unusual Circumstance Waivers Subject to Evaluation and CMS Decision
Limitation on Testing of Multiple Providers that Use the Same Clearinghouse, Billing Service, or Vendor Software/EDI Receiver Testing by A/B MACs and CEDI	Unusual Circumstance Waivers Subject to Contractor Evaluation and CMS Decision
Changes in Provider's System or Vendor's Software and Use of Additional EDI Formats	Electronic and Paper Claims Implications of Mandatory Electronic Submission Enforcement
Delimiters	Fiscal Intermediary Shared System (FISS) Role in ASCA Enforcement
Nulls	MCS & VMS Roles in ASCA Enforcement
Direct Data Entry (DDE) Screens	Contractor Roles in ASCA Reviews
PWK Background	Application of Electronic Data Interchange Enrollment Information and ASCA Enforcement Review Decisions from Other Medicare Contractors to the Same Providers When They Bill the Railroad Medicare Carrier
PWK Workflow	Retirement Board Specialty MAC (SMAC)
	Selection of Providers to be Sent Initial Letters for the RMC to Begin an

	ASCA Enforcement Review Subsequent Reversal of Decision that a Provider is Not Eligible to Submit Paper Claims by a Non-RR Medicare Contractor Number of ASCA Enforcement Reviews to be Conducted by the RMC RMC Information in ASCA Enforcement Review Letters RMC Costs Related to Use of ASCA Review Information in SuperPES Files
2772	Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction
2773	Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction
2774	Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction
2775	October 2013 Update of the Hospital Outpatient Prospective Payment System (OPPS)
2776	Remittance Advice Remark and Claims Adjustment Reason Code and Medicare Remit Easy Print and PC Print Update
2777	Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction
2778	Fiscal Year (FY) 2014 Inpatient Prospective Payment System (IPPS) and Long Term Care Hospital (LTCH) PPS Changes
2779	New Waived Tests
2780	January 2014 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
2781	Home Health Change of Care Notice (HHCCN), Form CMS-10280, Manual Instructions - This CR rescinds and fully replaces CR 7323.
2782	Advance Beneficiary Notice of Noncoverage (ABN), Form CMS-R-131
	Medicare Secondary Payer (CMS-Pub. 100-05)
95	Update the Common Working File (CWF) to not Allow Certain Diagnosis Codes on No-Fault Medicare Secondary Payer (MSP) Records Certain Diagnosis Codes not Allowed on No-Fault Medicare Secondary Payer (MSP) Records
96	ECRS Batch File Layout Changes for ICD-10 Codes COBC Electronic Correspondence Referral System (ECRS)
97	Prevent Electronic Correspondence Referral System (ECRS) Inquiries from being submitted with Insurance types other than A, J, K, R, S, or Blank Spaces COBC Electronic Correspondence Referral System (ECRS)
	Medicare Financial Management (CMS-Pub. 100-06)
223	Notice of New Interest Rate for Medicare Overpayments and Underpayments -4th qtr Notification for FY 2013
224	Overpayment (Section 50.3); Chapter 4, Debt Collection (Section 50 - 50.6 and 100.6.4) Related to Extended Repayment Schedules (ERS) Establishing an Extended Repayment Schedule (ERS) – (formerly known as an Extended Repayment Plan (ERP) ERS Required Documentation – Physician is a Sole Proprietor ERS Required Documentation – Provider is an Entity Other than a Sole Proprietor ERS Approval Process Sending the ERS Request to the Regional Office (RO)
	Monitoring an Approved Extended Repayment Schedule (ERS) and Reporting Requirements Requests From Terminated Providers or Debts that are Pending Referral to Department of Treasury Extended Repayment Schedule (ERS) Requests Received on a RAC Initiated Overpayment
225	Removal of POR and PSOR Instructions and the Glossary of Acronyms from the Internet Only Manual, Publication 100.06, Chapter 3
226	Recovery Audit Program Tracking Appeals and Reopenings Tracking Appeals and Reopenings
227	Removal of POR and PSOR Instructions and the Glossary of Acronyms from the Internet Only Manual, Publication 100.06, Chapter 3 Bankruptcy Bankruptcy Forms Recoupment of the Accelerated Payment Reserved
	Medicare State Operations Manual (CMS-Pub. 100-07)
85	Federally Qualified Health Center (FQHC) Medicare participation Description Request to Participate Processing Requests Effective Date
86	Revisions to State Operations Manual (SOM) Chapter 5
87	Revised Appendix A, Interpretive Guidelines for Hospitals, Condition of Participation: Discharge Planning
88	Revisions to State Operations Manual (SOM) Chapter 5 Post-Survey Procedures Substantial Compliance Condition-Level, IJ Condition-Level, Non-IJ Full Survey after Complaint Survey with Condition-level Deficiencies, When Authorized by the RO Deemed Provider/ Supplier Refusal of Complaint Investigation Surveys Complaints Involving HIV-Infected Individuals (previously Section 5150) Investigating Complaints Involving ESRD Services Provided by Deemed Hospitals or CAHs (previously Section 5160) Investigating Complaints Against ESRD Suppliers (previously Section 5170) Hospital Restraints/Seclusion Death Reporting and Investigation (previously Section 5140) Background Responsibilities Process DUA Multi-Signature Addendum Release of Hospital Restraint/Seclusion Death Reports to Protection and Advocacy
	Medicare Program Integrity (CMS-Pub. 100-08)
474	DUA Multi-Signature Addendum Release of Hospital Restraint/Seclusion Death Reports to Protection and Advocacy
475	PIM Chapter 6 MR Guidelines 6.54-6.5.7 Update

	Review of Procedures Affecting the DRG Reserved for Future Use Circumvention of PPS Referrals to the Quality Improvement Organization (QIO)
476	Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction
477	Tracking Medicare Contractors' Postpayment Reviews
478	Issued to a specific, audience not posted to Internet/Intranet due to Sensitivity of Instruction
479	Enrollment Denials When an Existing or Delinquent Overpayment Exists Delinquent Overpayments Denial Example #6 – Delinquent Overpayments
480	Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction
481	Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction
482	Issued to a specific, audience not posted to Internet/Intranet due to Confidentiality of Instruction
483	Reassignment to Part A Critical Access Hospitals (CAHs), Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
484	OMB Collection Number Requesting Additional Documentation During Prepayment and Postpayment Review
485	Program Safeguard Contractor (PSC) and Zone Program Integrity Contractor (ZPIC) Provider Notification Provider Notification
486	Complex Medical Review
487	Tracking Medicare Contractors' Postpayment Reviews
488	Acceptable Submission Methods for Responses to ADRs
Medicare Contractor Beneficiary and Provider Communications (CMS-Pub. 100-09)	
00	None
Medicare Programs of All-Inclusive Care for the Elderly (CMS-Pub. 100-11)	
3	PACE Marketing Guidelines
4	PACE Marketing Guidelines
Medicare End Stage Renal Disease Network Organizations (CMS Pub 100-14)	
00	None
Medicare Managed Care (CMS-Pub. 100-16)	
108	This is the initial release of New Chapter 21, Compliance Program Guidelines
109	This is the initial release of New Chapter 21, Compliance Program Guidelines All Sections/Compliance Program Guidelines
110	Compliance Guidelines Program Compliance Officer
111	Employer/Union-Sponsored Group Health Plans
112	Adding MSP Validity Indicator to the CWF to MBD Feed Working Aged Adjustment
113	Chapter 12-Effect of Change of Ownership Entire Chapter
114	Chapter 7-Risk Adjustment
115	Chapter 4-Benefits and Beneficiary Protections
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)	
1252	Standardizing the Standard - Phase I
1253	Change in Creation Date for CMS Standard Edit/Audit/Reason Code Reports
1254	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
1255	Issued to a specific, audience not posted to Internet/Intranet due to Sensitivity of Instruction
1256	Issued to a specific, audience not posted to Internet/Intranet due to Sensitivity of Instruction
1257	Medicare Appeals System (MAS) Level 1 Implementation
1258	Redaction of Health Insurance Claim Numbers (HICNs) in Medicare Redetermination Notices (MRNs).
1259	HIPAA 5010 and D.0 2013 Annual Recertification
1260	Issued to a specific, audience not posted to Internet/Intranet due to Sensitivity of Instruction
1261	Fee for Service Beneficiary Data Streamlining (FFS BDS) Local Beneficiary File Analysis
1262	Informational Unsolicited Response (IUR) or Reject for Add-On Codes billed without respective Primary Codes
1263	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
1264	Addition of the End Stage Renal Disease (ESRD) Facilities Located in the Pacific Rim to the ESRD Prospective Payment System (PPS)
1265	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
1266	Common Working File (CWF) Informational Unsolicited Response (IUR) and Reject for Hospital to Hospital Transfers.
1267	Issued to a specific, audience not posted to Internet/Intranet due to Sensitivity of Instruction
1268	Update to Post Acute Transfer Edit 7272 to Extend Home Health Agency CMS Certification Number (CCN) Range and Add Bypass
1269	Issued to a specific, audience not posted to Internet/Intranet due to Sensitivity of Instruction
1270	Issued to a specific, audience not posted to Internet/Intranet due to Sensitivity of Instruction
1271	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for January 2014
1272	CEDI Removal of 4010A1 Jobs and Processes
1273	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
1274	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2011 for Inpatient Prospective Payment System (IPPS), Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)
1275	Issued to a specific, audience not posted to Internet/Intranet due to Sensitivity of Instruction

1276	Revision to the CWF Edit for Technical Component (TC) of Pathology Services Occurring on the Same Day as an Outpatient Hospital Visit
1277	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
1278	Issued to a specific, audience not posted to Internet/Intranet due to Sensitivity of Instruction
1279	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
1280	Ambulatory Surgical Center Quality Reporting (ASCQR) Program Payment Reduction (MIEA-TRCHA, 2006) – Implementation
1281	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE
1282	Issued to a specific, audience not posted to Internet/Intranet due to Sensitivity of Instruction
1283	Issued to a specific, audience not posted to Internet/Intranet due to Sensitivity of Instruction
1284	Issued to a specific, audience not posted to Internet/Intranet due to Sensitivity of Instruction
1285	Further Instruction to Use Non-Alert Remittance Advice Remark Codes (RARCs)
1286	Handling Bankrupt Suppliers within VMS
1287	Issued to a specific, audience not posted to Internet/Intranet due to Sensitivity of Instruction
1288	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for January 2014
1289	Issued to a specific, audience not posted to Internet/Intranet due to Sensitivity of Instruction
1290	MCS Prepayment Review Report
1291	Standardizing the standard - Operating Rules for code usage in Remittance Advice
1292	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
1293	Display of ICD-10 Local Coverage Determinations (LCDs) on the Medicare Coverage Database (MCD)
1294	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
1295	Issued to a specific, audience not posted to Internet/Intranet due to Sensitivity of Instruction
1296	Redaction of Health Insurance Claim Numbers (HICNs) in Medicare Redetermination Notices (MRNs).
1297	VMS Prepayment Review Report
1298	CWF Editing for Vaccines Furnished at Hospice
1299	MCS Prepayment Review Report
1300	Issued to a specific, audience not posted to Internet/Intranet due to Sensitivity of Instruction
Medicare Quality Reporting Incentive Programs (CMS-Pub. 100-22)	
16	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
17	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction

Addendum II: Regulation Documents Published in the Federal Register (July through September 2013)

Regulations and Notices

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

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This information is available on our website at: http://www.cms.gov/quarterlyproviderupdates/downloads/Regs-3Q13QPU.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/Regulations-and-Guidance/Guidance/Rulings. For questions or additional information, contact Tiffany Lafferty (410-786-7548).

Addendum IV: Medicare National Coverage Determinations (July through September 2013)

Addendum IV includes completed national coverage determinations (NCDs), or reconsiderations of completed NCDs, from the quarter covered by this notice. Completed decisions are identified by the section of the NCD Manual (NCDM) in which the decision appears, the

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

Title	NCDM Section	Transmittal Number	Issue Date	Effective Date
PET for Cancers	NCD220.6.17	TR156	08/02/2013	03/07/2013
Ultrasound Diagnostic Procedures Coding	NCD220.5	TN2743	07/25/2013	01/01/2013

Addendum V: FDA-Approved Category B Investigational Device Exemptions (IDEs) (July through September2013)

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
G120087	Optiflow Anastonomic Connector	07/05/2013
G130135	Ulthera System Model 8850-0001	07/10/2013
G130136	Valiant PS-IDE Stent Graft System With The Captivia Delivery System	07/10/2013
G130059	Exablate 2100 Magnetic Resonance Guided Focused Ultrasound Surgery System	07/19/2013
G130145	ALCON Capsulotomy Device	07/19/2013
G130146	MONARCH External Trigeminal Nerve Stimulation (STNS) System	07/19/2013
G130153	Dako pd-l1 22c3 pharmdx kit	07/25/2013
G120184	Alcath LT Gold/ Alcath Flux Extra Gold Catheter	07/25/2013
G130150	G7 Ceramic-on-Ceramic Acetabular System	07/26/2013
G130151	Endostim Lower Esophageal Sphincter (LES) Stimulation System	07/26/2013
G130158	Ventana Anti-Total C-Met (SP44) Rabbit Monoclonal Primary Antibody Assay	07/30/2013
G130157	MCI Risk Assignment Algorithm Companion Diagnostic (CDX) System	07/30/21013
G130149	Toray Satake Baloon Thermal Ablation System (TSB)	07/31/2013
G130160	Roche Cobas EGFR Mutation Test	08/01/2013
BB15646	Celution One Device (ATHENA-II)	08/01/2013
G130164	Fast Visible Flourescent Injectate and Fast Measured Glomerular Filtration Rate Test	08/05/2013
G130161	Ventralight, Strattice	08/06/2013
G130162	Wearable Cardioverter Defibrillator (WCD)	08/07/2013
G130159	Pantheris System	08/08/2013
G130167	Autoric Automated Remote Ischemic Conditioning (RIC) Device; Control Unit; Small Application Cuff; Medium Applicator Cuff	08/09/2013
G130169	Prodigy System (Models 3799, 3855, 3730, and 3835)	08/15/2013
G110165	Med-El Maestro Cochlear Implant System	08/15/2013
G130129	Optical Renal Function Monitor - ORFM	08/15/2013
G120174	Gambro Prismaflex HF20	08/22/2013
G130133	Prostate Artery Embolization	08/23/2013
G130177	Zeltiq System	08/28/2013
G130018	Accel Absorbable Hemostat	08/28/2013
G130019	Transmedics Organ Care System (OCS)-Lung	08/29/2013
G130106	Artefill	08/29/2013
G130171	Gammacore Device	08/30/2013
G130180	DLBCL Classification IHC Pharmdx Assay	08/30/2013
G130025	IRINOTECAN Drug-Eluting Bead (DEBIRI) Therapy for Patients with Liver Metastases Colorectal Cancer	08/30/2013
G130085	Propulse 1	08/30/2013
G130128	Aegea Vapor System	09/04/2013
G130057	Doxorubicin-Eluting LC Bead M1 For Patients With Hepatocellular Carcinoma	09/05/2013
G130184	SINOPSYS Lacrimal Stent	09/11/2013

G120283	Medtronic Active PC+S Implantable Pulse Generator & Sensing Programmer	09/13/2013
G130187	COBAS KRAS Mutation Test	09/17/2013
G130174	Maestro Cochlear Implant	09/18/2013
G130189	Short-Term Use Wearable Defibrillator (SWD)	09/18/2013
G130193	Branched and Fenestrated Stent Graft Device for Treatment of Thoracoabdominal Aortic Aneurysms	09/25/2013
G130198	Ulthera System	09/25/2013
G130140	Serenity System	09/25/2013
G130197	Implant, Dermal, for Aesthetic	09/26/2013
G130163	G-Cath EZ Suture Anchor Delivery Catheter	09/27/2013
G130138	Leadless Cardiac Pacemaker and Delivery Catheter Model SIDLCP, Communications Link Model SILKINK	09/27/2013

Addendum VI: Approval Numbers for Collections of Information (July through September 2013)

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

Addendum VII: Medicare-Approved Carotid Stent Facilities, (July through September 2013)

Addendum VII includes listings of Medicare-approved carotid stent facilities. All facilities listed meet CMS standards for performing carotid artery stenting for high risk patients. On March 17, 2005, we issued our decision memorandum on carotid artery stenting. We determined that carotid artery stenting with embolic protection is reasonable and necessary only if performed in facilities that have been determined to be competent in performing the evaluation, procedure, and follow-up necessary to ensure optimal patient outcomes. We have created a list of minimum standards for facilities modeled in part on professional society statements on competency. All facilities must at least meet our standards in order to receive coverage for carotid artery stenting for high risk patients. For the purposes of this quarterly notice, we are providing only the specific updates that have occurred in the 3-month period. This information is available at: http://www.cms.gov/MedicareApprovedFacilitie/CASF/list.asp#TopOfPage For questions or additional information, contact Lori Ashby (410-786-6322).

Facility	Provider Number	Effective Date	State
The following facility is a new listing for this quarter.			
Florida Hospital Wesley Chapel 2600 Bruce B. Downs Boulevard Wesley Chapel, FL 33544	100319	07/18/2013	FL
Editorial changes (shown in bold) were made to the facilities listed below.			
FROM: Washoe Medical Center **TO: Renown Regional Medical Center Facility** 1155 Mill Street Reno, NV 89502	29001	04/27/2005	NV
FROM: Medical College of Ohio **TO: Medical University of Ohio at Toledo** 3000 Arlington Avenue Toledo, OH 43614	360048	04/27/2005	OH
FROM: MeritCare Hospital **TO: Sanford Medical Center-Fargo, ND** 801 Broadway North Fargo, ND 58122	35001	10/04/2005	ND
FROM: St. Francis Hospital & Health Centers **TO: Franciscan St. Francis Health – Indianapolis** 1600 Albany Street Beech Grove, IN 46107	15003	04/01/2005	IN
FROM: Lancaster Community Hospital **TO: Palmdale Regional Medical Center** 43830 10th Street West Lancaster, CA 93534	050204	08/22/2005	CA
Rush University Medical Center **1653 W Congress Parkway Chicago, IL 60612**	140119	04/20/2005	IL
FROM: Gaston Memorial Hospital **TO: CaroMont Regional Medical Center** 2525 Court Drive Gastonia, NC 28054	340032	12/12/2005	NC
FROM: St. Francis Hospital and Health Center **TO: MetroSouth Medical Center** 12935 S. Gregory Street Blue Island, IL 60406	140118	05/11/2005	IL
FROM: North Shore Medical Center - FMC Campus **TO: FLORIDA MEDICAL CENTER – A CAMPUS OF NORTH SHORE** 5000 West Oakland Park Boulevard Ft. Lauderdale, FL 33313	10002900	02/06/2006	FL

Addendum VIII: American College of Cardiology's National Cardiovascular Data Registry Sites (July through September 2013)

Addendum VIII includes a list of the American College of Cardiology's National Cardiovascular Data Registry Sites. We cover implantable cardioverter defibrillators (ICDs) for certain clinical indications, as long as information about the procedures is reported to a central registry. Detailed descriptions of the covered indications are available in the NCD. In January 2005, CMS established the ICD

Abstraction Tool through the Quality Network Exchange (QNet) as a temporary data collection mechanism. On October 27, 2005, CMS announced that the American College of Cardiology's National Cardiovascular Data Registry (ACC-NCDR) ICD Registry satisfies the data reporting requirements in the NCD. Hospitals needed to transition to the ACC-NCDR ICD Registry by April 2006.

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

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

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

Facility	City	State
The following facilities are new listings for this quarter.		
Children's Hospital Colorado	Aurora	CO
NorthCrest Medical Center	Springfield	TN
Augusta Health	Fisherville	VA
St. Joseph Regional Medical Center	Lewiston	ID
Midtown Surgery Center	New York	NY
Doctors Community Hospital	Lanham	MD
Redlands Community Hospital	Redlands	CA
St. Lucie Medical Center	Port St. Lucie	FL
Fleming County Hospital	Flemingsburg	KY
St. Claire Regional Medical Center	Morehead	KY

Addendum IX: Active CMS Coverage-Related Guidance Documents (July through September 2013)

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

Addendum X: List of Special One-Time Notices Regarding National Coverage Provisions (July through September 2013)

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

Addendum XI: National Oncologic PET Registry (NOPR) (July through September 2013)

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

In January 2005, we issued our decision memorandum on **positron emission tomography** (PET) scans, which stated that CMS would cover PET scans for particular oncologic indications, as long as they were performed in the context of a clinical study. We have since recognized the National Oncologic PET Registry as one of these clinical studies. Therefore, in order for a beneficiary to receive a Medicare-covered PET scan, the beneficiary must receive the scan in a facility that participates in the registry. There were no updates to the listing of National Oncologic Positron Emission Tomography Registry (NOPR) in the July through September 2013 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)

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

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

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

Facility	Provider Number	Date Approved	State
The following facilities are new listings for this quarter.			
The Indiana Heart Hospital 8075 N Shadeland Avenue Indianapolis, IN 46250	150154	07/03/2013	IN
Rush University Medical Center 1653 West Congress Parkway Chicago, IL 60612	140119	07/19/2013	IL
Christiana Care – Christiana Hospital 4755 Ogletown-Stanton Road Newark, DE 19718	08-0001	07/26/2013	DE

Addendum XIII: Lung Volume Reduction Surgery (LVRS) (July through September 2013)

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

- National Emphysema Treatment Trial (NETT) approved (Beginning 05/07/2007, these will no longer automatically qualify and can qualify only with the other programs);
- Credentialed by the Joint Commission (formerly, the Joint 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 is one addition to the listing of facilities for lung volume reduction surgery published in the July through September 2013 quarter. This information is available at www.cms.gov/MedicareApprovedFacilitie/LVRS/list.asp#TopOfPage. For questions or additional information, contact Marie Casey, BSN, MPH (410-786-7861).

Facility	Provider Number	Date Approved	State
The following facility is a new listing for this quarter.			
Northwestern Memorial Hospital 251 E. Huron Street Chicago, IL 60611	14-0281	08/10//2013	IL

Addendum XIV: Medicare-Approved Bariatric Surgery Facilities (July through September 2013)

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

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

Facility	Provider Number	Date Approved	State
The following facilities are new listings for this quarter.			
UC Irvine Healthcare 101 The City Drive South Orange, CA 92868	050348	05/25/2013	CA
Kaiser Foundation Hospitals 3288 Moanalua Road Honolulu, HI 96819	NPI#120011	05/20/2013	HI
Bayshore Community Hospital 727 North Beers Street Holmdel, NJ 07733	1831197508	01/15/2013	NJ
Virtua Memorial Hospital 175 Madison Avenue Mt Holly, NJ 08060	1134125016	05/01/2013	NJ
West Houston Medical Center 12141 Richmond Avenue Houston, TX 77082	1275580938	04/19/2013	TX
Guthrie Weight Loss Center (Robert Packer Hospital) 1 Guthrie Square Sayre, PA 18840	1982816427	07/11/2013	PA
Sebastian River Medical Center U.S. 1 Sebastian, FL 32958	12386123	07/25/2013	FL
Southern Regional Medical Center 11 Upper Riverdale Road Riverdale, GA 30274	1831190958	05/21/2013	GA
Carle Foundation Hospital 611 West Park Street Urbana, IL 61801	1013071653	04/03/2013	IL
Monmouth Medical Center 300 2nd Avenue Long Branch, NJ 07740	1609983790	06/25/2013	NJ
Chesapeake Regional Medical Center 736 Battlefield Boulevard Chesapeake, VA 23320	1700896354	08/02/2013	VA
Covenant Healthcare 1447 North Harrison Road Saginaw, MI 48602	1588656946	08/02/2013	MI
Editorial changes (shown in bold) were made to the facilities listed below.			
FROM: Central Baptist Hospital/BPSC **TO: Baptist Health Lexington** 1740 Nicholasville Road Lexington, KY 40503	180103	11/17/2009	KY
Carolinas Medical Center Mercy **2001 Vail Avenue Charlotte, NC 28207**	NPI#1376985135	04/01/2013	NC
Saint Mary's Regional Medical Center 235 W 6th Street Reno, NV 89503 **ACS**; Krystal Flaniken - 775-770-3223	29-0009	05/29/2012	
Northside Hospital 1000 Johnson Ferry Road, NE Atlanta, GA 30342	1457396079	**07/01/2013**	GA
Lehigh Valley Hospital and Health Network Cedar Crest & I-78 P.O. Box 689 Allentown, PA 18105-1556 ACS; **Suzanne Smith - (610) 402-2490**	390133;1164400131	**05/29/2013**	PA
Grinnell Regional Medical Center 210 Fourth Avenue Grinnell, IA 50112	1669420501	**10/20/2006**	IA
Baystate Medical Center 759 Chestnut Street Springfield, MA 01199 ACS; **Janet Adeletti - 413-794-3175**	220077	03/13/2007	MA
Upstate Medical University 750 E. Adams Street, University Hospital Syracuse, NY 13210	NPI#1578554630	03/27/2012	NY
Steward Norwood Hospital 3 Edgewater Drive, Suite 102 Norwood, MA 02602 ACS; **Dr. Adam Glasgow - (508) 668-4400**	1952613416	06/27/2010	MA
St. Vincent Charity Hospital **2351 East 22nd Street** Cleveland, OH 44115-3111	# UH3600371, NPI 1710951801	01/20/2006	OH
Huntington Hospital 270 Park Avenue Huntington, NY 11743	1508845322	**10/04/2012**	NY
Princeton HealthCare System - University Medical Center of Princeton at Plainsboro One Plainsboro Road Plainsboro, NJ 08536	310010	02/24/2006	NJ
FROM: Middle Tennessee Medical Center **TO: Saint Thomas Rutherford Hospital** 1700 Medical Center Parkway Murfreesboro, TN 37129	44-0053	11/17/2009	TN
Pikeville Medical Center 911 S Bypass Road Pikeville, KY 41501	1285621623;**180044**	01/25/2013	KY
The following facilities are removed as of this quarter.			
DeTar Hospital 506 E San Antonio Victoria, TX 77902	45-0147	03/07/2012	TX
Robert Wood Johnson University Hospital Hamilton 1 Hamilton Health Place Hamilton, NJ 08690	310110	02/12/2010	NJ
Minimally Invasive Surgery Hospital 11217 Lakeview Avenue Lenexa, KS 66219	170199	06/25/2007	KS

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

There were no FDG-PET for Dementia and Neurodegenerative Diseases Clinical Trials published in the July through September 2013 quarter.

This information is available on our website 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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