

FOR FURTHER INFORMATION CONTACT:
Sandra M. Peay or Renee A. Horton,
Contact Representatives, Federal
Trade Commission, Premerger
Notification Office, Bureau of
Competition, Room 303, Washington,
DC 20580, (202) 326-3100.

By Direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. 95-18332 Filed 7-25-95; 8:45 am]

BILLING CODE 6750-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[BPO-131-N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances and Coverage Decisions— First Quarter 1995

AGENCY: Health Care Financing
Administration (HCFA), HHS.

ACTION: Notice.

SUMMARY: This notice lists HCFA manual instructions, substantive and interpretive regulations and other **Federal Register** notices, and statements of policy that were published during January, February, and March of 1995 that relate to the Medicare and Medicaid programs. Section 1871(c) of the Social Security Act requires that we publish a list of Medicare issuances in the **Federal Register** at least every 3 months. Although we are not mandated to do so by statute, for the sake of completeness of the listing, we are including all Medicaid issuances and Medicare and Medicaid substantive and interpretive regulations (proposed and final) published during this timeframe. We are also providing the content of revisions to the Medicare Coverage Issues Manual published between January 1 and March 31, 1995. On August 21, 1989, we published the content of the Manual (54 FR 34555) and indicated that we will publish quarterly any updates. Adding to this listing the complete text of the changes to the Medicare Coverage Issues Manual allows us to fulfill this requirement in a manner that facilitates identification of coverage and other changes in our manuals.

FOR FURTHER INFORMATION CONTACT:
Margaret Cotton, (410) 786-5255 (For Medicare instruction information). Pat Prete, (410) 966-3246 (For Medicaid instruction information). After July 21, 1995, (410) 786-3246. Nancy Ranel, (410) 966-8928 (For all other

information). After August 4, 1995, (410) 786-8928.

SUPPLEMENTARY INFORMATION:

I. Program Issuances

The Health Care Financing Administration (HCFA) is responsible for administering the Medicare and Medicaid programs, which pay for health care and related services for 38 million Medicare beneficiaries and 36 million Medicaid recipients. Administration of these programs involves (1) Providing information to Medicare beneficiaries and Medicaid recipients, health care providers, and the public; and (2) effective communications with regional offices, State governments, State Medicaid Agencies, State Survey Agencies, various providers of health care, fiscal intermediaries and carriers who process claims and pay bills, and others. To implement the various statutes on which the programs are based, we issue regulations under authority granted the Secretary under sections 1102, 1871, and 1902 and related provisions of the Social Security Act (the Act) and also issue various manuals, memoranda, and statements necessary to administer the programs efficiently.

Section 1871(c)(1) of the Act requires that we publish in the **Federal Register** at least every 3 months a list of all Medicare manual instructions, interpretive rules, statements of policy, and guidelines of general applicability not issued as regulations. We published our first notice June 9, 1988 (53 FR 21730). Although we are not mandated to do so by statute, for the sake of completeness of the listing of operational and policy statements, we are continuing our practice of including Medicare substantive and interpretive regulations (proposed and final) published during the 3-month timeframe. Since the publication of our quarterly listing on June 12, 1992 (57 FR 24797), we decided to add Medicaid issuances to our quarterly listings. Accordingly, we are listing in this notice Medicaid issuances and Medicaid substantive and interpretive regulations published from January 1 through March 31, 1995.

II. Medicare Coverage Issues

We receive numerous inquiries from the general public about whether specific items or services are covered under Medicare. Providers, carriers, and intermediaries have copies of the Medicare Coverage Issues Manual, which identifies those medical items, services, technologies, or treatment procedures that can be paid for under

Medicare. On August 21, 1989, we published a notice in the **Federal Register** (54 FR 34555) that contained all the Medicare coverage decisions issued in that manual.

In that notice, we indicated that revisions to the Coverage Issues Manual will be published at least quarterly in the **Federal Register**. We also sometimes issue proposed or final national coverage decision changes in separate **Federal Register** notices. Readers should find this an easy way to identify both issuance changes to all our manuals and the text of changes to the Coverage Issues Manual.

Revisions to the Coverage Issues Manual are not published on a regular basis but on an as-needed basis. We publish revisions as a result of technological changes, medical practice changes, responses to inquiries we receive seeking clarifications, or the resolution of coverage issues under Medicare. If no Coverage Issues Manual revisions were published during a particular quarter, our listing will reflect that fact.

Not all revisions to the Coverage Issues Manual contain major changes. As with any instruction, sometimes minor clarifications or revisions are made within the text. We have reprinted manual revisions as transmitted to manual holders. The new text is shown in italics. We will not reprint the table of contents, since the table of contents serves primarily as a finding aid for the user of the manual and does not identify items as covered or not.

III. How to Use the Addenda

This notice is organized so that a reader may review the subjects of all manual issuances, memoranda, substantive and interpretive regulations, or coverage decisions published during the timeframe to determine whether any are of particular interest. We expect it to be used in concert with previously published notices. Most notably, those unfamiliar with a description of our Medicare manuals may wish to review Table I of our first three notices June 9, 1988 (53 FR 21730), September 22, 1988 (53 FR 36891), December 16, 1988 (53 FR 50577) and the notice published March 31, 1993 (58 FR 16837), and those desiring information on the Medicare Coverage Issues Manual may wish to review the August 21, 1989 publication (54 FR 34555).

To aid the reader, we have organized and divided this current listing into five addenda. Addendum I identifies updates that changed the Coverage Issues Manual. We published notices in the **Federal Register** that included the text of changes to the Coverage Issues

Manual. These updates, when added to material from the manual published on August 21, 1989 constitute a complete manual as of March 31, 1995. Parties interested in obtaining a copy of the manual and revisions should follow the instructions in section IV of this notice.

Addendum II identifies previous **Federal Register** documents that contain a description of all previously published HCFA Medicare and Medicaid manuals and memoranda.

Addendum III of this notice lists, for each of our manuals or Program Memoranda, a HCFA transmittal number unique to that instruction and its subject matter. A transmittal may consist of a single instruction or many. Often it is necessary to use information in a transmittal in conjunction with information currently in the manuals.

Addendum IV sets forth the revisions to the Medicare Coverage Issues Manual that were published during the quarter covered by this notice. For the revisions, we give a brief synopsis of the revisions as they appear on the transmittal sheet, the manual section number, and the title of the section. We present a complete copy of the revised material, no matter how minor the revision, and identify the revisions by printing in italics the text that was changed. If the transmittal includes material unrelated to the revised section, for example, when the addition of revised material causes other sections to be repaginated, we do not reprint the unrelated material.

Addendum V lists all substantive and interpretive Medicare and Medicaid regulations and general notices published in the **Federal Register** during the quarter covered by this notice. For each item, we list the date published, the **Federal Register** citation, the title of the regulation, the parts of the Code of Federal Regulations (CFR) which have changed (if applicable), the agency file code number, the ending date of the comment period (if applicable), and the effective date (if applicable).

IV. How to Obtain Listed Material

A. Manuals

An individual or organization interested in routinely receiving any manual and revisions to it may purchase a subscription to that manual. Those wishing to subscribe should contact either the Government Printing Office (GPO) or the National Technical Information Service (NTIS) at the following addresses:

Superintendent of Documents,
Government Printing Office, ATTN:
New Order, P.O. Box 371954,
Pittsburgh, PA 15250-7954,

Telephone (202) 512-1800, Fax
number (202) 512-2250 (for credit
card orders); or

National Technical Information Service,
Department of Commerce, 5825 Port
Royal Road, Springfield, VA 22161,
Telephone (703) 487-4630.

In addition, individual manual transmittals and Program Memoranda listed in this notice can be purchased from NTIS. Interested parties should identify the transmittal(s) they want. GPO or NTIS can give complete details on how to obtain the publications they sell.

B. Regulations and Notices

Regulations and notices are published in the daily **Federal Register**. Interested individuals may purchase individual copies or subscribe to the **Federal Register** by contacting the GPO at the address indicated above. When ordering individual copies, it is necessary to cite either the date of publication or the volume number and page number.

C. Rulings

Rulings are published on an infrequent basis by HCFA. Interested individuals can obtain copies from the nearest HCFA Regional Office or review them at the nearest regional depository library. We also sometimes publish Rulings in the **Federal Register**.

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

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

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

The titles of the Compilation of the Social Security Laws are current as of January 1, 1993. The remaining portions of CD-ROM are updated on a monthly basis.

The CD-ROM disk does not contain Appendix M (Interpretative Guidelines for Hospices). Copies of this appendix may be reviewed at a Federal Depository Library (FDL).

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

V. How to Review Listed Material

Transmittals or Program Memoranda can be reviewed at a local FDL. Under the FDL program, government publications are sent to approximately 1400 designated libraries throughout the United States. Interested parties may examine the documents at any one of the FDLs. Some may have arrangements to transfer material to a local library not designated as an FDL. To locate the nearest FDL, individuals should contact any library.

In addition, individuals may contact regional depository libraries, which 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. Superintendent of Documents numbers for each HCFA publication are shown in Addendum III, along with the HCFA publication and transmittal numbers. To help FDLs locate the instruction, use the Superintendent of Documents number, plus the HCFA transmittal number. For example, to find the Carriers Manual, Part 3—Claims Process (HCFA—Pub. 14-3) transmittal entitled "Medical Review," use the Superintendent of Documents No. HE 22.8/7 and the HCFA transmittal number 1508.

VI. General Information

It is possible that an interested party may have a specific information need and not be able to determine from the listed information whether the issuance or regulation would fulfill that need. Consequently, we are providing information contact persons to answer general questions concerning these items. Copies are not available through the contact persons. Copies can be purchased or reviewed as noted above.

Questions concerning Medicare items in Addenda III may be addressed to Margaret Cotton, Issuances Staff, Bureau of Program Operations, Health Care Financing Administration, S1-03-08, 7500 Security Blvd., Baltimore, MD 21244-1850, Telephone (410) 786-5255.

Questions concerning Medicaid items in Addenda III may be addressed to Pat Prete, Medicaid Bureau, Office of Medicaid Policy, Health Care Financing Administration, (before July 21, 1995) Room 233 East High Rise, 6325 Security Blvd., Baltimore, MD 21207, Telephone (410) 966-3246 or (after July 21, 1995) C4-25-02, 7500 Security Boulevard,

Baltimore, MD 21244-1850, Telephone (410) 786-3246.

Questions concerning all other information may be addressed to Nancy Ranel, Office of Regulations, Bureau of Policy Development, Health Care Financing Administration, (before August 4, 1995) Room 132 East High Rise 6325 Security Blvd., Baltimore, MD 21207, Telephone (410) 966-8928 or (after August 4, 1995) C5-14-22, 7500 Security Boulevard, Baltimore, MD 21244-1850, Telephone (410) 786-8928.

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

and Program No. 93.714, Medical Assistance Program)

Dated: July 19, 1995.

Bruce C. Vladeck,
Administrator, Health Care Financing Administration.

Addendum I

This addendum lists the publication dates of the most recent quarterly listing of program issuances and coverage decision updates to the Coverage Issues Manual. For a complete listing of the quarterly updates to the Coverage Issues Manual published between March 20, 1990 through November 14, 1994, please refer to the January 3, 1995 update (60 FR 134).

January 3, 1995 (60 FR 132)

April 6, 1995 (60 FR 17538)

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

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

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS

[January Through March 1995]

Trans. No.

Manual/Subject/Publication Number

**Medicare
Intermediary Manual—Part 2
Audits, Reimbursement
Program Administration (HCFA—Pub. 13-2)
(Superintendent of Documents No. HE 22.8/6-1)**

- | | | |
|-----|---|--|
| 402 | • | Maximum Payment For Rural Health Clinics |
| | | Maximum Payment For Federally Qualified Health Centers |
| 403 | • | Contractor Performance Evaluation |
| | | Fiscal Intermediary Performance Criteria—General |
| | | The RHHI Performance Evaluation |
| | | RHHI Performance Criteria—General |
| 404 | • | Beneficiary Services |
| | | Provider Services |

**Medicare
Intermediary Manual—Part 3
Claims Process (HCFA—Pub. 13-3)
(Superintendent of Documents No. HE 22.8/6)**

- | | | |
|------|---|---|
| 1642 | • | HCPCS for Hospital Outpatient Radiology Services and Other Diagnostic Procedures |
| | | Ambulatory Surgical Center Pricer Program |
| 1643 | • | Billing for Durable Medical Equipment, Orthotic/Prosthetic Devices and Surgical Dressings |
| 1644 | • | Frequency of Billing |
| | | Requirement That Bills Be Submitted In-Sequence for a Continuous Inpatient Stay |
| | | Need to Reprocess Inpatient Claims In-Sequence |
| 1645 | • | PRO Reporting on Medical Review |
| 1646 | • | All-Inclusive Rate Providers |
| | | Billing for Parenteral and Enteral Nutrition |
| | | Special Billing Instructions for Pneumococcal Pneumonia |
| 1647 | • | On-Site CMRs |
| | | Review Options |

**Medicare
Carriers Manual—Part 2
Program Administration (HCFA—Pub. 14-2)
(Superintendent of Documents No. HE 22.8/7-3)**

- | | | |
|-----|---|---|
| 130 | • | The FY 1995 Contractor Performance Evaluation |
| 131 | • | Beneficiary Services |
| | | Provider Services |

**Medicare
Carriers Manual—Part 3
Claims Process (HCFA—Pub. 14-3)
(Superintendent of Documents No. HE 22.8/7)**

- | | | |
|------|---|--------------------------------|
| 1508 | • | Medical Review |
| | | Local MR Policy |
| | | The Carrier Advisory Committee |

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued
[January Through March 1995]

Trans. No.	Manual/Subject/Publication Number
	Data Analysis to Identify Aberrancies Aberrancies Taking Corrective Actions on Identified Aberrancies Conducting Evaluation of Effectiveness of Correction Action Standard Postpayment Data Reports Categories of MR Screens Provider Audit List CMR Corrective Actions Assessing an Overpayment or Potential Overpayment When the CMR was Based on a Limited Sample/Subsample Determination Consent Settlement Documents
1509	<ul style="list-style-type: none"> • Participating Physician/Supplier Report Completion of Items on Participating Physician/Supplier Report Checking Reports
1510	<ul style="list-style-type: none"> • Recovery From the Physician/Supplier—Overpayment Demand Letters Initial Demand Letter to Physicians/Suppliers Follow-up Demand Letter to Physicians/Suppliers Overpayment Report Optional Overpayment Customizing Paragraphs Sample Letter—Check Included For Correct Amount Sample Letter—Check Included But Wrong Amount
1511	<ul style="list-style-type: none"> • Personal Computer EMC Software
1512	<ul style="list-style-type: none"> • HCFA Common Procedure Coding System Use and maintenance of CPT-4 in HCPCS Local Codes at Regular Carriers Use and Acceptance of HCPCS Codes and Modifiers HCPCS Update Payment Concerns While Updating Codes Payment, Utilization Review and Coverage Information on HCFA Tape File Deleted HCPCS Codes/Modifiers Claims Review and Adjudication Procedures HCPCS Release
<p>Program Memorandum Intermediaries (HCFA-Pub. 60A) (Superintendent of Document No. HE 22.8/7)</p>	
A-95-1	<ul style="list-style-type: none"> • Hospital Outpatient Procedures: 1995 Update to the List of Radiology Procedures and Other Diagnostic Services Subject to Payment Limitation and Update to the List of HCPCS Codes to Be Grossed-Up
A-95-2	<ul style="list-style-type: none"> • Submission of Form HCFA-2552-92 (Hospital and Hospital Health Care Complex Cost Report)
A-95-3	<ul style="list-style-type: none"> • Ambulatory Surgical Center—PRICER 9.1
<p>Program Memorandum Carriers (HCFA-Pub. 60B) (Superintendent of Documents No. HE 22.8/6-5)</p>	
B-95-1	<ul style="list-style-type: none"> • Implementation of 1995 Physician Fee Schedule Payment Policy Changes
<p>Program Memorandum Intermediaries/Carriers (HCFA-Pub. 60AB) (Superintendent of Documents No. HE 22.8/6-5)</p>	
AB-95-1	<ul style="list-style-type: none"> • Establishment of Standard Rates for Transmitting Claims Information Between Medicare Contractors and Complementary Insurers
AB-95-2	<ul style="list-style-type: none"> • New Interest Rate Payable on Clean Claims Note Paid Timely
AB-95-3	<ul style="list-style-type: none"> • Implementation of "Physician Ownership and Referral" (Section 1877 of the Social Security Act, as amended by Section 13562 of the Omnibus Budget Reconciliation Act of 1993 (OBRA 93))
AB-95-4	<ul style="list-style-type: none"> • EDI Enrollment Form
AB-95-5	<ul style="list-style-type: none"> • Temporary HCPCS Codes for Dexamethasone Acetate
<p>Program Memorandum Medicaid State Agencies (HCFA-Pub. 17) (Superintendent of Documents No. HE 22.8/6-5)</p>	
95-1	<ul style="list-style-type: none"> • Title XIX, Social Security Act, Transfers of Assets and Treatment of Trusts

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued
[January Through March 1995]

Trans. No.	Manual/Subject/Publication Number
Program Memorandum Insurance Commissioners (HCFA-Pub. 80) (Superintendent of Documents No. HE 22.8/6-5)	
95-1	<ul style="list-style-type: none"> Medigap Bulletin Series (Number Four)
State Operations Manual Provider Certification (HCFA-Pub. 7) (Superintendent of Documents No. HE 22.8/12)	
266	<ul style="list-style-type: none"> Survey Procedures for Swing-Bed Hospitals Model Letter—Swing Bed Applicants Nurse Aide Training/Nurse Aide Training and Competency Evaluation Program Line-Item Justification for Direct and Indirect Costs Preparation of the State Survey Agency Certification Workload Report—HCFA-434 Distribution of Approved Funds Disbursement of Approved Funds General Goods, Facilities, Services From Other Staff Agencies or From Local Agencies Personnel Services State Agency Accounts Determination of Necessary Staff Communications and Supplies Equipment Training of State Agency Personnel Long Term Care Facility Workload (SNF/NF) Preparation of the State Agency Budget List of Positions—HCFA-1465A Preparation of the State Agency Schedule for Equipment Purchases—HCFA-1466 Preparation of State Survey Agency Budget Request (Non-LTC)—HCFA-435 Preparation of State Survey Agency Budget Request—Long-Term Care, HCFA-435 Submittal of Budget Request Notification of Approval Need For Additional Title XVIII and Title XIX Funds Financial Reporting Limit on Expenditures Periodic Analysis of Accounts Cash Balances and Expenditure Authority Unliquidated Obligations State Survey Agency Quarterly Expenditure Report, HCFA-435 and State Survey Agency Certification Workload Report HCFA-434—Submittal and Due Date Preparation of State Survey Agency Non-TLC Quarterly Expenditure Report, HCFA-435 Preparation of State Survey Agency Long-Term Care Quarterly Expenditure Report, HCFA-435 State Survey Agency/Certification Workload Report
267	<ul style="list-style-type: none"> Community Mental Health Centers—Citations and Description Certification Process Model Letter to CMHCs CMHC Crucial Data Extract Public Health Service Act Requirements Health Insurance Benefit Agreement Conditions to Be Assessed Prior to Scheduling An RHC Survey
268	<ul style="list-style-type: none"> Essential Access Community Hospital/Rural Primary Care Hospital—Citations and Description Medicare Designation as an EACH Medicare participation by an RPCH RPCH Anti-Dumping Requirements Advance Directives Requirements for RPCHs Model Letter: Transmitting Materials to Rural Primary Care Hospitals Model Letter: Notification to Rural Primary Care Hospital Regarding Scheduling a Survey Survey Tasks and Interpretive Guidelines for Rural Primary Care Hospitals
269	<ul style="list-style-type: none"> Survey Protocol Appendix P, Part I—Survey Procedures for Long-Term Care Facilities Appendix P, Part II—Guidance to Surveyors—Long-Term Care Facilities List of Documents in Certification Packet
Medicare Christian Science Sanatorium Hospital Manual Supplement (HCFA-Pub. 32) (Superintendent of Documents No. HE 22.8/2-2)	
34	<ul style="list-style-type: none"> Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued
[January Through March 1995]

Trans. No.	Manual/Subject/Publication Number
Regional Office Manual Standards and Certification (HCFA—Pub. 23–4) (Superintendent of Documents No. HE 22.8/8–3)	
57	<ul style="list-style-type: none"> • Assignment of Provider and Supplier Identification Numbers Essential Access Community Hospital//Rural Primary Care Hospital (EACH/RPCH) Program—Citations and Description Procedures for EACH Approval by the Regional Office (RO) Procedures for RPCH Approval by the RO Procedures for Processing RPCH Swing-Bed Applications Processing Complaints Against EACHs and RPCHs Processing Denials and Terminations for EACHs and RPCHs EACH Approval Letter RPCH Approval Letter EACH Denial Letter RPCH Denial Letter
Medicare Hospital Manual (HCFA—Pub. 10) (Superintendent of Documents No. HE 22.8/2)	
675	<ul style="list-style-type: none"> • HCPCS for Hospital Outpatient Radiology Services and Other Diagnostic Procedures
676	<ul style="list-style-type: none"> • Billing for Durable Medical Equipment, Orthotic/Prosthetic Devices and Surgical Dressings
677	<ul style="list-style-type: none"> • Oral Cancer Drugs
678	<ul style="list-style-type: none"> • Requirement That Bills Be Submitted In-Sequence for a Continuous Inpatient Stay Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines
Medicare Home Health Agency Manual (HCFA—Pub. 11) (Superintendent of Documents No. HE 22.8/5)	
274	<ul style="list-style-type: none"> • Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines
Medicare Skilled Nursing Facility Manual (HCFA—Pub. 12) (Superintendent of Documents No. HE 22.8/3)	
334	<ul style="list-style-type: none"> • Billing for Durable Medical Equipment, Orthotic/Prosthetic Devices and Surgical Dressings
335	<ul style="list-style-type: none"> • Requirement That Bills Be Submitted In-Sequence For a Continuous Inpatient Stay
336	<ul style="list-style-type: none"> • Special Billing Instructions for Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines
Medicare Rural Health Clinic and Federally Qualified Health Centers Manual (HCFA—Pub. 27) (Superintendent of Documents No. HE 22.8/19:985)	
18	<ul style="list-style-type: none"> • Rural Health Clinics Federally Qualified Health Centers
19	<ul style="list-style-type: none"> • Billing of Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines by Rural Health Clinics and Federally Qualified Health Centers
Medicare Hospice Manual (HCFA—Pub. 21) (Superintendent of Documents No. HE 22.8/18)	
45	<ul style="list-style-type: none"> • Special Billing Instructions for Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines
Medicare Provider Reimbursement Manual Part 1 (HCFA—Pub. 15–1) (Superintendent of Documents No. HE 22.8/4)	
380	<ul style="list-style-type: none"> • Board Action on Request for Hearing
381	<ul style="list-style-type: none"> • Ancillary Services in SNFs
382	<ul style="list-style-type: none"> • Principles Land (Non-Depreciable) Historical Cost Purchase of Facility as Ongoing Operation Fair Market Value Donated Assets Net Book Value Acquisitions Sale and Leaseback Agreements—Rental Charges

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued
[January Through March 1995]

Trans. No.	Manual/Subject/Publication Number
	Lease Purchase Agreements—Rental Charges Assets Partially or Fully Depreciated on Provider's Books When Provider Enters Program Transfer of Governmental Facilities Assets Donated to Provider Useful Life of Depreciable Assets
Medicare Provider Reimbursement Manual Part II—Provider Cost Reporting Forms and Instructions (HCFA—Pub. 15–11AF) (Superintendent of Documents No. HE 22.8/4)	
1	• Home Health Agency Cost Report, Form HCFA–1728–94
2	• Rounding Standards for Fractional Computations Method of Payment Worksheet S—Independent Renal Dialysis Facility Cost Report Certification Worksheet A—Reclassification and Adjustments of Trial Balance of Expenses Worksheet A–2—Adjustments to Expenses Worksheet B, Cost Allocation—General Service Costs and Worksheet B–1—Cost Allocation—Statistical Basis
Medicare Provider Reimbursement Manual Part II—Provider Cost Reporting Forms and Instructions (General) (HCFA—Pub. 15–11A) (Superintendent of Documents No. HE 22.8/4)	
17	• Submission of Cost Reports
Medicare Outpatient Physical Therapy and Comprehensive Outpatient Rehabilitation Facility Manual (HCFA—Pub. 9) (Superintendent of Documents No. HE 22.8/9)	
120	• Billing for Durable Medical Equipment, Orthotic/Prosthetic Devices and Surgical Dressing
121	• Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines
122	• Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines
Peer Review Organization Manual (HCFA—Pub. 19) (Superintendent of Documents No. HE 22.8/15)	
44	• Introduction HCFA-Provided Data PRO-Selected Data Confidentiality of PRO Data
45	• Training
46	• Objectives of the Internal Quality Control Program IQC Program Requirements IQC Control Process Analysis and Reporting Requirements
47	• Introduction Uses for PDC Conducting PDC Concerns Identified During PDC Confidentiality Reports to HCFA Required HCFA Notification/Approval Office of Management and Budget Clearance Related Activities Through PRO/Carrier Intermediary/ESRD Network Cooperation Timeline for PDC Process
48	• Statutory Basis Grounds for Termination Recommendation to Initiate Termination Notice of Intent to Terminate Contract Termination Panel Termination Decision

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued
[January Through March 1995]

Trans. No.	Manual/Subject/Publication Number
	Medicare Coverage Issues Manual (HCFA-Pub. 6) (Superintendent of Documents No. 22. 8/14)
74	<ul style="list-style-type: none"> • Bladder Stimulators (Pacemakers)
	State Medicaid Manual Part 3—Eligibility (HCFA-Pub. 45-6) (Superintendent of Documents No. HE 22.8/10)
65	<ul style="list-style-type: none"> • Persons with Drug Addition or Alcoholism
	State Medicaid Manual Part 6—Payment for Services (HCFA-Pub. 45-6) (Superintendent of Documents No. HE 22.8/10)
27	<ul style="list-style-type: none"> • Physician Services to Children Under 21 Physician Services to Pregnant Women
	End Stage Renal Disease Network Organizations Manual (HCFA-Pub. 81) (Superintendent of Documents No. HE 22.9/4)
2	<ul style="list-style-type: none"> • Introduction Board of Directors Network Staff Network Council Patient Involvement Medical Review Board Other Committees Meetings Goals Internal Quality Control System Continuous Quality Improvement Medicare Benefits for ESRD Patients Hospital Insurance for Persons Needing Kidney Transplant or Dialysis When ESRD Coverage Begins When ESRD Coverage Ends Supplemental Medical Insurance Organizational Conflicts of Interest Among Governing Body of ESRD Network Organizations, Facilities, and Patients Conflict of Interest—Private Arrangements Prohibited Organizational Conflicts of Interest Permitted Activities
	Medicare Renal Dialysis Facility Manual (HCFA-Pub. 29) (Superintendent of Document No. HE 22.8/13)
71	<ul style="list-style-type: none"> • Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines
	Medicare/Medicaid Sanction/Reinstatement Report
95-1	<ul style="list-style-type: none"> • Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated
95-2	<ul style="list-style-type: none"> • Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated
95-3	<ul style="list-style-type: none"> • Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated

Addendum IV—Medicare Coverage Issues Manual

(For the reader's convenience, new material and changes to previously published material are in italics. If any part of a sentence in the manual instruction has changed, the entire line is shown in italics. The transmittal includes material unrelated to revised

sections. We are not reprinting the unrelated material.)

Transmittal No. 74; sections 65-10.1-65-11 Bladder Stimulators (Pacemakers) CHANGED IMPLEMENTING INSTRUCTIONS—EFFECTIVE DATE: For services performed on or after 03-01-95.

Section 65-10.1, Bladder Stimulators (Pacemakers).—This section is revised to reflect that pelvic floor stimulators, whether inserted into the vaginal canal or rectum or implanted in the pelvic area, used as a treatment for urinary incontinence either as a bladder pacer or a retraining mechanism are not covered for the reason that the safety

and effectiveness of these devices are unproven.

65-11 BLADDER STIMULATORS (PACEMAKERS)—NOT COVERED
Pelvic floor stimulators, whether

inserted into the vaginal canal or rectum or implanted in the pelvic area, used as a treatment for urinary incontinence either as a bladder pacer

or a retraining mechanism are not covered for the reason that the safety and effectiveness of these devices are unproven.

ADDENDUM V.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER

Publication date	FR vol. 60 page	CFR part	File code	Regulation title	End of comment period	Effective date
01/03/95	46-54	410,414	BPD-789-CN	Medicare Program; Refinements to Geographic Adjustment Factor Values, Revisions to Payment Policies, Adjustments to the Relative Value Units (RVUs) Under the Physician Fee Schedule for Calendar Year 1995, and the 5-Year Refinement of RVUs.	.....	01/01/95
01/03/95	130-132 .....	.....	HSQ-224-N	CLIA Program: Approval of the Joint Commission on Accreditation of Healthcare Organizations As An Accrediting Organization.	.....	01/03/95
01/03/95	132-141 .....	.....	BPO-129-N	Medicare and Medicaid Programs; Quarterly Listing of Program Issuances and Coverage Decisions—Third Quarter 1994.	.....	01/03/95
1/09/95	2325-2330 ..	400, 405, 410, 484, 485, 486, 498, ..	BPD-798-FC	Medicare Program; Providers and Suppliers of Specialized Services: Technical Amendments.	03/10/95	02/08/95
01/13/95	3250-3253 ..	.....	MB-089-N	Medicaid Program; Limitations on Aggregate Payments to Disproportionate Share Hospitals: Federal Fiscal Year 1995.	.....	01/13/95
01/17/95	3405-3410 ..	.....	BPD-778-FN	Medicare Program; Special Payment Limits for Home Blood Glucose Monitors.	.....	02/16/95
01/23/95	4418-4423 ..	.....	ORD-070-N	New and Pending Demonstration Project Proposals Submitted Pursuant to Section 1115(a) of the Social Security Act: November and December 1994.	.....	01/23/95
01/26/95	5185-5204 ..	.....	BPD-776-FNC	Medicare Program; Additions To and Deletions From the Current List of Covered Surgical Procedures for Ambulatory Surgical Centers.	03/27/95	02/27/95
02/02/95	6537-6547 ..	.....	BPD-812-NC	Medicare Program; Criteria for Medicare Coverage of Lung Transplants.	04/03/95	02/02/95
02/08/95	7514	482	BPD-826-N	Medicare Program; Hospice Wage Index .....	.....	02/08/95
02/09/95	7774-7780 ..	.....	HSQ-223-N	CLIA Program: Approval of the College of American Pathologists.	.....	02/09/95
02/14/95	8389-8406 ..	.....	BPD-793-NC	Medicare Program; Schedule of Limits on Home Health Agency Costs Per Visit.	04/17/95	07/01/94
02/16/95	8951-8955 ..	410	BPD-424-F	Medicare Program; Medicare Coverage of Prescription Drugs Used in Immunosuppressive Therapy.	.....	01/01/95
02/24/95	10395-10396 ..	.....	OPL-004-N	Medicare Program; Meeting of the Practicing Physicians Advisory Council.	.....	02/24/95
03/02/95	11632-11633 ..	485, 486	BPD-798-CN	Medicare Program; Providers and Suppliers of Specialized Services-Technical Amendments; Corrections.	.....	02/08/95
03/13/95	13441 .....	.....	BPD-833-N	Medicare Program; Hospice Wage Index .....	.....	03/13/95
03/16/95	14223-14224 ..	410	BPD-724-F	Medicare Program; Medicare Coverage of Screening Mammography; Correction.	.....	10/01/94
03/30/95	16481-16486 ..	.....	ORD-073-N	New and Pending Demonstration Project Proposals Submitted Pursuant to Section 1115(a) of the Social Security Act: January 1995.	.....	.....

*GN—General Notice; PN—Proposed Notice; FN—Final Notice; P—Notice of Proposed Rulemaking (NPRM); F—Final Rule; FC—Final Rule with Comment Period; CN—Correction Notice; SN—Suspension Notice; WN—Withdrawal Notice; NR—Notice of HCFA Ruling

[FR Doc. 95-18333 Filed 7-25-95; 8:45 am]
BILLING CODE 4120-01-P

Office of the Secretary

Findings of Scientific Misconduct

AGENCY: Office of the Secretary, HHS.
ACTION: Notice.

SUMMARY: Notice is hereby given that the Office of Research Integrity (ORI) has made final findings of scientific misconduct in the following case:
John J. Tomasula, Mount Sinai Medical Center: On June 29, 1995, ORI found that John J. Tomasula, formerly of the Mount Sinai Medical Center in New York, committed scientific misconduct by falsifying research involving

guanabenz treatment of spinal cord injured cats reported in a Public Health Service (PHS) grant application. Additionally, ORI found that Mr. Tomasula had falsified his credentials on three PHS grant applications in which he claimed to have a Ph.D. degree from Northwestern University when, in fact, he had obtained a mail-order