compliance with ACHC's program requirements. These monitoring procedures are used only when ACHC identifies noncompliance. If noncompliance is identified through validation reviews or complaint surveys, the State survey agency monitors corrections as specified at § 488.7(d).

++ ACHC's capacity to report deficiencies to the surveyed facilities and respond to the facility's plan of correction in a timely manner.

++ ACHC's capacity to provide CMS with electronic data and reports necessary for effective validation and assessment of the organization's survey process.

++ ACHC's staff adequacy and other resources, and its financial viability.

++ ACHC's capacity to adequately fund required surveys.

++ ACHC's policies with respect to whether surveys are announced or unannounced, to assure that surveys are unannounced.

++ ACHC's agreement to provide CMS with a copy of the most current accreditation survey together with any other information related to the survey as CMS may require (including corrective action plans).

IV. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 35).

V. Response to Comments

Because of the large number of public comments we normally receive on **Federal Register** documents, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this preamble, and, when we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

Upon completion of our evaluation, including evaluation of comments received as a result of this notice, we will publish a final notice in the **Federal Register** announcing the result of our evaluation.

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program; No. 93.773, Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: April 19, 2013.

Marilyn Tavenner,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2013–10421 Filed 5–2–13; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–9079–N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—January Through March 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 January through March 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 2011 entitled ''Improving Regulation and Regulatory Review,'' which promotes modifying and streamlining an agency's regulatory program to be more effective in achieving regulatory objectives. Section 6 of Executive Order 13563 requires agencies to identify regulations that may be ''outmoded, ineffective, insufficient, or excessively burdensome, and to modify, streamline, expand or repeal them in accordance with what has been learned.'' This approach is also in alignment with the President's Open Government and Transparency Initiative that establishes a system of transparency, public participation, and collaboration.

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

III. How To Use the Notice

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

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

Dated: April 24, 2013.

Kathleen Cantwell,

Director, Office of Strategic Operations and Regulatory Affairs.

BILLING CODE 4120–01–P

Publication Dates for the Previous Four Quarterly Notices

We publish this notice at the end of each quarter reflecting information released by CMS during the previous quarter. The publication dates of the previous four Quarterly Listing of Program Issuances notices are: February 21, 2012 (77 FR 9931), May 18, 2012 (77 FR 29648), August 17, 2012 (77 FR 49799) and November 9, 2012 (77 FR 67368). 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 (January through March 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 Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP) use CMS-Pub. 100-03, Transmittal No. 149.

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)
166	Chapter 13 of the Benefit Policy Manual has been reorganized and updated Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services
167	Expansion of Medicare Telehealth Services for CY 2013 List of Medicare Telehealth Services
169	April 2013 Update of the Hospital Outpatient Prospective Payment System (OPPS) Coverage of Outpatient Therapeutic Services Incident to a Physician's Service Furnished on or after January 1, 2010 Non-Surgical Extended Duration Therapeutic Services

Medicare National Coverage Determination (CMS-Pub. 100-03)	
150	Bariatric Surgery for the Treatment of Morbid Obesity National Coverage Determination, Addition of Laparoscopic Sleeve Gastrostomy (LSG) Bariatric Surgery for Treatment of Morbid Obesity
151	Change of Address for Percutaneous Transluminal Angioplasty (PTA) of the Carotid Artery Concurrent with Stenting Facility Approval and Recertification Letter Submission Percutaneous Transluminal Angioplasty (PTA)
152	Autologous Platelet-Rich Plasma (PRP) for Chronic Non-Healing Wounds Blood-Derived Products for Chronic Non-Healing Wounds
Medicare Claims Processing (CMS-Pub. 100-04)	
2627	Fiscal Year (FY) 2013 Inpatient Prospective Payment System (IPPS), Long Term Care Hospital (LTCH) PPS Changes Medicare Code Editor (MCE) Disproportionate Share Hospital (DSH) Policy Changes Effective for Cost Reporting Periods beginning on or after October 1, 2009 Disproportionate Share Hospital (DSH) Policy Changes Effective for Cost Reporting Periods Beginning on or after October 1, 2012
2628	NCD: Transcatheter Aortic Valve Replacement (TAVR) Coding Coding Requirements for TAVR Services Furnished On or After January 2013 Update/Policy Clarification Claims Processing Requirements for TAVR Services on Professional Claims Claims Processing Requirements for TAVR Services for Medicare Advantage (MA) Plan Participants
2629	Updating the VMAP/4D Table with B5 Ocularist Specialty Code Billing for Durable Medical Equipment (DME) and Orthotic/ Prosthetic Devices Provider Billing for Prosthetics and Orthotic Devices
2630	Calendar Year (CY) 2013 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment
2631	Summary of Policies in the CY 2013 Medicare Physician Fee Schedule (MPFS) Final Rule and the Telehealth Originating Site Facility Fee Payment Amount
2632	CY 2013 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule Gap-filling DMEPOS Fees
2633	Common Edits and Enhancements Modules (CEM) Code Set Update
2634	Qualified Nonphysician Anesthetist Services Qualified Nonphysician Anesthetist Services Qualified Nonphysician Anesthetists Issuances of UPINs Annual Review of CRNA Certifications Entity or Individual to Whom Fee Schedule is Payable for Qualified Nonphysician anesthetists Anesthesia Fee Schedule Payment for Qualified Nonphysician Anesthetists Conversion Factors Used on or After January 1, 1997 for Qualified Nonphysician Anesthetists Anesthesia Time and Calculation of Anesthesia Time Units Billing Modifiers General Billing Instructions Qualified Nonphysician Anesthetist Special Billing and Paymnet Situations Qualified Nonphysician Anesthetist and an Anesthesiologist in a Single Anesthesia Procedure Payment for Medical or Surgical Services Furnished by CRNAs Conversion Factors for Anesthesia Services of Qualified Nonphysician Anesthetists Furnished on or After January 1, 1992
2635	Emergency Update to the CY 2013 Medicare Physician Fee Schedule Database (MPFSDB)
2636	National Correct Coding Initiative (NCCI) Add-On Codes Replacement of Identical Letter, Dated December 19, 1996 with Subject Line, Correct Coding Initiative Add-On (ZZZ) Codes- ACTION
2637	2013 Durable Medical Equipment Prosthetics, Orthotics, and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List
2638	Manual Updates to Clarify IRF Claims Processing Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS) Medicare IRF Classification Requirements Criteria That Must Be Met By Inpatient Rehabilitation Facilities Additional Criteria That Must Be Met By Inpatient Rehabilitation Units Verification Process Used to Determine if the Inpatient Rehabilitation Facility Met the New IRFs Classification Criteria Changes in the Status of an IRF Unit New IRF Beds Change of Ownership or Leasing Mergers Retroactive Adjustments For Provisionally Excluded IRFs or IRF Beds Payment Provisions Under IRF PPS Phase-In Implementation Payment Adjustment Factors and Rates Case-Mix Groups Case-Level Adjustments Facility-Level Adjustments Area Wage Adjustments Rural Adjustment Low-Income Patient (LIP) Adjustment: The Supplemental Security Income (SSI) Medicare Beneficiary Data for Inpatient Rehabilitation Facilities (IRFs) Paid Under the Prospective Payment System (PPS) FTE Resident Cap Outliers
2639	Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits
2640	Issued to a specific audience not posted to Internet/Intranet due to Confidential of Instruction
2641	Bariatric Surgery for the Treatment of Morbid Obesity National Coverage Determination, Addition of Laparoscopic Sleeve Gastrectomy (LSG) General HCPCS Procedure Codes for Bariatric Surgery ICD-9 Procedure Codes for Bariatric Surgery (FIs only)

	ICD-9 Diagnosis Codes for BMI≥35 Claims Guidance for Payment
2642	Hospice Monthly Billing Requirement Frequency of Billing and Same Day Billing
2643	Streamlining the Process for Updating the Abstract Files Used to Price Institutional Claims Optional Method for Outpatient Services: Cost-Based Facility Services Plus 115 Percent Fee Schedule Payment for Professional Services RESERVED Clinical Diagnostic Laboratory Fee Schedule Access to Clinical Diagnostic Lab Fee Schedule Files Institutional Claim Record Layout for Clinical Laboratory Fee Schedule Fee Schedules Used by Medicare Contractors Processing Institutional Claims Institutional Claim Record Layout for the Durable Medical Equipment, Prosthetic, Orthotic and Supply Fee Schedule Institutional Claim Record Layout for Hospice, Radiology and Other Diagnostic Prices and Local HCPCS Codes Institutional Claim Record Layout for the Outpatient Rehabilitation and CORF Services Fee Schedule Institutional Claim Record Layout for the Skilled Nursing Facility Fee Schedule RESERVED Physician Fee Schedule Payment Policy Indicator File Record Layout Institutional Claim Record Layout for the Mammography Fee Schedule Institutional Claim Record Layout for the Ambulance Fee Schedule
2644	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
2645	Issued to a specific audience, not posted to Internet/Intranet/ due to Sensitivity of Instruction
2646	Issued to a specific audience, not posted to Internet/Intranet/ due to Confidentiality of Instruction
2647	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
2648	Adjustment to Fiscal Intermediary Shared System (FISS) Consistency Edit to Validate Attending Physician NPI.
2649	Issued to a specific audience, not posted to Internet/Intranet/ due to Confidentiality of Instruction
2650	Data Reporting on Home Health Prospective Payment System (HH PPS) Claims HH PPS Claims Input/output Record Layout
2651	Emergency Update to the CY 2013 Medicare Physician Fee Schedule Database (MPFSDB)
2652	Expansion of Medicare Telehealth Services for CY 2013
2653	Summary of Policies in the CY 2013 Medicare Physician Fee Schedule (MPFS) Final Rule and the Telehealth Originating Site Facility Fee Payment Amount
2654	Updates to Claims Processing Instructions Regarding Religious Nonmedical Health Care Instructions (RNHCI) Requirement for RNHCI Election Revocation of RNHCI Election Completion of the Notice of Election for RNHCI Common Working File (CWF) Processing of Elections, Revocations and Cancelled Elections When to Bill for RNHCI Services Required Data Elements on Claims for RNHCI Services RNHCI Claims Processing By the Medicare Contractor with RNCHI Specialty Workload RNHCI Claims Not Billed to Original Medicare Informing Beneficiaries of the Results of RNHCI Claims Processing Billing and Payment of RNHCI Item and Services Furnished in the Home Processing Claims For Beneficiaries With RNHCI Elections by Contractors Without RNHCI Specialty Workloads Recording Determinations of Excepted/Nonexcepted Care on Claim Records Informing Beneficiaries of the Results of Excepted/Nonexcepted Care Determinations by the Non-specialty Contractor
2655	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
2656	Update To Publication 100-04, Claims Processing Instructions For Chapter 12, Non-Physician Practitioners (NPPs) Assistant-at-Surgery Services Physician Assistant (PA) Services Payment Methodology Global Surgical Payments Limitations for Assistant-at-Surgery Services Furnished by Physician Assistants Outpatient Mental Health Treatment Limitation
2657	Expansion of Medicare Telehealth Services for CY 2013 List of Medicare Telehealth Services
2658	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
2659	Instructions for Downloading the Medicare ZIP Code File for July 2013
2660	Healthcare Provider Taxonomy Codes (HPTC) Update, April 2013
2661	April Quarterly Update for 2013 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule
2662	April 2013 Update of the Ambulatory Surgical Center (ASC) Payment System
2663	April Update to the CY 2013 Medicare Physician Fee Schedule Database (MPFSDB)
2664	April 2013 Update of the Hospital Outpatient Prospective Payment System (OPPS)
2665	Issued to a specific audience not posted to Internet/Intranet due to Confidentiality of Instruction
2666	Autologous Platelet-Rich Plasma (PRP) for Chronic Non-Healing Wounds Autologous Platelet-Rich Plasma (PRP) for Chronic Non-Healing Wounds Policy Healthcare Common Procedure Coding System (HCPCS) Codes and Diagnosis Coding Payment Method Place of Service (POS) Professional Claims Medicare Summary Notices (MSNs), Remittance Advice Remark Codes

	(RARCs), Claim Adjustment Reason Codes (CARCS), and Group Codes
2667	April 2013 Integrated Outpatient Code Editor (I/OCE) Specifications Version 14.1
2668	Internet Only Manual (IOM) Update to Payment for Medical or Surgical Services Furnished by CRNAs. This CR rescinds and fully replaces CR 8027. Qualified Nonphysician Anesthetists Services Qualified Nonphysician Anesthetists Issuance of UPINs Annual Review of CRNA Certificates Entity or Individual to Whom Fee Schedule is Payable for Qualified Nonphysician anesthetists Anesthesia Fee Schedule Payment for Qualified Nonphysician Anesthetists Conversion Factors Used on or After January 1, 1997 for Qualified Nonphysician Anesthetists Anesthesia Time and Calculation of Anesthesia Time Units Billing Modifiers General Billing Instructions An Anesthesiologist and Qualified Nonphysician Anesthetist Work Together Qualified Nonphysician Anesthetist Special Billing and Payment Situations Qualified Nonphysician Anesthetist and an Anesthesiologist in a Single Anesthesia Procedure Payment for Medical or Surgical Services Furnished by CRNAs Conversion Factors for Anesthesia Services of Qualified Nonphysician Anesthetists Furnished on or After January 1, 1992.
2669	Quarterly Update to the Correct Coding Initiative (CCI) Edits, Version 19.1, Effective April 1, 2013
2670	Modification to CWF, FISS, MCS and VMS to Return Submitted Information when there is a CWF Name and HIC Number Mismatch
2671	New Waived Tests
2672	Quarterly Update of HCPCS Codes Used for Home Health Consolidated Billing Enforcement
2673	Manual Updates to Clarify IRF Claims Processing Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS) Medicare IRF Classification Requirements Criteria That Must Be Met By Inpatient Rehabilitation Facilities Additional Criteria That Must Be Met By Inpatient Rehabilitation Units Verification Process Used to Determine if the Inpatient Rehabilitation Facility Met the C/New IRFs Classification Criteria Changes in the Status of an IRF Unit New IRF Beds Change of Ownership or Leasing Mergers Retroactive Adjustments For Provisionally Excluded IRFs or IRF Beds Payment Provisions Under IRF PPS Phase-In Implementation Case-Mix Groups Case-Level Adjustments Facility-Level Adjustments Area Wage Adjustments Rural Adjustment Low-Income Patient (LIP) Adjustment: The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Inpatient Rehabilitation Facilities (IRFs) Paid Under the Prospective Payment System (PPS) Teaching Status Adjustment FTE Resident Cap Outliers
2674	Changes to Contractor Designation in Processing Foreign, Emergency and Shipboard Claims Contractors Designated to Process Foreign Claims Source of Part B Claims Designated Contractors
2675	Clinical Laboratory Fee Schedule – Medicare Travel Allowance Fees for Collection of Specimens
Medicare Secondary Payer (CMS-Pub. 100-05)	
90	Inpatient Hospital Claims and Medicare Secondary Payer (MSP) Claims with Medicare Coinsurance Days and/or Medicare Lifetime Reserve Days Occurring in the Third or More Calendar Years Return Codes Installation Part A Processing Requirements Error Resolution Payment Calculation For Inpatient Bills (MSPPAYAI Module)
Medicare Financial Management (CMS-Pub. 100-06)	
215	Update MCS HVSRPARC- Participating Physicians/Suppliers Report- Group Codes
216	Modification/Addition of Group Codes/Specialty Codes Non-Physician Practitioner/Supplier Specialty Codes
217	Notice of New Interest Rate for Medicare Overpayments and Underpayments--2nd qtr. Notification for FY 2013
Medicare State Operations Manual (CMS-Pub. 100-07)	
83	Revisions to Appendix E and Chapter 2 sections 2290-2308 of the State Operations Manual (SOM)
Medicare Program Integrity (CMS-Pub. 100-08)	
447	Medical Review Timeliness Requirements Complex Medical Review
448	Deletion of MR Operations mailbox Contractor Medical Director (CMD)
449	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
450	Update to Chapter 15 of the Program Integrity Manual (PIM) Provider and Supplier Types/Services Mammography Screening Centers Owning and Managing Organizations Owning and Managing Individuals Processing Form CMS-855R Applications Special Program Integrity Procedures Intervening Change of Ownership (CHOW) Returns Rejections

	Non-Certified Suppliers and Individual Practitioners Changes of Information-General Procedures Electronic Fund Transfers (EFT) Application Fees Corrective Action Plans (CAPs) HHA Ownership Changes Deactivations and Reactivations Zone Program Integrity Contractor (ZPIC) Identified Revocations
451	Minor changes to Chapter 1 of the Program Integrity Manual The Affiliated Contractor (AC) and MAC Medical Review Program Provider Self Audits
Medicare Contractor Beneficiary and Provider Communications (CMS-Pub. 100-09)	
00	None
Medicare Quality Improvement Organization (CMS-Pub. 100-10)	
00	None
Medicare End Stage Renal Disease Network Organizations (CMS Pub 100-14)	
00	None
Medicare Managed Care (CMS-Pub. 100-16)	
00	None
Medicare Business Partners Systems Security (CMS-Pub. 100-17)	
00	None
Demonstrations (CMS-Pub. 100-19)	
87	Implementation Support and Payment Processing for the Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration- Processing of Shared Savings Payments for Practices in Pennsylvania
One Time Notification (CMS-Pub. 100-20)	
1162	International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs) (CR
1163	Medicare Remit Easy Print (MREP) Enhancement
1164	Implementation of New and Revised Medicare Summary Notice (MSN) Messages and Discontinuation of Obsolete MSN Messages
1165	International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs) (CR
1166	Issued to specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
1167	Correction to Common Working File (CWF) A/B Crossover Edit 7272 for Transfer to Home for Home Health Services
1168	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
1169	Modification of Payment Window Edit in the Common Working File (CWF) to Modify Diagnostic Service List
1170	Common Working File (CWF) Informational Unsolicited Response (IUR) or Reject for place of service billed by physician office and either ambulatory surgical center or inpatient hospital, for the same beneficiary, same date of service, and same procedure, based on sequence received of the Part B claim.
1171	Instructions to Contractors for Implementing Section 5506 of the Affordable Care Act (ACA)-Preservation of Resident Cap Positions from Closed Teaching Hospitals-Round 1 and Round 2 Only
1172	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
1173	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Competitive Bidding Program: Correction to the Medicare Summary Notice Message for PEN Items Furnished to Traveling Beneficiaries
1174	Changes to the Laboratory National Coverage Determination (NCD) Software for ICD-10
1175	Issued to specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
1176	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2013
1177	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
1178	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
1179	Issued to a specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
1180	Issued to a specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
1181	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
1182	Incentive Payment Related to Prior Authorization for Power Mobility Devices (PMD).
1183	Revision to CWF and VMS: Reject or Informational Unsolicited Response (IUR) Edit for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Provided During an Inpatient Stay
1184	Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) National Competitive Bidding (NCB): Using the "KY" Modifier to Bill for Accessories for Non-NCB Wheelchair Base Units
1185	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
1186	FISS Prepayment Review Report
1187	Standardizing the standard - Operating Rules for code usage in Remittance Advice
1188	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
1189	Bundled Payments for Care Improvement Model 4 - HI and SMI Payment Attribution and Outlier Payments
1190	Recovery of Annual Wellness Visit (AWV) Overpayments
1191	ICD-10 CR--Updates to National Coverage Determination/Local Coverage
1192	The Inclusion of Veterans Administration (VA) Skilled Nursing Facility (SNF) claims to the VA Medicare Remittance Advice (eMRA) Process-Implementation
1193	Standardizing the Standard - Phase I
1194	Multiple Procedure Payment Reduction (MPPR) for Selected Therapy Services
1195	Inpatient Prospective Payment System (IPPS) Hospital Extensions per the

	American Taxpayer Relief Act of 2012
1196	Outpatient Therapy Functional Reporting Non-Compliance Alerts
1197	Implementation of the Award for Jurisdiction 6 Part A/Part B Medicare Administrative Contractor (J6 A/B MAC
1198	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
1199	International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as they relate to CMS National Coverage Determinations (NCDs)
1200	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2010 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCHs)
1201	Implementation of the Award for Jurisdiction E Part A/Part B Medicare Administrative Contractor (JE A/B MAC).
1202	Transition to New Centers for Medicare and Medicaid Services (CMS) Identity Mark
1203	CMS Administrator's Ruling: Part A to Part B Rebilling of Denied Hospital Inpatient Claims
1204	Issued to a specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction

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

The **Federal Register** is available as an online database through GPO Access. The online database is updated by 6 a.m. each day the **Federal Register** is published. The database includes both text and graphics from Volume 59, Number 1 (January 2, 1994) through the present date and can be accessed at http://www.gpoaccess.gov/fr/index.html. The following website http://www.archives.gov/federal-register/ provides information on how to access electronic editions, printed editions, and reference copies.

This information is available on our website at: http://www.cms.gov/quarterlyproviderupdates/downloads/Regs-1Q13QPU.pdf

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

Addendum III: CMS Rulings

CMS Rulings are decisions of the Administrator that serve as precedent final opinions and orders and statements of policy and interpretation. They provide clarification and interpretation of complex or ambiguous provisions of the law or regulations relating to Medicare, Medicaid, Utilization and Quality Control Peer Review, private health insurance, and related matters.

The rulings can be accessed at http://www.cms.gov/Rulings/CMSR/list.asp#TopOfPage. For questions or additional information, contact Tiffany Lafferty (410-786-7548).

Addendum IV: Medicare National Coverage Determinations (January through March 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
International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs)	100.14 110.4 110.8.1 150.10 180.1 190.1 190.11 190.3 190.5 190.8 20.31 20.32 20.16 20.30 20.31 20.4 20.7 210.10 210.2 210.4 210.41 210.7 220.6 220.4 220.6.16 260.9 260.1 40.1 40.7 50.3	R119OTN	03/15/2013	7/1/2013 and 10/1/14
Autologous Platelet-Rich Plasma (PRP) for Chronic Non-Healing Wounds	270.3	R152NCD	03/08/2013	08/02/2012

Addendum V: FDA-Approved Category B Investigational Device Exemptions (IDEs) (January through March 2013)

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
G120280	Strattice Tissue Matrix	01/02/2013
G120286	The Vysis Cll CDX FISH Kit	01/04/2013
G120287	Neural Communication System (NCS)	01/09/2013
G120289	NMARQ Multi-Electrode Pulmonary Vein Isolation Ablation System	01/11/2013
G120291	Transcatheter Valve Therapy (TVT) Registry Assessment of Alternative Access Approaches For Transcatheter Aortic Valve	01/17/2013
G120296	NonInvasive Electrical Stimulation of Acupuncture Points (NESAP)	01/18/2013
G120301	Precision Bead	01/25/2013
G120193	Envista One-Piece Hydrophobic Acrylic Toric Intraocular Lens	01/25/2013
G130003	Gunther Tulip Vena Cava Filter	02/06/2013
G120298	Constellation Catheter	02/08/2013
G120093	The Paradym RF Sonr Cardiac Resynchronization Therapy With Difibrillation Device (Model 9770)	02/13/2013
G130020	Neuro-Thrombectomy Devices	02/21/2013
G130011	Renal Artery Irradiation For Sympathetic Renal Denervation	02/22/2013
G130016	Pediatric Gene Target Analysis Platform	02/22/2013
G120039	Circulite Synergy Circulatory Assist Device	02/22/2013
G120270	Pclitaxel-Coated Percutaneous Transluminal Angioplasty Balloon Catheter	02/22/2013
BB15363	Celution System	02/22/2013
G120228	JUVE'DERM Volift XC	02/26/2013
G120276	Medeor Matrix	02/26/2013
G120239	Nectar HF Feasibility Study	02/26/2013
G130026	SIDUS Stem-Free Shoulder	03/01/2013
G130027	Valiant Mona LSA Thoracic Stent Graft System	03/01/2013
G130030	Cook Zenith Fenestrated Endovascular Graft	03/05/2013
G130028	InnFocus Microshunt Glaucoma Drainage System	03/08/2013
G120115	ON-X Prosthetic Heart Valve	03/08/2013
G120250	Laduscope	03/08/2013
G130032	A Randomized Trial of Routine Aspiraiton Thrombectomy With PCI Versus PCI Alone in Patients with Stemi Undergoing	03/14/2013
G130031	Eon Mini Or Eon Neurostimulation System	03/14/2013
G130035	Wearable Artificial Kidney	03/15/2013
G130041	MRI Guided High Intensity Focused Ultrasound System	03/18/2013
G130043	Liposonix System Model 2	03/21/2013
G130038	Gore Excluder Iliac Branch Endoprosthesis	03/27/2013

G130053	Abbott Realtime Prame	03/27/2013
G120187	Desyne NX Novolimus Eluting Coronary Stent System	03/28/2013
G130051	Evolution Biliary Stent System-Fully Covered	03/28/2013
G130052	Evolution Biliary Stent System-Partially Covered	03/28/2013
G130044	Precision SCS System Adapted For High Rate Spinal Cord Stimulation	03/29/2013

Addendum VI: Approval Numbers for Collections of Information (January through March 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, (January through March 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 facilities are new listings for this quarter.			
Providence Memorial Hospital 1625 Medical Center Drive El Paso, TX 79902	450002	02/14/2013	TX
Guadalupe Regional Medical Center 1215 E. Court Street Seguin, TX 78155	450104	02/14/2013	TX
South Bay Hospital 4016 Sun City Boulevard Sun City Center, FL 33573-5256	100259	03/05/2013	FL
McLaren Bay Region 1900 Columbus Avenue Bay City, MI 48708	230041	03/14/2013	MI
Trumbull Memorial Hospital 1350 E. Market Street P.O. Box 1269 Warren, OH 44482-1269	1043526023	03/14/2013	OH
St. Francis Hospital 2122 Manchester Expressway P.O. Box 7000 Columbus, GA 31908-7000	1033228168	03/14/2013	GA
Georgia Regents Medical Center 1120 15th Street Augusta, GA 30912	110034	03/14/2013	GA
Editorial changes (shown in bold) were made to the facilities listed below.			
Mercy Hospital 3663 South Miami Avenue Miami, FL 33133	**100167**	08/26/2005	FL
From: St. Luke's Community Medical **To: St. Luke's The Woodlands Hospital** 71200 St. Luke's Way The Woodlands, TX 77384	450862	02/24/2006	TX
From: Baptist Hospital West **To: Tennova Healthcare-Turkey Creek Medical Center** 10820 Parkside Drive Knoxville, TN 37934	440226	10/06/2006	TN

Addendum VIII: American College of Cardiology's National Cardiovascular Data Registry Sites (January through March 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.		
Cedar Park Regional Medical Center	Cedar Park	TX
Intermountain Primary Children's Medical Center	Salt Lake City	UT
Putnam Community Medical Center	Palatka	FL
Kentucky River Medical Center	Jackson	KY
Southern Hills Medical Center	Nashville	TN
Beverly Hospital - CA	Montebello	CA
Bellevue Medical Center	Bellevue	NE
Via Christi Hospital - Pittsburgh KS	Pittsburg	KS
Platte Valley Medical Center	Brighton	CO
Mercy Hospital Washington East Community	Washington	MO
Laughlin Memorial Hospital	Greeneville	TN
Medical Center of Lewisville	Lewisville	TX
The Western Pennsylvania Hospital	Pittsburgh	PA
Cardiovascular Specialty Care Center	Baton Rouge	LA
Jennings American Legion Hospital	Jennings	LA
The Kingston Hospital	Kingston	NY
Texas Children's Hospital	Houston	TX
Florida Hospital Wesley Chapel	Wesley Chapel	FL
Euclid Hospital	Euclid	OH
California Hospital Medical Center	Los Angeles	CA
McAlester Regional Health Center	McAlester	OK
Lakeway Regional Medical Center	Lakeway	TX
The following facilities are new listings for this quarter.		
Halifax Regional Medical Center	Roanoke Rapids	NC
Henry Ford Health System West Bloomfield	West Bloomfield	MI
Northwest Texas Surgery Center	Amarillo	TX
North Okaloosa Medical Center (CHS)	Crestview	FL
Citizens Memorial Hospital	Bolivar	MO
Integris Grove Hospital	Grove	OK
The following facilities are terminated as of this quarter.		
Sisters of Charity Hospital	Buffalo	NY
Aurora West Allis Memorial Hospital	West Allis	WI
Greene Memorial Hospital	Xenia	OH

Addendum IX: Active CMS Coverage-Related Guidance Documents (January through March 2013)

There are no CMS coverage-related guidance documents published in the January through March 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 (October through December 2012)

There were no special one-time notices regarding national coverage provisions published in the January through March 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) (January through March 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 January through March 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)

Facility	Provider Number	Effective Date	State
Editorial changes (shown in bold) were made to the facilities listed below.			
Old name: Hematology Oncology Associates of Baton Rouge **New name: OLOL Hospital Inc,.** 4950 Essen Lane Baton Rouge LA 70809	**Old Medicare Prov#: 1861590234** **New Medicare Prov#: 190064**	05/31/2011	LA
Old Name: Rochester Radiology Associates, PC **New Name: Rochester General Imaging Center-No Heights** 1277 Portland Avenue Rochester NY 14621	**Old Med#:19** **New Med#: J100058113**	08/07/2006	NY

Addendum XII: Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities (January through March 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.			
Bryan Medical Center 1600 South 48th Street Lincoln NE 68506	280003	03/06/2013	NE
Palmetto Health Richland 5 Richland Medical Park Drive Columbia SC 29203	420018	03/07/2013	SC

Addendum XIII: Lung Volume Reduction Surgery (LVRS) (January through March 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 were no additions to the listing of facilities for lung volume reduction surgery published in the January through March 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
Editorial changes (shown in bold) were made to the facility listed below.			
The Ohio State University Hospital **410 W. 10th Avenue, DN 168** Columbus, OH 43210	N/A	N/A	OH
The following facility was removed as of this quarter.			
Ohio State University Medical Center 410 W 10th Avenue Columbus, OH 43210	N/A	N/A	OH

Addendum XIV: Medicare-Approved Bariatric Surgery Facilities (January through March 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.			
Conway Medical Center 300 Singleton Ridge Road Conway, SC 29526	1134172000	09/27/2012	SC
Excela Health Westmoreland Hospital 501 West Otterman Street Greensburg, PA 15601	390145	10/18/2012	PA
West Georgia Health System 1514 Vernon Road LaGrange, GA 30240	1356664247	10/23//2012	GA
Turkey Creek Medical Center 10820 Parkside Drive Knoxville, TN 37934	1043292899	01/04/2013	TN
Christus St. Frances Cabrini Hospital 3330 Masonic Drive Alexandria, LA 71301	1639160799	11/27/2012	LA
Christus Hospital St. Elizabeth 2830 Calder Avenue Beaumont, TX 77702	1679557888	11/28/2012	TX
Doctors Hospital of Laredo 10700 McPherson Road Laredo, TX 78045	1396731105	12/07/2012	TX
St. Mary Medical Center 1400 S. Lake Park Avenue Hobart, IN 46342	1558463745	12/07/2012	IN
Mercy Hospital and Medical Center 2600 S Michigan Avenue Chicago, IL 60616	1730166224	01/15//2013	IL
Lancaster General Hospital 2150 Harrisburg Pike Suite 300 Lancaster, PA 17604	390100	01/31/2013	PA
Akron General Medical Center 400 Wabash Avenue Akron, OH 44307	360027	01/14/2013	OH
Pikeville Medical Center 911 S Bypass Road Pikeville, KY 4150	1285621623	01/25/2013	KY
The Western Pennsylvania Hospital 4727 Friendship Avenue, Suite 140 Pittsburgh, PA 15224	028672	10/17/2012	PA
Editorial changes (shown in bold) were made to the facilities listed below.			
St. John Hospital and Medical Center **22101 Moross Road** Detroit, MI 48236	230165	05/14/2011	MI
Shawnee Mission Medical Center **23401 Prairie Star Parkway Lenexa, KS 66227**	170104	01/22/2007	KS
Saint Luke's Hospital of Kansas City 4401 Wornall Road Kansas City, MO 64111	**26-0138**	01/02/2010	MO
From: The Reading Hospital and Medical Center **To: Reading Hospital** 2603 Keiser Boulevard Wyomissing, PA 19610	390044	03/25/2008	PA
Upstate Medical University 750 E. Adams Street, University Hospital Syracuse, NY 13210	1578554630	**03/27/2012**	NY
New York-Presbyterian Hospital/Weill Cornell Medical Center **627 West 165th Street New York, NY 10032**	330101	**08/04/2012**	NY
University of Washington Medical Center 1957 NE Pacific Street, PO Box 356165 Seattle, WA 98195-6151	1326002049	**12/05/2012**	WA
Massachusetts General Hospital **MGH Weight Center 50 Staniford St, 4th Floor** **Boston, MA 02114-2696**	220071	**10/24/2012**	MA
Harford Memorial Hospital 421 South Union Avenue, Suite 201 Havre de Grace, MD 21078	1770589533	**12/22/2012**	MD
North Shore University Health System 2650 Ridge Avenue Evanston, IL 60201	1497701882	**01/26/2012**	IL
St. Luke's-Roosevelt Hospital Center **1111 Amsterdam Avenue New York, NY 10025**	330046, 1104982917	10/11/2012	NY
Methodist Healthcare System **8026 Floyd Curl Drive San Antonio, TX 78229**	450388	02/24/2006	TX
University of Virginia Health System **P.O. Box 800809 UVA HSC** **Charlottesville, VA 22908-0809**	490009	**07/12/2012**	VA
University Hospitals Case Medical Center 11100 Euclid Avenue Cleveland OH 44106	**360137**	08/28/2006	OH

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

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

[FR Doc. 2013–10106 Filed 5–2–13; 8:45 am]

BILLING CODE 4120–01–C

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Statement of Organization, Functions, and Delegations of Authority

Part F of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS), (last amended at **Federal Register**, Vol. 76, No. 75, p. 21909, dated April 19, 2011) is amended to revise the functions of the Office of Communications (OC).

Under Part F., Section FC. 20 (Functions) for OC is revised as follows:

- Serves as CMS' focal point for internal and external strategic and tactical communications providing leadership for CMS in the areas of customer service; Web site operations; traditional and new media including web initiatives such as social media supported by innovative, increasingly mobile technologies; media relations; call center operations; consumer materials; public information campaigns; and public engagement.
- Serves as senior advisor to the Administrator in all activities related to the media. Provides consultation, advice, and training to CMS' senior staff with respect to relations with the news media.
- Coordinates with external partners including the Department of Health and Human Services (HHS) and the White House on key communication and public engagement initiatives, leveraging CMS resources to strategically support these activities.
- Contributes to the formulation of policies, programs, and systems as related to strategic and tactical communications.
- Coordinates with the Office of Legislation on the development and advancement of new legislative initiatives and improvements.
- Oversees communications research, design and development, evaluation and continuous improvement activities for improving internal and external communication tools, including but not limited to brochures, public information campaigns, handbooks, Web sites, reports, presentations/briefings.
- Identifies communication best practices for the benefit of CMS beneficiaries (i.e., of the Medicare and Medicaid programs) and other CMS customers.
- Formulates and implements a customer service plan that serves as a roadmap for the effective treatment and advocacy of customers and the quality of information provided to them.
- Oversees beneficiary and consumer call centers and provides leadership for CMS in the area of call center operations.
- Oversees all CMS interactions and collaborations with key stakeholders (external advocacy groups, contractors, local and State governments, HHS, the White House, other CMS components, and other Federal entities) related to the Medicare and Medicaid and other Agency programs.
- Coordinates stakeholder relations, community outreach, and public engagement with the CMS Regional Offices.

Authority: 44 U.S.C 3101.

Dated: April 25, 2013.

Marilyn B. Tavenner,

Acting Administrator and Chief Operating Officer, Centers for Medicare & Medicaid Services.

[FR Doc. 2013–10426 Filed 5–2–13; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Notice of Interstate Lien.

OMB No.: 0970–0153.

Description: Section 452(a)(11) of the Social Security Act requires the Secretary of Health and Human Services to promulgate a form for imposition of liens to be used by the State child support enforcement (Title IV–D) agencies in interstate cases. Section 454(9)(E) of the Social Security Act requires each State to cooperate with any other State in using the Federal form for imposition of liens in interstate child support cases. Tribal IV–D agencies are not required to use this form but may choose to do so. OMB approval of this form is expiring in May 2014 and the Administration for Children and Families is requesting an extension of this form.

Respondents: State, local or Tribal agencies administering a child support enforcement program under title IV–D of the Social Security Act.