DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Interagency Committee on Smoking and Health (ICSH)

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the CDC announces the following meeting for the Interagency Committee on Smoking and Health (ICSH). This meeting is open to the public, limited only by seats available. The meeting room accommodates approximately 80 people. The public is also welcome to join the audio portion of the meeting:

Telephone: (800) 779–6170

Participant Passcode: 8694592. There are 50 lines available for this meeting.

DATES: The meeting will be held on June 14, 2018, 9:00 a.m. to 4:00 p.m., EDT.

ADDRESSES: The Wink Hotel, New Hampshire Ballroom, 1143 New Hampshire Avenue NW, Washington, DC 20037.

FOR FURTHER INFORMATION CONTACT: Monica Swann, MBA, Management Analyst, National Center for Chronic Disease Prevention and Health Promotion, CDC, 395 E. Street SW, Washington, DC 20024, telephone (202) 245–0552, email *zqe0@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Purpose: The Interagency Committee on Smoking and Health shall provide advice and guidance to the Secretary, Department of Health and Human Services (HHS), regarding: (a) Coordination of research, educational programs, and other activities within the Department that relate to the effect of smoking on human health and on coordination of these activities, with similar activities of other Federal and private agencies; and (b) establishment and maintenance of liaisons with appropriate private entities, other Federal agencies, and State and local public agencies, regarding activities relating to the effect of cigarette smoking on human health.

Matters to be Considered: The agenda will include discussions on the history and context of the intersection of tobacco use and behavioral health populations including those suffering from mental illness and/or substance abuse disorders. There will be presentations on the impact of tobacco use on these populations as well as the tobacco control interventions that can mitigate this impact, including innovative approaches for prevention and cessation. Agenda items are subject to change as priorities dictate.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Claudette Grant,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2018–09474 Filed 5–3–18; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–9109–N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—January Through March 2018

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 2018, 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, MPA	(410) 786-7491
V FDA-Approved Category B IDEs	John Manlove	(410) 786-6877
VI Collections of Information	William Parham	(410) 786-4669
VII Medicare –Approved Carotid Stent Facilities	Sarah Fulton, MHS	(410) 786-2749
VIII American College of Cardiology-National Cardiovascular Data Registry Sites	Sarah Fulton, MHS	(410) 786-2749
IX Medicare's Active Coverage-Related Guidance Documents	JoAnna Baldwin, MS	(410) 786-7205
X One-time Notices Regarding National Coverage Provisions	JoAnna Baldwin, MS	(410) 786-7205
XI National Oncologic Positron Emission Tomography Registry Sites	Stuart Caplan, RN, MAS	(410) 786-8564
XII Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities	Linda Gousis, JD	(410) 786-8616
XIII Medicare-Approved Lung Volume Reduction Surgery Facilities	Sarah Fulton, MHS	(410) 786-2749
XIV Medicare-Approved Bariatric Surgery Facilities	Sarah Fulton, MHS	(410) 786-2749
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. Format for the Quarterly Issuance Notices

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 website or the appropriate data registries that are used as our resources. This is the most current up-to-date information and will be available earlier than we publish our quarterly notice. We believe the website list provides more timely access for beneficiaries, providers, and suppliers. We also believe the website 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 websites have listservs; that is, the public can subscribe and receive immediate notification of any updates to the website. These listservs avoid the need to check the website, as notification of updates is automatic and sent to the subscriber as they occur. If assessing a website 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.*

Dated: April 30, 2018.

Olen D. Clybourn,

Deputy Director, Office of Strategic Operations and Regulatory Affairs.

BILLING CODE 4120–01–P

Publication Dates for the Previous Four Quarterly Notices

We publish this notice at the end of each quarter reflecting information released by CMS during the previous quarter. The publication dates of the previous four Quarterly Listing of Program Issuances notices are: May 5, 2017 (82 FR 21241), August 4, 2017 (82 FR 36404), October 27, 2017 (82 FR 49819) and January 26, 2018 (83 FR 3716). 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 2018)

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 manual for Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits, use (CMS-Pub. 100-04) Transmittal No. 3949.

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)	
112	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
113	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
114	Internet Only Manual Updates to Pub. 100-01, 100-02 and 100-04 to Correct Errors and Omissions (SNF) (2018)
Medicare Benefit Policy (CMS-Pub. 100-02)	
239	Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Medicare Benefit Policy Manual Chapter 13 Update
240	Internet Only Manual (IOM) Update to Pub. 100-02, Chapter 11 - End Stage Renal Disease (ESRD), Section 100
241	New "K" Code for Therapeutic Shoe Inserts Therapeutic Shoes for Individual with Diabetes
242	Internet Only Manual Updates to Pub. 100-01, 100-02 and 100-04 to Correct Errors and Omissions (SNF) (2018)

Medicare National Coverage Determination (CMS-Pub. 100-03)	
204	Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)
205	Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)
Medicare Claims Processing (CMS-Pub. 100-04)	
3945	New Waived Tests
3946	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
3947	April 2018 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
3948	Ensuring Correct Processing of Home Health Disaster Related Claims and Claims for Denial No Payment Billing
3949	Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits
3950	2018 Durable Medical Equipment Prosthetics, Orthotics, and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List
3951	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
3952	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3953	Revisions to the Claims Processing for Grandfathered Oxygen Claims that Span Competitive Bidding Rounds Change in Suppliers for Oxygen and Oxygen Equipment
3954	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3955	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3956	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3957	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
3958	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3959	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3960	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3961	Editing Update for Mammography Services MSN Messages Remittance Advice Messages
3962	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process Line-Item Modifiers Related to Reporting of Non-covered Charges When Covered and Non-covered Services Are on the Same Outpatient Claim
3963	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 24.1, Effective April 1, 2018
3964	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3965	Reinstating the Qualified Medicare Beneficiary Indicator in the Medicare Fee-For-Service Claims Processing System from CR 9911
3966	Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - April 2018 Update
3967	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3968	Consumer Friendly Spanish Descriptors for the Current Procedural Terminology (CPT) / Level 1 Healthcare Common Procedure Coding System (HCPCS) Codes and a Correction to the Part A Spanish Medicare Summary Notices (MSNs)
3969	Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)
3970	Removal of Contractor Reporting Requirements for the Physician Scarcity Area (PSA), the Health Professional Shortage Area Surgical Incentive Payment Program (HSIP) and the Primary Care Payment Incentive Program (PCIP) Quarterly Reports Reporting
3971	E/M Service Documentation Provided by Students (Manual Update) Evaluation and Management (E/M) Services
3972	Update to the Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) for Calendar Year (CY) 2018 - Recurring File Update
3973	Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment
3974	Diagnosis Code Update for Add-on Payments for Blood Clotting Factor Payment for Blood Clotting Factor Administered to Hemophilia Inpatients Administered to Hemophilia Inpatients
3975	Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits
3976	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2018 Update
3977	Healthcare Provider Taxonomy Codes (HPTCs) April 2018 Code Set Update
3978	Common Edits and Enhancements Modules (CEM) Code Set Update
3979	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
3980	Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update
3981	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3982	Update to the Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) for Calendar Year (CY) 2018 - Recurring File Update
3983	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3984	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3985	Instructions for Downloading the Medicare ZIP Code File for July 2018
3986	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
3987	Indian Health Services (IHS) Hospital Payment Rates for Calendar Year 2018

3988	April 2018 Update of the Hospital Outpatient Prospective Payment System (OPPS)
3989	April 2018 Integrated Outpatient Code Editor (I/OCE) Specifications Version 19.1
3990	Diagnosis Code Update for Add-on Payments for Blood Clotting Factor Administered to Hemophilia Inpatients
3991	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
3992	Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) General Billing Requirements Coding Requirements for SET Special Billing Requirements for Professional Claims Special Billing Requirements for Institutional Claims Common Working File (CWF) Requirements Applicable Medicare Summary Notice (MSN), Remittance Advice Remark Codes (RARC) and Claim Adjustment Reason Code (CARC) Messaging
3993	Reinstating the Qualified Medicare Beneficiary Indicator in the Medicare Fee-For-Service Claims Processing System from CR 9911 Qualified Medicare Beneficiary (QMB) Program
3994	April Quarterly Update for 2018 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
3995	Correction to Pub. 100-04, Chapter 5
3996	April 2018 Update of the Ambulatory Surgical Center (ASC) Payment System
3997	Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - April 2018 Update
3998	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
3999	Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment
4000	Internet Only Manual Update to Pub 100-04, Chapter 16, Section 40.8 –Date of Service Policy Date of Service (DOS) for Clinical Laboratory and Pathology Specimens
4001	Internet Only Manual Updates to Pub. 100-01, 100-02 and 100-04 to Correct Errors and Omissions (SNF) (2018) Charges to Hold a Bed During SNF Absence Consolidated Billing Requirement for SNFs Furnishing Services that are Subject to SNF Consolidated Billing Under an "Arrangement" With an Outside Entity Other Excluded Services Beyond the Scope of a SNF Part A Benefit Dialysis and Dialysis Related Services to a Beneficiary With ESRD Other Services Excluded from SNF PPS and Consolidated Billing Ambulance Services Same Day Transfer Situations that Require a Discharge or Leave of Absence Determine Utilization on Day of Discharge, Death, or Day Beginning a Leave of Absence Leave of Absence Coverage Table for DME Claims Application of Limitation on Liability to SNF and Hospital Claims for Services Furnished in Noncertified or Inappropriately Certified Beds Determining Liability for Services Furnished in a Noncertified SNF or Hospital Bed
4002	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
4003	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
4004	April Quarterly Update for 2018 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
4005	April 2018 Update of the Hospital Outpatient Prospective Payment System (OPPS)
4006	April 2018 Integrated Outpatient Code Editor (I/OCE) Specifications Version 19.1
4007	Consumer Friendly Spanish Descriptors for the Current Procedural Terminology (CPT) / Level 1 Healthcare Common Procedure Coding System (HCPCS) Codes and a Correction to the Part A Spanish Medicare Summary Notices (MSNs)
4008	Consumer Friendly Spanish Descriptors for the Current Procedural Terminology (CPT) / Level 1 Healthcare Common Procedure Coding System (HCPCS) Codes and a Correction to the Part A Spanish Medicare Summary Notices (MSNs)
4009	Update to the Internet Only Manual (IOM) Publication 100-04 - Medicare Claims Processing Manual, Chapter 27 - Contractor Instructions for Common Working File (CWF) General Information About the Common Working File (CWF) System Common Working File (CWF) Operations Communication between Host and MAC's Jurisdiction Sector Records received by the CWF Hosts Beneficiary Data Streamlining (BDS) Claims Adjustments/Cancels to Posted Claims Claim Maintenance Records Records received from the CWF Hosts BDS Basic Reply Claims Basic Reply Accepted (as is) for Payment Adjusted and Then Accepted for Payment Cancel/Void Claim Accepted Rejected Not in Host's File (NIF) Disposition Code 50 (Not in File) Disposition Code 51 (True Not in File on CMS Batch System) Disposition Code 52 (Beneficiary Record at Another) Disposition Code 53 (Record in CMS Alpha Match) Disposition Code 54 (Matched to Cross-referenced) Disposition Code 55 (Personal Characteristic Mismatch) Disposition Code 56 (MBI/HICN Mismatch) Claim Maintenance Records Basic Reply Unsolicited Response/Informational Unsolicited Response (UR/IUR) Reviewing the Beneficiary and Claim(s) Information

	Online Health Insurance Master Record (HIMR) Display CWF Provider Queries - Online Eligibility Information for Medicare Part A Providers Online Reporting (ORPT) System Display Requesting Assistance in Resolving CWF Utilization Problems Social Security Administration (SSA) Involvement Critical Case Procedure - Establishing Entitlement Referral of Critical Cases to the Regional Office Requesting or Providing Assistance to Resolve CWF Rejects Format for Requesting Assistance From Another A/B MAC or DME MAC on CWF Edits Paying Claims Outside of CWF Requesting to Pay Claims Outside of CWF Procedures for Paying Claims Outside of CWF Contractor Monthly Reports of Claims Paid Outside of CWF MAC Procedure Process Flow of a Change Request Handling Emergency Problems and Problems With Recent CWF Releases Distribution of "CWF Change Control" Reports Channels of Communication Schedule of CWF Software Releases Disposition Codes Error Codes Beneficiary Other Insurance Information (HUBO) Maintenance Transaction Error Codes Consolidated Claims Crossover Process Claims Crossover Disposition and Coordination of Benefits Agreement By-Pass Indicators Special Mass Adjustment and Other Adjustment Crossover Requirements Coordination of Benefits Agreement (COBA) Medigap Claim-Based Crossover Process Inclusion and Exclusion of Specified Categories of Adjustment Claims for Coordination of Benefits Agreement (COBA) Crossover Purposes Health Insurance Portability and Accountability Act (HIPAA) 5010 and National Council for Prescription Drug Programs (NCPDP) D.0 Crossover Requirements
4010	Revisions to Medicare Claims Processing Manual for End Stage Renal Disease
Medicare Secondary Payer (CMS-Pub. 100-05)	
	None
Medicare Financial Management (CMS-Pub. 100-06)	
297	Notice of New Interest Rate for Medicare Overpayments and Underpayments -2nd Qtr Notification for FY 2018
298	Removal of Contractor Reporting Requirements for the Physician Scarcity Area (PSA), the Health Professional Shortage Area Surgical Incentive Payment Program (HSIP) and the Primary Care Payment Incentive Program (PCIP) Quarterly Reports
299	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
300	The Fiscal Year 2018 Updates for the Centers for Medicare and Medicaid Services (CMS) Internet Only Manual (IOM) 100-06 The Medicare Financial Management Manual, Chapter 7 - Internal Control Requirements Federal Managers' Financial Integrity Act of 1982 (FMFIA) Control Activities CMS Contractor Internal Control Review Process and Timeline Risk Assessment Risk Analysis Chart Internal Control Objectives CMS Contractor Control Objectives Policies and Procedures Testing Methods Documentation and Working Papers Certification Package for Internal Controls (CPIC) Requirements OMB Circular A-123 Appendix A: Internal Controls Over Financial Reporting (ICOFR) Certification Statement CPIC- Report of Material Weaknesses CPIC - Report of Internal Control Deficiencies Material Weaknesses Identified During the Reporting Period Statement on Standards for Attestation Engagements (SSAE) Number 18, (SSAE 18) Reporting on Controls at Service Providers Submission, Review, and Approval of Corrective Action Plans Corrective Action Plan (CAP) Reports CMS Finding Numbers Initial CAP Report Quarterly CAP Report CMS CAP Report Template List of CMS Contractor Control Objectives List of Commonly Used Acronyms
301	The Fiscal Year 2018 Updates for the Centers for Medicare and Medicaid Services (CMS) Internet Only Manual (IOM) 100-06 The Medicare Financial Management Manual, Chapter 7 - Internal Control Requirements
302	Removal of Contractor Reporting Requirements for the Physician Scarcity Area (PSA), the Health Professional Shortage Area Surgical Incentive Payment Program (HSIP) and the Primary Care Payment Incentive Program (PCIP) Quarterly Reports
Medicare State Operations Manual (CMS-Pub. 100-07)	
177	Revisions to State Operations Manual (SOM) Appendix G, Guidance for Surveyors: Rural Health Clinics
Medicare Program Integrity (CMS-Pub. 100-08)	
763	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
764	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
765	Medicare Diabetes Prevention Program (MDPP) Enrollment Process Definitions Licenses, Certifications, and Recognition Correspondence Address and E-mail Addresses Practice and Administrative Location Information Section 4 of the Form CMS-20134

	Changes of Information and Ownership Reactivations Site Verifications Provider Enrollment Inquiries Release of Information File Maintenance Model Revalidation Letters Model Revalidation Pend Letter Model Revalidation Deactivation Letter Model Revalidation Past-Due Group Member Letter Model Deactivation Letter due to Inactive Provider/Supplier Letter Model Return Revalidation Letter Model Approval Letter Denial Letter Guidance Denial Example #6 – MDPP Standards Not Met – Ineligible Coach Revocation Letter Guidance Revocation Example #3 – MDPP supplier Use of an Ineligible Coach Model Documentation Request Letter Reactivations - Deactivation for Reasons Other Than Non-Submission of a Claim Reactivations - Deactivation for Non-Submission of a Claim Reactivations– Miscellaneous Policies Revocations Other Identified Revocations
766	External Reporting Requirements Responsibility After Workload Transition Late Documentation Received by the CERT Review Contractor Administrative Relief to Damaged Areas from a Disaster
767	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
768	Post-Payment Review Timeliness Requirements
769	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
770	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
771	Clarification of Instructions Regarding the Intensive Level of Rehabilitation Therapy Services Requirements Medical Review of Inpatient Rehabilitation Facility (IRF) Services Reviewing for Intensive Level of Rehabilitation Therapy Services Requirements
772	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
773	Form CMS-855O Processing Guide
774	Comprehensive Error Rate Testing (CERT) Program Dispute Process Disputing a CERT Decision
775	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
776	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
777	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
778	Updates to Payment Suspension Notice

	Owning and Managing Organizations Delegated Officials Submission of Paper and Internet-based PECOS Certification Statements Form CMS-855A, Form CMS-855B, and Form CMS-20134 Signatories Supporting Documents Supporting Documents for MDPP Suppliers - Recognition Status Timeliness and Accuracy Standards Standards for Initial and Revalidation Applications Form CMS-855 and Form CMS-20134 Applications That Require a Site Visit Form CMS-855 and Form CMS-20134 Applications That Do Not Require a Site Visit Paper Applications - Accuracy Web-Based Applications - Timeliness Web-Based Applications That Require a Site Visit Web-Based Applications That Do Not Require a Site Visit Web-Based Applications - Accuracy Standards for Changes of Information Paper Applications - Timeliness Paper Applications - Accuracy Web-Based Applications - Timeliness Web-Based Applications - Accuracy General Timeliness Principles Application Review and Verification Activities Receipt/Review of Paper Applications Verification of Data/Processing Alternatives Processing Alternatives – Form CMS-20134 Paper Applications Receiving Missing/Clarifying Data/Documentation Paper Applications Internet-Based PECOS Applications Documentation Special Program Integrity Procedures Special Procedures for MDPP Suppliers Special Processing Guidelines for Form CMS-855A, Form CMS-855B, Form CMS-855I, and Form CMS-20134 Applications Returns Rejections Denials Approval of Medicare Diabetes Prevention Program (MDPP) Suppliers Changes of Information - General Procedures Changes of Information and Complete Form CMS-855 and Form CMS-20134 Applications Incomplete or Unverifiable Changes of Information Voluntary Terminations Electronic Funds Transfers (EFT) Existing or Delinquent Overpayments Non-CMS-855 and Non-CMS-20134 Enrollment Activities Contractor Communications Internet-based PECOS Applications Effective Date for MDPP Suppliers Application Fees Background Scope of Site Visit

779	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
780	Update to Exhibit 16 - Model Payment Suspension Letters in Pub. 100-08 Payment Suspension Termination Notice
781	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
782	Update to Chapter 15 of Publication 100-08 - Medicare Enrollment Deactivation Policies Model Deactivation Letter Deactivation Revalidation Lists Mailing Revalidation Letters Large Group Revalidation Coordination
783	Proof of Delivery Exceptions for Immunosuppressant Drugs Paid Under the Durable Medical Equipment (DME) Benefit Exceptions
784	Reviewing for Adverse Legal Actions (ALA) Final Adverse Action Reviewing for Adverse Legal Actions
Medicare Contractor Beneficiary and Provider Communications (CMS-Pub. 100-09)	
	None
Medicare Quality Improvement Organization (CMS- Pub. 100-10)	
	None
Medicare End Stage Renal Disease Network Organizations (CMS Pub 100-14)	
	None
Medicaid Program Integrity Disease Network Organizations (CMS Pub 100-15)	
	None
Medicare Managed Care (CMS-Pub. 100-16)	
	None
Medicare Business Partners Systems Security (CMS-Pub. 100-17)	
	None
Demonstrations (CMS-Pub. 100-19)	
190	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
191	Update to CR9341 Oncology Care Model (OCM) Restricted Care Management Code List
192	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
One Time Notification (CMS-Pub. 100-20)	
1996	Analyze Common Working File (CWF) System and Identify Layouts with Minimum FILLER Areas Available
1997	Enhancement to the Recovery Audit Contractor (RAC) Mass Adjustment Input File
1998	HIGLAS Enhancement Required for Implementation of Overpayment based Denials
1999	Implementation of the Transitional Drug Add-On Payment Adjustment
2000	MCS Proof of Concept to Convert Existing MCSDT Window to Utilize API Technology
2001	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2002	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2003	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2004	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2005	ICD-10 and Other Coding Revisions to National Coverage Determinations (NCDs)
2006	Monthly Status Report (MSR) Excel Data Template Updates and Implementation of MAC/CMS Data Exchange (MDX) Portal System
2007	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2008	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects Within the Common Working File (CWF)
2009	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2010	Analysis Only: Procedures to Handle Foreign (non US) Addresses
2011	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Codes 46, 48, and 49 within the Fiscal Intermediary Shared System (FISS)
2012	Analysis of Reject Responses for Prior Authorization/Pre-Claim Review Requests (PA/PCR) via the Electronic Submission of Medical Documentation (esMD) System and Usage of Standardized Review Reason Codes and Statements
2013	Global Surgical Days for Critical Access Hospital (CAH) Method II
2014	Identifying Prior Hospice Days When Calculating Hospice Routine Home Care Payments After a Transfer
2015	Updates to the Common Working File (CWF) to Allow Entry Code 9 Durable Medical Equipment (DME) Claims to Process Correctly
2016	Part B Detail Line Expansion – VMS
2017	Updates to Common Working File (CWF) Edits for Acute Kidney Injury (AKI) Claims
2018	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Core Reports - Phase 2
2019	Redesign of Flu Vaccines in Fiscal Intermediary Shared System (FISS)
2020	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2021	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Financial Reports - Phase 2
2022	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process
2023	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2024	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2025	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete On-Request Jobs - Phase 1
2026	Part B Detail Line Expansion - Multi-Carrier System (MCS) Phase 8
2027	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction

2028	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Financial Reports - Phase 3
2029	Implementation of Automating First Claim Review in Serial Claims for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
2030	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Core Reports - Phase 3
2031	Modifications to the Implementation of the Paperwork (PWK) Segment of the Electronic Submission of Medical Documentation (esMD) System
2032	Provider Enrollment, Chain, and Ownership System (PECOS) Extract Changes for Multi-Carrier System (MCS) - Analysis Only
2033	ICD-10 and Other Coding Revisions to National Coverage Determinations (NCDs)
2034	Identifying and Eliminating Discrepancies in Shared System Enrollment Data and Provider Enrollment Chain and Ownership System (PECOS) Data
2035	Targeted Probe and Educate Metrics Deliverables Update and Glossary
2036	Targeted Probe and Educate Metrics Deliverables Update and Glossary
2037	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2038	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2039	ICD-10 and Other Coding Revisions to National Coverage Determinations (NCDs)
2040	Appropriate Use Criteria for Advanced Diagnostic Imaging – Voluntary Participation and Reporting Period - Claims Processing Requirements – HCPCS Modifier QQ
2041	Redesign of Flu Vaccines in Fiscal Intermediary Shared System (FISS)
2042	Adjustments to Qualified Medicare Beneficiary (QMB) Claims Processed Under CR 9911
2043	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2016 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)
2044	National Correct Coding Initiative (NCCI) Add-on Codes for Non-Outpatient Prospective Payment System (OPPS) Institutional Providers Implementation
2045	Identifying and Eliminating Discrepancies in Shared System Enrollment Data and Provider Enrollment Chain and Ownership System (PECOS) Data
2046	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2047	Claims Processing Actions to Implement Certain Provisions of the Bipartisan Budget Act of 2018
2048	Fiscal Intermediary Shared System (FISS) Internal Crosswalk Modification
2049	National Supplier Clearinghouse (NSC) Numbers Shortage for Walgreen TIN
Medicare Quality Reporting Incentive Programs (CMS- Pub. 100-22)	
70	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
71	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
72	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
Information Security Acceptable Risk Safeguards (CMS-Pub. 100-25)	
	None

Addendum II: Regulation Documents Published in the Federal Register (January through March 2018)

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-1Q18QPU.pdf

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

Addendum III: CMS Rulings (January through March 2018)

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

The rulings can be accessed at http://www.cms.gov/Regulations-and-Guidance/Guidance/Rulings. For questions or additional information, contact Tiffany Lafferty (410-786-7548).

Addendum IV: Medicare National Coverage Determinations (January through March 2018)

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 are providing 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, MPA (410-786-7491).

Title	NCDM Section	Transmittal Number	Issue Date	Effective Date
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery	NCD 20.35	204	02/02/2018	05/25/2017

Addendum V: FDA-Approved Category B Investigational Device Exemptions (IDEs) (January through March 2018)

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
BB17905	CardiAMP CSCell Separator (BioCardia), Autologous Bone Marrow Mononuclear Cells, Administered via Helix Transendocardial Catheter	01/26/2018
BB17984	Transpose RT System	03/09/2018
BB17991	Safety and Efficacy of Injection of Adipose-Derived Regenerative Cells (ADRCs)	03/09/2018
G150104	MAGFORCE USA,INC	02/09/2018
G170052	XACT Device	01/26/2018
G170203	Phil Embolic System	01/17/2018
G170265	DVisc40 OVD	02/15/2018
G170301	eCoin (Electroceutical Coin)	03/08//2018
G170304	e-OPRA Implant System	01/17/2018
G170309	Boston Scientific Precision Spectra Spinal Cord Stimulator and CoverEdge 32 or X32 Surgical Leads	01/17/2018
G170312	Centralized Lung Evaluation System	01/26/2018
G170315	Model name: Mercury	01/26/2018
G180004	Tigertriever; Tigertriever 17	02/04/2018
G180005	Effectiveness of Repetitive Transcranial Stimulation (rTMS) for the Improvement of Memory in Older Adults with Traumatic Brain injury (TBI)	02/17/2018
G180007	Optune (NovoTTF 200A)	02/17/2018
G180011	Inpatient Safety and Feasibility Evaluation of the Zone-MPC Control Algorithm Integrated into the APS APP	02/15/2018
G180015	enVista Multifocal (Trifocal) Intraocular Lens	02/24/2018
G180017	RxSight Light Adjustable Lens (RxLAL); Light Delivery Device; Insesrtion Device - Cartridge; Insertion Device - Injector Handle	02/28/2018
G180018	Optune - NovoTTF-200A System	02/28/2018
G180020	V-Wave Interatrial Shunt System	03/02/2018
G180021	RADIESSE (+) Lidocaine 1.5cc	03/07/2018
G180023	QuantiFERON-CMV	03/09/2018
G180026	e-OPRA Implant System	03/04/2018
G180027	aerFree (cNEP) AMS device	03/28/2018
G180030	Atom 0.5 Continuous Glucose Monitoring System, G6 Orion Continuous Glucose Monitoring System	03/16/2018
G180031	The Novo TTF-200A System	03/18/2018
G180034	Water Jet Model ERBEJET 2 System with HybridAPC Probe	03/22/2018
G180035	Obalon Balloon System with Navigation and Touch	03/23/2018
G180037	BreathID MCS	03/27/2018
G180041	Optilume Drug Coated Balloon (DCB) Catheter	03/30/2018
G180044	Next-Generation TECNIS Symfony Extended Range of Vision IOL	03/30/2018

Addendum VI: Approval Numbers for Collections of Information (January through March 2018)

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 William Parham (410-786-4669).

Addendum VII: Medicare-Approved Carotid Stent Facilities, (January through March 2018)

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 Sarah Fulton, MHS (410-786-2749).

Facility	Provider Number	Effective Date	State
The following facilities are new listings for this quarter.			
Aultman Hospital 2600 Sixth Street S.W. Canton, OH 44710	1356376131	01/03/2018	OH
Lake Charles Memorial Hospital 1701 Oak Park Boulevard Lake Charles, LA 70601	1972549855	01/23/2018	LA
Saint Thomas Midtown Hospital 2000 Church Street Nashville, TN 37236	440113	02/08/2018	TN
West Hills Hospital & Medical Center 7300 Medical Center Drive West Hills, CA 91307	1023065729	03/20/2018	CA
The following facilities have editorial changes (in bold).			
FROM: Franciscan St. Anthony Health – Michigan City **TO: Franciscan Health Michigan City** 301 West Homer Street Michigan City, IN 46360	**171005194**	07/06/2006	IN
FROM: Franciscan Physicians Hospital **TO: Franciscan Health Munster** 701 Superior Avenue Munster, IN 46321	**1427493246**	12/03/2008	IN
FROM: Mercy Health Center **TO: Mercy Hospital Oklahoma City** 4300 W. Memorial Rd Oklahoma City, OK 73120	370013	04/12/2005	OK
FROM: Baptist Hospital East **TO: Baptist Health Louisville** 4000 Kresge Way Louisville, KY 40207	180130	06/14/2005	KY
FROM: Tenet Health System **TO:Amisub of South Carolina, Inc.** 222 South Herlong Avenue Rock Hill, SC 29732 D/B/A Piedmont Medical Center	420002	06/14/2005	SC
FROM: St. Elizabeth Medical Center South Unit **TO: St. Elizabeth Healthcare Edgewood** 1 Medical Village Drive Edgewood, KY 41017	180035	04/26/2005	KY
FROM: St. Elizabeth Florence **TO: St. Elizabeth Healthcare Florence** 4900 Houston Road Florence, KY 41042	180045	11/03/2005	KY
FROM: United Hospital System, Inc. **TO: Froedtert South Inc.** 6308 Eighth Avenue Kenosha, WI 53143-5082 **Dba Kenosha Medical Center and St. Catherine's Medical Center**	520021	12/21/2007	WI

Addendum VIII:
American College of Cardiology's National Cardiovascular Data Registry Sites (January through March 2018)

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 Sarah Fulton, MHS (410-786-2749).

Facility	City	State
The following facilities are new listings for this quarter.		
Wayne Memorial Hospital	Honesdale	PA
Colquitt Regional Medical Center	Moultrie	GA
Roger Williams Medical Center	Providence	RI
Pinnacle Healthcare, LLC	Crown Point	IN
Peter Munk Cardiac Centre	Toronto	ON
Mount Sinai Hospital	Chicago	IL
WellStar North Fulton Hospital	Roswell	GA
Arcadia Outpatient Surgery Center, LP	Arcadia	CA
St. Francis Medical Center	Colorado Springs	CO
Avita Ontario Hospital	Ontario	OH
J.C. Blair Memorial Hospital	Huntingdon	PA
Providence Medford Medical Center	Medford	OR
Tristar Horizon Medical Center	Dickson	TN

Addendum IX: Active CMS Coverage-Related Guidance Documents (January through March 2018)

CMS issued a guidance document on November 20, 2014 titled "Guidance for the Public, Industry, and CMS Staff: Coverage with Evidence Development Document". Although CMS has several policy vehicles relating to evidence development activities including the investigational device exemption (IDE), the clinical trial policy, national coverage determinations and local coverage determinations, this guidance document is principally intended to help the public understand CMS's implementation of coverage with evidence development (CED) through the national coverage determination process. The document is available at http://www.cms.gov/medicare-coverage-database/details/medicare-coverage-document-details.aspx?MCDId=27. There are no additional Active CMS Coverage-Related Guidance Documents for the 3-month period. For questions or additional information, contact JoAnna Baldwin, MS (410-786-7205).

Addendum X:
List of Special One-Time Notices Regarding National Coverage Provisions (January through March 2018)

There were no special one-time notices regarding national coverage provisions published in the 3-month period. This information is available at www.cms.hhs.gov/coverage. For questions or additional information, contact JoAnna Baldwin, MS (410-786 7205).

Addendum XI: National Oncologic PET Registry (NOPR) (January through March 2018)

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 additions, deletions, or editorial changes to the listing of National Oncologic Positron Emission Tomography Registry (NOPR) in the 3-month period. This information is available at http://www.cms.gov/MedicareApprovedFacilitie/NOPR/list.asp#TopOfPage. For questions or additional information, contact Stuart Caplan, RN, MAS (410-786-8564).

Addendum XII: Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities (January through March 2018)

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 to the list of Medicare-approved facilities that meet our standards that have occurred 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 Linda Gousis, JD, (410-786-8616).

Facility	Provider Number	Date Approved	State
The following facilities are new listings for this quarter.			
CJW Medical Center – Johnston Willis Hospital 1401 Johnston Willis Dr. Richmond, VA 23225 Other Information: DNV-GL #252385-2017-VAD	490112	12/19/2017	VA
Wellstar Kennestone Hospital 677 Church Street Marietta, GA 30060 Other Information: Joint Commission # 6711	110035	11/08/2017	GA
The following facilities have editorial changes (in bold).			
FROM: Methodist Specialty and Transplant Hospital TO: Methodist Hospital 7700 Floyd Curl Drive San Antonio, TX 78229 Other Information: Joint Commission # 9219	450388	**08/09/2017**	TX
Barnes-Jewish Hospital **1 Barnes Jewish Hospital Plaza Saint Louis, MO 63110 Other Information: Joint Commission # 8387**	260032	**11/11/2017**	MO
Riverside Methodist Hospital 3535 Olentangy River Road Columbus, OH 43214 **Other Information: Joint Commission # 7030**	360006	**08/30/2017**	OH
Lehigh Valley Hospital 1200 S. Cedar Crest Boulevard Allentown, PA 18105 **Other Information: Joint Commission # 4880**	390133	**12/13/2017**	PA

Facility	Provider Number	Date Approved	State
FROM: Christiana Care – Christiana Hospital TO: Christiana Hospital 4755 Ogletown-Stanton Road Newark, DE 19718 **Other Information: Joint Commission # 6237**	08-0001	**10/25/2017**	DE
University of California San Diego Medical **200 West Arbor Drive San Diego, CA 92103** **Other Information: Joint Commission # 10071**	050025	**10/18/2017**	CA
FROM: University of Chicago Hospitals and Health System TO: University of Chicago Medical Center 5841 South Maryland Avenue Chicago, IL 60637 **Other Information: Joint Commission # 7315**	140088	**10/25/2017**	IL
Keck Hospital of USC 1500 San Pablo Street Los Angeles, CA 90033 **Other Information: Joint Commission # 5033**	050696	**10/21/2017**	CA
FROM: Sutter Memorial Hospital TO: Sutter Medical Center 2825 Capitol Avenue Sacramento, CA 95816 **Other Information: Joint Commission # 2902**	050108	**11/08/2017**	CA
FROM: CJW Medical Center – Johnston Willis Hospital TO: CJW Medical Center – Chippenham Hospital 7101 Jahnke Road Richmond, VA 23225 **Other Information: DNV-GL #252385-2017-VAD**	490112	**12/19/2017**	VA
New York-Presbyterian/Weill Cornell Medical Center 525 East 68th Street New York, NY, 10065 **Other Information: Joint Commission # 5838**	33-0101	**10/26/2017**	NY
FROM: St Luke's Medical Center TO: Aurora St. Luke's Medical Center of Aurora Health Care Metro, Inc. 2900 W Oklahoma Avenue Milwaukee, WI 53215 **Other Information: Joint Commission # 7675**	520138	**11/15/2017**	WI
FROM: University of Kentucky Health Care - Chandler Hospital TO: University of Kentucky Hospital/ UK Albert B. Chandler Hospital 800 Rose Street Lexington, KY 40536 **Other Information: Joint Commission # 7760**	180067/1518911338	**12/06/2017**	KY
FROM: Jackson Memorial Hospital, University of Miami TO: Jackson Memorial Hospital 1611 NW 12th Avenue Miami, FL 33136 **Other Information: Joint Commission # 6850**	100022	**12/09/2017**	FL
Westchester Medical Center 100 Woods Road Valhalla, NY 10595 **Other Information: Joint Commission # 2518**	330234	**12/20/2017**	NY

Facility	Provider Number	Date Approved	State
FROM: Morristown Memorial Hospital TO: Morristown Medical Center 100 Madison Avenue Morristown, NJ 07960 **Other Information: Joint Commission # 5958**	310015	**12/13/2017**	NJ
FROM: Ochsner Clinic Foundation TO: Ochsner Medical Center 1514 Jefferson Highway New Orleans, LA 70121 **Other Information: Joint Commission # 8777**	190036	**12/13/2017**	LA
FROM: Scott & White Memorial Hospital TO: Scott & White Medical Center 2401 South 31st Street Temple, TX 76508 **Other Information: Joint Commission # 9241**	450054	**12/20/2017**	TX
University of Washington Medical Center 1959 NE Pacific Street Seattle, WA 98195 **Other Information: Joint Commission # 9626**	500008	**12/06/2017**	WA
Mayo Clinic Hospital-Rochester **1216 2nd St SW Rochester, MN 55902** **Other Information: Joint Commission # 8181**	240010	**03/24/2018**	MN
University of Texas Medical 301 University Boulevard Galveston, TX 77555 **Other Information: Joint Commission # 9058**	450018	**01/31/2018**	TX

Addendum XIII: Lung Volume Reduction Surgery (LVRS) (January through March 2018)

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 editorial updates to the listing of facilities for lung volume reduction surgery published in the 3-month period. This information is available at www.cms.gov/MedicareApprovedFacilitie/LVRS/list.asp#TopOfPage. For questions or additional information, contact Sarah Fulton, MHS (410-786-2749).

Facility	Provider Number	Date Approved	State
The following facilities have editorial changes (in bold).			
FROM: The Ohio State University Hospital TO: Ohio State University Hospitals 410 West Tenth Avenue, DN 168 Columbus, OH 43210 **Other Information: Joint Commission # 7029**	36-0085	**10/29/2016**	OH
FROM: Temple University Hospital TO: Temple University Hospital, Inc. 3401 North Broad Street Philadelphia, PA 19140 **Other Information: Joint Commission # 6152**	39-0027	**03/25/2017**	PA

Facility	Provider Number	Date Approved	State
Memorial Medical Center 701 North First Street Springfield, IL 62781-0001 **Other Information:** **Joint Commission # 7431**	14-0148	**05/06/2017**	IL

Addendum XIV: Medicare-Approved Bariatric Surgery Facilities (January through March 2018)

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).

There were no additions, deletions, or editorial changes to Medicare-approved facilities that meet CMS's minimum facility standards for bariatric surgery that 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 Sarah Fulton, MHS (410-786-2749).

Addendum XV: FDG-PET for Dementia and Neurodegenerative Diseases Clinical Trials (January through March 2018)

There were no FDG-PET for Dementia and Neurodegenerative Diseases Clinical Trials published in the 3-month period.

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. 2018–09430 Filed 5–3–18; 8:45 a.m.]
BILLING CODE 4120–01–C

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1707–N]

Medicare Program: Announcement of the Advisory Panel on Hospital Outpatient Payment (the Panel) Meeting on August 20–21, 2018

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (DHHS).

ACTION: Notice.

SUMMARY: This notice announces the annual meeting of the Advisory Panel on Hospital Outpatient Payment (the Panel) for 2018. The purpose of the Panel is to advise the Secretary of Department of Health and Human Services and the Administrator of the Centers for Medicare & Medicaid Services concerning the clinical integrity of the Ambulatory Payment Classification groups and their associated weights as well as hospital outpatient therapeutic services supervision issues. The advice provided by the Panel will be considered as we prepare the annual updates for the hospital outpatient prospective payment system.

DATES:

Meeting Dates: Monday, August 20, 2018, 9:30 a.m. to 5 p.m. EDT through Tuesday, August 21, 2018, 9:30 a.m. to 1 p.m. EDT.

The times listed in this notice are Eastern Daylight Time (EDT) and are approximate times. Consequently, the meetings may last longer or be shorter than the times listed in this notice, but will not begin before the posted times:

Meeting Information Updates: The actual meeting hours and days will be posted in the agenda. As information and updates regarding the onsite, webcast, and teleconference meeting and the agenda become available, they will be posted to our website at: *http://cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonAmbulatoryPaymentClassificationGroups.html.*

Deadline for Presentations and Comments: Presentations or comments and form CMS–20017, (located at *https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms20017.pdf*) must be received by 5 p.m. EDT, Monday, July 23, 2018. Presentations and comments that are not received by the due date and time will be considered late and will not be included on the agenda. In commenting, refer to file code CMS–1707–N.

Meeting Registration Timeframe: Monday, June 25, 2018, through Monday, July 30, 2018 at 5 p.m. EDT.

Participants planning to attend this meeting in person must register online, during the specified timeframe at: *https://www.cms.gov/apps/events/default.asp.* On this web page, double click the ''Upcoming Events'' hyperlink, and then double click the ''HOP Panel'' event title link and enter the required information. Include any requests for special accommodations.

Note: Participants who do not plan to attend the meeting in person should not register. No registration is required for participants who plan to participate in the meeting via webcast or teleconference.

Because of staff and resource limitations, we cannot accept comments and presentations by facsimile (FAX) transmission.

Deadline for Requesting Special Accommodations: Monday, July 30, 2018 at 5 p.m. EDT.

ADDRESSES:

Meeting Location, Webcast, and Teleconference.

The meeting will be held in the Auditorium at the CMS Single Site campus, 7500 Security Boulevard, Baltimore, MD 21244. Alternately, the public may either view this meeting via a webcast or listen by teleconference. During the scheduled meeting, webcasting is accessible online at: *http://cms.gov/live.* Teleconference dial-in information will appear on the final meeting agenda, which will be posted on our website when available at: *http://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonAmbulatoryPaymentClassificationGroups.html.*

News Media. Press inquiries are handled through the CMS Press Office at (202) 690–6145.

Advisory Committees' Information Lines. The phone number for the CMS Federal Advisory Committee Hotline is (410) 786–3985.

Websites. For additional information on the Panel, including the Panel charter, and updates to the Panel's activities, we refer readers to view our website at: *http://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonAmbulatoryPaymentClassificationGroups.html.*

Information about the Panel and its membership in the Federal Advisory Committee Act database are also located at: *http://facadatabase.gov/.*

Registration: The meeting is open to the public; but attendance is limited to the space available and registration is required. Priority will be given to those who pre-register and attendance may be limited based on the number of registrants and the space available.

Persons wishing to attend this meeting, which is located on federal property, must register by following the instructions in the **DATES** section of this notice under ''Meeting Registration Timeframe''. A confirmation email will be sent to the registrants shortly after completing the registration process.

FOR FURTHER INFORMATION CONTACT: Elise Barringer, Designated Federal Official (DFO), 410–786–9222, email at *APCPanel@cms.hhs.gov.* Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail Stop: C4–04–25, Baltimore, MD 21244–1850.

SUPPLEMENTARY INFORMATION:

I. Background

The Secretary of the Department of Health and Human Services (DHHS) is required by section 1833(t)(9)(A) of the Social Security Act (the Act) and is allowed by section 222 of the Public Health Service Act (PHS Act) to consult with an expert outside panel, such as the Advisory Panel on Hospital Outpatient Payment (the Panel), regarding the clinical integrity of the Ambulatory Payment Classification (APC) groups and relative payment weights. The Panel is governed by the provisions of the Federal Advisory Committee Act (Pub. L. 92–463), as amended (5 U.S.C. Appendix 2), to set forth standards for the formation and use of advisory panels. We consider the technical advice provided by the Panel as we prepare the proposed and final rules to update the Hospital Outpatient Prospective Payment System (OPPS) for the following calendar year.

II. Meeting Agenda

The agenda for the August 20 through August 21, 2018 Panel meeting will provide for discussion and comment on the following topics as designated in the Panel's Charter:

- Addressing whether procedures within an APC group are similar both clinically and in terms of resource use.
- Evaluating APC group structure.
- Reviewing the packaging of OPPS services and costs, including the methodology and the impact on APC groups and payment.
- Removing procedures from the inpatient-only list for payment under the OPPS.
- Using single and multiple procedure claims data for Center for Medicare & Medicaid's (CMS') determination of APC group weights.