

Dated: August 8, 2018.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

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BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-9110-N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—April through June 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 April through June 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: August 3, 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: August 4, 2017 (82 FR 36404), October 27, 2017 (82 FR 49819), January 26, 2018 (83 FR 3716) and May 4, 2018 (83 FR 19769). 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 (April through June 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 Bundled Payments for Care Improvement Advanced (BPCI Advanced Skilled Nursing Facility (SNF) Waiver, use (CMS-Pub. 100-01) Transmittal No. 115.

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)	
115	Bundled Payments for Care Improvement Advanced (BPCI Advanced Skilled Nursing Facility (SNF) Waiver
116	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
Medicare Benefit Policy (CMS-Pub. 100-02)	
243	Ambulance Transportation for a Skilled Nursing Facility (SNF) Resident in a Stay Not Covered by Part A - Medicare Benefit Policy Manual, Chapter 10 and Medicare Claims Processing Manual, Chapter 15
Medicare National Coverage Determination (CMS-Pub. 100-03)	
243	Ambulance Transportation for a Skilled Nursing Facility (SNF) Resident Stay Not Covered by Part A - Medicare Benefit Policy Manual, Chapter 10 and Medicare Claims Processing Manual, Chapter 15
Medicare Claims Processing (CMS-Pub. 100-04)	
4015	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
4016	Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)

	--Table of Contents/390-Supervised Exercise Therapy (SET) for Treatment of 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
4017	Increased Ambulance Payment Reduction for Non-Emergency Basic Life Support (BLS) Transports to and from Renal Dialysis Facilities Payment for Non-Emergency BLS Trips to/from ESRD Facilities
4018	New Waived Tests
4019	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
4020	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
4021	Ambulance Transportation for a Skilled Nursing Facility (SNF) Resident in a Stay Not Covered by Part A - Medicare Benefit Policy Manual, --Chapter 10 and Medicare Claims Processing Manual, Chapter 15
4022	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 24.2 Effective July 1, 2018
4023	Update of Internet Only Manual (IOM), Medicare Claims Processing Manual, Publication 100-04, Chapter 37 - Department of Veterans Affairs (VA) Claims Adjudication Services Project
4024	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
4025	Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - July 2018 Update
4026	Revisions to the Telehealth Billing Requirements for Distant Site Services
4027	Inexpensive or Routinely Purchased Durable Medical Equipment (DME) --Payment Classification for Speech Generating Devices (SGD) and Accessories --Inexpensive or Other Routinely Purchased DME --Billing for Inexpensive or Other Routinely Purchased DME --Inexpensive or Other Routinely Purchased DME --Billing for Inexpensive or Other Routinely Purchased DME
4028	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
4029	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
4030	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
4031	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
4032	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
4033	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction

	Confidentiality of Instruction
4034	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
4035	Enhancements to Processing of Hospice Routine Home Care Payments Payer Only Codes Utilized by Medicare Data Required on the Institutional Claim to A/B MAC (HHH) Input/Output Record Layout
4036	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP) - July 2018
4037	Removal of KH Modifier from Capped Rental Claims Showing Whether Rented or Purchased
4038	Notification of Change in Instructions for Handling IRF Active Provider List
4039	New Physician Specialty Code for Medical Genetics and Genomics
4040	Revision to the Skilled Nursing Facility (SNF) Pricer to Support Value-Based Purchasing (VBP) --Billing SNF PPS Services --Input/Output Record Layout --Billing in Benefits Exhaust and No-Payment Situations
4041	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
4042	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
4043	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
4044	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
4045	Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment
4046	Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) PPS Extensions per the Advancing Chronic Care, Extenders, and Social Services (ACCESS) Act Included in the Bipartisan Budget Act 2018
4047	Updates to Publication 100-04, Chapters 1 and 27 to Replace Remittance Advice Remark Code (RARC) MA61 with N382
4048	Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - July 2018 Update
4049	Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) General Billing Requirements --Coding Requirements for SET --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
4050	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
4051	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
4052	Removal of KH Modifier from Capped Rental Claims Payment System (PPS)
4053	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July 2018 Update

4054	Implement Operating Rules - Phase III Electronic Remittance Advice (ERA) Electronic Funds Transfer (EFT): Committee on Operating Rules for Information Exchange (CORE) 360 Uniform Use of Claim Adjustment Reason Codes (CARC), Remittance Advice Remark Codes (RARC) and Claim Adjustment Group Code (CAGC) Rule - Update from Council for Affordable Quality Healthcare (CAQH) CORE
4055	Annual Updates to the Prior Authorization/Pre-Claim Review Federal Holiday Schedule Tables for Generating Reports
4056	Instructions for Downloading the Medicare ZIP Code File for October Files
4057	Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update
4058	Common Edits and Enhancements Modules (CEM) Code Set Update
4059	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity
4060	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity
4061	July 2018 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
4062	Diagnosis Code Update for Add-on Payments for Blood Clotting Factor Administered to Hemophilia Inpatients --Payment for Blood Clotting Factor Administered to Hemophilia Inpatients
4063	New Q Code for In-Line Cartridge Containing Digestive Enzyme(s)
4064	July 2018 Update of the Hospital Outpatient Prospective Payment System (OPPS)
4065	July 2018 Integrated Outpatient Code Editor (I/OCE) Specifications Version 19.2
4066	Claim Status Category and Claim Status Codes Update
4067	July 2018 Update of the Ambulatory Surgical Center (ASC) Payment System
4068	E/M Service Documentation Provided by Students (Manual Update)
4069	Alignment of Coordination of Benefits Agreement (COBA) Internet Only Manual References --Assignment of Claims and Transfer Policy --MSN Messages --Returned Medigap Notices --Coordination of Medicare With Medigap and Other Complementary Health Insurance Policies --Standard Medicare Charges for COB Records --Consolidation of the Claims Crossover Process --Coordination of Benefits Agreement (COBA) Full Claim File Repair Process --Coordination of Benefits Agreement (COBA) Eligibility File Claims Recovery Process --Coordination of Benefits Agreement (COBA) Medigap Claim-Based Crossover Process --Electronic Transmission - General Requirements
4070	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP) - October 2018
4071	Update of Internet Only Manual (IOM), Medicare Claims Processing Manual,

	Publication 100-04, Chapter 18- Preventive and Screening Services, and Chapter 35 - Independent Diagnostic Testing Facility (IDTF)
4072	July Quarterly Update for 2018 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
4073	Quarterly Update to the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS)
4074	July 2018 Integrated Outpatient Code Editor (I/OCE) Specifications
4075	July 2018 Update of the Hospital Outpatient Prospective Payment System (OPPS)
Medicare Secondary Payer (CMS-Pub. 100-05)	
117	None Remote Identity Proofing (RIDP) and Multi-Factor Authentication (MFA) for Electronic Correspondence Referral System (ECRS) Web Users
118	Individuals Not Subject to the Limitation on Medicare Secondary Payment (MSP)
119	Implement the International Classification of Diseases, Tenth Revision (ICD-10) 2018 General Equivalence Mappings (GEMs) Tables in the Common Working File (CWF) for Purposes of Processing Non-Group Health Plan (NGHP) Medicare Secondary Payer (MSP) Records and Claims
120	Electronic Correspondence Referral System (ECRS) User Guide Medicare Beneficiary Identifier (MBI) Modifications including Updated Enterprise Identity Management (EIDM) Multi-Factor Authentication (MFA)/Remote Identity Proofing (RIDP) Screen Shots
121	Update the International Classification of Diseases, Tenth Revision (ICD-10) 2019 Tables in the Common Working File (CWF) for Purposes of Processing Non- Group Health Plan (NGIIP) Medicare Secondary Payer (MSP) Records and Claims
Medicare Financial Management (CMS-Pub. 100-06)	
303	Notice of New Interest Rate for Medicare Overpayments and Underpayments 3rd Qtr Notification for FY 2018
304	New Physician Specialty Code for Medical Genetics and Genomics Part D(1) - Claims Processing Timeliness - All Claims Part E - Interest Payment Data Classification of Claims for Counting Physician/Limited License Physician Specialty Codes Exhibit
Medicare State Operations Manual (CMS-Pub. 100-07)	
178	Revisions to State Operations Manual (SOM) Appendix J, Part I Survey Protocol for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
Medicare Program Integrity (CMS-Pub. 100-08)	
785	Clarifying Instructions Related to Proof of Delivery and Dates of Service
786	Reimbursing Providers and Health Information Handlers (HIHs) for Additional Documentation
787	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
788	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
789	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction

790	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
791	Restoring Section 3.2.3 B. and Section 3.2.3 C. to Chapter 3 of Publication (Pub.) 100-08 in the Internet Only Manual (IOM Requesting Additional Documentation During Prepayment and Postpayment Review
792	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
793	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
794	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
795	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
796	Intent to Reopen
797	Reviewing for Adverse Legal Actions (ALA)
798	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
799	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
800	Comprehensive Error Rate Testing (CERT) Update to Chapter 12 of Publication (Pub.) 100-08
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)	
14	IOM 100-17 Updates Additional Requirements for MACs Principal Systems Security Officer (SSO) Control Components Reporting Requirements Risk Assessment (RA) Certification Annual FISMA Assessment (FA) Plan of Action and Milestones Timing Requirements for Compliance Conditions Security Incident Reporting and Response Patch Management Security Configuration Management Security Technical Implementation Guides (STIG) National Institute of Standards and Technology (NIST) End of Life Technology Components Cloud Computing MAC ARS Control Tailoring Data Loss Prevention

	Wireless Access Monitoring Malicious Software Whitelisting Data Encryption Security Level by Information Type Minimum System Security Requirements—HIGH Internet Security Introduction Safeguards against Employee Fraud Attachment 1/MAC ARS
Demonstrations (CMS-Pub. 100-19)	
193	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
194	Medicare Diabetes Prevention Program (MDPP) Model Expansion Medicare Beneficiary Database (MBD) File Data for the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HEITS)
195	Update to CR9341 Oncology Care Model (OCM) Restricted Care Management Code List
196	Comprehensive ESRD Care (CEC) Model Telehealth - Implementation
One Time Notification (CMS-Pub. 100-20)	
2050	Modifications to the Implementation of the Paperwork (PWK) Segment of the Electronic Submission of Medical Documentation (esMD) System
2051	Claims Processing Actions to Implement Certain Provisions of the Bipartisan Budget Act of 2018
2052	Issued to a specific audience, not posted to Internet/ Intranet due to a Sensitivity
2053	Issued to a specific audience, not posted to Internet/ Intranet due to a Sensitivity
2054	Change in Type of Service (TOS) for Current Procedural Terminology (CPT) Code 77067
2055	Update to the Hospital Transfer Policy for Early Discharges to Hospice Care
2056	User CR: Develop Enhanced Claims Search Reporting in Fiscal Intermediary Shared System (FISS) - Phase 1
2057	Common Working File (CWF) to Increase Next Eligible Date Occurrences to 99 for Preventative Services
2058	Issued to a specific audience, not posted to Internet/ Intranet due to a Sensitivity
2059	Issued to a specific audience, not posted to Internet/ Intranet due to a Sensitivity
2060	Issued to a specific audience, not posted to Internet/ Intranet due to a Sensitivity
2061	Issued to a specific audience, not posted to Internet/ Intranet due to a Sensitivity
2062	Updates to Peritoneal Dialysis Claims Processing, Provider Statistical and Reimbursement Report (PSR) and Payment for Ultrafiltration for Beneficiaries with Acute Kidney Injury (AKI)
2063	Processing Instructions to Update the Identification Code Qualifier Being Used in the NM108 Data Element at the 2100 Loop, NM1- Patient Name Segment in the 835 Guide

2064	Part B Detail Line Expansion - Fiscal Intermediary Shared System (FISS)
2065	Part B Detail Line Expansion - Multi-Carrier System (MCS) Phase 9
2066	Enhancement for Undeliverable Pay Medicare Summary Notices (MSNs) for Multi-Carrier System (MCS) Users
2067	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete On-Request Jobs - Phase 2
2068	Common Working File (CWF) Split Medicare Part A Claims to Carry 50 Lines per Segment Rather than 100 Lines per Segment
2069	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete On-Request Jobs - Phase 3
2070	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects within the Fiscal Intermediary Shared System - (Removing/Archiving Demonstration Codes 51 and 56)
2071	Phase 4 - Updating the Fiscal Intermediary Shared System (FISS) to Make Payment for Drugs and Biologicals Services for Outpatient Prospective Payment System (OPPS) Providers
2072	Implementation of Business Requirements to Increase Claim Counter Maximum and Create Auto-Deletion Utility
2073	Use the VMAP/4D States Table in all VMS Address Processing
2074	Modifying FISS Part B Claims Overlap Edits
2075	Medicare Cost Report E-Filing (MCR eF)
2076	International Code of Diseases, Tenth Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)
2077	Clean-up of Fiscal Intermediary Shared System (FISS) Reason Codes and Quarterly Reports
2078	Issued to a specific audience, not posted to Internet/ Intranet due to a Sensitivity
2079	Identifying and Eliminating Discrepancies between the Provider Enrollment, Chain and Ownership System (PECOS) and the Fiscal Intermediary Shared System (FISS)
2080	Fee-For-Service (FFS) Shared System Maintainers (SSMs) Standardized Release Identification (ID) Format
2081	Transition Letter Writing from Client Letter Software to the Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs)
2082	Analysis for Mandatory Support of Review Contractors to Send Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System
2083	Implementation of Changes to the Pre-Payment Additional Documentation Request (ADR) Letters for Medical Review
2084	Analysis and Design for Fiscal Intermediary Shared System (FISS), Multi-Carrier System (MCS), and Viable Information Processing System (VIPS) Medicare System (VMS) Prepayment Review Report
2085	Implementation of Procedures for Undeliverable Medicare Summary Notices (uMSNs) and Summary MSNs for Previously Undeliverable MSNs for FISS and MCS (No-Pay only)
2086	Combined Common Edits/Enhancements Module (CEEM) Updates for Apache POI (version 3.14.0) to Apache POI (version 3.17) and Analysis from JAVA (version 6) to JAVA (version 7)
2087	Issued to a specific audience, not posted to Internet/ Intranet due to a

	Sensitivity
2088	Issued to a specific audience, not posted to Internet/ Intranet due to a Sensitivity
2089	Standardization of Case File Transmittal and Provider Information Processes, Bankruptcy, Payment Hold, and Cancellation Reporting Between the Medicare Administrative Contractors (MAC) and the Recovery Audit Contractor (RAC)
2090	Use the VMAP/4D States Table in all VMS Address Processing
2091	Identifying and Eliminating Discrepancies between the Provider Enrollment, Chain and Ownership System (PECOS) and the Fiscal Intermediary Shared System (FISS)
2092	Analysis for First Coast Service Options (FCSO) and Novitas for the Security Assertion Markup Language 2.0 (SAML 2.0) Migration
Medicare Quality Reporting Incentive Programs (CMS- Pub. 100-22)	
76	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
Information Security Acceptable Risk Safeguards (CMS-Pub. 100-25)	
5	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction

Addendum II: Regulation Documents Published in the Federal Register (April through June 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-2Q18QPU.pdf>

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

**Addendum III: CMS Rulings
(April through June 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
(April through June 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. There were no national coverage determinations (NCDs), or reconsiderations of completed NCDs published 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).

Addendum V: FDA-Approved Category B Investigational Device Exemptions (IDEs) (April through June 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
BB18107	Miltenyi CliniMACS System	04/12/2018
BB18136	Miltenyi CliniMACS TCRalpha/beta, CD19, CD45RA System	05/01/2018
BB18220	Magnetic-Activated Cell Sorter (CliniMACS, Miltenyi) for CD45RA+ Depletion; Allogeneic Unrelated and Partially Matched Related, G-CSF Mobilized Peripheral Blood Stem Cell Addback with TCRab+ and CD19 Depletion following Chemotherapy	06/08/2018
G160220	Stellarex 0.014" OTW Drug-coated Angioplasty Balloon	05/03/2018
G170030	MiStent Sirolimus Eluting Absorbable Polymer Coronary Stent System (MiStent II) in the CRYSTAL Clinical Study	06/15/2018
G170190	AXIOS Stent and Electrocautery Enhanced Delivery System 10mmx10mm; AXIOS Stent and Electrocautery Enhanced Delivery System 15mmx10mm	04/10/2018
G170209	JUVEDERM VOLUX XC	04/26/2018
G170274	AtriCure Synergy Ablation System	04/27/2018
G180001	iStent infinite Model iS3	04/11/2018
G180033	Edwards Transcatheter Atrial Shunt System	05/24/2018
G180045	CENTERA Transcatheter Heart Valve System	04/04/2018
G180048	Boston Scientific Embozene Color-Advanced Microspheres for Embolization	04/05/2018
G180049	Exablate Model 4000 Type-2 for Blood-Brain Barrier Disruption (BBBD)	04/04/2018
G180052	XIENCE Alpine Everolimus Eluting Coronary Stent System, XIENCE Xpedition Everolimus Coronary Stent System	04/13/2018
G180053	t:slim X2 with Control-IQ Technology	04/13/2018
G180057	Effectiveness of spinal cord stimulation for the management of freezing of gait and locomotion in Parkinson's disease	04/19/2018
G180058	SYNCHRONY Cochlear Implant	04/13/2018

IDE	Device	Start Date
G180059	VENTANA PATHWAY HER-2/neu (4B5) Rabbit Monoclonal Primary Antibody Assay	04/20/2018
G180063	Restylane Defyne	04/27/2018
G180064	Juvederm Volite XC	04/27/2018
G180068	Guardant360 CDx Test	05/02/2018
G180070	Slit Stent II Lacrimal Stent	05/04/2018
G180071	PN40082 (with lidocaine) for Lip Augmentation	05/04/2018
G180073	DES BTK Drug-Eluting Vascular Stent System	05/11/2018
G180074	Next-Generation Sequencing Minimal Residual Disease Assay (NGS MRD Assay)	05/16/2018
G180085	MagVenture MagPro R30 transcranial stimulator	06/13/2018
G180090	Synergy Disc	06/06/2018
G180091	Abbott Laboratories Infinity implantable deep brain stimulation system	06/18/2018
G180092	Celcuity CELx HER2 Signaling Function Test	06/07/2018
G180093	NovoTTF-100M System	06/09/2018
G180094	NeVa VS	06/10/2018
G180096	SERF (Saline Enhanced Radio-Frequency) Ablation System	06/14/2018
G180097	Medtronic Summit RC+S System	06/14/2018
G180100	Easytech Reversed Shoulder System	06/14/2018
G180102	Accelerated rTMS as a treatment for post-stroke depression in the subacute phase: an open label pilot study	06/28/2018
G180109	LUM Imaging System	06/29/2018
G180110	Boston Scientific Precision Spectra Spinal Cord Stimulator and CoverEdge X32 Surgical Leads	06/01/2018
G180113	Pneumatic Vitreolysis on Vitreomacular Traction (Protocol AG); Pneumatic Vitreolysis for Macular Hole (Protocol AH)	06/29/2018
G180115	HydroPearl Microspheres	06/29/2018

Addendum VI: Approval Numbers for Collections of Information (April through June 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, (April through June 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.			
Western Maryland Health System 12500 Willowbrook Road Cumberland, MD 21502	1609831247	04/10/2018	MD
Methodist Health Centers 17201 Interstate 45 South The Woodlands, TX 77385	1184179194	04/23/2018	TX
Other Information: d/b/a Houston Methodist – The Woodlands Hospital			
Garden City Hospital 6425 Inkster Road Garden City, MI 48136	1578550174	05/09/2018	MI
Christ Hospital, CarePoint Health System 176 Palisade Avenue Jersey City, NJ 07306	310016	05/25/2018	NJ
Other Locations: Bayonne Medical Center 29th Street at Avenue E Bayonne, NJ 07002 Hoboken University Medical Center 308 Willow Avenue Hoboken, NJ 07030			
The following facilities have editorial changes (in bold).			
Froedtert South Inc. 6308 Eighth Avenue Kenosha, WI 53143-5082 Michigan City, IN 46360	520021	12/21/2007	IN
Dbn Kenosha Medical Center and St. Catherine's Medical Center			

Facility	Provider Number	Effective Date	State
St. Catherine's Medical Center Address: 9555 S 76th St Pleasant Prairie, WI 53158 Provider # 520021			
FROM: Community Health Partners TO: Mercy Health – Regional Medical Center LLC 3700 Kolbe Road Lorain, OH 44053-1697	360172	05/23/2005	OH
The following facility is being removed.			
Mercy Hospital Ardmore, Inc 1011 4th Avenue NW Ardmore, OK 73401Oklahoma City, OK 73120	370047 1386741635	09/06/2006	OK

Addendum VIII:

American College of Cardiology's National Cardiovascular Data Registry Sites (April through June 2018)

The initial data collection requirement through the American College of Cardiology's National Cardiovascular Data Registry (ACC-NCDR) has served to develop and improve the evidence base for the use of ICDs in certain Medicare beneficiaries. The data collection requirement ended with the posting of the final decision memo for Implantable Cardioverter Defibrillators on February 15, 2018.

For questions or additional information, contact Sarah Fulton, MHS (410-786-2749).

Addendum IX: Active CMS Coverage-Related Guidance Documents (April through June 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 (April through June 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) (April through June 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 (April through June 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 of Initial Certification	Date of Recertification	State
The following facilities are new listings for this quarter.				
Novant Health Forsyth Medical Center 3333 Silas Creek Parkway Winston Salem, NC 27103 Other information: DNV GL Certified on 2018-04-20	340014	04/20/2018		NC
Northeast Georgia Medical Center 743 Spring Street Gainesville, GA 30501 Other Information: Joint Commission # 6711	110029	04/26/2018		GA
The following facilities have editorial changes (in bold).				
FROM: NYU Hospitals Center TO: NYU Medical Center, Tisch Hospital 550 1ST Avenue New York, NY 10016 Joint Commission ID # 5820 Previous Re-certification Dates: 2014-01-14; 2016-03-08	330214	02/14/2012	03/28/2018	NY
FROM: York Hospital TO: WellSpan York Hospital 1001 S. George St.	390046	11/19/2013	01/24/2018	PA

Facility	Provider Number	Date of Initial Certification	Date of Recertification	State
York, PA 17403 Other Information: Joint Commission ID # 6228 Previous Re-certification Dates: 2015-12-15				
University of California, Davis Medical Center (UCDMC) 2315 Stockton Boulevard Sacramento, CA 95817 Other Information: Joint Commission # 7030	050599	10/06/2015	02/07/2018	CA
Newark Beth Israel Medical Center 201 Lyons Avenue Newark, NJ 07112 Joint Commission ID # 5965 Previous Re-certification Dates: 2011-09-20; 2013-10-01; 2015-12-15	310002	02/06/2009	02/07/2018	NJ
Moses H. Cone Memorial Hospital 1200 North Elm Street Greensboro NC 27401-1020 Joint Commission ID # 6504 Joint Commission ID # 6504 Previous Re-certification Dates: 2016-02-09	340091	01/08/2014	02/14/2018	NC
FROM: University Hospitals - Case Medical Center TO: University Hospitals Cleveland Medical Center 11100 Euclid Avenue Cleveland, OH 44106 Joint Commission ID # 7017 Previous Re-certification Dates: 2012-01-24; 2014-01-30; 2016-02-23	360137	02/09/2010	02/10/2018	OH
Providence St. Vincent Medical Center 9205 Southwest Barnes Road Portland, OR	380004	12/06/2011	02/14/2018	OR

Facility	Provider Number	Date of Initial Certification	Date of Recertification	State
Joint Commission ID # 9705 Previous Re-certification Dates: 2013-12-10; 2016-01-26 Other Information: Joint Commission # 7315				
FROM: Bon Secours - St. Mary's Hospital TO: Bon Secours St. Mary's Hospital 5801 Breomo Road Richmond, VA 23226	490059	12/11/2007	02/22/2018	VA
Joint Commission ID # 6387 Previous Re-certification Dates: 2013-12-17; 2016-01-26				
Johns Hopkins Hospital 600 N Wolfe Street Baltimore, MD 21287	210009/1 79070090 4	12/11/2007	02/14/2018	MD
Joint Commission ID #6252 Previous Re-certification Dates: 2009-12-15; 2011-11-29; 2013-12-03; 2016-01-12				
TO: University Cincinnati Medical Center FROM: University of Cincinnati Medical Center 234 Goodman Street Cincinnati, OH 45219	360003	12/13/2011	03/14/2018	OH
Joint Commission ID # 6988 Previous Re-certification Dates: 2014-01-07; 2016-02-23				
Mercy General Hospital 4001 J Street Sacramento, CA 95819	050017	02/12/2014	03/14/2018	CA
Joint Commission ID # 10053 Previous Re-certification Dates: 2016-03-08				

Facility	Provider Number	Date of Initial Certification	Date of Recertification	State
FROM: The University of Kansas Hospital Authority TO: University of Kansas Health System 4000 Cambridge Street Kansas City, KS 66160	17-0040	03/08/2016	03/07/2018	KS
Joint Commission ID # 8567				
The Christ Hospital 2139 Auburn Avenue Cincinnati, OH 45219	360163	02/17/2012	03/21/2018	OH
Joint Commission ID # 6987 Previous Re-certification Dates: 2014-02-20; 2016-04-05				
UPMC Presbyterian 200 Lothrop Street Pittsburgh, PA 15213	390164	06/10/2008	03/21/2018	PA
Joint Commission ID # 6169 Previous Re-certification Dates: 2010-05-21; 2012-04-12; 2014-03-25; 2016-04-13				
Saint Cloud Hospital 1406 Sixth Avenue North Saint Cloud, MN 56303	240036	04/13/2016	04/04/2018	MN
Joint Commission ID # 8183				
FROM: University of Utah Hospital TO: University of Utah Health Care – Hospitals and Clinics 50 N Medical Drive Salt Lake City, UT 84132	460009	01/13/2009	05/25/2018	UT
DNV GL Certificate #: 264328-2018-VAD Previous Re-certification Dates: 2011-07-13; 2013-06-18; 2015-06-23; 2017-08-08				

questions or additional information, contact Sarah Fulton, MHS (410-786-2749).

Addendum XIV: Medicare-Approved Bariatric Surgery Facilities (April through June 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 I 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 ASBS in the 3-month period. This information is available at www.cms.gov/MedicareApprovedFacilities/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 (April through June 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/MedicareApprovedFacilities/PETDT/list.asp#TopOfPage. For questions or additional information, contact Stuart Caplan, RN, MAS (410-786-8564).

Facility	Provider Number	Date of Initial Certification	Date of Recertification	State
<p>FROM: California Pacific Medical Center TO: California Pacific Medical Center – Pacific Campus 2333 Buchanan Street San Francisco, CA 94115</p> <p>Joint Commission ID # 5152; De-certified from 3/28/09 to 12/8/09. Previous Re-certification Dates: 2011-11-11; 2014-01-07; 2016-02-09</p> <p>Temple University Hospital 3401 N Broad Street Philadelphia, PA 19140</p> <p>Joint Commission ID # 6152 Previous Re-certification Dates: 2014-02-11; 2016-04-07</p>	050047	12/08/2009	03/21/2018	CA
	390027	02/08/2012	04/04/2018	PA

Addendum XIII: Lung Volume Reduction Surgery (LVRS) (April through June 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 Commission 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 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/MedicareApprovedFacilities/LVRS/list.asp#TopOfPage. For