DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–9087–N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—July Through September 2014

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

ACTION: Notice.

SUMMARY: This quarterly notice lists CMS manual instructions, substantive and interpretive regulations, and other **Federal Register** notices that were published from July through September 2014, 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 No.
I CMS Manual Instructions	Ismael Torres	(410) 786–1864
II Regulation Documents Published in the **Federal Register**	Terri Plumb	(410) 786–4481
III CMS Rulings	Tiffany Lafferty	(410) 786–7548
IV Medicare National Coverage Determinations	Wanda Belle	(410) 786–7491
V FDA-Approved Category B IDEs	John Manlove	(410) 786–6877
VI Collections of Information	Mitch Bryman	(410) 786–5258
VII Medicare-Approved Carotid Stent Facilities	Lori Ashby	(410) 786–6322
VIII American College of Cardiology-National Cardiovascular Data Registry Sites	Marie Casey, BSN, MPH	(410) 786–7861
IX Medicare's Active Coverage-Related Guidance Documents	JoAnna Baldwin	(410) 786–7205
X One-time Notices Regarding National Coverage Provisions	JoAnna Baldwin	(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	Marie Casey, BSN, MPH	(410) 786–7861
XIII Medicare-Approved Lung Volume Reduction Surgery Facilities	Marie Casey, BSN, MPH	(410) 786–7861
XIV Medicare-Approved Bariatric Surgery Facilities	Jamie Hermansen	(410) 786–2064
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 Web site or the appropriate data registries that are used as our resources. This information is the most current up-to-date information and will be available earlier than we publish our quarterly notice. We believe the Web site list provides more timely access for beneficiaries, providers, and suppliers. We also believe the Web site offers a more convenient tool for the public to find the full list of qualified providers for these specific services and offers more flexibility and ''real time'' accessibility. In addition, many of the Web sites have listservs; that is, the public can subscribe and receive immediate notification of any updates to the Web site. These listservs avoid the need to check the Web site, as notification of updates is automatic and sent to the subscriber as they occur. If assessing a Web site proves to be difficult, the contact person listed can provide information.

III. How To Use the Notice

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

Dated: November 7, 2014.

Kathleen Cantwell,

Director, Office of Strategic Operations and Regulatory Affairs.

BILLING CODE 4120–01–P

Publication Dates for the Previous Four Quarterly Notices

We publish this notice at the end of each quarter reflecting information released by CMS during the previous quarter. The publication dates of the previous four Quarterly Listing of Program Issuances notices are: November 8, 2013 (78 FR 67153), January 31, 2014 (79 FR 5419), April 25, 2014 (79 FR 22976) and July 25, 2014 (79 FR 43475). For the purposes of this quarterly notice, we are providing only the specific updates that have occurred in the 3-month period along with a hyperlink to the website to access this information and a contact person for questions or additional information.

Addendum I: Medicare and Medicaid Manual Instructions (July through September 2014)

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 Cardiac Rehabilitation Programs for Chronic Heart Failure use CMS-Pub. 100-03, Transmittal No. 171.

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)
87	Update to Pub. 100-01, Chapter 7 for Language-Only Changes for ICD10 Test Case Specification Standard
88	Rescinds/Replaces CR 7468 - Updated Instructions for the Change Request Implementation Report (CRIR) and Technical Direction Letter (TDL) Compliance Report (TCR) Sample Cover Letter/Attestation Statement CR Implementation Report (CRIR) Template TDL Compliance Report (TCR) Template Contractor Implementation of Change Requests and Compliance with Technical Direction Letters
	Medicare Benefit Policy (CMS-Pub. 100-02)
190	Beneficiary Signature Requirements for Ambulance Services
191	Cardiac Rehabilitation Programs for Chronic Heart Failure Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Services Furnished On or After January 1, 2010
192	Clarification of the Confined to the Home Definition in Chapter 15, Covered Medical and Other Health Services, of the Medicare Benefit Policy Manual

193	Cardiac Rehabilitation Programs for Chronic Heart Failure Determining Whether or Not the Beneficiary is at High Risk for Developing Colorectal Cancer Partial Hospitalization Services Coverage of Intravenous Immune Globulin for Treatment of Primary Immune Deficiency Diseases in the Home Coverage of Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services) Under Medical Insurance Documentation Requirements for Therapy Services Glaucoma Screening Admission Requirements
194	Pub. 100-02 Language-Only Update for ICD-10 Limitations for Coverage Partial Hospitalization Services Coverage of Intravenous Immune Globulin for Treatment of Primary Immune Deficiency Diseases in the Home Coverage of Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services Documentation Requirements for Therapy Services Glaucoma Screening Determining Whether or Not the Beneficiary is at High Risk for Developing Colorectal Cancer Screening Pap Smears Admission Requirements
195	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
Medicare National Coverage Determination (CMS-Pub. 100-03)	
170	National Coverage Determination (NCD) for Single Chamber and Dual Chamber Permanent Cardiac Pacemakers
171	Cardiac Rehabilitation Programs for Chronic Heart Failure
172	Ventricular Assist Devices for Bridge-to-Transplant and Destination Artificial Hearts and Related Devices (Various Effective Dates Below) Ventricular Assist Devices (Various Effective Dates Below) Therapy
173	Pub 100-03, Chapter 1, language-only update Foreword – Purpose for National Coverage Determinations (NCD) Manual Use of Visual Tests Prior to and General Anesthesia During Cataract Surgery Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Post-Operative Pain Outpatient Hospital Pain Rehabilitation Programs Anesthesia in Cardiac Pacemaker Surgery Percutaneous Transluminal Angioplasty (PTA) (Various Effective Dates Below) Cardiac Pacemakers (Various Effective Dates) Cardiac Pacemaker Evaluation Services Transtelephonic Monitoring of Cardiac Pacemakers Electrocardiographic Services Cardiac Output Monitoring By Thoracic Electrical Bioimpedance (TEB) – Various Effective Dates Below Speech Generating Devices Cochlear Implantation (Effective April 4, 2005)
	Physician's Office Within an Institution - Coverage of Services and Supplies Incident to a Physician's Services Abarelix for the Treatment of Prostate Cancer (Effective March 15, 2005) Hydrophilic Contact Lens for Corneal Bandage Photodynamic Therapy Ocular Photodynamic Therapy (OPT) - Effective April 3, 2013) Photosensitive Drugs Verteporfin - Effective April 3, 2013 Hydrophilic Contact Lenses Laproscopic Cholecystectomy Certain Drugs Distributed by the National Cancer Institute Stem Cell Transplantation (Various Effective Dates Below Anticancer Chemotherapy for Colorectal Cancer (Effective January 28, 2005) Hospital and Skilled Nursing Facility Admission Diagnostic Procedures Erythropoiesis Stimulating Agents (ESAs) in Cancer and Related Neoplastic Conditions Inpatient Hospital Stays for the Treatment of Alcoholism Chemical Aversion Therapy for Treatment of Alcoholism Treatment of Drug Abuse (Chemical Dependency Withdrawal Treatments for Narcotic Addictions Laser Procedures Diathermy Treatment Lumbar Artificial Disc Replacement (LADR) (Effective August 14, 2007) Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS Induced Lesions of Nerve Tracts Electrical Nerve Stimulators and Neuromuscular Electrical Stimulation (NMES) Enteral and Parenteral Nutritional Therapy Nesiritide for Treatment of Heart Failure Patients (Effective March 2, 2006) Nebulized Beta Adrenergic Agonist Therapy for Lung Diseases – (Effective September 10, 2007) Screening PAP Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer Computed Tomography (CT) Magnetic Resonance Imaging (MRI) (Various Effective Dates Below) Ultrasound Diagnostic Procedures (Effective May 22, 2007) FDG Positron Emission Tomography (PET) for Dementia and Neurodegenerative Diseases (Effective September 15, 2004) Positron Emission Tomography (PET) (FDG) for Oncologic Conditions Digital Subtraction Angiography (DSA) Single Photon Emission Computed Tomograph (SPECT) Percutaneous Image-Guided Breast Biopsy Sterilization Water Purification and Softening Systems Used in Conjunction with Home Dialysis Home Use of Oxygen Pulmonary Rehabilitation Services - (Effective September 25, 2007) Treatment of Psoriasis Routine Costs in Clinical Trials (Effective July 9, 2007)

	Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds – (Effective July 1, 2004) Durable Medical Equipment Reference List (Effective May 5, 2005) Hospital Beds Infusion Pumps Obsolete or Unreliable Diagnostic Tests Intravenous Immune Globulin for the Treatment of Autoimmune Mucocutaneous Blistering Diseases
174	Screening for Hepatitis C Virus (HCV) in Adults
175	Intensive Cardiac Rehabilitation Program - Benson-Henry Institute Cardiac Wellness Program
Medicare Claims Processing (CMS-Pub. 100-04)	
2980	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
2981	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
2982	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
2983	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
2984	Beneficiary Signature Requirements for Ambulance Services Items 11a – 13 – Patient and Insured Information Signature on the Request for Payment by Someone Other Than the Patient
2985	Medicare Part A Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Pricer Update FY 2015
2986	National Coverage Determination (NCD) for Single Chamber and Dual Chamber Permanent Cardiac Pacemakers
2987	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
2988	New Waived Tests
2989	Cardiac Rehabilitation Programs for Chronic Heart Failure Intensive Cardiac Rehabilitation Program Services Furnished On or After January 1, 2010 Cardiac Rehabilitation Program Services Furnished On or After January 1, 2010 Correct Place of Service (POS) Code for CR and ICR Services on Professional Claims Requirements for CR and ICR Services on Institutional Claims Edits for CR Services Exceeding 36 Sessions Cardiac Rehabilitation Programs, Intensive Cardiac Rehabilitation Programs, and Pulmonary Rehabilitation Programs
2990	October 2014 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
2991	October Quarterly Update to 2014 Annual Update of HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement
2992	Issued to a specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
2993	Update to Pub. 100-04, Chapter 20 to Provide Language-Only Changes for Updating ICD-10 and ASC X12
	Partial Month Stays For Capped Rental Equipment Completion of Certificate of Medical Necessity Forms HHA Recertification for Home Oxygen Therapy Billing/Claim Formats DME MACs Only - Appeals of Duplicate Claims DME MACs – Billing Procedures Related To Advanced Beneficiary Notice (ABN) Upgrades Providing Upgrades of DMEPOS Without Any Extra Charge Showing Whether Rented or Purchased Billing for Supplies and Drugs Related to the Effective Use of DME Institutional Provider Reporting of Service Units for DME and Supplies Billing for Total Parenteral Nutrition and Enteral Nutrition Furnished to Part B Inpatients Special Considerations for SNF Billing for TPN and EN Under Part B Billing for Splints and Casts CWF Crossover Editing for DMEPOS Claims During an Inpatient Stay DMEPOS Clinical Trials and Demonstrations
2994	Update to Pub. 100-04, Chapter 35 to Provide Language-Only Changes for Updating ASC X12
2995	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
2996	Remittance Advice Remark and Claims Adjustment Reason Code and Medicare Remit Easy Print and PC Print Update
2997	Update to Pub. 100-04, Chapter 12 to Provide Language-Only Changes for Updating ICD-10 and ASC X12
2998	Update to Pub. 100-04, Chapter 32 to Provide Language-Only Changes for Updating ICD-10 and ASC X12
2999	Update to Pub. 100-04, Chapter 38 to Provide Language-Only Changes for Updating ASC X12
3000	Update to Pub. 100-04, Chapter 09 to Provide Language-Only Changes for Updating ASC X12
3001	Adjustment to Systematic Validation of Payment Group Codes for Prospective Payment Systems (PPS) Based on Patient Assessments Systematic Validation of Claims Information Using Patient Assessments
3002	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
3003	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
3004	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
3005	Preventing Duplicate Payments When Overlapping Inpatient and Home Health Claims Are Received Out of Sequence
3006	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
3007	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
3008	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
3009	Update to Pub. 100-04, Chapter 37 to Provide Language-Only Changes for Updating ASC X12

3010	Preventing Payment on Requests for Anticipated Payment (RAPs) When Home Health Beneficiaries are Enrolled in Medicare Advantage (MA) Plans Request for Anticipated Payment (RAP)
3011	October Quarterly Update for 2014 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule
3012	October 2014 Update of the Hospital Outpatient Prospective Payment System (OPPS)
3013	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
3014	Update to Pub. 100-04, Chapter 16 to Provide Language-Only Changes for Updating ICD-10, ASC X12, and Medicare Administrative Contractors (MAC) Implementation Determinations (NCDs) for Clinical Diagnostic Laboratory Services Electronic Claim Submission to A/B MACs (B) Hospital Billing Under Part B Hospital Laboratory Services Furnished to Nonhospital Patients Background Billing CLIA Number Submitted on Claims from Independent Labs Implementation and Updates of Negotiated National Coverage Paper Claim Submission to A/B MACs (B)
3015	Update to Pub. 100-04, Medicare Claims Processing Manual, Chapter 11 to Provide Language-Only Changes for Updating ICD-10 and ASC X12
3016	Two New "K" Codes for Prefabricated Single and Double Upright Knee Orthosis That Are Furnished Off-The-Shelf (OTS)
3017	Date Correction to Diagnosis Code Reporting on Religious Nonmedical Health Care Institution (RNHCI) Claims Required Data Elements on Claims for RNHCI Services
3018	October 2014 Integrated Outpatient Code Editor (I/OCE) Specifications Version 15.3
3019	Medicare Claims Processing Manual, Pub. 100-04, Chapter 4 Language Only Update for ICD-10, ASC X12, and Medicare Administrative Contractor (MAC) Implementation Line Item Date of Service Reporting for Partial Hospitalization General Rules for Reporting Outpatient Hospital Services Billing for Autologous Stem Cell Transplants Optional Method for Outpatient Services: Cost-Based Facility Services Plus 115 percent Fee Schedule Payment for Professional Services Billing and Payment in a Physician Scarcity Area (PSA) Identifying Primary Care Services Eligible for the PCIP Bill Review for Partial Hospitalization Services Received in Community Mental Health Centers (CMHC) Where to Report Modifiers on the Hospital Part B Claim
3020	Update to Pub. 100-04, Chapter 23 to Provide Language-Only Changes for Conversion to ICD-10 General Rules for Diagnosis Codes Reporting ICD Diagnosis and Procedure Codes Relationship of Diagnosis Codes and Date of Service Outpatient Claim Diagnosis Reporting ICD Procedure Code Coding for Outpatient Services and Physician Offices Inpatient Claim Diagnosis Reporting
3021	Update to Pub. 100-04, Chapter 10 to Provide Language-Only Changes for Updating ASC X12 Completion of Form CMS 1450 for Home Health Agency Billing Health Insurance Eligibility Query to Determine Episode Status
3022	Automation of the Request for Reopening Claims Process Application to Special Claim Types
3023	Update to Hospice Payment Rates, Hospice Cap, Hospice Wage Index, Quality Reporting Program and the Hospice Pricer for FY 2015
3024	Issued to a specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
3025	October 2014 Update of the Ambulatory Surgical Center (ASC) Payment System
3026	Issued to a specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
3027	Update to Pub. 100-04, Chapter 15 to Provide Language-Only Changes for Updating ICD-10, ASC X12, and Medicare Administrative Contractors (MAC) Implementation Medical Conditions List and Instructions General Billing Guidelines Coding Instructions for Paper and Electronic Claim Forms Fiscal Intermediary Shared System (FISS) Guidelines B MAC (A) Bill Processing Guidelines Effective April 1, 2002, as a Result of Fee Schedule Implementation Definitions
3028	Update to Pub. 100-04, Chapters 5 and 6 to Provide Language-Only Changes for Updating ICD-10, ASC X12, and Medicare Administrative Contractor (MAC) ImplementationOther Billing Situations Application of Financial Limitations Multiple Procedure Payment Reductions for Outpatient Rehabilitation Services Reporting of Service Units With HCPCS Coding Guidance for Certain CPT Codes - All Claims General Off-Site CORF Services Notifying Patient of Service Denial Billing for DME, Prosthetic and Orthotic Devices, and Surgical Dressings Addendum A - Chapter 5, Section 20.4 - Coding Guidance for Certain CPT Codes - All Claims Consolidated Billing Requirement for SNFs Billing SNF PPS Services Billing Procedures for Periodic Interim Payment (PIP) Method of Payment Total and Noncovered Charges Services in Excess of Covered Services Reporting Accommodations on Claims Bills with Covered and Noncovered Days Billing in Benefits Exhaust and No-Payment Situations Part B Outpatient Rehabilitation and Comprehensive Outpatient Rehabilitation Facility (CORF) Services – General

3029	Issued to a specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
3030	Update to Pub. 100-04, Chapter 03 to Provide Language-Only Changes for Updating ICD-10 and ASC X12 Claim Formats Payment of Nonphysician Services for Inpatients Outliers Return Codes for Pricer Computer Programs Used to Support Prospective Payment System Medicare Code Editor (MCE) DRG Grouper Program Payment for Blood Clotting Factor Administered to Hemophilia Inpatients Payment for Post Hospital SNF Care Furnished by a CAH Noncovered Admission Followed by Covered Level of Care Outpatient Services Treated as Inpatient Services Adjustment Bills Tolerance Guidelines for Submitting Adjustment Requests Claim Change Reasons Swing-Bed Services Providers Using All Inclusive Rates for Inpatient Part A Charges The Standard Kidney Acquisition Charge Billing for Kidney Transplantation and Acquisition Services Heart Transplants Artificial Hearts and Related Devices Stem Cell Transplantation Allogeneic Stem Cell Transplantation Autologous Stem Cell Transplantation (AuSCT) Billing for Stem Cell Transplantation Billing for Liver Transplant and Acquisition Services Pancreas Transplants Kidney Transplants Intestinal and Multi-Visceral Transplants Billing for Abortion Services Lung Volume Reduction Surgery Nonemergency Part B Medical and Other Health Services Elections to Bill for Services Rendered Nonparticipating Hospitals Verification Process Used To Determine If the Inpatient Rehabilitation Facility Met The Classification Criteria Billing Requirements Under IRF PPS Remittance Advices Patient Classification System Processing Bills Between October 1, 2002 and the Implementation Date Billing Requirements Under LTCH PPS Billing Ancillary Services Under LTCH PPS Identifying Claims Eligible for the Add-On Payment for New Technology Reporting ECT Treatments Required Data Elements on Clams for RNHCI Services Recording Determinations of Excepted/Nonexcepted Care on Claim Records Annual Update Diagnosis Related Groups (DRGs) Adjustments Application of Code First Comorbidity Adjustments Source of Admission for IPF PPS Claims for Payment of ED Adjustment Electroconvulsive Therapy (ECT) Payment General Rules Completion of the Notice of Election for RNHCI
3031	Update to Pub. 100-04, Chapter 14 to Provide Language-Only Changes for Updating ASC X12 ASC Procedures for Completing the ASC X12 837 Professional Claim Format or the Form CMS-1500 Ambulatory Surgical Center Services on ASC List List of Covered Ambulatory Surgical Center Procedures Definition of Ambulatory Surgical Center (ASC)
3032	Hospice Manual Update for Diagnosis Reporting and Filing Hospice Notice of Election (NOE) and Termination or Revocation of Election. This CR rescinds and fully replaces CR 8777. Date Required on the Institutional Claim to Medicare Contractor Completing the Uniform (Institutional Provider) Bill (Form CMS 1450) for Hospice Election Notice of Election (NOE) - Form CMS 1450
3033	Influenza Vaccine Payment Allowances - Annual Update for 2014-2015 Season
3034	Update-Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Fiscal Year (FY) 2015 Annual Update
3035	Annual Update of HCPCS Codes Used for Home Health Consolidated Billing Enforcement
3036	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
3037	Healthcare Provider Taxonomy Codes (HPTC) Update
3038	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes
3039	Inpatient Rehabilitation Facility (IRF) Annual Update: Prospective Payment System (PPS) Pricer Changes for FY 2015 Payment Provisions Under IRF PPS Quality Reporting Program
3040	Common Edits and Enhancements Modules (CEM) Code Set Update
3041	Issued to a specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
3042	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
3043	Claim Status Category and Claim Status Codes Update
3044	Quarterly Update to the Correct Coding Initiative (CCI) Edits, Version 21.0, Effective January 1, 2015
3045	Instructions for Downloading the Medicare ZIP Code File for January 2015
3046	October Update to the CY 2014 Medicare Physician Fee Schedule Database (MPFSDB)
3047	Reporting the Service Location National Provider Identifier (NPI) on Anti-Markup and Reference Laboratory Claims Payment Jurisdiction for Services Subject to the Anti-Markup Payment Limitation

	Diagnostic Tests Subject to the Anti-Markup Payment Limitation Billing for Diagnostic Tests (Other Than Clinical Diagnostic Laboratory Tests) Subject to the Anti-Markup Payment Limitation - Claims Conditional Data Element Requirements for A/B MACs and DMEMACs Carrier Specific Requirements for Certain Specialties/Services Paper Claim Submission To Carriers/B MAC Electronic Claim Submission to Carriers/B MAC Items 14-33 - Provider of Service or Supplier Information Payment to Physician or Other Supplier for Diagnostic Tests Subject to the Anti-Markup Payment Limitation - Claims Submitted to A/B MACs
3048	New Physician Specialty Code for Interventional Cardiology Non-Physician Specialty Codes Physician Specialty Codes
3049	Update to Pub. 100-04, Chapter 19 to Provide Language-Only Changes for ICD-10, ASC X12, and Medicare Administrative Contractors (MAC) Implementation A/B MAC (A) - Inpatient Acute Care - Medicare Part A - Claims Processing A/B MAC (A) Payment Policy and Claims Processing
3050	Medicare Summary Notices (MSNs), Remittance Advice Remark Codes (RARCs), and Claim Adjustment Reason Codes (CARCs) Healthcare Common Procedure Coding System (HCPCS), Applicable Diagnosis Codes, and Procedure Codes Billing Requirement for Extracorporeal Photopheresis
3051	Adjustment to Fiscal Intermediary Shared System (FISS) Consistency Edit to Implement National Uniform Billing Committee (NUBC) Revision to Occurrence Span Code (OSC) Definition for Code 72.
3052	Two New "K" Codes for Prefabricated Single and Double Upright Knee Orthosis That Are Furnished Off-The-Shelf (OTS)
3053	Billing Formats Data Elements Required on Claim for Monthly Capitation Payment Billing Billing for Enteral and Parenteral Nutritional Therapy as a Prosthetic Device Mammography Screening Hospital Services Calculation of the Basic Case-Mix Adjusted Composite Rate and the ESRD Prospective Payment System Rate In-Facility Dialysis Bill Processing Procedures Required Information for In-Facility Claims Paid Under the Composite Rate and the ESRD PPS Payment for Hemodialysis Sessions Ultrafiltration Lab Services Separately Billable ESRD Drugs Physician Billing Requirements to the A/B MAC (B) Other Information Required on the Form CMS-1500 for Epoetin Alfa (EPO Other Information Required on the Form CMS-1500 for Darbepoetin Alfa (Aranesp) General A/B MAC (A) Bill Processing Procedures for Method I Home Dialysis Services Physician's Services Furnished to a Dialysis Patient Away From Home or
	Usual Facility Physicians and Supplier (Nonfacility) Billing for ESRD Services/General Billing for Durable Medical Equipment (DME), Orthotic/Prosthetic Devices, and Supplies (including Surgical Dressings)
3054	Replacement Accessories and Supplies for External Ventricular Assist Devices or Any Ventricular Assist Device (VAD) Coding Requirements for Furnished Before May 1, 2008 Coding Requirements for Furnished After May 1, 2008 Ventricular Assist Devices Postcardiotomy Bridge-To -Transplantation (BTT) Destination Therapy (DT ther Artificial Hearts and Related Devices
3055	Annual Clotting Factor Furnishing Fee Update 2015 Clotting Factor Furnishing Fee
3056	Sample Collection Fee Adjustment for Clinical Laboratory Fee Schedule and Laboratory Services Coding Requirements for Specimen Collection Specimen Drawing for Dialysis Patients Independent Laboratory Specimen Drawing
3057	Ambulance Inflation Factor (AIF)
3058	Intensive Cardiac Rehabilitation Program Services Furnished On or After January 1, 2010 Cardiac Rehabilitation Program Services Furnished On or After January 1, 2010 Correct Place of Service (POS) Code for CR and ICR Services on Professional Claims Requirements for CR and ICR Services on Institutional Claims Edits for CR Services Exceeding 36 Sessions Cardiac Rehabilitation Programs, Intensive Cardiac Rehabilitation Programs, and Pulmonary Rehabilitation Programs
3059	Influenza Vaccine Payment Allowances - Annual Update for 2014-2015 Season
3060	Automation of the Request for Reopening Claims Process Application to Special Claim Types
3061	New Physician Specialty Code for Interventional Cardiology
3062	Issued to a specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
3063	Common Working File (CWF) Edits Institutional Billing Requirements Professional Billing Requirements Claim Adjustment Reason Codes (CARCs), Remittance Advice Remark Codes (RARCs), Group Codes, and Medicare Summary Notice (MSN) Messages Screening for Hepatitis C Virus (HCV)
3064	October Update to the CY 2014 Medicare Physician Fee Schedule Database (MPFSDB)
3065	Billing for Cost Based Payment for Certified Registered Nurse Anesthetists (CRNA) Services Furnished by Outpatient Prospective Payment System (OPPS) Hospitals
3066	Fiscal Year (FY) 2015 Inpatient Prospective Payment System (IPPS) and

	Long Term Care Hospital (LTCH) PPS Changes
3067	Issued to a specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
3068	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics Supplies (DMEPOS) Competitive Bidding Program (CBP) - January 2015
3069	Issued to a specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
3070	New Waived Tests
3071	Manual Update to Clarify Claims Processing for Laboratory Services Travel Allowance Independent Laboratory Specimen Drawing Jurisdiction of Laboratory Claims
3072	January 2015 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
3073	New Physician Specialty Code for Interventional Cardiology Non-Physician Specialty Codes Physician Specialty Codes
3074	Issued to a specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
3075	Date Correction to Diagnosis Code Reporting on Religious Nonmedical Health Care Institution (RNHCI) Claims
3076	Update to Pub. 100-04, Chapter 15 to Provide Language-Only Changes for Updating ICD-10, ASC X12, and Medicare Administrative Contractors (MAC) Implementation Medical Conditions List and Instructions Definitions Coding Instructions for Paper and Electronic Claim Forms Fiscal Intermediary Shared System (FISS) Guidelines A/B MAC (A) Bill Processing Guidelines Effective April 1, 2002, as a Result of Fee Schedule Implementation General Billing Guidelines
3077	Maintenance and Update of the Temporary Hook Created to Hold OPPS Claims that Include Certain Drug HCPCS Codes
3078	October 2014 Update of the Ambulatory Surgical Center (ASC) Payment System
3079	Issued to a specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
3080	October 2014 Update of the Hospital Outpatient Prospective Payment System (OPPS)
3081	Update to Pub. 100-04, Chapter 23 to Provide Language-Only Changes for Conversion to ICD-10 Reporting ICD Diagnosis and Procedure Codes Relationship of Diagnosis Codes and Date of Service Inpatient Claim Diagnosis Reporting Outpatient Claim Diagnosis Reporting ICD Procedure Code Coding for Outpatient Services and Physician Offices General Rules for Diagnosis Codes
3082	Update-Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Fiscal Year (FY) 2015
3083	Form CMS-1500 Instructions: Revised for Form Version 02/12 Items 14-33 Provider of Service or Supplier Information Items 1-11 Patient and Insured Information Items11a-13 Patient and Insured Information Health Insurance Claim Form CMS-1500
3084	Intensive Cardiac Rehabilitation Program - Benson-Henry Institute Cardiac Wellness
3085	Update to Pub. 100-04, Chapter 17 to Provide Language-Only Changes for Updating ICD-10 and ASC X1217/100/ The Competitive Acquisition Program (CAP) for Drugs and Biologicals Not Paid on a Cost or Prospective Payment Basis Submitting the Prescription Order Numbers and No Pay Modifiers Hospital Billing For Take-Home Drugs Hospital Outpatient Payment Under OPPS for New, Unclassified Drugs and Biologicals After FDA Approval But Before Assignment of a Product-Specific Drug or Biological HCPCS Code Claims Processing Rules for ESAs Administered to Cancer Patients for Anti-Anemia Therapy Intravenous Immune Globulin MSN/Remittance Messages for Immunosuppressive Drugs Requirements for Billing A/B MAC (A) for Immunosuppressive Drugs Billing and Payment Instructions for A/B MACs (A) MSN Denial/Claim Adjustment and Remark Messages for Anti-Emetic Drugs HCPCD Codes for Oral Anti-Emetic Drugs MSN/Claim Adjustment Message Codes for Oral Cancer Drug Denials Claims Processing Requirements - General Billing Drugs Electronically – NCPDP
3086	Foreword Formats for Submitting Claims to Electronic Submission Requirements HIPAA Standards for Claims Paper Claims Where to Purchase HIPAA Standard Implementation Guides Paper Formats for Institutional Claims Paper Formats for Professional and Supplier Claims Remittance Advices Payment Jurisdiction Among Local A/B MACs for Services Paid Under the Physician Fee Schedule and Anesthesia Services Claims Processing Instructions for Payment Jurisdiction Payment to Physician or Other Supplier for Diagnostic Tests Subject to the Anti- Markup Payment Limitation/ Claims Submitted to A/B MACs (B) Billing Procedures for Entities Qualified to Receive Payment on Basis of Reassignment/ for A/B MACs(B) Processed Claims Billing for Diagnostic Tests (Other Than Clinical Diagnostic Laboratory Tests) Subject to the Anti-Markup Payment Limitation/ Claims Submitted to AB/MACs(B) Billing Form as Request for Payment Beneficiary Request for Payment on Provider Record – Institutional Claims

	ASC X12 837 Institutional Claim Format Definition of a Claim for Payment Policy and Billing Instructions for Condition Code 44 General Information on Non-covered Charges on Institutional Claims Determining Start Date of Timely Filing Period -- Date of Service Form Prescribed by CMS Accordance with CMS Instructions Handling Incomplete or Invalid Submissions Claims Forms CMS 1490S and CMS-1450 Data Element Requirements Matrix Payer Only Codes Utilized by Medicare B MAC(B) Specific Requirements for Certain Specialties/ Services Consistency Edits for Institutional Claims Inpatient Part A Hospital Adjustment Bills Conditional Data Element Requirements for A/B MACs (B) and DME MACs
3087	2015 Annual Update for the Health Professional Shortage Area (HPSA) Bonus Payments
3088	2015 Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Update
3089	Issued to a specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
3090	Ambulance Inflation Factor for CY 2015 and Productivity Adjustment
3091	Update to Pub. 100-04 Chapter 13 to Provide Language-Only Changes for Updating ICD-10 and ASC X12 ICD Coding for Diagnostic Tests A/B MAC (A)Payment for Low Osmolar Contrast Material (LOCM) (Radiology) Special Billing Instructions for RHCs and FQHCs Payment Requirements Medicare Summary Notices (MSN), Reason Codes, and Remark Codes Billing Instructions Coverage for PET Scans for Dementia and Neurodegenerative Diseases Place of Service (POS) Instructions for the Professional Component (PC or Interpretation) and the Technical Component (TC) of Diagnostic Tests Billing and Coverage Changes for PET Scans Billing and Coverage Changes for PET Scans for Cervical Cancer Effective for Services on or After November 10, 2009 Billing and Coverage Changes for PET (NaF-18) Scans to Identify Bone Metastasis of Cancer Effective for Claims With Dates of Services on or After February 26, 2010 EMC Formats Payment Methodology and HCPCS Coding Billing Requirements for CMS - Approved Clinical Trials and Coverage With Evidence Development Claims for PET Scans for Neurodegenerative Diseases, Previously Specified Cancer Indications, and All Other Cancer Indications Not Previously Specified
3092	Annual Medicare Physician Fee Schedule (MPFS) Files Delivery and Implementation
3093	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
3094	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
3095	Issued to a specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
Medicare Secondary Payer (CMS-Pub. 100-05)	
101	Additional Electronic Correspondence Referral System (ECRS) Reason Codes Electronic Correspondence Referral System (ECRS) Electronic Correspondence Referral System (ECRS)
102	Issued to a specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
103	Issued to a specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
104	Issued to a specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
105	Electronic Correspondence Referral System (ECRS) notification regarding Defense of Marriage Act (DOMA) and ICD-10 changes
106	Medicare Secondary Payer (MSP) Group Health Plan (GHP) Working Aged Policy -- Definition of "Spouse"; Same-Sex Marriages
Medicare Financial Management (CMS-Pub. 100-06)	
237	Notice of New Interest Rate for Medicare Overpayments and Underpayments - 4th Qtr. Notification for FY 2014
238	New Physician Specialty Code for Interventional Cardiology Exhibit Part D(1)/Claims Processing Timeliness - All Claims Classification of Claims for Counting Physician/Limited License Physician Specialty Codes Non-Physician Practitioner/Supplier Specialty Codes Part E/Interest Payment Data
239	Issued to a specific audience, not posted to Internet/ Intranet due to Confidentiality of Instruction
240	Transitioning Medicare Administrative Contractor (MAC) Workloads to the New Banking Contractor(s)
241	Recovery Audit Program Tracking Appeals and Reopenings Tracking Appeals and Reopenings
242	Medicare Financial Management Manual, Chapter 7, Internal Controls List of CMS Contractor Control Objectives OMB Circular A-123, Appendix A: Internal Controls Over Financial Reporting (ICOFR) Certification Statement CPIC - Report of Internal Control Deficiencies Statement on Standards for Attestation Engagements (SSAE) Number 16, Reporting on Controls at Service Providers Submission, Review, and Approval of Corrective Action Plans Corrective Action Plan (CAP) Reports CMS Finding Numbers Quarterly CAP Report Certification Package for Internal Controls (CPIC) Requirements
243	Notice of New Interest Rate for Medicare Overpayments and Underpayments - 1st Qtr Notification for FY 2015

Medicare State Operations Manual (CMS-Pub. 100-07)	
119	Rehabilitation Agencies - Fire Alarm Systems Standard: Disaster Plan Standard: Safety of Patients
120	Revisions to State Operations Manual (SOM) Chapter 5 Maximum Time Frames Related to the Federal Onsite Investigation of Complaints/Incidents Priority Definitions for Nursing Homes, Deemed and Non-Deemed Non-Long Term Care Providers/Suppliers, and EMTALA Immediate Jeopardy (for Nursing Homes, Deemed and Non-Deemed Non-Long Term Care Providers/Suppliers, and EMTALA) Non-Immediate Jeopardy – High Priority (for Nursing Homes and Deemed and Non-Deemed Non-Long Term Care Providers/Suppliers) Non-Immediate Jeopardy - Medium Priority (for Nursing Homes and Deemed and Non-Deemed Non-Long Term Care Providers/Suppliers) Non-Immediate Jeopardy – Low Priority (for Nursing Homes and Deemed and Non-Deemed Non-Long Term Care Providers/Suppliers) Administrative Review/Offsite Investigation (for Nursing Homes and Deemed and Non-Deemed Non-Long Term Care Providers/Suppliers) Referral – Immediate (for Nursing Homes, Deemed and Non-Deemed Non-Long Term Care Providers/Suppliers, and EMTALA) Referral – Other (for Nursing Homes, Deemed and Non-Deemed Non-Long Term Care Providers/Suppliers, and EMTALA) No Action Necessary (for Nursing Homes, Deemed and Non-Deemed Non-Long Term Care Providers/Suppliers, and EMTALA) Priority Assignment for Nursing Homes, Deemed and Non-Deemed Non-Long Term Care Providers/Suppliers, and EMTALA
121	Update to State Operations Manual (SOM), Publication 100-07, Chapter 3, to Provide Language-Only Changes for Updating ICD-10 Specific Criteria for Psychiatric Units/3106B1 - Patient Criteria
122	Revisions to State Operations Manual (SOM), Appendix A – Survey Protocol, Regulations and Interpretive Guidelines for Hospitals
123	Medicaid Provisions Clinical Laboratory Improvement Amendments (CLIA Look-Behind Authority Certification Related Functions of SA Accredited CLIA Laboratories CMS and AO Information Exchange Regarding Deemed Providers/Suppliers (Excluding CLIA) AO Reporting Requirements RO Requirements for Review of AO Reporting RO Reporting Requirements to AOs Assisting Applicant Providers and Suppliers Initial Certification "Kits Deemed Status Providers Suppliers, Excluding CLIA Provider-Based Determinations Medicare Health Care Provider Supplier Enrollment Approval or Denial Enrollment Denial Based on MAC Review Approval or Denial of Certification Based on Survey Findings Reconsideration of Denial
	Deemed Providers/Suppliers, Excluding CLIA Deemed Providers/Suppliers Except CLIA-Additional Information Surveys of New Providers and Suppliers Effective Date of Medicare Provider Agreement or Approval for Suppliers Reasonable Assurance Surveys Effective Date of Provider Agreement After Reasonable Assurance Non-deemed Hospitals Recertification of Non-deemed Hospitals Deemed Status: Hospitals Accredited by an Accrediting Organization with a CMS-approved Medicare Hospital or Medicare Psychiatric Hospital Accreditation Program Notice that a Participating Hospital Has Been Accredited and Recommended for Deemed Status Recertification Medicaid Provisions Clinical Laboratory Improvement Amendments (CLIA Look-Behind Authority Certification Related Functions of SA Accredited CLIA Laboratories CMS and AO Information Exchange Regarding Deemed Providers/Suppliers (Excluding CLIA) AO Reporting Requirements RO Requirements for Review of AO Reporting RO Reporting Requirements to AOs Assisting Applicant Providers and Suppliers Initial Certification "Kits Deemed Status Providers Suppliers, Excluding CLIA Provider-Based Determinations Medicare Health Care Provider Supplier Enrollment Approval or Denial Enrollment Denial Based on MAC Review Approval or Denial of Certification Based on Survey Findings Reconsideration of Denial Deemed Providers/Suppliers, Excluding CLIA Deemed Providers/Suppliers Except CLIA-Additional Information Surveys of New Providers and Suppliers Effective Date of Medicare Provider Agreement or Approval for Suppliers Reasonable Assurance Surveys Effective Date of Provider Agreement After Reasonable Assurance Non-deemed Hospitals Recertification of Non-deemed Hospitals Deemed Status: Hospitals Accredited by an Accrediting Organization with a CMS-approved Medicare Hospital or Medicare Psychiatric Hospital Accreditation Program Notice that a Participating Hospital Has Been Accredited and Recommended for Deemed Status Recertification Notification of Withdrawal or Loss of Accreditation Psychiatric Hospitals and Deemed Status

	Representative Sample Validation Surveys of Deemed Providers Suppliers Substantial Allegation Validation Surveys of Deemed Providers Suppliers SA Preparation for Validation Survey Provider Supplier Authorization for Validation Survey Provider Supplier Refusal to Permit Validation Survey Forwarding Validation Survey Records to RO Actions Following Validation Survey Providers Suppliers Found in Compliance Following Validation Survey 3/3254B-Providers Suppliers Found Not in Compliance with One or More Conditions Following Validation Survey and Noncompliance Constitutes Immediate Jeopardy Condition-level Deficiencies That Do Not Pose Immediate Jeopardy Plans of Correction Termination or Other Adverse Accreditation Action for a Deemed Provider or Supplier Reinstatement to Accrediting Accreditation Organization Jurisdiction RO Provision of Information to Accrediting Organizations Psychiatric Hospitals and Deemed Status Medicaid-Only Hospitals Initial Certification of Medicaid-Only Hospitals Certification Surveys of Medicaid-Only Hospitals Change in Certification Termination Complaint Investigation Determining Compliance with OASIS Transmission Requirements HHAs Seeking Initial Certification Participation through Deemed Status Exceptions to Demonstrating Compliance with OASIS Submission Requirements Prior to Approval Compliance Dates and PPS Instructions for Handling Medicare Patients in HHAs Seeking Initial Certification Instructions to New HHAs Concerning all Other Patients Survey Team Workload Completion Instructions for Certification and Transmittal, Form CMS-1539 RO Completion Instructions for Certification and Transmittal, Form CMS-1539, Items 19 - 32 Medicaid-Only Certification Change in Certification Medicaid NF and Medicaid Distinct Part NF Providers Seeking to Participate as Medicare SNF Provider Medicare- and Medicaid-Participating Hospitals Seeking to Become Medicaid-Only Hospital 2/2777D3-Medicaid-Only Hospitals Seeking to Participate in Medicare and Medicaid 2/2778-Objectives of RO Certification Review CMS Certification Numbers for Medicaid Providers Effective Date of Provider Agreement, Form CMS-1561, and Supplier Approval Compliance with All Federal Requirements All Health and Safety Standards Are Not Met on the Day of the Survey

	Medicaid-Only Hospitals Initial Certification of Medicaid-Only Hospitals Certification Surveys of Medicaid-Only Hospitals Change in Certification Termination Complaint Investigation Determining Compliance with OASIS Transmission Requirements HHAs Seeking Initial Certification Participation through Deemed Status Exceptions to Demonstrating Compliance with OASIS Submission Requirements Prior to Approval Compliance Dates and PPS Instructions for Handling Medicare Patients in HHAs Seeking Initial Certification Instructions to New HHAs Concerning all Other Patients Survey Team Workload Completion Instructions for Certification and Transmittal, Form CMS-1539 RO Completion Instructions for Certification and Transmittal, Form CMS-1539, Items 19-32 Medicaid-Only Certification Change in Certification Medicaid NF and Medicaid Distinct Part NF Providers Seeking to Participate as Medicare SNF Provider Medicare- and Medicaid-Participating Hospitals Seeking to Become Medicaid-Only Hospital 2/2777D3-Medicaid-Only Hospitals Seeking to Participate in Medicare and Medicaid 2/2778-Objectives of RO Certification Review CMS Certification Numbers for Medicaid Providers Effective Date of Provider Agreement, Form CMS-1561, and Supplier Approval Compliance with All Federal Requirements All Health and Safety Standards Are Not Met on the Day of the Survey CMS Authority to Terminate Medicare and Medicaid Participation Termination of Title XIX-Only NFs, ICFs/IID, Hospitals and Psychiatric Hospitals Termination Action Based Upon Onsite Survey by RO, or Validation Survey of a Deemed Provider or Supplier by RO or SA Services for which Federal Financial Participation (FFP) May Be Temporarily Continued After Termination of a Medicaid Provider or Nonrenewal or Cancellation of an ICF/IID Provider Agreement Processing of Immediate Jeopardy Terminations Termination Procedures – Substantial Noncompliance; No Immediate Jeopardy (Medicare) Termination of Psychiatric Hospitals Termination Action Based on Onsite Survey of Medicare Provider or Supplier (Excluding SNFs) Conducted by RO Staff Plan of Correction (PoC) General Information on IPPS Exclusion Deemed Providers and Suppliers Validation Surveys - General Objective of Validation Surveys

	CMS Authority to Terminate Medicare and Medicaid Participation Termination of Title XIX-Only NFs, ICFs/IID, Hospitals and Psychiatric Hospitals Termination Action Based Upon Onsite Survey by RO, or Validation Survey of a Deemed Provider or Supplier by RO or SA Services for which Federal Financial Participation (FFP) May Be Temporarily Continued After Termination of a Medicaid Provider or Nonrenewal or Cancellation of an ICF/IID Provider Agreement Processing of Immediate Jeopardy Terminations Termination Procedures – Substantial Noncompliance; No Immediate Jeopardy (Medicare) Termination of Psychiatric Hospitals Termination Action Based on Onsite Survey of Medicare Provider or Supplier (Excluding SNFs) Conducted by RO Staff Plan of Correction (PoC) General Information on IPPS Exclusion Deemed Providers and Suppliers Validation Surveys - General Objective of Validation Surveys Representative Sample Validation Surveys of Deemed Providers Suppliers Substantial Allegation Validation Surveys of Deemed Providers Suppliers SA Preparation for Validation Survey Provider Supplier Authorization for Validation Survey Provider Supplier Refusal to Permit Validation Survey Forwarding Validation Survey Records to RO Actions Following Validation Survey Providers Suppliers Found in Compliance Following Validation Survey 3/3254B-Providers Suppliers Found Not in Compliance with One or More Conditions Following Validation Survey and Noncompliance Constitutes Immediate Jeopardy Condition-level Deficiencies That Do Not Pose Immediate Jeopardy Plans of Correction Termination or Other Adverse Accreditation Action for a Deemed Provider or Supplier Reinstatement to Accrediting Accreditation Organization Jurisdiction RO Provision of Information to Accrediting Organizations
124	Revisions to State Operations Manual (SOM), Appendix W, Interpretive Guidelines for Critical Access Hospitals
Medicare Program Integrity (CMS-Pub. 100-08)	
526	Issued to a specific audience not posted to Internet/ Intranet due to Confidentiality of Instruction
527	Provider Notice on MAC Web Sites
528	Proof of Delivery--Supplier Documentation
529	Issued to a specific audience not posted to Internet/ Intranet due to Confidentiality of Instruction
530	Cardiac Rehabilitation Programs for Chronic Heart Failure Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR)
531	Issued to a specific audience not posted to Internet/ Intranet due to Confidentiality of Instruction
532	Incorporation of Various Form CMS-855 Processing Activities into Pub. 100-08, Program Integrity Manual (PIM), Chapter 15
533	Documentation for Durable Medical Equipment Prosthetics, Orthotics and Supplies (DMEPOS) Repair Claims
534	Claims that are related
535	Issued to a specific audience not posted to Internet/ Intranet due to Confidentiality of Instruction
536	Issued to a specific audience not posted to Internet/ Intranet due to Confidentiality of Instruction
537	Issued to a specific audience not posted to Internet/ Intranet due to Confidentiality of Instruction
538	Issued to a specific audience not posted to Internet/ Intranet due to Confidentiality of Instruction
539	Cardiac Rehabilitation Programs for Chronic Heart Failure Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR)
540	Claims that are related Requesting Additional Documentation During Prepayment and Postpayment Review
541	Claims that are related
542	Issued to a specific audience not posted to Internet/ Intranet due to Confidentiality of Instruction
543	Defending Medical Review Decisions at Administrative Law Judge (ALJ) Hearings The ALJ Hearing Collaboration Participation in the ALJ Hearing Party in the ALJ Hearing Defending Medical Review Decisions at Administrative Law Judge (ALJ) Hearings
544	Issued to a specific audience not posted to Internet/ Intranet due to Confidentiality of Instruction
545	Issued to a specific audience not posted to Internet/ Intranet due to Confidentiality of Instruction
Medicare Contractor Beneficiary and Provider Communications (CMS-Pub. 100-09)	
	None
Medicare Quality Improvement Organization (CMS- Pub. 100-10)	
18	Update to Pub. 100-10, Chapters 04 and 07 to Provide Language-Only Changes for Updating ICD-10
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)	
	None
One Time Notification (CMS-Pub. 100-20)	
1395	Implementation of a Prospective Payment System (PPS) for Federally Qualified Health Centers (FQHCs)
1396	Clarification of Remittance Advice Code Combination Reports Generated by

	Shared Systems
1397	Consolidation of HIGLAS Organizations for a MAC - Organization Merges
1398	Issued to a specific audience not posted to Internet/ Intranet due to Confidentiality of Instructions
1399	Federally Qualified Health Centers Prospective Payment System- Recurring File Updates
1400	Issued to a specific audience not posted to Internet/ Intranet due to Sensitivity of Instructions
1401	Fee for Service Beneficiary Data Streamlining (FFS BDS) - Phase II - Auxiliary Data
1402	Issued to a specific audience not posted to Internet/ Intranet due to Sensitivity of Instructions
1403	Change in Applying Co-insurance and Lifetime Reserve (LTR) Amounts on Informational Only Claims with Condition Code (CC) 04
1404	Modify the Daily Common Working File (CWF) to Medicare Beneficiary Database (MBD) File to no longer include Preventive Healthcare Common Procedure Coding System (HCPCS) Codes that have been terminated.
1405	Diagnosis Reporting on Home Health Claims Coding System (HCPCS) Codes that have been terminated.
1406	Add Smoking Cessation Initial Session Date to the Common Working File (CWF) to Medicare Beneficiary Database (MBD) Extract File.
1407	Inpatient Hospital Claims and Medicare Secondary Payer (MSP) Claims with Medicare Coinsurance Days and/or Medicare Lifetime Reserve Days Occurring in the Seventh or More Calendar Years – Analysis and Design Only
1408	Fee for Service Beneficiary Data Streamlining (FFS BDS) Updates to Operational Issues
1409	IDR Shared Systems Daily Claims Feeds Expansion to Accommodate Ambulance Data Elements
1410	Instructions for Removing Logic Involving the IUR Implemented with CR8271
1411	Removal of User-Controlled Effective Date to Apply Therapy Caps to Critical Access Hospital (CAH) Claims
1412	Modifying FISS Part B Claims Overlap Edits related to CMS-1599-F
1413	Medicare Remit Easy Print (MREP) Enhancement
1414	Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for January 2015
1415	Issued to a specific audience not posted to Internet/ Intranet due to Sensitivity of Instructions
1416	Issued to a specific audience not posted to Internet/ Intranet due to Sensitivity of Instructions
1417	Issued to a specific audience not posted to Internet/ Intranet due to Sensitivity of Instructions
1418	Implement Operating Rules - Phase III ERA EFT: CORE 360 Uniform Use of Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) Rule - Update from CAQH CORE - July 1, 2014 version 3.1.1
1419	Clarification of Remittance Advice Code Combination Reports Generated by Shared Systems
1420	DMEPOS Competitive Bidding Program (CBP): Correction to VMS
	Processing of Wheelchair Accessory Claims for Round 2
1421	Revised Modification to the Medically Unlikely Edit (MUE) Program
1422	Specific Modifiers for Distinct Procedural Services
1423	International Classification of Diseases, 10th Revision (ICD-10) Testing – Acknowledgement Testing with Providers
1424	IDR Shared Systems Daily Claims Feeds Expansion to Accommodate Medical Review Data Element
1425	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
1426	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
1427	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
1428	Correction to Hospice Notice of Revocation Processing
1429	Fee for Service Beneficiary Data Streamlining (FFS BDS) Updates to Operational Issues
Medicare Quality Reporting Incentive Programs (CMS- Pub. 100-22)	
25	Issued to a specific audience not posted to Internet/ Intranet due to Confidentiality of Instructions
26	Issued to a specific audience not posted to Internet/ Intranet due to Confidentiality of Instructions
27	Issued to a specific audience not posted to Internet/ Intranet due to Confidentiality of Instructions
28	Issued to a specific audience not posted to Internet/ Intranet due to Confidentiality of Instructions
29	Issued to a specific audience not posted to Internet/ Intranet due to Confidentiality of Instructions
30	Issued to a specific audience not posted to Internet/ Intranet due to Confidentiality of Instructions
31	Language-Only Changes for Updating ICD-10 and ASC X12 Language in Pub 100-22, Chapters 1 and 2
32	Coding and Reporting Principles for Claims-Based Reporting
33	Issued to a specific audience not posted to Internet/ Intranet due to Confidentiality of Instructions
34	Issued to a specific audience not posted to Internet/ Intranet due to Confidentiality of Instructions

Addendum II: Regulation Documents Published in the Federal Register (July through September 2014)

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-3Q14QPU.pdf

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

Addendum III: CMS Rulings

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

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

Addendum IV: Medicare National Coverage Determinations (July through September 2014)

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

Title	NCDM Section	Transmittal Number	Issue Date	Effective Date
Cardiac Rehabilitation Programs - Chronic Heart Failure	NCD 20.10	R171	07/18/2014	02/18/2014
VADs for Bridge-to-Transplant/ Destination Therapy	NCD20.9	R172	08/29/2014	10/30/2013
Screening Hepatitis C Virus in Adults	NCD210.13	R174	09/05/2014	06/02/2014

Addendum V: FDA-Approved Category B Investigational Device Exemptions (IDEs) (July through September 2014)

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
G140004	INFUSE Bone Graft	07/02/2014
G140016	Veniti Vici Venous Stet System 12mm x 60mm x 100cm, 12mm x 90mm x 100cm, 12mm x 120mm x 100cm, 14mm x 60mm x 100cm, 14mm x 60mm x 100cm, 14mm x 120mm x 100cm, 16mm x 60mm x 100cm, 16mm x 90mm x 100cm, 16mm x 120mm x 100cm	07/02/2014

G140121	DLBCL IHC Classification PARHMDX Assay	07/03/2014
G140106	TEOSYAL RHA Ultradeep (TPUL)	07/09/2014
G140108	Repair of Complex Abdominal Aortic Aneurysms Using Custom Made Device (CMD)	07/16/2014
G140110	Ancora LLC Interbody Fusion Device	07/14/2014
G140111	TransMedics Organ Care System-Heart; TransMedics Organ Care System Heart Console; TransMedics OCS Heart Perfusion Set; TransMedics OCS Heart Perfusion Module; TransMedics OCS Heart Solution Set	07/23/2014
G140113	THORATEC HEARTMATE III LEFT VENTRICULAR ASSIST SYSTEM (LVAS)	07/24/2014
G140114	VizAblate System	07/25/2014
G140116	Apollo Onyx Delivery Micro Catheter	07/25/2014
G140117	Protocol 2013-0232: Pilot Study of Robotic-Assisted Harvest Of The Latissimus Dorsi Muscles	07/31/2014
G140090	Lotus Valve System	08/01/2014
G140123	miraDry System	08/07/2014
G140079	Therakos Cellex Photopheresis System	08/07/2014
G140124	Abbott Sensor Based Glucose Monitoring System - Personal and Pro	08/08/2014
G140132	Low Dose External Beam Irradiation	08/15/2014
G140131	Heterotopic Implantatin of The Edwards-Sapien XT Transcatheter Valve in The Inferiro Vena Cava For The Treatment of Severe Tricuspid Regurgitation (Hover) Trial	08/20/2014
G140103	Boston Scientific Precision Plus Spinal Cord Stimulator System with Artisan Epidural Array	08/22/2014
G140135	NovoTTF-100A System	08/22/2014
G140138	LifeStream Balloon Expandable Vascular Covered Stent	08/27/2014
G140145	Barostim NEO Implantable Pulse Generator (IPG) Model 2102, Barostim NEO Carotid Sinus Lead (CSL) Model 1036 and 1037, Programmer System Model 9010	08/28/2014
G140139	Dako PD-L1 22C3 pharmDx kit	08/28/2014
G140140	Spincology Interbody Fusion System (SIFS)	08/28/2014
G140141	Turbo-Elite RX Laser Atherectomy Catheters 410-154, 4140159, 417-156, 420-159; Turbo-Elite OTW Laser Artherectomy Catheters 410-150, 414-152, 420-006, 423-001, 425-011	08/28/2014
G140136	The Mitral Trial	09/04/2014
G140037	Extremity Exsanguination Device (EED)	09/05/2014
G130154	Exatherm-TBH	09/05/2014
G130282	Samfilcon A Soft (hydrophilic) Contact Lens	09/05/2014
G140149	Bipolar-VT: Bipolar Catheter Ablation	09/08/2014
G140152	Novilase System	09/10/2014
G140098	Tablo Hemodialysis System	09/11/2014
G140153	High-Resolution Microendoscopy (HRME) in patients with adenocarcinoma in-situ (AIS) of the cervix	09/12/2014
G140155	EPI Procolon	09/17/2014
G140157	Glucoclear System	09/19/2014
G140159	St. Jude Medical Multiprogram Stimulator (MTS) System	09/19/2014

Addendum VI: Approval Numbers for Collections of Information (July through September 2014)

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

Addendum VII: Medicare-Approved Carotid Stent Facilities, (July through September 2014)

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

Facility	Provider Number	Effective Date	State
The following facilities are new listings for this quarter.			
Kearney Regional Medical Center 804 22nd Avenue Kearney, NE 68845	1265877567	06/24/2014	NE
St. David's Round Rock Medical Center 2400 Round Rock Avenue Round Rock, TX 78681	450718	09/24/2014	TX
Editorial changes (in bold) for this quarter.			
Memorial Hospital of Tampa 2901 Swann Avenue Tampa FL 33609-4057	**1871935072**	07/15/2011	FL
FROM: University Hospital **TO: UC Medical Center** 234 Goodman Street Cincinnati, OH 45219-2364	360003	10/11/2005	OH

Facility	Provider Number	Effective Date	State
FROM: St. John's Regional Medical Center TO: Mercy Hospital Joplin 2817 St. John's Boulevard Joplin, MO 64804	260001	04/19/2005	MO

Addendum VIII: American College of Cardiology's National Cardiovascular Data Registry Sites (July through September 2014)

Addendum VIII includes a list of the American College of Cardiology's National Cardiovascular Data Registry Sites. We cover implantable cardioverter defibrillators (ICDs) for certain clinical indications, as long as information about the procedures is reported to a central registry. Detailed descriptions of the covered indications are available in the NCD. In January 2005, CMS established the ICD Abstraction Tool through the Quality Network Exchange (QNet) as a temporary data collection mechanism. On October 27, 2005, CMS announced that the American College of Cardiology's National Cardiovascular Data Registry (ACC-NCDR) ICD Registry satisfies the data reporting requirements in the NCD. Hospitals needed to transition to the ACC-NCDR ICD Registry by April 2006.

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

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

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

Facility	City	State
The following facilities are new listings for this quarter.		
Baptist Health Medical Center	North Little Rock	AR
Centinela Hospital Medical Center	Inglewood	CA
Providence Saint John's Health Center	Santa Monica	CA
Interfaith Medical Center	Brooklyn	NY
Putnam Community Medical Center	Palatka	FL
Kearney Regional Medical Center	Kearney	NE
Oak Bend Medical Center	Richmond	TX
West Valley Medical Center	Caldwell	ID
Texas Regional Medical Center at Sunnyvale	Sunnyvale	TX
Banner Ogallala Community Hospital	Ogallala	NE
Pinnacle Health System: West Shore Hospital	Harrisburg	PA
Emanuel Medical Center	Turlock	CA
Huntsville Memorial Hospital	Huntsville	TX
Kaiser Foundation Hospital-Santa Rosa	Santa Rosa	CA
Weirton Medical Center	Weirton	WV
Scott & White HealthCare-Round Rock	Round Rock	TX
Meadowview Regional Medical Center LLC	Maysville	KY
Beloit Memorial Hospital	Beloit	WI
Connecticut Children's Medical Center	Hartford	CT
SSM Cardinal Glennon Children's Medical	St. Louis	MO
Campbell County Memorial	Gillette	WY
Scott & White Hospital - College Station	College Station	TX
Guadalupe Regional Medical Center	Seguin	TX

Addendum IX: Active CMS Coverage-Related Guidance Documents (July through September 2014)

There were no CMS coverage-related guidance documents published in the July through September 2014 quarter. To obtain the document, visit the CMS coverage website at http://www.cms.gov/medicare-coverage-database/details/medicare-coverage-document-details.aspx?MCDId=23. For questions or additional information, contact JoAnna Baldwin (410-786-7205).

Addendum X: List of Special One-Time Notices Regarding National Coverage Provisions (July through September 2014)

There were no special one-time notices regarding national coverage provisions published in the July through September 2014 quarter.

This information is available at www.cms.hhs.gov/coverage. For questions or additional information, contact JoAnna Baldwin (410 786 7205).

Addendum XI: National Oncologic PET Registry (NOPR) (July through September 2014)

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 July through September 2014 quarter. This information is available at http://www.cms.gov/MedicareApprovedFacilitie/NOPR/list.asp#TopOfPage. For questions or additional information, contact Stuart Caplan, RN, MAS (410-786-8564).

Addendum XII: Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities (July through September 2014)

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

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

Facility	Provider Number	Date Approved	State
The following facilities are new listings for this quarter.			
Memorial Regional Hospital 3501 Johnson Street Hollywood, FL 33021	10-0038	8/20/2014	FL
PeaceHealth Medical Center 101 West 8th Avenue Spokane, WA 99220	50-0030	9/17/2014	WA

Addendum XIII: Lung Volume Reduction Surgery (LVRS) (July through September 2014)

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

- National Emphysema Treatment Trial (NETT) approved (Beginning 05/07/2007, these will no longer automatically qualify and can qualify only with the other programs);
- Credentialed by the Joint Commission (formerly, the Joint Commision on Accreditation of Healthcare Organizations (JCAHO)) under their Disease Specific Certification Program for LVRS; and
- Medicare approved for lung transplants.

Only the first two types are in the list. There were no updates to the listing of facilities for lung volume reduction surgery published in the July through September 2014 quarter. This information is available at www.cms.gov/MedicareApprovedFacilitie/LVRS/list.asp#TopOfPage. For questions or additional information, contact Marie Casey, BSN, MPH (410-786-7861).

Addendum XIV: Medicare-Approved Bariatric Surgery Facilities (July through September 2014)

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 July through September 2014 period. This information is available at www.cms.gov/MedicareApprovedFacilitie/BSF/list.asp#TopOfPage. For questions or additional information, contact Jamie Hermansen (410-786-2064).

Addendum XV: FDG-PET for Dementia and Neurodegenerative Diseases Clinical Trials (July through September 2014)

There were no FDG-PET for Dementia and Neurodegenerative Diseases Clinical Trials published in the July through September 2014 quarter.

This information is available on our website at www.cms.gov/MedicareApprovedFacilitie/PETDT/list.asp#TopOfPage. For questions or additional information, contact Stuart Caplan, RN, MAS (410-786-8564).

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