

States to ensure individuals receive protection under section 111 of HIPAA.

*Frequency:* On occasion;

*Affected Public:* Business or other for-profit, Individuals or Households, Not-for-profit institutions, Federal Government, and State, Local or Tribal Government;

*Number of Respondents:* 1,040;

*Total Annual Responses:* 3,230,000;

*Total Annual Hours:* 921,000.

(2) *Type of Information Collection*

*Request:* Extension of a currently approved collection;

*Title of Information Collection:*

Information Collection Requirements Referenced in HIPAA for the Group Market and Supporting Regulations in 45 CFR Section 146;

*Form No.:* HCFA-R-206 (OMB# 0938-0702);

*Use:* This regulation and related information collection requirements will ensure that group health plans provide individuals with documentation necessary to demonstrate prior creditable coverage, and the group health plans notify individuals of their special enrollment rights in the group health insurance market.

*Frequency:* On occasion;

*Affected Public:* Business or other for-profit, Individuals or Households, Not-for-profit institutions, Federal Government, and State, Local or Tribal Government;

*Number of Respondents:* 2,030;

*Total Annual Responses:* 43,000,000;

*Total Annual Hours:* 2,700,000.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access HCFA's WEB SITE ADDRESS at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address and phone number, to [Paperwork@hcfa.gov](mailto:Paperwork@hcfa.gov), or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB Desk Officer designated at the following address:

OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: October 6, 1999.

**John Parmigiani,**

*Manager, HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.*

[FR Doc. 99-28634 Filed 11-1-99; 8:45 am]

BILLING CODE 4120-03-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

[HCFA-9003-N]

#### Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—Fourth Quarter, 1998

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

**ACTION:** Notice.

**SUMMARY:** This notice lists HCFA manual instructions, substantive and interpretive regulations, and other **Federal Register** notices that were published during October, November, and December of 1998, relating to the Medicare and Medicaid programs. This notice also identifies certain devices with investigational device exemption numbers approved by the Food and Drug Administration that potentially may be covered under Medicare.

Section 1871(c) of the Social Security Act requires that we publish a list of Medicare issuances in the **Federal Register** at least every 3 months. Although we are not mandated to do so by statute, for the sake of completeness of the listing, we are also including all Medicaid issuances and Medicare and Medicaid substantive and interpretive regulations (proposed and final) published during this timeframe.

**FOR FURTHER INFORMATION CONTACT:** If you need specific information, please contact the following staff. Copies are not available through the staff. Questions concerning Medicare items in Addendum III may be addressed to Bridget Wilhite, Office of Communications and Operations Support, Division of Regulations and Issuances, Health Care Financing Administration, (410) 786-5248.

Questions concerning Medicaid items in Addendum III may be addressed to Betty Stanton, Center for Medicaid State Operations, Policy Coordination and Planning Group, Health Care Financing Administration, S2-25-13, 7500 Security Boulevard, Baltimore, MD 21244-1850, (410) 786-3247.

Questions concerning Food and Drug Administration-approved investigational device exemptions may be addressed to Sharon Hippler, Office of Clinical Standards and Quality, Coverage and Analysis Group, Health Care Financing Administration, S3-02-01, 7500 Security Boulevard, Baltimore, MD 21244-1850, (410) 786-4633.

Questions concerning all other information may be addressed to Trenesha Fultz, Office of Communications and Operations

Support, Division of Regulations and Issuances, Health Care Financing Administration, C5-16-03, 7500 Security Boulevard, Baltimore, MD 21244-1850, (410) 786-3822.

#### SUPPLEMENTARY INFORMATION:

##### I. Program Issuances

The Health Care Financing Administration (HCFA) is responsible for administering the Medicare and Medicaid programs. These programs pay for health care and related services for 39 million Medicare beneficiaries and 35 million Medicaid recipients. Administration of these programs involves (1) furnishing information to Medicare beneficiaries and Medicaid recipients, health care providers, and the public and (2) effective communications with regional offices, State governments, State Medicaid Agencies, State Survey Agencies, various providers of health care, fiscal intermediaries and carriers that process claims and pay bills, and others. 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). We also issue various manuals, memoranda, and statements necessary to administer the programs efficiently.

Section 1871(c)(1) of the Act requires that we publish a list of all Medicare manual instructions, interpretive rules, and guidelines of general applicability not issued as regulations at least every 3 months in the **Federal Register**. We published our first notice June 9, 1988 (53 FR 21730). Although we are not mandated to do so by statute, for the sake of completeness of the listing of operational and policy statements, we are continuing our practice of including Medicare substantive and interpretive regulations (proposed and final) published during the 3-month timeframe.

##### II. How To Use the Addenda

This notice is organized so that you may review the subjects of all manual issuances, memoranda, substantive and interpretive regulations, or Food and Drug Administration-approved investigational device exemptions published during the timeframe to determine whether any are of particular interest. We expect it to be used in concert with previously published notices. Those unfamiliar with a description of our Medicare manuals may wish to review Table I of our first three notices (53 FR 21730, 53 FR

36891, and 53 FR 50577) published in 1988, and the notice published March 31, 1993 (58 FR 16837). Those desiring information on the Medicare Coverage Issues Manual may wish to review the August 21, 1989 publication (54 FR 34555).

To assist you, we have organized and divided this current listing into five addenda:

- Addendum I lists the publication dates of the most recent quarterly listings of program issuances.
- Addendum II identifies previous **Federal Register** documents that contain a description of all previously published HCFA Medicare and Medicaid manuals and memoranda.
- Addendum III lists a unique HCFA transmittal number for each instruction in our manuals or Program Memoranda and its subject matter. A transmittal may consist of a single instruction or many. Often, it is necessary to use information in a transmittal in conjunction with information currently in the manuals.
- Addendum IV lists all substantive and interpretive Medicare and Medicaid regulations and general notices published in the **Federal Register** during the quarter covered by this notice. For each item we list the—
  - Date published;
  - **Federal Register** citation;
  - Parts of the Code of Federal Regulations (CFR) that have changed (if applicable);
  - Agency file code number;
  - Title of the regulation;
  - Ending date of the comment period (if applicable); and
  - Effective date (if applicable).
- Addendum V includes listings of the Food and Drug Administration-approved investigational device exemption numbers that have been approved or revised during the quarter covered by this notice. On September 19, 1995, we published a final rule (60 FR 48417) establishing in regulations at 42 CFR 405.201 *et seq.* that certain devices with an investigational device exemption approved by the Food and Drug Administration and certain services related to those devices may be covered under Medicare. It is our practice to announce all investigational device exemption categorizations, using the investigational device exemption numbers the Food and Drug Administration assigns. The listings are organized according to the categories to which the device numbers are assigned (that is, Category A or Category B, and identified by the investigational device exemption number).

### III. How To Obtain Listed Material

#### A. Manuals

Those wishing to subscribe to program manuals should contact either the Government Printing Office (GPO) or the National Technical Information Service (NTIS) at the following addresses:

Superintendent of Documents,  
Government Printing Office, ATTN:  
New Orders, P.O. Box 371954,  
Pittsburgh, PA 15250-7954,  
Telephone (202) 512-1800, Fax  
number (202) 512-2250 (for credit  
card orders); or  
National Technical Information Service,  
Department of Commerce, 5825 Port  
Royal Road, Springfield, VA 22161,  
Telephone (703) 487-4630.

In addition, individual manual transmittals and Program Memoranda listed in this notice can be purchased from NTIS. Interested parties should identify the transmittal(s) they want. GPO or NTIS can give complete details on how to obtain the publications they sell. Additionally, all manuals are available at the following Internet address: <http://www.hcfa.gov/pubforms/progman.htm>.

#### B. Regulations and Notices

Regulations and notices are published in the daily **Federal Register**. Interested individuals may purchase individual copies or subscribe to the **Federal Register** by contacting the GPO at the address given above. 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 also available on 24x microfiche and 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) forward. Free public access is available on a Wide Area Information Server (WAIS) through the Internet and via asynchronous dial-in. Internet users can access the database by using the World Wide Web; the Superintendent of Documents' home page address is [http://www.access.gpo.gov/su\\_docs/](http://www.access.gpo.gov/su_docs/), by using local WAIS client software, or by telnet to [swais.access.gpo.gov](mailto:swais.access.gpo.gov), then log in as guest (no password required). Dial-in users should use communications software and modem to call (202) 512-1661; type swais, then log in as guest (no password required).

#### C. Rulings

We publish rulings on an infrequent basis. Interested individuals can obtain

copies from the nearest HCFA Regional Office or review them at the nearest regional depository library. We have, on occasion, published rulings in the **Federal Register**. Rulings, beginning with those released in 1995, are available online, through the HCFA Home Page. The Internet address is <http://www.hcfa.gov/regs/rulings.htm>.

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

Our laws, regulations, and manuals are also available on CD-ROM and may be purchased from GPO or NTIS on a subscription or single copy basis. The Superintendent of Documents list ID is HCLRM, and the stock number is 717-139-0000-3. The following material is on the CD-ROM disk:

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

• HCFA program memoranda.  
The titles of the Compilation of the Social Security Laws are current as of January 1, 1995. (Updated titles of the Social Security Laws are available on the Internet at [http://www.ssa.gov/OP\\_Home/ssact/comp-toc.htm](http://www.ssa.gov/OP_Home/ssact/comp-toc.htm).) The remaining portions of CD-ROM are updated on a monthly basis.

Because of complaints about the unreadability of the Appendices (Interpretive Guidelines) in the State Operations Manual (SOM), as of March 1995, we deleted these appendices from CD-ROM. We intend to re-visit this issue in the near future and, with the aid of newer technology, we may again be able to include the appendices on CD-ROM.

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

### IV. How To Review Listed Material

You may review transmittals or Program Memoranda 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.

In addition, you 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. You may obtain information about the location of the nearest regional depository library from any library.

Superintendent of Documents numbers for each HCFA publication are shown in Addendum III, along with the HCFA publication and transmittal numbers. To help FDLs locate the materials, use the Superintendent of Documents number, plus the HCFA transmittal number. For example, to find the Intermediary Manual, (HCFA Pub. 13-3) transmittal entitled "Mammography Screening," use the Superintendent of Documents No. HE 22.8/6 and the HCFA transmittal number 1754.

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

Dated: September 20, 1999.

**Elizabeth Cusick,**  
*Director, Office of Communications and Operations Support.*

#### Addendum I

This addendum lists the publication dates of the most recent quarterly listings of program issuances.

June 4, 1998 (63 FR 30499)

August 11, 1998 (63 FR 42857)

September 16, 1998 (63 FR 49598)

December 9, 1998 (63 FR 67899)

May 11, 1999 (64 FR 25351)

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

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

#### ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS

[October 1998 through December 1998]

Transmittal No.	Manual/Subject/Publication No.
<b>Intermediary Manual Part 3—Claims Process (HCFA Pub. 13-3) (Superintendent of Documents No. HE 22.8/6)</b>	
1753	<ul style="list-style-type: none"> <li>• Requirement That Bills Be Submitted in Sequence for a Continuous Inpatient Stay or Course of Treatment</li> <li>• Need to Reprocess Inpatient or Hospice Claims in Sequence</li> </ul>
1754	<ul style="list-style-type: none"> <li>• Mammography Screening</li> </ul>
1755	<ul style="list-style-type: none"> <li>• Bill Review for Partial Hospitalization Services Provided in Community Mental Health Centers</li> <li>• Bill Review for Partial Hospitalization Services Provided in Community Mental Health Centers and Hospital Outpatient Partial Hospitalization Services</li> </ul>
1756	<ul style="list-style-type: none"> <li>• Provider Enrollment               <ul style="list-style-type: none"> <li>Description of Process</li> <li>Implementation</li> <li>Enrollment Instructions for Certified Medicare Providers</li> <li>Provider Based Versus Freestanding or Independent Providers</li> <li>Outcomes of Processing Applications</li> <li>Payment of Claims</li> <li>Enrollment Procedures for General Application</li> <li>Recommendation for Approval</li> <li>Recommendation for Denial</li> <li>Request for Additional Information</li> <li>Transmission of Recommendations</li> <li>Change(s) of Information</li> <li>Application Changes</li> <li>Change of Ownership</li> <li>Applicant/State Agency/Regional Office Liaison and Assistance</li> <li>Carrier Liaison</li> <li>Application Routing</li> <li>Use of Other Than an Official HCFA-855 Enrollment Form</li> <li>Processing Time Frames</li> <li>Provider/Supplier Education</li> <li>Special Processing Situations</li> <li>Tracking Requirements</li> </ul> </li> </ul>
1757	<ul style="list-style-type: none"> <li>• Ambulance Services</li> </ul>
1758	<ul style="list-style-type: none"> <li>• Claims Processing Timeliness</li> </ul>
1759	<ul style="list-style-type: none"> <li>• Therapeutic Services</li> </ul>
1760	<ul style="list-style-type: none"> <li>• Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines</li> </ul>
1761	<ul style="list-style-type: none"> <li>• Bill Review for Partial Hospitalization Services Provided in Community Mental Health Centers</li> </ul>
1762	<ul style="list-style-type: none"> <li>• Therapeutic Services</li> </ul>
1763	<ul style="list-style-type: none"> <li>• Revision Number 1763 Will Not Be Published In This or Any Future <b>Federal Register</b> Because the Information Contained In It Has Been Combined and Published in Revision Number 1764</li> </ul>
1764	<ul style="list-style-type: none"> <li>• Oral Cancer Drugs               <ul style="list-style-type: none"> <li>Oral Anti-Nausea Drugs as Full-Replacement for Intravenous Dosage Forms as Part of a Cancer Chemotherapeutic Regimen</li> <li>Mammography Quality Standards Act</li> <li>Colorectal Screening</li> </ul> </li> </ul>
1765	<ul style="list-style-type: none"> <li>• Colorectal Screening</li> </ul>

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued  
[October 1998 through December 1998]

Transmittal No.

Manual/Subject/Publication No.

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

- 139 • Functional Standards for Claims Processing Claims Operations

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

- 1612 • Identifying a Screening Mammography Claim  
1613 • Claims Review for Global Surgeries  
1614 • Furnishing Medicare Physician Fee Schedule Database Pricing Files and File Specifications  
1615 • Type of Service  
1616 • Chiropractic Services  
1617 • Self-Administered Drugs and Biologicals  
1618 • Medicare Physician Fee Schedule Database 1999 File Layout  
Maintenance Process for the Medicare Physician Fee Schedule Database  
1619 • Billing for Pneumococcal, Hepatitis B, and Influenza Virus Vaccines  
1620 • The Carrier Advisory Committee, Membership On the Carrier Advisory Committee, Beneficiaries  
1621 • Self-Administered Drugs and Biologicals  
1622 • Furnishing Fee Schedule (Excluding Physician Fee Schedule) Prevailing Charge and Conversion Factor Data to United Health Care, Fiscal Intermediaries, State Agencies, Indian Health Services and United Mine Workers  
1623 • Maintaining a Directory of Electronic Billing Vendors

**Carriers Manual**  
**Part 4—Professional Relations**  
**(HCFA Pub. 14-4)**  
**(Superintendent of Documents No. HE 22.8/7)**

- 16 • Health Care Provider/Supplier Enrollment  
Enrollment Instructions  
Request for Additional Information  
Denial  
Approval  
Enrollment Procedures for General Application  
HCFA-855R, Individual Reassignment of Benefits  
Change of Information Form  
Enrolling Certified Providers/Suppliers Who Enroll With Carriers  
Appeals  
Validate Data Elements Collected from Applicant  
Application Data Collection/Maintenance Requirement  
Tracking Requirements  
Provider Enrollment Quarterly Workload Report  
Data Requirement Changes to the Medicare and Other Federal Health Care Programs Provider/Supplier Enrollment Applications  
17 • Registry of Physicians/Health Care Practitioners/Group Practices  
Ongoing Data Collection on Physicians/Health Care Practitioners/Group Practices Applications  
Physician/Health Care Practitioners/Group Practices Record-Required Information and Format  
Maintaining Physician/Health Care and Practitioner/Group Practices Memberships  
Update Records  
Batching Procedures  
Privacy Act Requirements  
18 • Purpose of Health Insurance Claim Form HCFA-1500  
User Print File Specifications

**Program Memorandum**  
**Intermediaries**  
**(HCFA Pub. 60A)**  
**(Superintendent of Documents No. HE 22.8/6-5)**

- A-98-32 • Postponement of Change Requests 472 and 294  
A-98-33 • File Descriptions and Instructions for Retrieving the 1999 Physician, Clinical Lab, Durable Medical Equipment, Prosthetics/Orthotics and Supplies Fee Schedule Payment Amounts Through HCFA's Mainframe Telecommunications Systems, Formerly Known as the Network Data Mover System  
A-98-34 • Change in Hospice Payment Rates  
A-98-35 • Hospital Outpatient Procedures: Medicare Changes for Radiology and Other Diagnostic Coding Due to the 1999 HCPCS Update; Revised Modifiers

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued  
[October 1998 through December 1998]

Transmittal No.	Manual/Subject/Publication No.
A-98-36	• The Supplemental Security Income Medicare Beneficiary Data for Fiscal Year 1997 for Prospective Payment System Hospitals
A-98-37	• Consolidated Billing for Skilled Nursing Facility Patients When Receiving Outpatient/Emergency Care in a Medicare-Participating Hospital or Critical Access Hospital
A-98-38	• Implementation and Corrections to the <b>Federal Register</b> Notice Published August 11, 1998 for Home Health Agency Cost Limitation Effective October 1, 1998 and Implementation of § 5101 of the Omnibus Consolidated and Emergency Supplemental Appropriations Act, Fiscal Year 1999 Enacted on October 21, 1998
A-98-39	• Surety Bonds from Home Health Agencies
A-98-40	• Intermediary Updating of the International Classification of Diseases, Ninth Revisions, Clinical Modification
A-98-41	• Retrospective Review of Hospital Requests for Higher-Weighted Diagnostic Related Groups
A-98-42	• Renewal of Program Memorandum A-97-8—Instructions to Implement the New Medicare Summary Notice Combined with Program Memorandum AB-98-31
A-98-43	• Requirements for Billing and Processing Claims for Services Subject to Line Item Date of Service Reporting
A-98-44	• FY 1999 Prospective Payment System, Tax Equity and Fiscal Responsibility Act, Hospital and Other Bill Processing Changes
A-98-45	• Clarification to Program Memorandum A-98-16 Issued May 1998, "Coverage and Claims Processing for Prospective Payment for Skilled Nursing Facilities—The Balanced Budget Act of 1977"
A-98-46	• Implementation of Surety Bond Requirement for Home Health Agencies
A-98-47	• Revision to PM A-98-10 Year 2000 Update Pages for the ASC X12 837 Version 3051 Implementations 3A.01 and 1A.C1 Institutional Claim/Coordination of Benefits
A-98-48	• Retrospective Review of Hospital Requests for Higher-Weighted Diagnostic Related Groups
A-98-49	• Medicare Home Health Benefit—The Balanced Budget Act of 1997—Financing Shift of Home Health Services From Part A to Part B

**Program Memorandum  
Carriers  
(HCFA Pub. 60B)  
(Superintendent of Documents No. HE 22.8/6-5)**

B-98-36	• 1999 Fee Screens Edit Package for the Medicare Physician Fee Schedule Database
B-98-37	• This Program Memorandum Was Published in the 3rd Quarter Federal Register
B-98-38	• Delaying Y2K Return as Unprocessable Edits for Paper and Electronic Media Claims
B-98-39	• Reviewing Reassignment Agreements of Five or More
B-98-40	• Changes to Correct Coding Edits, Version 5.0
B-98-41	• 1999 Participation Enrollment and Medicare Participating Physician/Supplier Directory Procedures
B-98-42	• Schedule for Completing the 1999 Update and Enrollment Process for the Medicare Physician Fee Schedule Database
B-98-43	• Changes in the Medicare Limiting Charge Monitoring Program for Fiscal Year 1999
B-98-44	• Evaluating the Medical Necessity for Laboratory Panel Common Procedural Terminology Codes
B-98-45	• Enrollment of Independent Diagnostic Testing Facilities
B-98-46	• 1999 Physician Fee Schedule Disclosure Reports
B-98-47	• Discontinuing the Surrogate Unique Physician Identification Number NPP000 for Nurse Practitioners, Clinical Nurse Specialists, and Physician Assistants
B-98-48	• Medicare Physician Fee Schedule Database 1999—Announcement of Revised File
B-98-49	• This Revision Will Not Be Published In This or Any Future <b>Federal Register</b>
B-98-50	• Continuing the Use of the Modifiers for Nurse Practitioner Physician Assistant and Clinical Nurse Specialist Claims
B-98-51	• Clarification-Implementation of Additional Commercial Edits Effective for Dates of Service on or After October 1, 1998. Refer to Transmittal Number B-98-27, Change Request Number 502
B-98-52	• Enrollment of Independent Diagnostic Testing Facilities
B-98-53	• Durable Medical Equipment Carrier Billing Procedures
B-98-54	• Changes to Correct Coding Edits, Version 5.1
B-98-55	• Delay of Change to HCFA-1500 Instructions for Processing Physician Claims in Global Payment Systems
B-98-56	• Medicare Physician Fee Schedule Database 1999—Announcement of Revised File
B-98-57	• Provider Notification Concerning Child Support Enforcement Activities
B-98-58	• Delay of Change Request Numbers 521 and 705
B-98-59	• Medicare Enrollment of Physical Therapists in Private Practice and Occupational Therapists in Private Practice—Effective on or After January 1, 1999
B-98-60	• Change in Correct Coding Initiative Edits Update for January 1, 1999 and April 1, 1999

**Program Memorandum  
Intermediaries/Carriers  
(HCFA Pub. 60A/B)  
(Superintendent of Documents No. HE 22.8/6-5)**

AB-98-53	• Business Continuity and Contingency Plans for the Millennium Change
AB-98-54	• 1999 HCFA Common Procedure Coding System Update
AB-98-55	• Extension of the Limitation on Payment for Services to Individuals Entitled to Benefits on the Basis of End Stage Renal Disease Who are Covered by Group Health Plans
AB-98-56	• Year 2000 Automated Response Unit Compliance Regarding Peripherals Equipment
AB-98-57	• Contingency Planning for Increased Beneficiary Call Volumes
AB-98-58	• Continue Using the Fiscal Year 1998 Rates and Wage Index Values for Ambulatory Surgical Center Payments

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued  
[October 1998 through December 1998]

Transmittal No.	Manual/Subject/Publication No.
AB-98-59	<ul style="list-style-type: none"> <li>Map Between Medicare Summary Notice Messages for Beneficiaries and the Corresponding Remittance Advice Messages for Providers</li> </ul>
AB-98-60	<ul style="list-style-type: none"> <li>Medicare Summary Notice/Explanation of Medicare Benefits and Notice of Utilization Mammography Message for the Month of October</li> </ul>
AB-98-61	<ul style="list-style-type: none"> <li>Instructions for Implementing and Updating 1999 Payment Amounts for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies</li> </ul>
AB-98-62	<ul style="list-style-type: none"> <li>Medicare Participating Centers of Excellence Demonstration; Extension of Discard Date for PM's AB-98-11 and AB-98-13</li> </ul>
AB-98-63	<ul style="list-style-type: none"> <li>Prospective Payment System for Outpatient Rehabilitation Services and Application of Financial Limitation</li> </ul>
AB-98-64	<ul style="list-style-type: none"> <li>Medicare Coverage Expansion of Certain Oral Anti-Cancer Drugs to Include Food and Drug Administration Approved Oral Anti-cancer Prodrugs</li> </ul>
AB-98-65	<ul style="list-style-type: none"> <li>Notice of New Interest Rate for Medicare Overpayments and Underpayments</li> </ul>
AB-98-66	<ul style="list-style-type: none"> <li>Balanced Budget Act Requirements to Furnish Diagnostic Information</li> </ul>
AB-98-67	<ul style="list-style-type: none"> <li>1999 Payment Limit for Ambulance Services</li> </ul>
AB-98-68	<ul style="list-style-type: none"> <li>Identifying Employer in Other-than-Data Match Group Health Plan Medicare Secondary Payer Recovery Situations</li> </ul>
AB-98-69	<ul style="list-style-type: none"> <li>Medicare Health Plan Choices—Inquiry Guidelines for Medicare Contractors</li> </ul>
AB-98-70	<ul style="list-style-type: none"> <li>New Waived Tests</li> </ul>
AB-98-71	<ul style="list-style-type: none"> <li>Implementation of 1999 Clinical Diagnostic Laboratory Fee Schedule and Mapping for 1999 Laboratory Coding Changes</li> </ul>
AB-98-72	<ul style="list-style-type: none"> <li>Medicare Contractor Coordination of Benefits File Formats</li> </ul>
AB-98-73	<ul style="list-style-type: none"> <li>Access to Eligibility Data by Eligibility Verification Vendors</li> </ul>
AB-98-74	<ul style="list-style-type: none"> <li>Fiscal Year 1999 Budget and Performance Requirements—Contractor Customer Service Plan (Beneficiaries)</li> </ul>
AB-98-75	<ul style="list-style-type: none"> <li>Implementing Instructions—Positron Emission Tomography Scans for Characterizing Solitary Pulmonary Nodules or Staging Lung Cancer Performed on or After January 1, 1998</li> </ul>
AB-98-76	<ul style="list-style-type: none"> <li>Implementation of the New Payment Limit for Drugs and Biologicals</li> </ul>
AB-98-77	<ul style="list-style-type: none"> <li>Referral of Cases to the Office of Inspector General</li> </ul>
AB-98-78	<ul style="list-style-type: none"> <li>Temporary Conversion from Bundled Payments to Regular Medicare Payments for the Participating Centers of Excellence Demonstration Testing Beginning With Discharges after December 31, 1998</li> </ul>
<b>State Operations Manual Provider Certification (HCFA Pub. 7) (Superintendent of Documents No. HE 22.8/12)</b>	
4	<ul style="list-style-type: none"> <li>Survey Procedures for Intermediate Care Facilities for Persons With Mental Retardation.</li> </ul>
<b>Hospital Manual (HCFA Pub. 10) (Superintendent of Documents No. HE 22.8/2)</b>	
731	<ul style="list-style-type: none"> <li>Requirement That Bills Be Submitted In Sequence for a Continuous Inpatient Stay or Course of Treatment. Need to Reprocess Inpatient or Hospice Claims In Sequence.</li> </ul>
732	<ul style="list-style-type: none"> <li>Billing for Mammography Screening.</li> </ul>
733	<ul style="list-style-type: none"> <li>Billing for Hospital Outpatient Partial Hospitalization Services.</li> </ul>
734	<ul style="list-style-type: none"> <li>Claims Processing Timeliness.</li> </ul>
735	<ul style="list-style-type: none"> <li>Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines.</li> </ul>
736	<ul style="list-style-type: none"> <li>Ambulance Service Claims.</li> </ul>
737	<ul style="list-style-type: none"> <li>Billing for Colorectal Screening.</li> </ul>
738	<ul style="list-style-type: none"> <li>Completion of Form HCFA-1450 for Inpatient and/or Outpatient Billing. Provider Electronic Billing File and Record Formats. Alphabetic Listing of Data Elements.</li> </ul>
<b>Religious Nonmedical Health Care Institutions (Hospital Manual Supplement) (HCFA Pub. 32) (Superintendent of Documents No. HE 22.8/2-2)</b>	
39	<ul style="list-style-type: none"> <li>Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines.</li> </ul>
40	<ul style="list-style-type: none"> <li>Inpatient Admission and Billing Religious Nonmedical Health Care Institutions (Form HCFA-1450. Completion of Form HCFA-1450 for Religious Nonmedical Health Care Institutions.</li> </ul>
<b>Home Health Agency Manual (HCFA Pub. 11) (Superintendent of Documents No. HE 22.8/5)</b>	
287	<ul style="list-style-type: none"> <li>Completion of Form HCFA-1450 for Inpatient and/or Outpatient Billing. Provider Electronic Billing File and Record Formats. Alphabetic Listing of Data Elements.</li> </ul>
288	<ul style="list-style-type: none"> <li>Billing for Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines.</li> </ul>
289	<ul style="list-style-type: none"> <li>Billing for Ambulance Services.</li> </ul>

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued  
[October 1998 through December 1998]

Transmittal No.	Manual/Subject/Publication No.
<b>Skilled Nursing Facility Manual</b> <b>(HCFA Pub. 12)</b> <b>(Superintendent of Documents No. HE 22.8/3)</b>	
355	• Billing for Mammography Screening.
356	• Special Billing Instructions for Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines.
357	• Billing for Ambulance Services.
<b>Rural Health Clinic and Federally Qualified Health Centers Manual</b> <b>(HCFA Pub. 27)</b> <b>(Superintendent of Documents No. HE 22.8/19:985)</b>	
30	• Billing for Mammography Screening by Rural Health Clinics and Federally Qualified Health Centers.
31	• Completion of Form HCFA-1450 by Rural Health Clinics and Federally Qualified Health Centers.
32	• Completion of Form HCFA-1450 by Rural Health Clinics and Federally Qualified Health Centers.
	• Billing for Mammography Screening by Rural Health Clinics and Federally Qualified Health Centers.
<b>Renal Dialysis Facility Manual</b> <b>(Non-Hospital Operated)</b> <b>(HCFA Pub. 29)</b> <b>(Superintendent of Documents No. HE 22.8/13)</b>	
83	• Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines.
52	• Special Billing Instructions for Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines.
53	• Completing the Uniform (Institutional Provider) Bill (Form HCFA-1450) Notice of Election. Completion of the Uniform (Institutional Provider) Bill (Form 53 HCFA-1450) for Hospice Bills.
<b>Hospice Manual</b> <b>(HCFA Pub. 21)</b> <b>(Superintendent of Documents No. HE 22.8/18)</b>	
52	• Special Billing Instructions for Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines.
53	• Completing the Uniform (Institutional Provider) Bill (Form HCFA-1450) Notice of Election. Completion of the Uniform (Institutional Provider) Bill (Form HCFA-1450) for Hospice Bills.
<b>Outpatient Physical Therapy, Comprehensive Outpatient Rehabilitation Facility and Community Mental Health Center Manual</b> <b>(HCFA Pub. 9)</b> <b>(Superintendent of Documents No. HE 22.8/9)</b>	
3	• Billing Instructions for Partial Hospitalization Services Provided in Community Mental Health Centers.
4	• Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines.
5	• Completion of Form HCFA-1450 for Billing Comprehensive Outpatient Rehabilitation Facility, Outpatient Physical Therapy, Occupational Therapy, Speech Therapy, or Community Mental Health Center Manual.
<b>Provider Reimbursement Manual—Part 1</b> <b>(HCFA Pub. 15-1)</b> <b>(Superintendent of Documents No. HE 22.8/4)</b>	
407	• Regional Medicare Swing-Bed Skilled Nursing Facility Rates.
<b>Provider Reimbursement Manual—Part 2</b> <b>Provider Cost Reporting Forms and Instructions</b> <b>Chapter 32—Form HCFA 1728-94</b> <b>(HCFA Pub. 15-2)</b> <b>(Superintendent of Documents No. HE 22.8/4)</b>	
6	• Instructions and Cost Reporting Forms as a Result of the Balanced Budget Act of 1997.
<b>Provider Reimbursement Manual—Part 2</b> <b>Provider Cost Reporting Forms and Instructions</b> <b>Chapter 36—Form HCFA 2552-96</b> <b>(HCFA Pub. 15-2)</b> <b>(Superintendent of Documents No. HE 22.8/4)</b>	
4	• Instructions and Cost Reporting Forms as a Result of the Balanced Budget Act of 1997.

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued  
 [October 1998 through December 1998]

Transmittal No.	Manual/Subject/Publication No.
	<b>Provider Reimbursement Manual—Part 2</b> <b>Provider Cost Reporting Forms and Instructions</b> <b>Chapter 18—Form HCFA 2088-92</b> <b>(HCFA Pub. 15-2)</b> <b>(Superintendent of Documents No. HE 22.8/4)</b>
2	<ul style="list-style-type: none"> <li>Instructions and Cost Reporting Forms as a Result of the Balanced Budget Act of 1997.</li> </ul>
	<b>Program Memorandum</b> <b>Regional Office—General</b> <b>(HCFA Pub. 51)</b> <b>(Superintendent of Documents No. HE 22.28/5:90-1)</b>
98-4	<ul style="list-style-type: none"> <li>Home Health Agency Surety Bond Requirements.</li> </ul>
98-5	<ul style="list-style-type: none"> <li>Surety Bond Requirements (HCFA 1152-FC).</li> </ul>
	<b>Medicare/Medicaid</b> <b>Sanction—Reinstatement Report</b> <b>(HCFA Pub. 69)</b>
98-10	<ul style="list-style-type: none"> <li>Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—September 1998.</li> </ul>
98-11	<ul style="list-style-type: none"> <li>Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—October 1998.</li> </ul>
98-12	<ul style="list-style-type: none"> <li>Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—November 1998.</li> </ul>

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER

Publication date	FR Vol. 63 page	CFR <sup>1</sup> part(s)	File code <sup>2</sup>	Regulation title	End of comment period	Effective date
10/01/98	52610-52614	400, 403, 410, 411, 417, and 422.	HCFA-1030-CN	Medicare Program; Establishment of the Medicare+Choice Program; Correction.		07/27/98
10/01/98	52614-52615	405, 412, and 413	HCFA-1003-CN	Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 1999 Rates; Correction.		10/01/98
10/01/98	52663-52665	416 and 488	HCFA-1885-2N	Medicare Program; Update of Ratesetting Methodology, Payment Rates, Payment Policies, and the List of Covered Procedures for Ambulatory Surgical Centers Effective October 1, 1998; Reopening of Comment Period and Delay in Adoption of the Proposed Rule as Final.	11/09/98	
10/05/98	53446-53456		HCFA-1039-N	Medicare Program; Hospice Wage Index		10/01/98
10/05/98	53301-53308	409, 410, 411, 413, 424, 483, and 489.	HCFA-1913-CN	Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Correction.		07/01/98
10/08/98	54142-54148		HCFA-2012-N	Medicaid Program; Disproportionate Share Hospital Payments-Institutions for Mental Disease.		10/01/98
10/09/98	54526	422	HCFA-1030-CN	Medicare Program; Establishment of the Medicare+Choice Program; Correction.		07/27/98
10/13/98	54721		HCFA-1099-N	Medicare Program; October 28, 1998, Meeting of the Competitive Pricing Advisory Committee.		
10/14/98	55031-55034	493	HCFA-2024-FC	Medicare, Medicaid, and CLIA Programs; Extension of Certain Effective Dates for Clinical Laboratory Requirements Under CLIA.	12/14/98	10/14/98
10/21/98	56212-56214		HCFA-8000-N	Medicare Program; Part A Premium for 1999 for the Uninsured Aged and for Certain Disabled Individuals Who Have Exhausted Other Entitlement.		01/01/99
10/21/98	56199-56201		HCFA-8001-N	Medicare Program; Inpatient Hospital Deductible and Hospital and Extended Care Services Coinsurance Amounts for 1999.		01/01/99
10/21/98	56201-56212		HCFA-8003-N	Medicare Program; Monthly Actuarial Rates and Monthly Supplementary Medical Insurance Premium Rate Beginning January 1, 1999.		01/01/99
10/27/98	57546-57564	45 CFR 144, 146, and 148.	HCFA-2892-IFC	Interim Rules for Group Health Plans and Health Insurance Issuers Under the Newborns' and Mothers' Health Protection Act.	01/25/99	01/01/99
10/28/98	57698-57699		HCFA-1035-CN	Medicare Program; Schedules of Per-Visit and Per-Beneficiary Limitations on Home Health Agency Costs for Cost Reporting Periods Beginning on or After October 1, 1998; Correction.		10/01/98

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

Publication date	FR Vol. 63 page	CFR <sup>1</sup> part(s)	File code <sup>2</sup>	Regulation title	End of comment period	Effective date
11/02/98	58814-59187	405, 410, 413, 414, 415, 424, and 485.	HCFA-1006-FC	Medicare Program; Revisions to Payment Policies and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1999.	01/04/99	01/01/99
11/02/98	59188-59190		HCFA-1021-NC	Medicare Program; Sustainable Growth Rate for Fiscal Year 1999.	12/02/98	10/01/98
11/10/98	63068-63069		HCFA-1048-N	Medicare Program; Request for Nominations for the Practicing Physicians Advisory Council.	11/30/98	
11/12/98	63326		HCFA-1039-CN	Medicare Program; Hospice Wage Index; Correction.		10/01/98
11/13/98	63429-63430	409, 410, 411, 412, 413, 419, 489, 498, and 1003.	HCFA-1005-N	Medicare Program; Prospective Payment System for Hospital Outpatient Services; Extension of Comment Period.	01/08/99	
11/13/98	63430-63431	416 and 488	HCFA-1885-3N	Medicare Program; Update of Ratesetting Methodology, Payment Rates, Payment Policies, and the List of Covered Procedures for Ambulatory Surgical Centers Effective October 1, 1998; Extension of Comment Period.	01/08/99	
11/19/98	64191-64195	412	HCFA-1049-FC	Medicare Program; Limited Additional Opportunity to Request Certain Hospital Wage Data Revisions for FY 1999.	12/21/98	11/19/98
11/19/98	64195-64199	440 and 441	HCFA-2060-F	Medicaid Program; Inpatient Psychiatric Services Benefit for Individuals Under Age 21.		12/21/98
11/25/98	65213-65214		HCFA-1051-N	Medicare Program; December 14, 1998, Meeting of the Practicing Physicians Advisory Council.		
11/27/98	65561-65562	409, 410, 411, 413, 413, 424, 483, and 489.	HCFA-1913-N2	Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Reopening of Comment Period.	12/28/98	
12/02/98	66554-66556		HCFA-2008-FN	Medicare Program; Recognition of the American Association for Accreditation of Ambulatory Surgical Facilities, Inc. for Ambulatory Surgical Centers Program.		12/02/98
12/04/98	67078-67121		HCFA-2025-N	Medicare Program; Recognition of NAIC Model Standards for Regulation of Medicare Supplemental Insurance.		07/01/98
12/09/98	67899-67908		HCFA-9002-N	Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—Second Quarter, 1998.		
12/11/98	68464-68465		HCFA-4002-GNC	Medicare Program; Criteria and Standards for Evaluating Intermediary and Carrier Performance; Millennium Compliance.	02/09/99	12/11/98
12/14/98	68780		HCFA-3432-N2	Medicare Program; Establishment of the Medicare Coverage Advisory Committee and Request for Nominations for Members.	01/29/99	
12/14/98	68687-68697	400 and 402	HCFA-6135-FC	Medicare and Medicaid Program; Civil Money Penalties, Assessments, Exclusions, and Related Appeals Procedures.	02/12/99	01/13/99
12/17/98	69638		HCFA-1061-N	Medicare Program; Meeting of the Competitive Pricing Advisory Committee.		
12/24/98	71296-71297		HCFA-2036-NC	Medicare and Medicaid Programs; Recognition of the Commission for Accreditation of Rehabilitation Facilities.	01/25/99	

<sup>1</sup> 42 CFR except where noted.

<sup>2</sup> General Notice; PN—Proposed Notice; NC—Notice with Comment Period; FN—Final Notice; P—Notice of Proposed Rulemaking (NPRM); F—Final Rule; FC—Final Rule with Comment Period; CN—Correction Notice; IFC—Interim Final Rule with Comment Period; GNC—General Notice with Comment Period

**Addendum V—Categorization of Food and Drug Administration-Allowed Investigational Device Exemptions**

Under the Food, Drug, and Cosmetic Act (21 U.S.C. 360c), devices fall into one of three classes. Also, under the new categorization process to assist HCFA, the Food and Drug Administration assigns each device with a Food and Drug Administration-approved investigational device exemption to one of two categories. To obtain more information about the classes or categories, please refer to the **Federal Register** notice published on April 21, 1997 (62 FR 19328).

The following information presents the device number, category (in this case, A), and criterion code.

- G960065 A1 (Correction)
- G980224 A1
- G980229 A2
- G980236 A2
- G980240 A1
- G980247 A2
- G980248 A2
- G980253 A2
- G980262 A1
- G980265 A2
- G980306 A1

The following information presents the device number, category (in this case, B), and criterion code.

- G980220 B2
- G980223 B2
- G980225 B4
- G980230 B1
- G980231 B1
- G980235 B4
- G980238 B4
- G980239 B2
- G980241 B3
- G980244 B4
- G980246 B1
- G980252 B1
- G980255 B4
- G980256 B4
- G980259 B2
- G980261 B2
- G980267 B4

G980268 B1  
 G980269 B3  
 G980270 B4  
 G980272 B4  
 G980274 B3  
 G980275 B2  
 G980276 B1  
 G980277 B2  
 G980279 B1  
 G980280 B2  
 G980284 B1  
 G980285 B  
 G980286 B4  
 G980289 B3  
 G980295 B4  
 G980296 B2  
 G980298 B1  
 G980299 B1  
 G980301 B2  
 G980302 B4  
 G980303 B4  
 G980304 B4  
 G980305 B4

[FR Doc. 99-28629 Filed 11-1-99; 8:45 am]  
 BILLING CODE 4120-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Current List of Laboratories Which Meet Minimum Standards To Engage in Urine Drug Testing for Federal Agencies, and Laboratories That Have Withdrawn From the Program

**AGENCY:** Substance Abuse and Mental Health Services Administration, HHS.  
**ACTION:** Notice.

**SUMMARY:** The Department of Health and Human Services notifies Federal agencies of the laboratories currently certified to meet standards of Subpart C of Mandatory Guidelines for Federal Workplace Drug Testing Programs (59 FR 29916, 29925). A similar notice listing all currently certified laboratories will be published during the first week of each month, and updated to include laboratories which subsequently apply for and complete the certification process. If any listed laboratory's certification is totally suspended or revoked, the laboratory will be omitted from updated lists until such time as it is restored to full certification under the Guidelines.

If any laboratory has withdrawn from the National Laboratory Certification Program during the past month, it will be identified as such at the end of the current list of certified laboratories, and will be omitted from the monthly listing thereafter.

This Notice is now available on the internet at the following website: <http://www.health.org/workpl.htm>

**FOR FURTHER INFORMATION CONTACT:** Mrs. Giselle Hersh or Dr. Walter Vogl, Division of Workplace Programs, 5600 Fishers Lane, Rockwall 2 Building, Room 815, Rockville, Maryland 20857; Tel.: (301) 443-6014.

**Special Note:** Please use the above address for all surface mail and correspondence. For all overnight mail service use the following address: Division of Workplace Programs, 5515 Security Lane, Room 815, Rockville, Maryland 20852.

**SUPPLEMENTARY INFORMATION:** Mandatory Guidelines for Federal Workplace Drug Testing were developed in accordance with Executive Order 12564 and section 503 of Pub. L. 100-71. Subpart C of the Guidelines, "Certification of Laboratories Engaged in Urine Drug Testing for Federal Agencies," sets strict standards which laboratories must meet in order to conduct urine drug testing for Federal agencies. To become certified an applicant laboratory must undergo three rounds of performance testing plus an on-site inspection. To maintain that certification a laboratory must participate in a quarterly performance testing program plus periodic, on-site inspections.

Laboratories which claim to be in the applicant stage of certification are not to be considered as meeting the minimum requirements expressed in the HHS Guidelines. A laboratory must have its letter of certification from SAMHSA, HHS (formerly: HHS/NIDA) which attests that it has met minimum standards.

In accordance with Subpart C of the Guidelines, the following laboratories meet the minimum standards set forth in the Guidelines:

ACL Laboratories, 8901 W. Lincoln Ave., West Allis, WI 53227, 414-328-7840/800-877-7016, (Formerly: Bayshore Clinical Laboratory)  
 Advanced Toxicology Network, 3560 Air Center Cove, Suite 101, Memphis, TN 38118, 901-794-5770/888-290-1150.  
 Aegis Analytical Laboratories, Inc. 345 Hill Ave., Nashville, TN 37210, 615-255-2400  
 Alabama Reference Laboratories, Inc., 543 South Hull St., Montgomery, AL 36103, 800-541-4931/334-263-5745  
 Alliance Laboratory Services, 3200 Burnet Ave., Cincinnati, OH 45229, 513-585-9000, (Formerly: Jewish Hospital of Cincinnati, Inc.)  
 American Medical Laboratories, Inc., 14225 Newbrook Dr., Chantilly, VA 20151, 703-802-6900  
 Associated Pathologists Laboratories, Inc., 4230 South Burnham Ave., Suite 250, Las Vegas, NV 89119-5412, 702-733-7866/800-433-2750  
 Baptist Medical Center—Toxicology Laboratory, 9601 I-630, Exit 7, Little Rock, AR 72205-7299, 501-202-2783 (Formerly: Forensic Toxicology Laboratory Baptist Medical Center)

Clinical Reference Lab, 8433 Quivira Rd., Lenexa, KS 66215-2802, 800-445-6917  
 Cox Health Systems, Department of Toxicology, 1423 North Jefferson Ave., Springfield, MO 65802, 800-876-3652/417-269-3093, (Formerly: Cox Medical Centers)

Dept. of the Navy, Navy Drug Screening Laboratory, Great Lakes, IL, P.O. Box 88-6819, Great Lakes, IL 60088-6819, 847-688-2045/847-688-4171

Diagnostic Services Inc., dba DSI, 12700 Westlinks Drive, Fort Myers, FL 33913, 941-561-8200/800-735-5416

Doctors Laboratory, Inc. P.O. Box 2658, 2906 Julia Dr., Valdosta, GA 31604, 912-244-4468

DrugProof, Division of Dynacare/Laboratory of Pathology, LLC, 1229 Madison St., Suite 500, Nordstrom Medical Tower, Seattle, WA 98104, 206-386-2672/800-898-0180 (Formerly: Laboratory of Pathology of Seattle, Inc., DrugProof, Division of Laboratory of Pathology of Seattle, Inc.)

DrugScan, Inc., P.O. Box 2969, 1119 Mearns Rd., Warminster, PA 18974, 215-674-9310

Dynacare Kasper Medical Laboratories,\* 14940-123 Ave., Edmonton, Alberta, Canada T5V 1B4, 780-451-3702/800-661-9876

ElSohly Laboratories, Inc., 5 Industrial Park Dr., Oxford, MS 38655, 601-236-2609

Gamma-Dynacare Medical Laboratories,\* A Division of the Gamma-Dynacare Laboratory Partnership, 245 Pall Mall St., London, ON, Canada N6A 1P4, 519-679-1630

General Medical Laboratories, 36 South Brooks St., Madison, WI 53715, 608-267-6267

Hartford Hospital Toxicology Laboratory, 80 Seymour St., Hartford, CT 06102-5037, 860-545-6023

Info-Meth, 112 Crescent Ave., Peoria, IL 61636, 309-671-5199/800-752-1835 (Formerly: Methodist Medical Center Toxicology Laboratory)

Integrated Regional Laboratories, 1400 Northwest 12th Ave., Miami, FL 33136, 305-325-5784 (Formerly: Cedars Medical Center, Department of Pathology)

Kroll Laboratory Specialists, Inc., 1111 Newton St., Gretna, LA 70053, 504-361-8989/800-433-3823 (Formerly: Laboratory Specialists, Inc.)

LabCorp Occupational Testing Services, Inc., 1904 Alexander Drive, Research Triangle Park, NC 27709, 919-572-6900/800-833-3984 (Formerly: CompuChem Laboratories, Inc.; CompuChem Laboratories, Inc., A Subsidiary of Roche Biomedical Laboratory; Roche CompuChem Laboratories, Inc., A Member of the Roche Group)

LabCorp Occupational Testing Services, Inc., 4022 Willow Lake Blvd., Memphis, TN 38118, 901-795-1515/800-233-6339 (Formerly: MedExpress/National Laboratory Center)

LabOne, Inc., 10101 Renner Blvd., Lenexa, KS 66219, 913-888-3927/800-728-4064 (Formerly: Center for Laboratory Services, a Division of LabOne, Inc.)

Laboratory Corporation of America Holdings, 69 First Ave., Raritan, NJ 08869, 908-526-2400/800-437-4986 (Formerly: Roche Biomedical Laboratories, Inc.)