## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

### Solicitation of Nominations for Appointment to the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHACHSPT)

**ACTION:** Notice.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC) is seeking nominations for membership on the CHACHSPT. The CHACHSPT consists of 18 experts in fields associated with public health; epidemiology; laboratory practice; immunology; infectious diseases; drug abuse; behavioral science; health education; healthcare delivery; state health programs; clinical care; preventive health; medical education; health services and clinical research; and healthcare financing, who are selected by the Secretary of the U.S. Department of Health and Human Services (HHS).

**DATES:** Nominations for membership on the CHACHSPT must be received no later than August 31, 2019. Packages received after this time will not be considered for the current membership cycle.

**ADDRESSES:** All nominations should be mailed to 1600 Clifton Road NE, Mailstop: E07, Atlanta, GA 30329–4027, emailed (recommended) to *zkr7@cdc.gov,* or faxed to (404) 639–8317.

**FOR FURTHER INFORMATION CONTACT:** Margie Scott-Cseh, Committee Management Specialist, CDC, 1600 Clifton Road NE, Mailstop: E07, Atlanta, GA 30329–4027, (404) 639–8317, *zkr7@cdc.gov.*

**SUPPLEMENTARY INFORMATION:** The CDC/HRSA Advisory Committee on HIV and STD Prevention and Treatment shall advise the Director, CDC, and the Administrator and Associate Administrator for HIV/AIDS, HRSA, regarding objectives, strategies, policies, and priorities for HIV and STD prevention and treatment efforts including surveillance of HIV infection, AIDS, STDs, and related behaviors; epidemiologic, behavioral, health services, and laboratory research on HIV/AIDS and STD; identification of policy issues related to HIV/STD professional education, patient healthcare delivery, and prevention services; agency policies about prevention of HIV/AIDS and other STDs, treatment, healthcare delivery, and research and training; strategic issues influencing the ability of CDC and HRSA to fulfill their missions of providing prevention and treatment services; programmatic efforts to prevent and treat HIV and STDs; and support to the agencies in their development of responses to emerging health needs related to HIV and other STDs.

Nominations are being sought for individuals who have expertise and qualifications necessary to contribute to the accomplishments of the committee's objectives. Nominees will be selected based on expertise in the fields of HIV/AIDS, Viral Hepatitis and STD prevention, control and treatment. Experts in the disciplines of public health; epidemiology; laboratory practice; immunology; infectious diseases; drug abuse; behavioral science; health education; healthcare delivery; state health programs; clinical care; preventive health; medical education; health services and clinical research; and healthcare financing. Federal employees will not be considered for membership. Members may be invited to serve for up to four-year terms.

Selection of members is based on candidates' qualifications to contribute to the accomplishment of CHACHSPT objectives. The U.S. Department of Health and Human Services policy stipulates that committee membership be balanced in terms of points of view represented, and the committee's function. Appointments shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, gender identity, HIV status, disability, and cultural, religious, or socioeconomic status. Nominees must be U.S. citizens, and cannot be full-time employees of the U.S. Government. Current participation on federal workgroups or prior experience serving on a federal advisory committee does not disqualify a candidate; however, HHS policy is to avoid excessive individual service on advisory committees and multiple committee memberships. Committee members are Special Government Employees (SGEs), requiring the filing of financial disclosure reports at the beginning and annually during their terms. CDC reviews potential candidates for CHACHSPT membership each year, and provides a slate of nominees for consideration to the Secretary of HHS for final selection. HHS notifies selected candidates of their appointment near the start of the term in December 1, 2020, or as soon as the HHS selection process is completed. Note that the need for different expertise varies from year to year and a candidate who is not selected in one year may be reconsidered in a subsequent year. SGE Nominees must be U.S. citizens, and cannot be full-time employees of the U.S. Government. Candidates should submit the following items:

- Current curriculum vitae, including complete contact information (telephone numbers, mailing address, email address)
- At least one letter of recommendation from person(s) not employed by the U.S. Department of Health and Human Services. (Candidates may submit letter(s) from current HHS employees if they wish, but at least one letter must be submitted by a person not employed by an HHS agency (*e.g.,* CDC, NIH, FDA, etc.).

Nominations may be submitted by the candidate him- or herself, or by the person/organization recommending the candidate. The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

**Kalwant Smagh,**

*Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.*

[FR Doc. 2019–17064 Filed 8–8–19; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

**[CMS–9117–N]**

### Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—April Through June 2019

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

**ACTION:** Notice.

**SUMMARY:** This quarterly notice lists CMS manual instructions, substantive and interpretive regulations, and other **Federal Register** notices that were published from April through June 2019, relating to the Medicare and Medicaid programs and other programs administered by CMS.

**FOR FURTHER INFORMATION CONTACT:** It is possible that an interested party may need specific information and not be able to determine from the listed information whether the issuance or regulation would fulfill that need.

Consequently, we are providing contact persons to answer general questions concerning each of the addenda published in this notice.

| Addenda | Contact | Phone Number |
|---|---|---|
| **I** CMS Manual Instructions | Ismael Torres | (410) 786-1864 |
| **II** Regulation Documents Published in the **Federal Register** | Terri Plumb | (410) 786-4481 |
| **III** CMS Rulings | Tiffany Lafferty | (410)786-7548 |
| **IV** Medicare National Coverage Determinations | Wanda Belle, MPA | (410) 786-7491 |
| **V** FDA-Approved Category B IDEs | John Manlove | (410) 786-6877 |
| **VI** Collections of Information | William Parham | (410) 786-4669 |
| **VII** Medicare –Approved Carotid Stent Facilities | Sarah Fulton, MHS | (410) 786-2749 |
| **VIII** American College of Cardiology-National Cardiovascular Data Registry Sites | Sarah Fulton, MHS | (410) 786-2749 |
| **IX** Medicare's Active Coverage-Related Guidance Documents | JoAnna Baldwin, MS | (410) 786-7205 |
| **X** One-time Notices Regarding National Coverage Provisions | JoAnna Baldwin, MS | (410) 786-7205 |
| **XI** National Oncologic Positron Emission Tomography Registry Sites | Stuart Caplan, RN, MAS | (410) 786-8564 |
| **XII** Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities | David Dolan | (410) 786-3365 |
| **XIII** Medicare-Approved Lung Volume Reduction Surgery Facilities | Sarah Fulton, MHS | (410) 786-2749 |
| **XIV** Medicare-Approved Bariatric Surgery Facilities | Sarah Fulton, MHS | (410) 786-2749 |
| **XV** Fluorodeoxyglucose Positron Emission Tomography for Dementia Trials | Stuart Caplan, RN, MAS | (410) 786-8564 |
| **All Other Information** | Annette Brewer | (410) 786-6580 |

## I. Background

The Centers for Medicare & Medicaid Services (CMS) is responsible for administering the Medicare and Medicaid programs and coordination and oversight of private health insurance. Administration and oversight of these programs involves the following: (1) Furnishing information to Medicare and Medicaid beneficiaries, health care providers, and the public; and (2) maintaining effective communications with CMS regional offices, state governments, state Medicaid agencies, state survey agencies, various providers of health care, all Medicare contractors that process claims and pay bills, National Association of Insurance Commissioners (NAIC), health insurers, and other stakeholders. To implement the various statutes on which the programs are based, we issue regulations under the authority granted to the Secretary of the Department of Health and Human Services under sections 1102, 1871, 1902, and related provisions of the Social Security Act (the Act) and Public Health Service Act. We also issue various manuals, memoranda, and statements necessary to administer and oversee the programs efficiently.

Section 1871(c) of the Act requires that we publish a list of all Medicare manual instructions, interpretive rules, statements of policy, and guidelines of general applicability not issued as regulations at least every 3 months in the **Federal Register**.

## II. Format for the Quarterly Issuance Notices

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

## III. How To Use the Notice

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

Dated: July 26, 2019.

**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: August 13, 2018 (83 FR 40043), November 2, 2018 (83 FR 55174) February 19, 2019 (84 FR 4805) and April 29, 2019 (84 FR 18040). We are providing only the specific updates that have occurred in the 3-month period along with a hyperlink to the website to access this information and a contact person for questions or additional information.

**Addendum I: Medicare and Medicaid Manual Instructions (April through June 2019)**

The CMS Manual System is used by CMS program components, partners, providers, contractors, Medicare Advantage organizations, and State Survey Agencies to administer CMS programs. It offers day-to-day operating instructions, policies, and procedures based on statutes and regulations, guidelines, models, and directives. In 2003, we transformed the CMS Program Manuals into a web user-friendly presentation and renamed it the CMS Online Manual System.

How to Obtain Manuals

The Internet-only Manuals (IOMs) are a replica of the Agency's official record copy. Paper-based manuals are CMS manuals that were officially released in hardcopy. The majority of these manuals were transferred into the Internet-only manual (IOM) or retired. Pub 15-1, Pub 15-2 and Pub 45 are exceptions to this rule and are still active paper-based manuals. The remaining paper-based manuals are for reference purposes only. If you notice policy contained in the paper-based manuals that was not transferred to the IOM, send a message via the CMS Feedback tool.

Those wishing to subscribe to old versions of CMS manuals should contact the National Technical Information Service, Department of Commerce, 5301 Shawnee Road, Alexandria, VA 22312 Telephone (703-605-6050). You can download copies of the listed material free of charge at: http://cms.gov/manuals.

How to Review Transmittals or Program Memoranda

Those wishing to review transmittals and program memoranda can access this information at a local Federal Depository Library (FDL). Under the FDL program, government publications are sent to approximately 1,400 designated libraries throughout the United States. Some FDLs may have arrangements to transfer material to a local library not designated as an FDL. Contact any library to locate the nearest FDL. This information is available at http://www.gpo.gov/libraries/

In addition, individuals may contact regional depository libraries that receive and retain at least one copy of most federal government publications, either in printed or microfilm form, for use by the general public. These libraries provide reference services and interlibrary loans; however, they are not sales outlets. Individuals may obtain information about the location of the nearest regional depository library from any library. CMS publication and transmittal numbers are shown in the listing entitled Medicare and Medicaid Manual Instructions. To help FDLs locate the materials, use the CMS publication and transmittal numbers. For example, to find the manual for Updates to Publication (Pub.) 100-01, Medicare General Information, Eligibility, and Entitlement, Chapter 6, Disclosure of Information Disclosure of Information, use (CMS-Pub. 100-01) Transmittal No. 123.

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)** | |
| 123 | Updates to Publication (Pub.) 100-01, Medicare General Information, Eligibility, and Entitlement, Chapter 6, Disclosure of Information Disclosure of Information |
| **Medicare Benefit Policy (CMS-Pub. 100-02)** | |
| | None |
| **Medicare National Coverage Determination (CMS-Pub. 100-03)** | |
| 214 | National Coverage Determination (NCD90.2): Next Generation Sequencing (NGS) |
| 215 | National Coverage Determination (NCD90.2): Next Generation Sequencing (NGS) |
| 216 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |

| Medicare Claims Processing (CMS-Pub. 100-04) | |
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| 4273 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 4274 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 4275 | Quarterly Update for the Temporary Gap Period of the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP) - July 2019 |
| 4276 | Indian Health Services (IHS) Hospital Payment Rates for Calendar Year 2019 |
| 4277 | New Waived Tests |
| 4278 | Pub. 100-04, Chapter 29 – Appeals of Claims Decisions – Revisions<br>CMS Decisions Subject to the Administrative Appeals Process<br>Who May Appeal<br>Steps in the Appeals Process: Overview<br>Where to Appeal<br>Time Limits for Filing Appeals & Good Cause for Extension of the Time Limit for Filing Appeals<br>Good Cause<br>Conditions and Examples That May Establish Good Cause for Late Filing by Beneficiaries<br>Conditions and Examples That May Establish Good Cause for Late Filing by Providers, Physicians, or Other Suppliers<br>Good Cause - Administrative Relief Following a Disaster<br>Procedures to Follow When a Party Fails to Establish Good Cause<br>Amount in Controversy General Requirements<br>Principles for Determining Amount in Controversy<br>Aggregation of Claims to Meet the Amount in Controversy<br>Who May Be an Appointed or Authorized Representative<br>How to Make and Revoke an Appointment<br>When and Where to Submit the Appointment<br>Rights and Responsibilities of a Representative<br>Curing a Defective Appointment of Representative<br>Incapacitation or Death of Beneficiary<br>How to Make and Revoke a Transfer of Appeal Rights<br>Where to Submit the Transfer of Appeal Rights<br>Rights of the Assignee of Appeal Rights<br>Curing a Defective Transfer of Appeal Rights<br>Medicare Secondary Payer (MSP) Specific Limitations or Additional Requirements with Respect to the Appointment of Representatives<br>Inclusion and Consideration of Evidence of Fraud and/or Abuse<br>Claims Where There is Evidence That Items or Services Were Not Furnished or Were Not Furnished as Billed<br>Responsibilities of Adjudicators<br>Letter Format<br>Fraud and Abuse Investigations<br>Appeal Decision Involving Multiple Beneficiaries<br>Filing a Request for Redetermination<br>Time Limit for Filing a Request for Redetermination<br>The Redetermination<br>Dismissals<br>Dismissal Letters<br>Model Dismissal Notices<br>Processing Requests to Vacate Dismissals<br>Medicare Redetermination Notice (For Partly or Fully Unfavorable Redeterminations<br>Effect of the Redetermination<br>Effectuation of the Redetermination Decision<br>Reconsideration - The Second Level of Appeal<br>Filing a Request for a Reconsideration<br>MAC Responsibilities – General<br>QIC Case File Preparation<br>QIC Jurisdictions<br>Effectuation of Reconsiderations<br>Administrative Law Judge (ALJ) Hearing or Attorney Adjudicator Review at Office of Medicare Hearings and Appeals (OMHA) - The Third Level of Appeal<br>Requests for an ALJ Hearing<br>Forwarding Requests to OMHA<br>Review and Effectuation of OMHA Decisions<br>Effectuation Time Limits & Responsibilities<br>Duplicate OMHA Decisions<br>Payment of Interest on OMHA Decisions<br>Departmental Appeals Board - Appeals Council - The Fourth Level of Appeal<br>Recommending Agency Referral of OMHA Decisions or Dismissals<br>Requests for Case Files<br>District Court Review - The Fifth Level of Appeal<br>Requests for U.S. District Court Review by a Party<br>Workload Data Analysis<br>Execution of Workload Prioritization<br>Workload Priorities |
| 4279 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 4280 | Update to Pub. 100-04, Chapter 11<br>Hospice Election Periods and Benefit Periods in Medicare Systems<br>Data Required on the Institutional Claim to A/B MAC (HHH<br>Administrative Activities<br>Hospice Attending Physician Services<br>Independent Attending Physician Services<br>Care Plan Oversight<br>Processing Professional Claims for Hospice Beneficiaries<br>Billing and Payment for Services Unrelated to Terminal Illness<br>Coinsurance on Inpatient Respite Care |
| 4281 | Update to Chapter 28 in Publication (Pub.) 100-04 to Provide Language-Only<br>Changes for the New Medicare Card Project<br>Beneficiary Insurance Assignment Selection<br>Consolidation of the Claims Crossover Process<br>Coordination of Benefits Agreement (COBA) Detailed Error Report Notification Process<br>Coordination of Benefits Agreement (COBA) ASC X12 837 Coordination of |

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| | Benefits (COB) Mapping Requirements as of July 2012<br>National Council for Prescription Drug Programs (NCPDP) Version D.0 Coordination of Benefits (COB) Requirements |
| 4282 | Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions |
| 4283 | Documentation of Evaluation and Management Services of Teaching Physicians Evaluation and Management (E/M) Services |
| 4284 | File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions |
| 4285 | Quarterly Update to the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) |
| 4286 | Update to Chapter 21 in Publication (Pub.) 100-04 to Provide Language-Only Changes for the New Medicare Card Project<br>Specifications for Section 1: Summary (Page 1)<br>Specifications for Content Variations of Spanish MSNs |
| 4287 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 4288 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 4289 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 4290 | Medicare Summary Notice (MSN) Changes to Assist Beneficiaries Enrolled in the Qualified Medicare Beneficiary (QMB) Program<br>Qualified Medicare Beneficiary (QMB) Program |
| 4291 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 4292 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 4293 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 4294 | Home Health (HH) Patient-Driven Groupings Model (PDGM) - Additional Manual Instructions<br>Home Health Prospective Payment System (HH PPS) Consolidated Billing<br>Responsibilities of Home Health Agencies<br>Responsibilities of Providers/Suppliers of Services Subject to Consolidated Billing<br>Home health Consolidated Billing Edits in Medicare Systems<br>Therapy Editing<br>Other Editing Related to Home Health Consolidated Billing<br>Only Request for Anticipated Payment (RAP) Received and Services Fall Within 60 Days after RAP Start Date<br>No RAP Received and Therapy Services Rendered in the Home Eligibility Query to Determine Status<br>CWF Response to Inquiry<br>Timeliness and Limitations of CWF Responses<br>National Home Health Prospective Payment Episode History File<br>Opening and Length of HH PPS Episodes/Periods of Care<br>Closing, Adjusting and Prioritizing HH PPS Episodes/Periods of Care Based on RAPs and HHA Claim Activity<br>Other Editing for HH PPS Episodes |
| | Coordination of HH PPS Claims With Inpatient Claim Types<br>Exhibit: Chart Summarizing the Effects of RAP/Claim Actions on the HH PPS<br>Episode File<br>Request for Anticipated Payment (RAP<br>HH PPS Claims<br>IIII PPS Claims When No RAP is Submitted - "No-RAP" LUPAs<br>Input/Output Record Layout<br>Decision Logic Used by the Pricer on RAPs<br>Decision Logic Used by the Pricer on Claims<br>Annual Updates to the HH Pricer |
| 4295 | Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 4 Payment for CRNA Pass-Through Services |
| 4296 | Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment |
| 4297 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 4298 | Medicare Physician Fee Schedule Database (MPFSDB) File Record Layout<br>MPFSDB Record Layout<br>MPFSDB File Record Layout and Field Descriptions |
| 4299 | Re-implementation of the AMCC Lab Panel Claims Payment System Logic<br>Automated Test Listing<br>Organ or Disease Oriented Panels<br>Claims Processing Requirements for Panel and Profile Tests<br>Laboratory Tests Utilizing Automated Equipment<br>History Display<br>Special Processing Considerations |
| 4300 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 4301 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 4302 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 4303 | Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code |
| 4304 | Claim Status Category and Claim Status Codes Update |
| 4305 | Annual Updates to the Prior Authorization/Pre-Claim Review Federal Holiday Schedule Tables for Generating Reports |
| 4306 | Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - July 2019 Update |
| 4307 | Instructions for Downloading the Medicare ZIP Code Files for October 2019 |
| 4308 | Implementation of the Medicare Performance Adjustment (MPA) for the Maryland Total Cost of Care (MD TCOC) Model |
| 4309 | Documentation of Medical Necessity of the Home Visit; and Physician Management Associated with Superficial Radiation Treatment |
| 4310 | Home Services (Codes 99341 - 99350)<br>Physician Management Associated with Superficial Radiation Treatment |
| 4311 | Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions |
| 4312 | Home Health (HH) Patient-Driven Groupings Model (PDGM) - Additional |

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| | Manual Instructions<br>Adjustments of Episode Payment – Validation of HIPPS<br>Home Health Prospective Payment System (HH PPS) Consolidated Billing<br>Responsibilities of Home Health Agencies<br>Responsibilities of Providers/Suppliers of Services Subject to Consolidated Billing<br>Home health Consolidated Billing Edits in Medicare Systems<br>Therapy Editing<br>Other Editing Related to Home Health Consolidated Billing<br>Only Request for Anticipated Payment (RAP) Received and Services Fall Within 60 Days after RAP Start Date<br>No RAP Received and Therapy Services Rendered in the Home<br>Eligibility Query to Determine Status<br>CWF Response to Inquiry<br>Timeliness and Limitations of CWF Responses<br>National Home Health Prospective Payment Episode History File<br>Opening and Length of HH PPS Episodes/Periods of Care Closing, Adjusting and Prioritizing HH PPS Episodes/Periods of Care Based on RAPs and HHA Claim Activity<br>Other Editing for HH PPS Episodes<br>Coordination of HH PPS Claims With Inpatient Claim Types<br>Medicare Secondary Payment (MSP) and the HH PPS Episodes File<br>Exhibit: Chart Summarizing the Effects of RAP/Claim Actions on the HH PPS Episode File<br>Request for Anticipated Payment (RAP)<br>HH PPS Claims<br>HH PPS Claims When No RAP is Submitted - "No-RAP" LUPAs<br>Billing for Nonvisit Charges<br>Input/Output Record Layout<br>Decision Logic Used by the Pricer on RAPs<br>Decision Logic Used by the Pricer on Claims<br>Annual Updates to the HH Pricer |
| 4313 | July 2019 Update of the Hospital Outpatient Prospective Payment System (OPPS) |
| 4314 | July 2019 Integrated Outpatient Code Editor (I/OCE) Specifications Version 20.2 |
| 4315 | Annual (2020) Update of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) |
| 4316 | Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions |
| 4317 | Implement Operating Rules - Phase III Electronic Remittance Advice (ERA) Electronic Funds Transfer (EFT): Committee on Operating Rules for Information Exchange (CORE) 360 Uniform Use of Claim Adjustment Reason Codes (CARC), Remittance Advice Remark Codes (RARC) and Claim Adjustment Group Code (CAGC) Rule - Update from Council for Affordable Quality Healthcare (CAQH) CORE |
| 4318 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 4319 | July 2019 Update of the Ambulatory Surgical Center (ASC) Payment System |
| 4320 | Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - July 2019 Update |
| 4321 | July Quarterly Update for 2019 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule |
| 4322 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 4323 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 4324 | Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions |
| 4325 | Medicare Part A Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Pricer Update FY 2020 |
| 4326 | Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment |
| 4327 | July 2019 Integrated Outpatient Code Editor (I/OCE) Specifications Version 20.2 |
| | **Medicare Secondary Payer (CMS-Pub. 100-05)** |
| | None |
| | **Medicare Financial Management (CMS-Pub. 100-06)** |
| 312 | Updates to Medicare Financial Management Manual Chapter 4, Section 50-50.6 Extended Repayment Schedules<br>Establishing an Extended Repayment Schedule (ERS) - (formerly known as an Extended Repayment Plan (ERP))<br>ERS Required Documentation --Physician is a Sole Proprietor<br>ERS Required Documentation– Provider is an Entity Other Than a Sole Proprietor<br>ERS Approval Process<br>Sending the ERS Request to the Regional Office (RO)<br>Monitoring an Approved Extended Repayment Schedule (ERS) and Reporting Requirements<br>Requests from Terminated Providers or Debts that are Pending Referral to Department of Treasury |
| 313 | Notice of New Interest Rate for Medicare Overpayments and Underpayments -3rd Qtr Notification for FY 2019 |
| 314 | Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions |
| 315 | Update to Publication (Pub.) 100-06 to Provide Language-Only Changes for the New Medicare Card Project<br>Demand Letter Contents<br>Recovery From the Beneficiary<br>Beneficiary Wishes to Refund in Installments<br>Bankruptcy Forms<br>Termination of Collection Action – Beneficiary Overpayments<br>Collection of Fee-for-Service Payments Made During Periods of Medicare Advantage (MA) Enrollment<br>Treasury Cross-Servicing Dispute Resolution<br>Exhibit 20 - Procedures for Reporting Currently Not Collectible (CNC) Debt<br>Receiving and Processing Unsolicited/Voluntary Refund Checks When Identifying Information is Provided<br>Receiving and Processing Unsolicited/Voluntary Refund Checks When Identifying Information is not Provided |

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| | Overpayment Refund Form<br>Recording Savings<br>Section B - Cause of Overpayments<br>Recording Savings<br>Body of Report<br>Section I – Redeterminations<br>Processing CMS-838 Claims Adjustments<br>Completing the CMS-838<br>Exhibit II: Medicare Credit Balance Report Detail Page |
| 316 | Updates to Medicare Financial Management Manual Chapter 4, Section 20 and 20.1 Demand Letters<br>Demand Letters<br>Number of Demand Letters<br>INITIAL DEMAND LETTER - NON-935<br>INITIAL DEMAND LETTER - 935<br>Initial Demand Letter- Cost Reports Filed<br>Initial Demand Letter- Unfiled Cost Report<br>Intent to Refer Letter- Non 935<br>Intent to Refer Letter- 935<br>Unfiled Cost Reports Only |
| 317 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| **Medicare State Operations Manual (CMS-Pub. 100-07)** | |
| 188 | Revisions to the State Operations Manual (SOM 100-07) Chapter 2, The Certification Process, Chapter 3, Additional Program Activities, and Chapter 4, Program Administration and Fiscal Management<br>Outcome and Assessment Information Set (Oasis) Requirements/2202.9B - Right to See, Review, and Request Changes<br>Documentation Guide List - Termination for Noncompliance With §§1866(b)(2)(A) and (C)/3028B - Additional Documentation - Charging for Covered Services and/or Refusing to Refund Incorrect Collections<br>Budget and Financial Report Files – Records to be Retained/4802K.<br>Supplementary Medical Insurance (SMI) General Enrollment Period (GEP) Records (N1-440-95-1, Item 10) |
| 189 | Budget and Financial Report Files – Records to be Retained/4802K.<br>Supplementary Medical Insurance (SMI) General Enrollment Period (GEP) Records (N1-440-95-1, Item 10) |
| 190 | Updates to the State Operations Manual (SOM) Chapters 2, 3 and 9 to add Instructions for Organ Transplant Programs.<br>Organ Transplant Programs<br>Definitions<br>Regulatory Background<br>Request for Medicare Approval of an Organ Transplant Program<br>Survey and Approval Procedures for Organ Transplant Programs<br>Types of Surveys and Related Guidance<br>Determining Level of Deficiency for Clinical Experience (Volume) and Outcome Requirements Standards:<br>Post-Survey Activities<br>Transmission of Program Approval Information<br>Mitigating Factors |
| | Relationship Between the Transplant CoPs and Hospital CoPs<br>Termination of Organ Transplant Programs<br>Options letter for transplant program inactive at 12 months |
| **Medicare Program Integrity (CMS-Pub. 100-08)** | |
| 872 | Updates to Immunosuppressive Guidance |
| 873 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 874 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 875 | Updates to Immunosuppressive Guidance--Exceptions |
| 876 | Update to Publication (Pub.) 100-08 to Provide Language-Only Changes for the New Medicare Card Project<br>Sources of Data for ZPICs<br>Overview of Prepayment and Postpayment Reviews<br>Maintaining Provider Information<br>Denial Types<br>Prior Authorization<br>Procedural Requirements<br>Program Integrity Security Requirements<br>Medical Review for Program Integrity Purposes<br>Contact Center Operations<br>MAC Complaint Screening<br>Referrals to the UPIC<br>Guidelines for Incentive Reward Program Complaint Tracking<br>Documentation of Identity Theft and Compromised Medicare beneficiary Identifiers in the FID<br>Worksheets<br>Providing Sample Information to the CERT Review Contractor<br>Medicare Diabetes Prevention Program (MDPP) Suppliers<br>Independent Diagnostic Testing Facility (IDTF) Standards<br>Claims against Surety Bonds<br>Reactivations – Miscellaneous Policies |
| 877 | Update to Publication (Pub.) 100-08 to Provide Language-Only Changes for the New Medicare Card Project<br>Sources of Data for ZPICs<br>Overview of Prepayment and Postpayment Reviews<br>Maintaining Provider Information<br>Denial Types<br>Prior Authorization<br>Procedural Requirements<br>Program Integrity Security Requirements<br>Review for Program Integrity Purposes<br>Contact Center Operations<br>MAC Complaint Screening<br>Referrals to the UPIC<br>Guidelines for Incentive Reward Program Complaint Tracking Worksheets<br>Providing Sample Information to the CERT Review Contractor<br>Medicare Diabetes Prevention Program (MDPP) Suppliers<br>Independent Diagnostic Testing Facility (IDTF) Standards<br>Claims against Surety Bonds |

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| | Reactivations – Miscellaneous Policies |
| 878 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 879 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 880 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction |
| 881 | Update to Chapter 15 of Publication (Pub.) 100-08 |
| 882 | Local Coverage Determinations (LCDs) |
| 883 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 884 | Update to Exhibit 46.2, 46.3, 46.4, and 46.5 in Publication (Pub.) 100-08<br>DME MAC Unified Post-payment ADR Sample Letter<br>Recovery Audit Contractor (RAC) Unified Postpayment ADR Sample Letter<br>CERT Unified Post-payment ADR Sample Letter<br>SMRC Postpayment ADR Sample Letter |
| 885 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 886 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 887 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 888 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 889 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| **Medicare Contractor Beneficiary and Provider Communications (CMS-Pub. 100-09)** | |
| 30 | QIO Manual Chapter 16 – "Healthcare Quality Improvement Program"<br>Quality Improvement Interventions<br>Developing and Spreading Successful Interventions<br>Documenting and Disseminating Results |
| 31 | Update to Publication (Pub.) 100-10 to Provide Language-Only Changes for The New Medicare Card Project |
| **Medicare Quality Improvement Organization (CMS- Pub. 100-10)** | |
| 32 | Update to Publication (Pub.) 100-10 to Provide Language-Only Changes for the New Medicare Card Project |
| **Medicare End Stage Renal Disease Network Organizations (CMS Pub 100-14)** | |
| 10 | Update to Publication (Pub.) 100-14 to Provide Language-Only Change for the New Medicare Card Project<br>CMS-Directed Changes (Notifications) to the Network Patient Database Processing Form CMS-2728-U3<br>CMS ESRD Forms Data Discrepancies and Data Corrections<br>Coordination of Additional Renal Related Information<br>Additional Considerations<br>Acronyms/Medicare ESRD Network Organizations List of Commonly Used Acronyms |
| **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 |
| **Medicare Prescription Drug Benefit (CMS-Pub. 100-18)** | |
| 19 | Update to Publication (Pub.) 100-18 to Provide Language-Only Changes and URL Location Updates for the New Medicare Card Project |
| **Demonstrations (CMS-Pub. 100-19)** | |
| 224 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 225 | Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions |
| 226 | Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions |
| 227 | Next Generation ACO Model - Demo Code Placement |
| **One Time Notification (CMS-Pub. 100-20)** | |
| 2275 | User CR: MCS - Add Date to NU Screen for Health Insurance Claim Number (HICN) Changes |
| 2276 | Update to Claim Processing Logic to Allow 53 Automated Development System (ADS) Messages (Three Header and 50 Claim Lines) |
| 2277 | Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instructions |
| 2278 | Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM) |
| 2279 | Direct Mailing Notification to the Medicare Administrative Contractors (MACs) Regarding Clinical Laboratory Fee Schedule (CLFS) |
| 2280 | MAC Reporting of Issuance of Compliance Letters to Specific Providers and Suppliers Regarding Inappropriate Billing of Qualified Medicare Beneficiaries (QMBs) for Medicare Cost-Sharing |
| 2281 | Implementation to Exchange the list of Electronic Medical Documentation Requests (eMDR) for Registered Providers via the Electronic Submission of Medical Documentation (esMD) System |
| 2282 | Direct Mailing Notification to the Medicare Administrative Contractors (MACs) Regarding Clinical Laboratory Fee Schedule (CLFS) |
| 2283 | Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instructions |
| 2284 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 2285 | Common Working File (CWF) to Medicare Beneficiary Database (MBD) Extract File Changes to send all Hospice periods to Support HIPAA Eligibility Transaction System (HETS) |
| 2286 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 2287 | Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for October 2019 |
| 2288 | User CR: FISS - Develop Enhanced Claims Search Reporting in FISS - Phase |
| 2289 | User CR: FISS Update RPTMEDR1 to Provide Medical Policy Parameters (MPP) Status |
| 2290 | User CR: ViPS Medicare System (VMS) - New Standard Paper Remittance (SPR) Files for Use on Durable Medical Equipment Medicare Administrative |

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| | Contractors (DME MAC) Web Portals |
| 2291 | User CR: FISS - Expand Number of Archived Claims That May Be Retrieved per Cycle |
| 2292 | User CR: FISS - Analysis Only - Enhancement to Allow MACs to Copy VSAM Files from One Region to Another to Reduce File Maintenance |
| 2293 | Systems Changes to Allow IPPS-Excluded IIospitals to Operate IPPS-Excluded Units |
| 2294 | FISS Integrated Outpatient Code Editor (IOCE) Claim Return Buffer Interface Changes Related to New Return Code Field Updates |
| 2295 | Archiving and Retrieving of the Integrated Outpatient Code Editor (I/OCE) for Processing Claims |
| 2296 | Updating Fiscal Intermediary Shared System (FISS) for Pricing Drugs at Different Rates Depending on Provider Type |
| 2297 | Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process |
| 2298 | International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs) |
| 2299 | Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM) |
| 2300 | Reporting the Patient Relationship Categories and Codes |
| 2301 | User CR: MCS - Update the RB55 Job to Include Processing of Additional Fields on the Procedure Code File |
| 2302 | Implementation to Send Pre-Pay Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System |
| 2303 | Shared System Enhancement 2018: Rewrite Fiscal Intermediary Shared System (FISS) module FSSB6001, Common Working File (CWF) Unsolicited Response Function |
| 2304 | Automatic Transmission of the Prepayment File to the Recovery Audit Contractor (RAC) Data Warehouse (DW) |
| 2305 | Implementation to Send Post-Pay Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System |
| 2306 | Analysis for First Coast Service Options (FCSO) and Novitas for the CMS Enterprise Identity Management OKTA/Saviynt Migration |
| 2307 | Additional Processing Instructions to Update the Standard Paper Remit (SPR) |
| 2308 | New CWF Edit for Part A Outpatient Medicare Advantage (MA), Health Maintenance Organization (HMO) |
| 2309 | New Overpayment Field Established within the ViPS Medicare System (VMS) for Healthcare Integrated General Ledger Accounting System (HIGLAS) Reporting |
| 2310 | Viable Information Processing Systems (ViPS) Medicare Systems (VMS) Changes to Accommodate National Provider Identifier Associations Analysis and Development |
| 2311 | Bills Pending Reports to Assist Medicare Administrative Contractors (MACs) with Monthly Status Report (MSR) |
| 2312 | Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instructions |
| 2313 | FISS Integrated Outpatient Code Editor (IOCE) Claim Return Buffer Interface Changes Related to New Return Code Field Updates |
| 2314 | Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions |
| 2315 | Mobile Personal Identity Verification (PIV) Station Pilot Project |
| 2316 | Fiscal Intermediary Shared System (FISS) Enhancement of PC Print Billing Software |
| 2317 | Mobile Personal Identity Verification (PIV) Station Pilot Project |
| **Medicare Quality Reporting Incentive Programs (CMS-Pub. 100-22)** | |
| | None |
| **Information Security Acceptable Risk Safeguards (CMS-Pub. 100-25)** | |
| | None |

## Addendum II: Regulation Documents Published in the Federal Register (April through June 2019)

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-2Q19QPU.pdf

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

## Addendum III: CMS Rulings (April through June 2019)

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

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

### Addendum IV: Medicare National Coverage Determinations (April through June 2019)

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

| Title | NCDM Section | Transmittal Number | Issue Date | Effective Date |
|---|---|---|---|---|
| Next Generation Sequencing (NGS) for Medicare Beneficiaries with Advanced Cancer | NCD 90.2 | 215 | 04/10/2019 | 02/15/2018 |

### Addendum V: FDA-Approved Category B Investigational Device Exemptions (IDEs) (April through June 2019)

(Inclusion of this addenda is under discussion internally.)

### Addendum VI: Approval Numbers for Collections of Information (April through June 2019)

All approval numbers are available to the public at Reginfo.gov. Under the review process, approved information collection requests are assigned OMB control numbers. A single control number may apply to several related information collections. This information is available at www.reginfo.gov/public/do/PRAMain. For questions or additional information, contact William Parham (410-786-4669).

### Addendum VII: Medicare-Approved Carotid Stent Facilities, (April through June 2019)

Addendum VII includes listings of Medicare-approved carotid stent facilities. All facilities listed meet CMS standards for performing carotid artery stenting for high risk patients. On March 17, 2005, we issued our decision memorandum on carotid artery stenting. We determined that carotid artery stenting with embolic protection is reasonable and necessary only if performed in facilities that have been determined to be competent in performing the evaluation, procedure, and follow-up necessary to ensure optimal patient outcomes. We have created a list of minimum standards for facilities modeled in part on professional society statements on competency. All facilities must at least meet our standards in order to receive coverage for carotid artery stenting for high risk patients. For the purposes of this quarterly notice, we are providing only the specific updates that have occurred in the 3-month period. This information is available at: http://www.cms.gov/MedicareApprovedFacilitie/CASF/list.asp#TopOfPage For questions or additional information, contact Sarah Fulton, MHS (410-786-2749).

| Facility | Provider Number | Effective Date | State |
|---|---|---|---|
| **The following facilities are new listings for this quarter.** | | | |
| Adventist Health White Memorial 11720 Cesar E. Chavez Avenue Los Angeles, CA 90033 | 050103 | 04/09/2019 | CA |
| Sentara Rockingham Medical Center 12010 Health Campus Drive Harrisonburg, VA 22801 | 1780694372 | 04/23/2019 | VA |
| Clinch Valley Medical Center 6801 Gov. G.C. Peery Highway Richlands, VA 24641 | 1871534297 | 05/14/2019 | VA |
| Catholic Medical Center 100 McGregor Street Manchester, NH 03102 | 1528150273 | 05/14/2019 | NH |

| Facility | Provider Number | Effective Date | State |
|---|---|---|---|
| Brookdale University Hospital Medical Center<br>One Brookdale Plaza<br>Brooklyn NY 11212 | 330233 | 05/14/2019 | NY |
| Deaconess Hospital Inc. -The Heart Hospital at Deaconess Gateway<br>4007 Gateway Boulevard<br>Newburg, IN 47630 | 150082 | 05/14/2019 | IN |
| **The following facilities have editorial changes (in bold).** | | | |
| **FROM: Florida Hospital Heart Heartland Medical Center Sebring**<br>**TO: AdventHealth Sebring**<br>4200 Sun 'n Lake Boulevard<br>Sebring, FL 33872 | 100109 | 04/30/2012 | FL |
| **FROM: Florida Hospital Memorial Medical Center**<br>**TO: AdventHealth Daytona Beach**<br>301 Memorial Medical Parkway<br>Daytona Beach, FL 32117 | 100068 | 07/20/2005 | FL |
| **FROM: Florida Hospital Wesley Chapel**<br>**TO: AdventHealth Wesley Chapel**<br>2600 Bruce B. Downs Boulevard<br>Wesley Chapel, FL 33544 | 100319 | 07/18/2013 | FL |
| **FROM: Florida Hospital Zephyrhills**<br>**TO: AdventHealth Zephyrhills**<br>7050 Gall Boulevard<br>Zephyrhills, FL 33541-1399 | 100046 | 07/07/2005 | FL |
| **FROM: Florida Hospital Orlando**<br>**TO: AdventHealth Orlando**<br>601 East Rollins Street<br>Orlando, FL 32803 | 100007 | 06/07/2005 | FL |
| **FROM: Scott & White Healthcare - Round Rock**<br>**TO: Scott & White Hospital – Round Rock**<br>302 University Boulevard<br>Round Rock, TX 78665 | 670034 | 06/04/2010 | TX |
| **FROM: Borgess Medical Center**<br>**TO: Ascension Borgess Hospital**<br>1521 Gull Road<br>Kalamazoo, MI 49048 | 230117 | 04/12/2005 | MI |
| **FROM: Eliza Coffee Memorial Hospital**<br>**TO: North Alabama Medical Center**<br>P.O. Box 818 Florence, AL 35630 | 010006 | 05/05/2005 | AL |
| **FROM: MedCentral Health System**<br>**TO: OhioHealth Mansfield Hospital**<br>335 Glessner Avenue<br>Mansfield, OH 44903 | 360118 | 11/29/2005 | OH |
| **FROM: Riverside Methodist Hospital**<br>**TO: OhioHealth Riverside Methodist Hospital**<br>3535 Olentangy River Road<br>Columbus, OH 43214 | 360006 | 04/20/2005 | OH |
| **FROM: Grant Medical Center**<br>**TO: OhioHealth Grant Medical Center**<br>111 S. Grant Avenue<br>Columbus, OH 43215 | 360017 | 01/04/2006 | OH |
| **FROM: Central Baptist Hospital**<br>**TO: Baptist Health Lexington**<br>1740 Nicholasville Road<br>Lexington, KY 40503 | 180103 | 04/27/2005 | KY |
| **FROM: St. Joseph's Mercy Health Center**<br>**TO: CHI St. Vincent Hospital Hot Springs**<br>300 Werner Street<br>Hot Springs, AR 71903 | 040026 | 05/26/2005 | AR |
| **FROM: Mercy Medical Center**<br>**TO: Mercy Hospital of Northwest Arkansas**<br>2710 Rife Medical Lane<br>Rogers, AR 72758 | 040010 | 01/07/2011 | AR |

## Addendum VIII:
## American College of Cardiology's National Cardiovascular Data Registry Sites (April through June 2019)

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

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

**Addendum IX: Active CMS Coverage-Related Guidance Documents (April through June 2019)**

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

**Addendum X: List of Special One-Time Notices Regarding National Coverage Provisions (April through June 2019)**

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

**Addendum XI: National Oncologic PET Registry (NOPR) (April through June 2019)**

Addendum XI includes a listing of National Oncologic Positron Emission Tomography Registry (NOPR) sites. We cover positron emission tomography (PET) scans for particular oncologic indications when they are performed in a facility that participates in the NOPR.

In January 2005, we issued our decision memorandum on **positron emission tomography** (PET) scans, which stated that CMS would cover PET scans for particular oncologic indications, as long as they were performed in the context of a clinical study. We have since recognized the National Oncologic PET Registry as one of these clinical studies. Therefore, in order for a beneficiary to receive a Medicare-covered PET scan, the beneficiary must receive the scan in a facility that participates in the registry. There were no additions, deletions, or editorial changes to the listing of National Oncologic Positron Emission Tomography Registry (NOPR) in the 3-month period. This information is available at http://www.cms.gov/MedicareApprovedFacilitie/NOPR/list.asp#TopOfPage. For questions or additional information, contact Stuart Caplan, RN, MAS (410-786-8564).

**Addendum XII: Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities (April through June 2019)**

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

For the purposes of this quarterly notice, we are providing only the specific updates to the list of Medicare-approved facilities that meet our standards that have occurred in the 3-month period. This information is available at http://www.cms.gov/MedicareApprovedFacilitie/VAD/list.asp#TopOfPage. For questions or additional information, contact David Dolan, JD, (410-786-3365).

| Facility | Provider Number | Date of Initial Certification | Date of Recertification | State |
|---|---|---|---|---|
| **The following facilities are new listings for this quarter.** | | | | |
| St. Joseph's Hospital<br>3001 W Dr. Martin Luther King Jr Boulevard<br>Tampa, FL 33614<br><br>Other information:<br>DNV GL Certificate #:<br>285554-2019-VAD | 100075 | 02/28/2019 | | FL |
| UMass Memorial Medical Center<br>55 Lake Avenue North<br>Worcester, MA 01655 | 220163 | 02/06/2019 | | MA |

| Facility | Provider Number | Date of Initial Certification | Date of Recertification | State |
|---|---|---|---|---|
| Other information:<br>Joint Commission ID # 5640 | | | | |
| Largo Medical Center<br>201 14th Street SW<br>Largo, FL 33770<br><br>Other information:<br>DNV GL Certificate #:<br>595753-2019-VAD | 100248 | 04/04/2019 | | FL |
| OHSU<br>3181 SW Sam Jackson Park Road Portland, OR 97239<br><br>Other information:<br>DNV GL Certificate #:<br>575469-2019-VAD | 380009 | 05/17/2019 | | OR |
| Dignity Health<br>350 West Thomas Rd.<br>Phoenix, AZ 85013<br><br>Other information:<br>Joint Commission ID # 9494 | 030024 | 05/08/2019 | | AZ |
| **The following facilities have editorial changes (in bold).** | | | | |
| Brigham and Women's Hospital<br>**75 Francis Street**<br>Boston, MA 02115<br><br>Other information:<br>Joint Commission ID #: 5503<br>VAD Previous Re-certification Dates: 2008-11-04; 2010-12-09; 2012-12-07; 2014-11-07; 2016-12-13 | 220110 | 01/09/2004 | **02/27/2019** | MA |
| Florida Hospital<br>601 East Rollins Street<br>Orlando, FL 32803<br><br>Other information:<br>Joint Commission ID #: 6873<br>VAD Previous Re-certification Dates: 2014-10-07; 2016-11-15 | 100007 | 11/09/2016 | **01/30/2019** | FL |
| UCSF Medical Center<br>505 Parnassus Avenue<br>San Francisco, CA 94143<br><br>Other Information:<br>Joint Commission ID #: 10095 | 050454 | 10/16/2012 | **01/30/2019** | CA |
| VAD Previous Re-certification Dates: 2014-11-04; 2016-12-06 | | | | |
| **FROM: Tacoma General – Allenmore Hospital**<br>**TO: Multicare Tacoma General Hospital**<br>315 Martin Luther King Jr. Way Tacoma, WA 98405<br><br>Other information:<br>Joint Commission ID #: 9649<br>VAD Previous Re-certification Dates: 2012-11-14; 2014-11-18; 2016-12-06 | 500129 | 11/04/2010 | **02/06/2019** | WA |
| Fresno Community Hospital and Medical Center<br>2823 Fresno Street<br>Fresno, CA 93721<br><br>Other information:<br>Joint Commission ID #:<br>9832 | 050060 | 12/14/2016 | **02/13/2019** | CA |
| **Abbott Northwestern Hospital**<br>**800 East 38th Street**<br>**Minneapolis, MN 55407**<br><br>Other information:<br>Joint Commission ID #: 8149<br>VAD Previous Re-certification Dates: 2012-11-29; 2014-11-18; 2016-12-06 | 240057 | 11/17/2010 | **02/13/2019** | MN |
| JFK Medical Center<br>5301 South Congress Avenue<br>Atlantis, FL 33462<br><br>Other information:<br>Joint Commission ID #: 6836 | 100080 | 01/25/2017 | **03/06/2019** | FL |
| Mercy Medical Center<br>1111 6th Avenue<br>Des Moines, IA 50314<br><br>Other information:<br>Joint Commission ID #: 8248<br>VAD Previous Re-certification Dates: 2017-02-14 | 160083 | 01/15/2015 | **03/27/2019** | IA |

| Facility | Provider Number | Date of Initial Certification | Date of Recertification | State |
|---|---|---|---|---|
| St. Luke's Hospital<br>801 Ostrum Street<br>Bethlehem, PA 18015<br><br>Other information:<br>Joint Commission ID #: 6024<br>VAD Previous Re-certification Dates: 2017-01-24 | 390049 | 12/18/2014 | **03/06/2019** | PA |
| Henry Ford Hospital<br>2799 W Grand Boulevard<br>Detroit, MI 48202<br><br>Other information:<br>Joint Commission ID #: 7485<br>VAD Previous Re-certification Dates: 2008-10-30; 2010-10-21; 2012-11-06; 2014-10-28; 2016-12-20 | 230053 | 01/06/2004 | **03/13/2019** | MI |
| Intermountain Medical Center<br>5121 South Cottonwood Street<br>Murry, UT 84157<br><br>Other information:<br>Joint Commission ID #: 9540<br>VAD Previous Re-certification Dates: 2008-10-31; 2010-12-07; 2012-12-11; 2014-12-16; 2017-01-24 | 460010 | 10/23/2003 | **03/13/2019** | UT |
| Yale - New Haven Hospital<br>20 York Street<br>New Haven, CT 06510<br><br>Other information:<br>Joint Commission ID #: 5677<br>VAD Previous Re-certification Dates: 2013-01-15; 2014-12-16; 2017-02-28 | 070022 | 02/04/2011 | **05/22/2019** | CT |
| **FROM: Loma Linda University Medical Center and Children's Hospital**<br>**TO: Loma Linda University Medical Center**<br>11234 Anderson Street<br>Loma Linda, CA 92354<br><br>Other information:<br>Joint Commission ID # 9898<br>Previous Re-certification Dates: 2014-01-23; 2016-02-24 | 050327 | 02/17/2012 | **04/11/2018** | CA |
| University of Colorado Hospital Authority<br>**12605 E 16th Avenue**<br>**Aurora, CO 80045-2545**<br><br>Other information:<br>Joint Commission ID # 9384<br>Previous Re-certification Dates: 2008-07-23; 2010-08-17; 2012-08-10; 2014-07-22; 2016-07-26 | 060024 | 11/06/2003 | **07/17/2018** | CO |
| Beth Israel Deaconess Medical Center<br>330 Brookline Avenue<br>Boston, MA 02215<br><br>Other information:<br>Joint Commission ID # 5501 | 220086 | 06/23/2017 | **05/22/2019** | PA |
| Presbyterian Medical Center of the UPHS<br>**51 North 39th Street**<br>**Philadelphia, PA 19104**<br><br>Other information:<br>Joint Commission ID # 6145<br>Previous Re-certification Dates: 2012-11-07; 2014-12-09; 2017-03-21 | 390223 | 10/11/2011 | **04/17/2019** | PA |

| Facility | Provider Number | Date of Initial Certification | Date of Recertification | State |
|---|---|---|---|---|
| **FROM: Shands at the University of Florida**<br>**TO: Shands Teaching Hospitals & Clinics, Inc.**<br>1600 SW Archer Rd.<br>Gainesville, FL 32608<br><br>Other information:<br>Joint Commission ID # 6804<br>Previous Re-certification Dates: 2008-11-18; 2011-02-08; 2013-02-12; 2015-01-27; 2017-02-14 | 10113 | 11/26/2003 | **04/24/2019** | FL |
| Nebraska Medical Center<br>4350 Dewey Avenue<br>Omaha, NE 68198-7400<br><br>Other information:<br>Joint Commission ID # 186313<br>Previous Re-certification Dates: 2013-01-29; 2015-02-24; 2017-02-14 | 280013 | 02/02/2011 | **04/17/2019** | NE |
| University of Colorado Hospital Authority<br>**12605 E 16th Ave.**<br>**Aurora, CO 80045-2545**<br><br>Other information:<br>Joint Commission ID # 9384<br>Previous Re-certification Dates: 2008-07-23; 2010-08-17; 2012-08-10; 2014-07-22; 2016-07-26 | 060024 | 11/06/2003 | 07/18/2018 | CO |

## Addendum XIII: Lung Volume Reduction Surgery (LVRS) (April through June 2019)

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. For the purposes of this quarterly notice, there are no specific updates to the listing of facilities for lung volume reduction surgery published in the 3-month period. This information is available at www.cms.gov/MedicareApprovedFacilitie/LVRS/list.asp#TopOfPage. For questions or additional information, contact Sarah Fulton, MHS (410-786-2749).

## Addendum XIV: Medicare-Approved Bariatric Surgery Facilities (April through June 2019)

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' minimum facility standards for bariatric surgery that have been certified by ACS and/or ASMBS in the 3-month period. This information is available at www.cms.gov/MedicareApprovedFacilitie/BSF/list.asp#TopOfPage. For questions or additional information, contact Sarah Fulton, MHS (410-786-2749).

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).

**Addendum XV: FDG-PET for Dementia and Neurodegenerative Diseases Clinical Trials (April through June 2019)**

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

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