



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-9109-N]

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

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

**ACTION:** Notice.

**SUMMARY:** This quarterly notice lists CMS manual instructions, substantive and interpretive regulations, and other **Federal Register** notices that were published from January through March 2018, relating to the Medicare and Medicaid programs and other programs administered by CMS.

**FOR FURTHER INFORMATION CONTACT:** It is possible that an interested party may need specific information and not be able to determine from the listed information whether the issuance or regulation would fulfill that need. Consequently, we are providing contact persons to answer general questions concerning each of the addenda published in this notice.

Addenda	Contact	Phone Number
<b>I</b> CMS Manual Instructions	Ismael Torres	(410) 786-1864
<b>II</b> Regulation Documents Published in the <b>Federal Register</b>	Terri Plumb	(410) 786-4481
<b>III</b> CMS Rulings	Tiffany Lafferty	(410)786-7548
<b>IV</b> Medicare National Coverage Determinations	Wanda Belle, MPA	(410) 786-7491
<b>V</b> FDA-Approved Category B IDEs	John Manlove	(410) 786-6877
<b>VI</b> Collections of Information	William Parham	(410) 786-4669
<b>VII</b> Medicare –Approved Carotid Stent Facilities	Sarah Fulton, MHS	(410) 786-2749
<b>VIII</b> American College of Cardiology-National Cardiovascular Data Registry Sites	Sarah Fulton, MHS	(410) 786-2749
<b>IX</b> Medicare’s Active Coverage-Related Guidance Documents	JoAnna Baldwin, MS	(410) 786-7205
<b>X</b> One-time Notices Regarding National Coverage Provisions	JoAnna Baldwin, MS	(410) 786-7205
<b>XI</b> National Oncologic Positron Emission Tomography Registry Sites	Stuart Caplan, RN, MAS	(410) 786-8564
<b>XII</b> Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities	Linda Gousis, JD	(410) 786-8616
<b>XIII</b> Medicare-Approved Lung Volume Reduction Surgery Facilities	Sarah Fulton, MHS	(410) 786-2749
<b>XIV</b> Medicare-Approved Bariatric Surgery Facilities	Sarah Fulton, MHS	(410) 786-2749
<b>XV</b> Fluorodeoxyglucose Positron Emission Tomography for Dementia Trials	Stuart Caplan, RN, MAS	(410) 786-8564
<b>All Other Information</b>	Annette Brewer	(410) 786-6580

## I. Background

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

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

## **II. Format for the Quarterly Issuance Notices**

This quarterly notice provides only the specific updates that have occurred in the 3-month period along with a hyperlink to the full listing that is available on the CMS website or the appropriate data registries that are used as our resources. This is the most current up-to-date information and will be available earlier than we publish our quarterly notice. We believe the website list provides more timely access for beneficiaries, providers, and suppliers. We also believe the website offers a more convenient tool for the public to find the full list of qualified

providers for these specific services and offers more flexibility and “real time” accessibility. In addition, many of the websites have listservs; that is, the public can subscribe and receive immediate notification of any updates to the website. These listservs avoid the need to check the website, as notification of updates is automatic and sent to the subscriber as they occur. If assessing a website proves to be difficult, the contact person listed can provide information.

### **III. How to Use the Notice**

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

Dated: April 30, 2018.

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**Olen D. Clybourn,**

Deputy Director,

Office of Strategic Operations and

Regulatory Affairs.

**Publication Dates for the Previous Four Quarterly Notices**

We publish this notice at the end of each quarter reflecting information released by CMS during the previous quarter. The publication dates of the previous four Quarterly Listing of Program Issuances notices are: May 5, 2017 (82 FR 21241), August 4, 2017 (82 FR 36404), October 27, 2017 (82 FR 49819) and January 26, 2018 (83 FR 3716). We are providing only the specific updates that have occurred in the 3-month period along with a hyperlink to the website to access this information and a contact person for questions or additional information.

**Addendum I: Medicare and Medicaid Manual Instructions (January through March 2018)**

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

How to Obtain Manuals

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

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

How to Review Transmittals or Program Memoranda

Those wishing to review transmittals and program memoranda can access this information at a local Federal Depository Library (FDL). Under the FDL program, government publications are sent to approximately 1,400 designated libraries throughout the United States. Some FDLs may have

arrangements to transfer material to a local library not designated as an FDL. Contact any library to locate the nearest FDL. This information is available at <http://www.gpo.gov/libraries/>

In addition, individuals may contact regional depository libraries that receive and retain at least one copy of most federal government publications, either in printed or microfilm form, for use by the general public. These libraries provide reference services and interlibrary loans; however, they are not sales outlets. Individuals may obtain information about the location of the nearest regional depository library from any library. CMS publication and transmittal numbers are shown in the listing entitled Medicare and Medicaid Manual Instructions. To help FDLs locate the materials, use the CMS publication and transmittal numbers. For example, to find the manual for Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits, use (CMS-Pub. 100-04) Transmittal No. 3949.

Addendum I lists a unique CMS transmittal number for each instruction in our manuals or program memoranda and its subject number. A transmittal may consist of a single or multiple instruction(s). Often, it is necessary to use information in a transmittal in conjunction with information currently in the manual. For the purposes of this quarterly notice, we list only the specific updates to the list of manual instructions that have occurred in the 3-month period. This information is available on our website at [www.cms.gov/Manuals](http://www.cms.gov/Manuals).

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

<b>Medicare National Coverage Determination (CMS-Pub. 100-03)</b>	
204	Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)
205	Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)
<b>Medicare Claims Processing (CMS-Pub. 100-04)</b>	
3945	New Waived Tests
3946	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
3947	April 2018 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
3948	Ensuring Correct Processing of Home Health Disaster Related Claims and Claims for Denial No Payment Billing
3949	Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits
3950	2018 Durable Medical Equipment Prosthetics, Orthotics, and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List
3951	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
3952	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3953	Revisions to the Claims Processing for Grandfathered Oxygen Claims that Span Competitive Bidding Rounds Change in Suppliers for Oxygen and Oxygen Equipment
3954	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3955	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3956	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3957	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
3958	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3959	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3960	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3961	Editing Update for Mammography Services MSN Messages Remittance Advice Messages
3962	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process Line-Item Modifiers Related to Reporting of Non-covered Charges When Covered and Non-covered Services Are on the Same Outpatient Claim
3963	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 24.1, Effective April 1, 2018
3964	Issued to a specific audience, not posted to Internet/Intranet due to a

	Confidentiality of Instruction
3965	Reinstating the Qualified Medicare Beneficiary Indicator in the Medicare Fee-For-Service Claims Processing System from CR 9911
3966	Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - April 2018 Update
3967	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3968	Consumer Friendly Spanish Descriptors for the Current Procedural Terminology (CPT) / Level 1 Healthcare Common Procedure Coding System (HCPCS) Codes and a Correction to the Part A Spanish Medicare Summary Notices (MSNs)
3969	Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)
3970	Removal of Contractor Reporting Requirements for the Physician Scarcity Area (PSA), the Health Professional Shortage Area Surgical Incentive Payment Program (HSIP) and the Primary Care Payment Incentive Program (PCIP) Quarterly Reports Reporting
3971	E/M Service Documentation Provided by Students (Manual Update) Evaluation and Management (E/M) Services
3972	Update to the Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) for Calendar Year (CY) 2018 - Recurring File Update
3973	Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment
3974	Diagnosis Code Update for Add-on Payments for Blood Clotting Factor Payment for Blood Clotting Factor Administered to Hemophilia Inpatients Administered to Hemophilia Inpatients
3975	Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits
3976	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2018 Update
3977	Healthcare Provider Taxonomy Codes (HPTCs) April 2018 Code Set Update
3978	Common Edits and Enhancements Modules (CEM) Code Set Update
3979	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
3980	Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update
3981	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3982	Update to the Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) for Calendar Year (CY) 2018 - Recurring File Update
3983	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3984	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
3985	Instructions for Downloading the Medicare ZIP Code File for July 2018
3986	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
3987	Indian Health Services (IHS) Hospital Payment Rates for Calendar Year 2018

3988	April 2018 Update of the Hospital Outpatient Prospective Payment System (OPPS)
3989	April 2018 Integrated Outpatient Code Editor (I/OCE) Specifications Version 19.1
3990	Diagnosis Code Update for Add-on Payments for Blood Clotting Factor Administered to Hemophilia Inpatients
3991	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
3992	Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) General Billing Requirements Coding Requirements for SET Special Billing Requirements for Professional Claims Special Billing Requirements for Institutional Claims Common Working File (CWF) Requirements Applicable Medicare Summary Notice (MSN), Remittance Advice Remark Codes (RARC) and Claim Adjustment Reason Code (CARC) Messaging
3993	Reinstating the Qualified Medicare Beneficiary Indicator in the Medicare Fee-For-Service Claims Processing System from CR 9911 Qualified Medicare Beneficiary (QMB) Program
3994	April Quarterly Update for 2018 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
3995	Correction to Pub. 100-04, Chapter 5
3996	April 2018 Update of the Ambulatory Surgical Center (ASC) Payment System
3997	Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - April 2018 Update
3998	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
3999	Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment
4000	Internet Only Manual Update to Pub 100-04, Chapter 16, Section 40.8 –Date of Service Policy Date of Service (DOS) for Clinical Laboratory and Pathology Specimens
4001	Internet Only Manual Updates to Pub. 100-01, 100-02 and 100-04 to Correct Errors and Omissions (SNF) (2018) Charges to Hold a Bed During SNF Absence Consolidated Billing Requirement for SNFs Furnishing Services that are Subject to SNF Consolidated Billing Under an “Arrangement” With an Outside Entity Other Excluded Services Beyond the Scope of a SNF Part A Benefit Dialysis and Dialysis Related Services to a Beneficiary With ESRD Other Services Excluded from SNF PPS and Consolidated Billing Ambulance Services Same Day Transfer Situations that Require a Discharge or Leave of Absence Determine Utilization on Day of Discharge, Death, or Day Beginning a Leave of Absence Leave of Absence Coverage Table for DME Claims

	Application of Limitation on Liability to SNF and Hospital Claims for Services Furnished in Noncertified or Inappropriately Certified Beds Determining Liability for Services Furnished in a Noncertified SNF or Hospital Bed
4002	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
4003	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
4004	April Quarterly Update for 2018 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
4005	April 2018 Update of the Hospital Outpatient Prospective Payment System (OPPS)
4006	April 2018 Integrated Outpatient Code Editor (I/OCE) Specifications Version 19.1
4007	Consumer Friendly Spanish Descriptors for the Current Procedural Terminology (CPT) / Level 1 Healthcare Common Procedure Coding System (HCPCS) Codes and a Correction to the Part A Spanish Medicare Summary Notices (MSNs)
4008	Consumer Friendly Spanish Descriptors for the Current Procedural Terminology (CPT) / Level 1 Healthcare Common Procedure Coding System (HCPCS) Codes and a Correction to the Part A Spanish Medicare Summary Notices (MSNs)
4009	Update to the Internet Only Manual (IOM) Publication 100-04 - Medicare Claims Processing Manual, Chapter 27 - Contractor Instructions for Common Working File (CWF) General Information About the Common Working File (CWF) System Common Working File (CWF) Operations Communication between Host and MAC’s Jurisdiction Sector Records received by the CWF Hosts Beneficiary Data Streamlining (BDS) Claims Adjustments/Cancel to Posted Claims Claim Maintenance Records Records received from the CWF Hosts BDS Basic Reply Claims Basic Reply Accepted (as is) for Payment Adjusted and Then Accepted for Payment Cancel/Void Claim Accepted Rejected Not in Host’s File (NIF) Disposition Code 50 (Not in File) Disposition Code 51 (True Not in File on CMS Batch System) Disposition Code 52 (Beneficiary Record at Another) Disposition Code 53 (Record in CMS Alpha Match) Disposition Code 54 (Matched to Cross-referenced) Disposition Code 55 (Personal Characteristic Mismatch) Disposition Code 56 (MBI/HICN Mismatch) Claim Maintenance Records Basic Reply Unsolicited Response/Informational Unsolicited Response (UR/IUR) Reviewing the Beneficiary and Claim(s) Information

	<p>Online Health Insurance Master Record (HIMR) Display                      CWF Provider Queries - Online Eligibility Information for Medicare Part A Providers                      Online Reporting (ORPT) System Display                      Requesting Assistance in Resolving CWF Utilization Problems                      Social Security Administration (SSA) Involvement                      Critical Case Procedure - Establishing Entitlement                      Referral of Critical Cases to the Regional Office                      Requesting or Providing Assistance to Resolve CWF Rejects                      Format for Requesting Assistance From Another A/B MAC or DME MAC on CWF Edits                      Paying Claims Outside of CWF                      Requesting to Pay Claims Outside of CWF                      Procedures for Paying Claims Outside of CWF                      Contractor Monthly Reports of Claims Paid Outside of CWF                      MAC Procedure                      Process Flow of a Change Request                      Handling Emergency Problems and Problems With Recent CWF Releases                      Distribution of "CWF Change Control" Reports                      Channels of Communication                      Schedule of CWF Software Releases                      Disposition Codes                      Error Codes                      Beneficiary Other Insurance Information (HUBO) Maintenance Transaction Error Codes                      Consolidated Claims Crossover Process                      Claims Crossover Disposition and Coordination of Benefits Agreement By-Pass Indicators                      Special Mass Adjustment and Other Adjustment Crossover Requirements                      Coordination of Benefits Agreement (COBA) Medigap Claim-Based Crossover Process                      Inclusion and Exclusion of Specified Categories of Adjustment Claims for Coordination of Benefits Agreement (COBA) Crossover Purposes                      Health Insurance Portability and Accountability Act (HIPAA) 5010 and National Council for Prescription Drug Programs (NCPDP) D.O Crossover Requirements</p>
4010	Revisions to Medicare Claims Processing Manual for End Stage Renal Disease
<b>Medicare Secondary Payer (CMS-Pub. 100-05)</b>	
	None
<b>Medicare Financial Management (CMS-Pub. 100-06)</b>	
297	Notice of New Interest Rate for Medicare Overpayments and Underpayments -2nd Qtr Notification for FY 2018
298	Removal of Contractor Reporting Requirements for the Physician Scarcity Area (PSA), the Health Professional Shortage Area Surgical Incentive Payment Program (HSIP) and the Primary Care Payment Incentive Program (PCIP) Quarterly Reports
299	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
300	The Fiscal Year 2018 Updates for the Centers for Medicare and Medicaid

	<p>Services (CMS) Internet Only Manual (IOM) 100-06 The Medicare Financial Management Manual, Chapter 7 - Internal Control Requirements                      Federal Managers' Financial Integrity Act of 1982 (FMFIA)                      Control Activities                      CMS Contractor Internal Control Review Process and Timeline                      Risk Assessment                      Risk Analysis Chart                      Internal Control Objectives                      CMS Contractor Control Objectives                      Policies and Procedures                      Testing Methods                      Documentation and Working Papers                      Certification Package for Internal Controls (CPIC) Requirements                      OMB Circular A-123 Appendix A: Internal Controls Over Financial Reporting (ICOFR)                      Certification Statement                      CPIC- Report of Material Weaknesses                      CPIC - Report of Internal Control Deficiencies                      Material Weaknesses Identified During the Reporting Period                      Statement on Standards for Attestation Engagements (SSAE) Number 18, (SSAE 18) Reporting on Controls at Service Providers                      Submission, Review, and Approval of Corrective Action Plans                      Corrective Action Plan (CAP) Reports                      CMS Finding Numbers                      Initial CAP Report                      Quarterly CAP Report                      CMS CAP Report Template                      List of CMS Contractor Control Objectives                      List of Commonly Used Acronyms</p>
301	The Fiscal Year 2018 Updates for the Centers for Medicare and Medicaid Services (CMS) Internet Only Manual (IOM) 100-06 The Medicare Financial Management Manual, Chapter 7 - Internal Control Requirements
302	Removal of Contractor Reporting Requirements for the Physician Scarcity Area (PSA), the Health Professional Shortage Area Surgical Incentive Payment Program (HSIP) and the Primary Care Payment Incentive Program (PCIP) Quarterly Reports
<b>Medicare State Operations Manual (CMS-Pub. 100-07)</b>	
177	Revisions to State Operations Manual (SOM) Appendix G, Guidance for Surveyors: Rural Health Clinics
<b>Medicare Program Integrity (CMS-Pub. 100-08)</b>	
763	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
764	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
765	<p>Medicare Diabetes Prevention Program (MDPP) Enrollment Process                      Definitions                      Licenses, Certifications, and Recognition                      Correspondence Address and E-mail Addresses                      Practice and Administrative Location Information                      Section 4 of the Form CMS-20134</p>

	<p>Owning and Managing Organizations</p> <p>Delegated Officials</p> <p>Submission of Paper and Internet-based PECOS Certification Statements</p> <p>Form CMS-855A, Form CMS-855B, and Form CMS-20134 Signatories</p> <p>Supporting Documents</p> <p>Supporting Documents for MDPP Suppliers - Recognition Status Timeliness and Accuracy Standards</p> <p>Standards for Initial and Revalidation Applications</p> <p>Form CMS-855 and Form CMS-20134 Applications That Require a Site Visit</p> <p>Form CMS-855 and Form CMS-20134 Applications That Do Not Require a Site Visit</p> <p>Paper Applications - Accuracy</p> <p>Web-Based Applications - Timeliness</p> <p>Web-Based Applications That Require a Site Visit</p> <p>Web-Based Applications That Do Not Require a Site Visit</p> <p>Web-Based Applications - Accuracy</p> <p>Standards for Changes of Information</p> <p>Paper Applications - Timeliness</p> <p>Paper Applications - Accuracy</p> <p>Web-Based Applications - Timeliness</p> <p>Web-Based Applications - Accuracy</p> <p>General Timeliness Principles</p> <p>Application Review and Verification Activities</p> <p>Receipt/Review of Paper Applications</p> <p>Verification of Data/Processing Alternatives</p> <p>Processing Alternatives – Form CMS-20134 Paper Applications</p> <p>Receiving Missing/Clarifying Data/Documentation Paper Applications</p> <p>Internet-Based PECOS Applications Documentation</p> <p>Special Program Integrity Procedures</p> <p>Special Procedures for MDPP Suppliers</p> <p>Special Processing Guidelines for Form CMS-855A, Form CMS-855B, Form CMS-855I, and Form CMS-20134 Applications Returns</p> <p>Rejections</p> <p>Denials</p> <p>Approval of Medicare Diabetes Prevention Program (MDPP) Suppliers</p> <p>Changes of Information - General Procedures</p> <p>Changes of Information and Complete Form CMS-855 and Form CMS-20134 Applications</p> <p>Incomplete or Unverifiable Changes of Information</p> <p>Voluntary Terminations</p> <p>Electronic Funds Transfers (EFT)</p> <p>Existing or Delinquent Overpayments</p> <p>Non-CMS-855 and Non-CMS-20134 Enrollment Activities</p> <p>Contractor Communications</p> <p>Internet-based PECOS Applications</p> <p>Effective Date for MDPP Suppliers</p> <p>Application Fees</p> <p>Background</p> <p>Scope of Site Visit</p>
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	<p>Changes of Information and Ownership Reactivations</p> <p>Site Verifications</p> <p>Provider Enrollment Inquiries</p> <p>Release of Information</p> <p>File Maintenance</p> <p>Model Revalidation Letters</p> <p>Model Revalidation Pend Letter</p> <p>Model Revalidation Deactivation Letter</p> <p>Model Revalidation Past-Due Group Member Letter</p> <p>Model Deactivation Letter due to Inactive Provider/Supplier Letter</p> <p>Model Return Revalidation Letter</p> <p>Model Approval Letter</p> <p>Denial Letter Guidance</p> <p>Denial Example #6 – MDPP Standards Not Met – Ineligible Coach</p> <p>Revocation Letter Guidance</p> <p>Revocation Example #3 – MDPP supplier Use of an Ineligible Coach Model</p> <p>Documentation Request Letter</p> <p>Reactivations - Deactivation for Reasons Other Than Non-Submission of a Claim</p> <p>Reactivations - Deactivation for Non-Submission of a Claim</p> <p>Reactivations– Miscellaneous Policies Revocations</p> <p>Other Identified Revocations</p>
766	<p>External Reporting Requirements</p> <p>Responsibility After Workload Transition</p> <p>Late Documentation Received by the CERT Review Contractor</p> <p>Administrative Relief to Damaged Areas from a Disaster</p>
767	<p>Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction</p>
768	<p>Post-Payment Review Timeliness Requirements</p>
769	<p>Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction</p>
770	<p>Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction</p>
771	<p>Clarification of Instructions Regarding the Intensive Level of Rehabilitation Therapy Services Requirements</p> <p>Medical Review of Inpatient Rehabilitation Facility (IRF) Services</p> <p>Reviewing for Intensive Level of Rehabilitation Therapy Services Requirements</p>
772	<p>Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction</p>
773	<p>Form CMS-855O Processing Guide</p>
774	<p>Comprehensive Error Rate Testing (CERT) Program Dispute Process</p> <p>Disputing a CERT Decision</p>
775	<p>Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction</p>
776	<p>Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction</p>
777	<p>Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction</p>
778	<p>Updates to Payment Suspension Notice</p>



779	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
780	Update to Exhibit 16 - Model Payment Suspension Letters in Pub. 100-08 Payment Suspension Termination Notice
781	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
782	Update to Chapter 15 of Publication 100-08 - Medicare Enrollment Deactivation Policies Model Deactivation Letter Deactivation Revalidation Lists Mailing Revalidation Letters Large Group Revalidation Coordination
783	Proof of Delivery Exceptions for Immunosuppressant Drugs Paid Under the Durable Medical Equipment (DME) Benefit Exceptions
784	Reviewing for Adverse Legal Actions (ALA) Final Adverse Action Reviewing for Adverse Legal Actions
<b>Medicare Contractor Beneficiary and Provider Communications (CMS-Pub. 100-09)</b>	
	None
<b>Medicare Quality Improvement Organization (CMS- Pub. 100-10)</b>	
	None
<b>Medicare End Stage Renal Disease Network Organizations (CMS Pub 100-14)</b>	
	None
<b>Medicaid Program Integrity Disease Network Organizations (CMS Pub 100-15)</b>	
	None
<b>Medicare Managed Care (CMS-Pub. 100-16)</b>	
	None
<b>Medicare Business Partners Systems Security (CMS-Pub. 100-17)</b>	
	None
<b>Demonstrations (CMS-Pub. 100-19)</b>	
190	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
191	Update to CR9341 Oncology Care Model (OCM) Restricted Care Management Code List
192	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
<b>One Time Notification (CMS-Pub. 100-20)</b>	
1996	Analyze Common Working File (CWF) System and Identify Layouts with Minimum FILLER Areas Available
1997	Enhancement to the Recovery Audit Contractor (RAC) Mass Adjustment Input File
1998	HIGLAS Enhancement Required for Implementation of Overpayment based Denials
1999	Implementation of the Transitional Drug Add-On Payment Adjustment
2000	MCS Proof of Concept to Convert Existing MCSDT Window to Utilize API Technology
2001	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction

2002	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2003	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2004	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2005	ICD-10 and Other Coding Revisions to National Coverage Determinations (NCDs)
2006	Monthly Status Report (MSR) Excel Data Template Updates and Implementation of MAC/CMS Data Exchange (MDX) Portal System
2007	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2008	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects Within the Common Working File (CWF)
2009	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2010	Analysis Only: Procedures to Handle Foreign (non US) Addresses
2011	Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Codes 46, 48, and 49 within the Fiscal Intermediary Shared System (FISS)
2012	Analysis of Reject Responses for Prior Authorization/Pre-Claim Review Requests (PA/PCR) via the Electronic Submission of Medical Documentation (esMD) System and Usage of Standardized Review Reason Codes and Statements
2013	Global Surgical Days for Critical Access Hospital (CAH) Method II
2014	Identifying Prior Hospice Days When Calculating Hospice Routine Home Care Payments After a Transfer
2015	Updates to the Common Working File (CWF) to Allow Entry Code 9 Durable Medical Equipment (DME) Claims to Process Correctly
2016	Part B Detail Line Expansion – VMS
2017	Updates to Common Working File (CWF) Edits for Acute Kidney Injury (AKI) Claims
2018	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Core Reports - Phase 2
2019	Redesign of Flu Vaccines in Fiscal Intermediary Shared System (FISS)
2020	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2021	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Financial Reports - Phase 2
2022	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process
2023	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2024	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2025	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete On-Request Jobs - Phase 1
2026	Part B Detail Line Expansion - Multi-Carrier System (MCS) Phase 8
2027	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction

2028	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Financial Reports - Phase 3
2029	Implementation of Automating First Claim Review in Serial Claims for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
2030	Shared System Enhancement 2014: Implementation of Fiscal Intermediary Shared System (FISS) Obsolete Core Reports - Phase 3
2031	Modifications to the Implementation of the Paperwork (PWK) Segment of the Electronic Submission of Medical Documentation (esMD) System
2032	Provider Enrollment, Chain, and Ownership System (PECOS) Extract Changes for Multi-Carrier System (MCS) - Analysis Only
2033	ICD-10 and Other Coding Revisions to National Coverage Determinations (NCDs)
2034	Identifying and Eliminating Discrepancies in Shared System Enrollment Data and Provider Enrollment Chain and Ownership System (PECOS) Data
2035	Targeted Probe and Educate Metrics Deliverables Update and Glossary
2036	Targeted Probe and Educate Metrics Deliverables Update and Glossary
2037	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2038	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2039	ICD-10 and Other Coding Revisions to National Coverage Determinations (NCDs)
2040	Appropriate Use Criteria for Advanced Diagnostic Imaging – Voluntary Participation and Reporting Period - Claims Processing Requirements – HCPCS Modifier QQ
2041	Redesign of Flu Vaccines in Fiscal Intermediary Shared System (FISS)
2042	Adjustments to Qualified Medicare Beneficiary (QMB) Claims Processed Under CR 9911
2043	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year 2016 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCH)
2044	National Correct Coding Initiative (NCCI) Add-on Codes for Non-Outpatient Prospective Payment System (OPPS) Institutional Providers Implementation
2045	Identifying and Eliminating Discrepancies in Shared System Enrollment Data and Provider Enrollment Chain and Ownership System (PECOS) Data
2046	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instruction
2047	Claims Processing Actions to Implement Certain Provisions of the Bipartisan Budget Act of 2018
2048	Fiscal Intermediary Shared System (FISS) Internal Crosswalk Modification
2049	National Supplier Clearinghouse (NSC) Numbers Shortage for Walgreen TIN
<b>Medicare Quality Reporting Incentive Programs (CMS- Pub. 100-22)</b>	
70	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
71	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
72	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction

<b>Information Security Acceptable Risk Safeguards (CMS-Pub. 100-25)</b>	
	None

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

Regulations and notices are published in the daily **Federal Register**. To purchase individual copies or subscribe to the **Federal Register**, contact GPO at [www.gpo.gov/fdsys](http://www.gpo.gov/fdsys). When ordering individual copies, it is necessary to cite either the date of publication or the volume number and page number.

The **Federal Register** is available as an online database through **GPO Access**. The online database is updated by 6 a.m. each day the **Federal Register** is published. The database includes both text and graphics from Volume 59, Number 1 (January 2, 1994) through the present date and can be accessed at <http://www.gpoaccess.gov/fr/index.html>. The following website <http://www.archives.gov/federal-register/> provides information on how to access electronic editions, printed editions, and reference copies.

This information is available on our website at: <http://www.cms.gov/quarterlyproviderupdates/downloads/Regs-1Q18QPU.pdf>

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

**Addendum III: CMS Rulings (January through March 2018)**

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

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

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

Addendum IV includes completed national coverage determinations (NCDs), or reconsiderations of completed NCDs, from the

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

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

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

Addendum V includes listings of the FDA-approved investigational device exemption (IDE) numbers that the FDA assigns. The listings are organized according to the categories to which the devices are assigned (that is, Category A or Category B), and identified by the IDE number. For the purposes of this quarterly notice, we list only the specific updates to the Category B IDEs as of the ending date of the period covered by this notice and a contact person for questions or additional information. For questions or additional information, contact John Manlove (410-786-6877).

Under the Food, Drug, and Cosmetic Act (21 U.S.C. 360c) devices fall into one of three classes. To assist CMS under this categorization process, the FDA assigns one of two categories to each FDA-approved investigational device exemption (IDE). Category A refers to experimental IDEs, and Category B refers to non-experimental IDEs. To obtain more

information about the classes or categories, please refer to the notice published in the April 21, 1997 **Federal Register** (62 FR 19328).

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

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

All approval numbers are available to the public at [Reginfo.gov](http://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](http://www.reginfo.gov/public/do/PRAMain). For questions or additional information, contact William Parham (410-786-4669).

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

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

Facility	Provider Number	Effective Date	State
<b>The following facilities are new listings for this quarter.</b>			
Aultman Hospital 2600 Sixth Street S.W. Canton, OH 44710	1356376131	01/03/2018	OH
Lake Charles Memorial Hospital 1701 Oak Park Boulevard Lake Charles, LA 70601	1972549855	01/23/2018	LA
Saint Thomas Midtown Hospital 2000 Church Street Nashville, TN 37236	440113	02/08/2018	TN
West Hills Hospital & Medical Center 7300 Medical Center Drive	1023065729	03/20/2018	CA

Facility	Provider Number	Effective Date	State
West Hills, CA 91307			
<b>The following facilities have editorial changes (in bold).</b>			
<b>FROM: Franciscan St. Anthony Health – Michigan City</b> <b>TO: Franciscan Health Michigan City</b> 301 West Homer Street Michigan City, IN 46360	<b>171005194</b>	07/06/2006	IN
<b>FROM: Franciscan Physicians Hospital</b> <b>TO: Franciscan Health Munster</b> 701 Superior Avenue Munster, IN 46321	<b>1427493246</b>	12/03/2008	IN
<b>FROM: Mercy Health Center</b> <b>TO: Mercy Hospital Oklahoma City</b> 4300 W. Memorial Rd Oklahoma City, OK 73120	370013	04/12/2005	OK
<b>FROM: Baptist Hospital East</b> <b>TO: Baptist Health Louisville</b> 4000 Kresge Way Louisville, KY 40207	180130	06/14/2005	KY
<b>FROM: Tenet Health System</b> <b>TO: Amisub of South Carolina, Inc.</b> 222 South Herlong Avenue Rock Hill, SC 29732 D/B/A Piedmont Medical Center	420002	06/14/2005	SC
<b>FROM: St. Elizabeth Medical Center South Unit</b> <b>TO: St. Elizabeth Healthcare Edgewood</b> 1 Medical Village Drive Edgewood, KY 41017	180035	04/26/2005	KY
<b>FROM: St. Elizabeth Florence</b> <b>TO: St. Elizabeth Healthcare Florence</b> 4900 Houston Road Florence, KY 41042	180045	11/03/2005	KY
<b>FROM: United Hospital System, Inc.</b> <b>TO: Froedtert South Inc.</b> 6308 Eighth Avenue Kenosha, WI 53143-5082 <b>Db a Kenosha Medical Center and St. Catherine’s Medical Center</b>	520021	12/21/2007	WI

**Addendum VIII:**

**American College of Cardiology’s National Cardiovascular Data Registry Sites (January through March 2018)**

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

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

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

For the purposes of this quarterly notice, we are providing only the specific updates that have occurred in the 3-month period. This information is available by accessing our website and clicking on the link for the

American College of Cardiology’s National Cardiovascular Data Registry at: [www.ncdr.com/webncdr/common](http://www.ncdr.com/webncdr/common). For questions or additional information, contact Sarah Fulton, MHS (410-786-2749).

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

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

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

**Addendum X:**

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

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

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

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

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

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

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

For the purposes of this quarterly notice, we are providing only the specific updates to the list of Medicare-approved facilities that meet our standards that have occurred in the 3-month period. This information is available at <http://www.cms.gov/MedicareApprovedFacilitie/VAD/list.asp#TopOfPage>.

For questions or additional information, contact Linda Gousis, JD, (410-786-8616).

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

Facility	Provider Number	Date Approved	State
<b>FROM: Christiana Care – Christiana Hospital</b> <b>TO: Christiana Hospital</b> 4755 Ogletown-Stanton Road Newark, DE 19718  <b>Other Information:</b> <b>Joint Commission # 6237</b>	08-0001	10/25/2017	DE
University of California San Diego Medical <b>200 West Arbor Drive</b> <b>San Diego, CA 92103</b>  <b>Other Information:</b> <b>Joint Commission # 10071</b>	050025	10/18/2017	CA
<b>FROM: University of Chicago Hospitals and Health System</b> <b>TO: University of Chicago Medical Center</b> 5841 South Maryland Avenue Chicago, IL 60637  <b>Other Information:</b> <b>Joint Commission # 7315</b>	140088	10/25/2017	IL
Keck Hospital of USC 1500 San Pablo Street Los Angeles, CA 90033  <b>Other Information:</b> <b>Joint Commission # 5033</b>	050696	10/21/2017	CA
<b>FROM: Sutter Memorial Hospital</b> <b>TO: Sutter Medical Center</b> <b>2825 Capitol Avenue</b> <b>Sacramento, CA 95816</b>  <b>Other Information:</b> <b>Joint Commission # 2902</b>	050108	11/08/2017	CA
<b>FROM: CJW Medical Center – Johnston Willis Hospital</b> <b>TO: CJW Medical Center – Chippenham Hospital</b> <b>7101 Jahnke Road</b> <b>Richmond, VA 23225</b>  <b>Other Information:</b> <b>DNV-GL #252385-2017-VAD</b>	490112	12/19/2017	VA
New York-Presbyterian/Weill	33-0101	10/26/2017	NY

Facility	Provider Number	Date Approved	State
Cornell Medical Center 525 East 68th Street New York, NY, 10065  <b>Other Information:</b> <b>Joint Commission # 5838</b>			
<b>FROM: St Luke's Medical Center</b> <b>TO: Aurora St. Luke's Medical Center of Aurora Health Care Metro, Inc.</b> 2900 W Oklahoma Avenue Milwaukee, WI 53215  <b>Other Information:</b> <b>Joint Commission # 7675</b>	520138	11/15/2017	WI
<b>FROM: University of Kentucky Health Care - Chandler Hospital</b> <b>TO: University of Kentucky Hospital/ UK Albert B. Chandler Hospital</b> 800 Rose Street Lexington, KY 40536  <b>Other Information:</b> <b>Joint Commission # 7760</b>	180067/1518911338	12/06/2017	KY
<b>FROM: Jackson Memorial Hospital, University of Miami</b> <b>TO: Jackson Memorial Hospital</b> 1611 NW 12th Avenue Miami, FL 33136  <b>Other Information:</b> <b>Joint Commission # 6850</b>	100022	12/09/2017	FL
Westchester Medical Center 100 Woods Road Valhalla, NY 10595  <b>Other Information:</b> <b>Joint Commission # 2518</b>	330234	12/20/2017	NY

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

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

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

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

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

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



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

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

Addendum XIV includes a listing of Medicare-approved facilities that meet minimum standards for facilities modeled in part on professional society statements on competency. All facilities must meet our standards in order to receive coverage for bariatric surgery procedures. On February 21, 2006, we issued our decision memorandum on bariatric surgery procedures. We determined that bariatric surgical procedures are reasonable and necessary for Medicare beneficiaries who have a body-mass index (BMI) greater than or equal to 35, have at least one co-morbidity related to obesity and have been previously unsuccessful with medical treatment for obesity. This decision also stipulated that covered bariatric surgery procedures are reasonable and necessary only when performed at facilities that are: (1) certified by the American College of Surgeons (ACS) as a Level 1 Bariatric [FR Doc. 2018-09430 Filed: 5/3/2018 8:45 am; Publication Date: 5/4/2018]

Surgery Center (program standards and requirements in effect on February 15, 2006); or (2) certified by the American Society for Bariatric Surgery (ASBS) as a Bariatric Surgery Center of Excellence (BSCOE) (program standards and requirements in effect on February 15, 2006).

There were no additions, deletions, or editorial changes to Medicare-approved facilities that meet CMS’s minimum facility standards for bariatric surgery that have been certified by ACS and/or ASMBS in the 3-month period. This information is available at [www.cms.gov/MedicareApprovedFacilitie/BSF/list.asp#TopOfPage](http://www.cms.gov/MedicareApprovedFacilitie/BSF/list.asp#TopOfPage). For questions or additional information, contact Sarah Fulton, MHS (410-786-2749).

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

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

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