

ACTION: Correction notice.

SUMMARY: This correction notice corrects technical errors that appeared in the notice published in the **Federal Register** on July 31, 2002 entitled "Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities—Update."

EFFECTIVE DATE: This correction is effective October 1, 2002.

FOR FURTHER INFORMATION CONTACT: Bill Ullman, (410) 786-5667.

SUPPLEMENTARY INFORMATION: In the July 31, 2002 notice entitled "Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities—Update" (67 FR 49798), there were two technical errors in the preamble involving the Skilled Nursing Facilities Prospective Payment System (SNF PPS) wage index values. In addition, the list of urban areas in one of the wage index tables inadvertently omitted the name of a constituent county for a particular urban area. Finally, the preamble explanation of another table, Table 12, inadvertently cited the wrong figure from that table. Accordingly, we are correcting the SNF PPS wage index values and the list of urban areas, as published in Table 7, and are also correcting the total change figure provided in the explanation of Table 12.

Specifically, in the discussion of Table 12 ("Projected Impact of FY 2003 Update to the SNF PPS") that appeared on page 49817, the explanation of column 5 of that table erroneously cited the figure at the bottom of the column (–9.1 percent) as the projected total change in aggregate payments for FY 2003. In fact, the figure at the bottom of column 5 represents the projected change in payments only for voluntary facilities, while the figure representing the total projected change for all facilities (–8.8 percent) actually appears at the top of column 5.

In addition, in Table 7, the wage index value for the Kankakee, IL Metropolitan Statistical Area (MSA) (area 3740) is corrected from 0.8122 to 1.0790, and the wage index value for the Killeen-Temple, TX MSA (area 3810) is corrected from 0.9570 to 1.0399. In addition, the county of Bell, TX is added to the list of constituent counties for the Killeen-Temple, TX MSA (area 3810). Finally, in the discussion of Table 12, the figure representing the projected decrease in aggregate payments is corrected from 9.1 percent to 8.8 percent. These corrections are effective October 1, 2002.

In accordance with our longstanding policies, these technical and tabulation

errors are being corrected prospectively, effective October 1, 2002. This correction notice conforms the published SNF PPS wage index values to the prospectively revised values. As such, this correction does not represent any changes to the policies set forth in the notice.

The corrections appear in this document under the heading "Correction of Errors." The provisions in this correction notice are effective as if they had been included in the document published in the **Federal Register** on July 31, 2002.

Waiver of Proposed Rulemaking

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** to provide a period for public comment before provisions of a notice such as this take effect. We can waive this procedure, however, if we find good cause that a notice and comment procedure is impracticable, unnecessary, or contrary to the public interest and incorporate a statement of the finding and its reasons in the notice issued.

We find it unnecessary to undertake notice and comment rulemaking because this notice merely provides technical corrections to the regulations and does not make any substantive changes to the regulations. Therefore, for good cause, we waive notice and comment procedures.

Correction of Errors

In FR Doc. 02-19373 of July 31, 2002 (67 FR 49798), we are making the following corrections:

Corrections to Preamble

1. On page 49809, in column 3 of Table 7, "Wage Index for Urban Areas," the entry of "0.8122" for the Kankakee, IL MSA (area 3740) is revised to read "1.0790" (effective October 1, 2002).

2. On page 49809, in column 3 of Table 7, "Wage Index for Urban Areas," the entry of "0.9570" for the Killeen-Temple, TX MSA (area 3810) is revised to read "1.0399" (effective October 1, 2002).

3. On page 49809, in column 3 of Table 7, "Bell, TX" is added to the list of constituent counties for the Killeen-Temple, TX MSA (area 3810) (effective October 1, 2002).

4. On page 49817, in column 3, in the fifth paragraph, the phrase "9.1 percent" is revised to read "8.8 percent."

Authority: Section 1888 of the Social Security Act (42 U.S.C. 1395yy)

(Catalog of Federal Domestic Assistance Program No. 93-773, Medicare—Hospital Insurance; and Program No. 93.774,

Medicare—Supplementary Medical Insurance Program)

Dated: December 7, 2002.

Ann Agnew,

Executive Secretary to the Department.

[FR Doc. 02-31408 Filed 12-26-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Medicare & Medicaid Services**

[CMS-3105-N]

Medicare Program; Meeting of the Medicare Coverage Advisory Committee—February 12, 2003

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

ACTION: Notice.

SUMMARY: This notice announces a public meeting of the Medicare Coverage Advisory Committee (the Committee). The Committee provides advice and recommendations to us about clinical issues. Among other things, the Committee advises us on whether adequate evidence exists to determine whether specific medical items and services are reasonable and necessary under Medicare law. The Committee will discuss and make recommendations concerning the quality of the evidence and related issues for the use of implantable cardioverter defibrillators (ICDs). We received a request from Guidant Corporation to cover ICDs for patients with a prior myocardial infarction and a left ventricular ejection fraction of ≤ 30 . We are taking the opportunity to review all indications for ICDs. Notice of this action is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)).

DATES: *The Meeting:* The public meeting announced will be held on Wednesday, February 12, 2003 from 7:30 a.m. until 3:30 p.m., E.S.T.

Deadline for Presentations and Comments: Interested persons may present data, information, or views orally or in writing, on issues pending before the committee. Written presentations and comments must be submitted to the Executive Secretary by January 29, 2003, 5 p.m., E.S.T.

Special Accommodations: Persons attending the meeting who are hearing or visually impaired, or have a condition that requires special assistance or accommodations, are asked to notify the Executive Secretary by January 29, 2003 (see **FOR FURTHER INFORMATION CONTACT**).

ADDRESSES: *The Meeting:* The meeting will be held at the Baltimore Convention Center, Room 338–339, One West Pratt Street, Baltimore, MD 21201.

Presentations and Comments: Submit formal presentations and written comments to Janet Anderson 410–786–2700, janderson@cms.hhs.gov, Executive Secretary; Office of Clinical Standards and Quality; Centers for Medicare & Medicaid Services; 7500 Security Boulevard; Mail Stop C1–09–06; Baltimore, MD 21244.

Website: You may access up-to-date information on this meeting at www.cms.gov/coverage.

Hotline: You may access up-to-date information on this meeting on the CMS Advisory Committee Information Hotline, 1–877–449–5659 (toll free) or in the Baltimore area (410) 786–9379.

FOR FURTHER INFORMATION CONTACT: Janet Anderson, Executive Secretary, 410–786–2700, janderson@cms.hhs.gov.

SUPPLEMENTARY INFORMATION: On December 14, 1998, we published a notice in the **Federal Register** (63 FR 68780) to describe the Medicare Coverage Advisory Committee (the Committee), which provides advice and recommendations to us about clinical issues. A revised charter was signed by the Secretary on November 22, 2002. This notice announces the following public meeting of the Committee.

Meeting Topic

The Committee will discuss the evidence, hear presentations and public comment, and make recommendations regarding the use of implantable cardioverter defibrillators. Background information about this topic, including committee materials, is available on the Internet at <http://www.cms.gov/coverage>.

Procedure and Agenda

This meeting is open to the public. The Committee will hear oral presentations from the public for approximately 45 minutes. The Committee may limit the number and duration of oral presentations to the time available. If you wish to make formal presentations, you must notify the Executive Secretary named in the **FOR FURTHER INFORMATION CONTACT** section, and submit the following by the *Deadline for Presentations and Comments* date listed in the **DATES** section of this notice: a brief statement of the general nature of the evidence or arguments you wish to present, and the names and addresses of proposed participants. A written copy of your presentation must be provided to each Committee member before offering your

public comments. We will request that you declare at the meeting whether or not you have any financial involvement with manufacturers of any items or services being discussed (or with their competitors).

After the public and CMS presentations, the Committee will deliberate openly on the topic. Interested persons may observe the deliberations, but the Committee will not hear further comments during this time except at the request of the chairperson. The Committee will also allow a 15-minute unscheduled open public session for any attendee to address issues specific to the topic. At the conclusion of the day, the members will vote and the Committee will make its recommendation.

Authority: 5 U.S.C. App. 2, section 10(a)(1) and (a)(2).

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

Dated: December 17, 2002.

Robert A. Streimer,

Acting Director, Office of Clinical Standards and Quality, Centers for Medicare & Medicaid Services.

[FR Doc. 02–32652 Filed 12–26–02; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1234–N]

Medicare Program; February 10, 2003, Meeting of the Practicing Physicians Advisory Council

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

ACTION: Notice.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the Practicing Physicians Advisory Council. The Council will be meeting to discuss certain proposed changes in regulations and carrier manual instructions related to physicians' services, as identified by the Secretary of the Department of Health and Human Services. These meetings are open to the public.

Meeting Registration: Persons wishing to attend this meeting must contact the Practicing Physician Advisory Council Administrative Officer Diana Motsiopoulos at dmotsiopoulos@cms.hhs.gov or (410) 786–3379 at least 72 hours in advance to register. Persons who are not

registered in advance will not be permitted into the Humphrey Building and thus will not be able to attend the meeting. Persons attending the meeting will be required to show a photographic identification, preferably a valid driver's license, before entering the building.

DATES: The meeting is scheduled for Monday, February 10, 2003 from 8:30 a.m. until 5 p.m., e.s.t.

ADDRESSES: The meeting will be held at CMS Headquarters Multipurpose Room, 7500 Security Blvd., Baltimore, MD 21244–1850.

Web site: You may access the Internet at <http://cms.hhs.gov/faca/ppac/default.asp> for additional information and updates on committee activities.

CMS Advisory Committees Information Line: (1–877–449–5659 toll free)/(410–786–9379 local).

FOR FURTHER INFORMATION CONTACT: Paul Rudolf, M.D., J.D., Executive Director, Practicing Physicians Advisory Council, 7500 Security Boulevard., Mail Stop C4–10–07, Baltimore, MD 21244–1850, (410) 786–3379. News media representatives should contact the CMS Press Office, (202) 690–6145.

SUPPLEMENTARY INFORMATION: The Secretary of the Department of Health and Human Services (the Secretary) is mandated by section 1868 of the Social Security Act (the Act) to appoint a Practicing Physicians Advisory Council (the Council) based on nominations submitted by medical organizations representing physicians. The Council meets quarterly to discuss certain proposed changes in regulations and carrier manual instructions related to physicians' services, as identified by the Secretary. To the extent feasible and consistent with statutory deadlines, the consultation must occur before publication of the proposed changes. The Council submits an annual report on its recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services not later than December 31 of each year.

The Council consists of 15 physicians, each of whom has submitted at least 250 claims for physicians' services under Medicare in the previous year. Members of the Council include both participating and nonparticipating physicians, and physicians practicing in rural and underserved urban areas. At least 11 of the members of the Council shall be physicians described in section 1861(r)(1) of the Act. The remaining members may include dentists, podiatrists, optometrists, and chiropractors. Members serve for overlapping 4-year terms; terms of more than 2 years are contingent upon the renewal of the Council by appropriate