ACTION: Notice.

SUMMARY: This notice announces our decision to withdraw Medicare coverage from certain 2-[F–18] Fluoro-D-Glucose Positron Emission Tomography (PET) scanners.

EFFECTIVE DATE: This notice is effective January 1, 2002 for clinical indications already covered by Medicare for 2-[F–18] Fluoro-D-Glucose PET scans before July 1, 2001.

FOR FURTHER INFORMATION CONTACT: Mitchell Burken, M.D., (410) 786–6861.

SUPPLEMENTARY INFORMATION: On April 27, 1999, we published a notice (64 FR 22619) that established the procedures used for making national coverage decisions. The April 27, 1999 notice also described the procedures we used to implement national coverage decisions. Under that section of the notice, we stated that if we chose to ''withdraw or reduce coverage for a service,'' we would publish the decision as a general notice in the **Federal Register**.

This notice announces our decision to reduce Medicare coverage of certain 2-[F–18] Fluoro-D-Glucose (FDG) Positron Emission Tomography (PET) scanners. For those clinical indications already covered by Medicare before July 1, 2001, PET imaging must be performed on either FDA-approved full- or partial-ring scanners, or coincidence systems that have the following features:

- Crystal at least 5/8-inch thick.
- Techniques to minimize or correct for scatter and/or randoms.
- Digital detectors and iterative reconstruction.

Scans performed with gamma camera PET systems with crystals thinner than 5/8-inch will not be covered. In addition, scans performed with systems with crystals greater than or equal to 5/8-inch in thickness, which do not meet the other listed design characteristics, are not covered.

Authority: Sections 1862, 1869(b)(3), and 1871 of the Social Security Act (42 U.S.C. 1395y, 1395ff(b)(3), and 1395hh).

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

Dated: November 7, 2001.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 01–28807 Filed 11–21–01; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3079–N]

Medicare Program; Meeting of the Diagnostic Imaging Panel of the Medicare Coverage Advisory Committee—January 10, 2002

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

ACTION: Notice of meeting.

SUMMARY: This notice announces a public meeting of the Diagnostic Imaging Panel (the Panel) of the Medicare Coverage Advisory Committee (the Committee). The Panel provides advice and recommendations to the Committee about clinical issues. The Panel will hear and discuss presentations from interested persons regarding whether and when it is scientifically justified to use FDG Positron Emission Tomography (PET) or other neuroimaging devices for the diagnosis and patient management of those with Alzheimer's disease (AD). The focus is on the marginal contribution of FDG-PET in various common clinical scenarios to patient outcomes. The following three scenarios will be evaluated:

- Asymptomatic patients who are at high risk of AD due to positive family history.
- Patients with mild cognitive impairment or similar syndrome.
- Patients with dementia.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)).

DATES: *The Meeting:* January 10, 2002 from 8 a.m. until 4:30 p.m., E.D.T.

Deadline for Presentations and Comments: December 27, 2001, 5 p.m., E.D.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 December 20, 2001 (see **FOR FURTHER INFORMATION CONTACT**).

ADDRESSES: *The Meeting:* The meeting will be held at the Baltimore Convention Center, Room 327–328, One West Pratt Street, Baltimore, MD 21201.

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

Web site: You may access up-to-date information on this meeting at *www.hcfa.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 A. Anderson, Executive Secretary, 410–786–2700.

SUPPLEMENTARY INFORMATION: On August 13, 1999, we published a notice in the **Federal Register** (64 FR 44231) to describe the Medicare Coverage Advisory Committee (the Committee), which provides advice and recommendations to us about clinical issues. This notice announces the following public meeting of the Diagnostic Imaging Panel (the Panel) of the Committee.

Current Panel Members:

Frank Papatheofanis, M.D., Ph.D.; Barbara McNeil, M.D., Ph.D.; Carole Flamm, M.D., M.P.H.; Jeffrey Lerner, Ph.D.; Michael Manyak, M.D.; Donna Novak, B.A.; Manuel Cerqueira, M.D.; Kim Burchiel, M.D.; Steven Guyton, M.D.; Sally Hart, J.D.; and Michael Klein, M.B.A.

Meeting Topic:

The Panel will hear and discuss presentations from interested persons regarding FDG Positron Emission Tomography (PET) imaging for Alzheimer's disease (AD), mild cognitive impairment, and dementia.

Procedure and Agenda:

This meeting is open to the public. The Panel will hear oral presentations from the public for approximately 90 minutes. The Panel 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 Panel 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 Panel will deliberate openly on the topic. Interested persons may observe the deliberations, but the Panel will not hear further comments during this time except at the request of the chairperson. The Panel will also allow approximately a 30-minute 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 Panel 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: November 14, 2001.

Jeffrey L. Kang,

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

[FR Doc. 01–29210 Filed 11–21–01; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1190–NC]

Medicare Program; Establishment of Procedures That Permit Public Consultation Under the Existing Process for Making Coding and Payment Determinations for New Clinical Laboratory Tests and for New Durable Medical Equipment

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

ACTION: Notice of public meetings with comment period.

SUMMARY: This notice announces the addition of public meetings under our existing process for making coding and payment determinations for new clinical laboratory tests and new durable medical equipment (DME). Section 531(b) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000(BIPA) requires us to establish procedures that permit public consultation for coding and payment determinations for new clinical laboratory tests and for new DME in a manner consistent with the procedures established for implementing coding modifications for International Classification of Diseases (ICD–9–CM).

In addition, this notice announces the dates and general details of public meetings to be held in 2002. We are requesting comments on our plan to fulfill the requirements of section 531(b) of BIPA.

DATES: *Laboratory Public Meeting:* The meeting regarding the assignment of payment rates for new laboratory tests to be included in Medicare's Clinical Laboratory Fee Schedule for calendar year 2003 is scheduled for Monday, August 5, 2002. The meeting will begin at 8:30 a.m. and end at 4:30 p.m., E.S.T. The development of the codes for clinical laboratory tests is largely performed by the Current Procedural Terminology (CPT) Editorial Panel and will not be further discussed at the CMS meeting.

DME Public Meeting Dates: There will be three meetings regarding coding and payment for new DME. The meetings are scheduled for March 11, 2002, May 13, 2002, and June 17, 2002. All three meetings will begin at 8 a.m. and end at 5 p.m., E.S.T.

Comment Date: We are requesting comments on the procedures in this notice for establishing public consultation on our existing coding and payment determinations for new clinical laboratory tests and new DME. Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on January 22, 2002.

ADDRESSES: *Meetings:* All four meetings in 2002 will be held at the Centers for Medicare & Medicaid Services, CMS Auditorium, 7500 Security Boulevard, Baltimore, MD 21244.

Website: For clinical laboratory tests, a summary of the August 2002 meeting will be posted on our website (*www.hcfa.gov/audience/planprov.htm*) within 1 month after the meeting.

For DME items, you may access up-to-date meeting information on the HCPCS website at: *http://www.hcfa.gov/medicare/hcpcs.htm.*

Comments: Mail an original and three copies of written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1190–NC, P.O. Box 8017, Baltimore, MD 21244–8017.

To ensure that mailed comments are received in time for us to consider them, please allow for possible delays in delivering them. If you prefer, you may deliver an original and three copies of your written comments to one of the following addresses: Room 443–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or Room C5–14–03, 7500 Security Boulevard, Baltimore, MD 21244–1850.

(Because access to the interior of the HHH Building is not readily available to persons without Federal Government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for commenters wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code CMS–1190–NC. For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Anita Greenberg, (410) 786–4601 for clinical laboratory payment rates; Kaye Riley, (410) 786–5323 for HCPCS coding for DME items; Joel Kaiser, (410) 786–4499 for DME payment rates.

SUPPLEMENTARY INFORMATION:

I. Background

On December 21, 2000, the Congress passed the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA), Pub. L. 106–554. Section 531(b) of BIPA mandates that we establish, no later than 1 year after the date of enactment, procedures that permit public consultation for coding and payment determinations for new clinical diagnostic laboratory tests and new DME under Part B of title XVIII of the Social Security Act (the Act) in a manner consistent with the procedures established for implementing coding modifications for ICD–9–CM. The ICD–9–CM process involves holding regularly scheduled public meetings that are announced in the **Federal Register** 30 days before the meeting date. The ICD–9–CM meetings are open to the public and are held in the CMS auditorium. The agenda for each meeting is posted on the CMS website before each meeting under the heading for meetings and announcements. A preliminary ICD–9–CM coding determination for each agenda item is presented by CMS at the meeting.

The procedures and public meetings announced in this notice for new clinical laboratory tests and new DME are in response to the mandate of section 531(b) of BIPA. Also, our HCPCS website at *http//www.hcfa.gov/medicare/hcpcs.htm* includes a description of our existing HCPCS