

before they will be allowed to enter the building. Persons who are not registered in advance will not be permitted into the building and will not be permitted to attend the meeting.

A member of our staff will be stationed at the Central Building first-floor lobby to provide assistance to attendees. Please remember that all visitors must be escorted if they have business in areas other than the lower- and first-floor levels in the Central Building. Parking permits and instructions are issued upon arrival by the guards at the main entrance.

Individuals requiring sign-language interpretation for the hearing impaired or other special accommodations should send a request for these services to the meeting coordinator by Monday, January 6, 2003.

Authority: Section 1833(t) of the Social Security Act (42 U.S.C. 1395(t), as amended by section 201(h) of the BBRA of 1999 (Pub. L. 106-113). The Panel is governed by the provisions of Pub. L. 92-463, as amended (5 U.S.C. Appendix 2).

Dated: December 4, 2002.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 02-31409 Filed 12-26-02; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-3104-N]

Medicare Program; Renewal and Amendment of the Charter of the Medicare Coverage Advisory Committee (MCAC)

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

ACTION: Notice.

SUMMARY: This notice announces the renewal and amendment of the Charter of the Medicare Coverage Advisory Committee (the Committee). The Committee advises the Secretary of the Department of Health and Human Services (the Secretary) and the Administrator of the Centers for Medicare & Medicaid Services on whether adequate evidence exists to determine whether specific medical items and services are reasonable and necessary under Title XVIII of the Social Security Act.

FOR FURTHER INFORMATION CONTACT: Michelle Atkinson, Office of Clinical Standards and Quality, CMS, 7500 Security Boulevard, Mail Stop C1-09-

06, Baltimore, MD 21244, (410) 786-2881, or e-mail matkinson@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

On December 14, 1998, we published a notice in the **Federal Register** (63 FR 68780) announcing establishment of the Medicare Coverage Advisory Committee (MCAC). The Secretary signed the initial charter for the MCAC on November 24, 1998.

The MCAC, chartered under 42 U.S.C. 217(a), section 222 of the Public Health Service Act, as amended, is governed by the provisions of the Federal Advisory Committee Act (FACA) (Pub. L. 92-463 as amended (5 U.S.C. Appendix 2)), which sets forth standards for the formulation and use of advisory committees.

The Committee consists of a maximum of 100 appointed members from authorities in clinical and administrative medicine, biologic and physical sciences, public health administration, health care data and information management and analysis, the economics of health care, medical ethics, and other related professions. Each Committee meeting will deal with one or more specific clinical topics, and will generally include 13 to 15 Committee members. A roster will be developed and published in advance for each Committee meeting. Members will be chosen to serve on the roster for each Committee meeting as to their expertise and topic to be discussed.

The Committee reviews and evaluates medical literature, reviews technical assessments, and examines data and information on the effectiveness and appropriateness of medical items and services that are covered or eligible for coverage under Medicare. The Committee works from an agenda provided by the Designated Federal Official that lists specific issues, and develops technical advice in order to assist us in determining reasonable and necessary applications of medical services and technology.

II. Provision of This Notice

This notice announces the signing of the MCAC Charter Amendment on October 30, 2002 and the renewal by the Secretary on November 22, 2002. The Charter will terminate on November 22, 2004, unless renewed by the Secretary.

III. Copies of the Charter

You may obtain a copy of the Secretary's Charter for the MCAC by submitting a request to Maria Ellis, Office of Clinical Standards and Quality, CMS, 7500 Security Blvd., Mail

Stop S3-02-01, Baltimore, MD 21244, 410-786-0309, or e-mail the request to mellis@cms.hhs.gov.

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. 02-32653 Filed 12-26-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[CMS-9015-N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—July 2002 Through September 2002

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

ACTION: Notice.

SUMMARY: This notice lists CMS manual instructions, substantive and interpretive regulations, and other **Federal Register** notices that were published from July 2002, through September 2002, relating to the Medicare and Medicaid programs. This notice also provides information on national coverage determinations affecting specific medical and health care services under Medicare. Additionally, this notice identifies certain devices with investigational device exemption numbers approved by the Food and Drug Administration that potentially may be covered under Medicare.

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

FOR FURTHER INFORMATION CONTACT: It is possible that an interested party may have a specific information need and not be able to determine from the listed information whether the issuance or regulation would fulfill that need. Consequently, we are providing information contact persons to answer