

FEDERAL MARITIME COMMISSION**Blue Star Pace Limited et al.;
Agreement(s) Filed**

The Federal Maritime Commission hereby gives notice of the filing of the following agreement(s) pursuant to section 5 of the Shipping Act of 1984.

Interested parties may inspect and obtain a copy of each agreement at the Washington, DC Office of the Federal Maritime Commission, 800 North Capitol Street, NW., 9th Floor. Interested parties may submit comments on each agreement to the Secretary, Federal Maritime Commission, Washington, DC 20573, within 10 days after the date of the Federal Register in which this notice appears. The requirements for comments are found in § 572.603 of title 46 of the Code of Federal Regulations. Interested persons should consult this section before communicating with the Commission regarding a pending agreement.

Agreement No.: 202-009831-012.

Title: New Zealand/United States Atlantic & Gulf Shipping Lines Rate Agreement.

Parties:
Blue Star Pace Limited,
Hamburg-Sudamerikanische
Dampfschiffahrts-Gesellschaft
Eggert & Amsinck (Columbus Line).

Synopsis: The proposed amendment (1) restates the Agreement, (2) changes the name of the Agreement to New Zealand/United States Container Lines Association, (3) adds Australia-New Zealand Direct Line as a party, (4) expands the scope of the Agreement to include the United States Pacific Coast and (5) clarifies the authority of the parties to discuss and agree upon rates, terms and conditions in the trade.

Agreement No.: 202-011375-002.

Title: Trans-Atlantic Agreement.

Parties:
Atlantic Container Line AB,
Sea-Land Service, Inc.,
A.P. Moller-Maersk Line,
Polish Ocean Lines,
Orient Overseas Container Line (UK)
Ltd.,

P&O Containers Limited,
Nedlloyd Lijnen BV,
Haag Lloyd AG,
Mediterranean Shipping Co.,
DSR/Senator Joint Service,
Cho Yang Shipping Co.

Synopsis: The proposed amendment will revise the financial security requirements by providing for the posting of a single security fee by each party in lieu of two separate ones. It will also modify individual service contract provisions. The parties have requested a shortened review period.

Agreement No.: 203-011389.
Title: Caribbean Maritime Service Agreement.

Parties:
Tropical Shipping & Construction Co.,
Ltd.

Synopsis: The proposed Agreement authorizes the parties to share or pool revenues and expenses, agree on rates, charges, practices and conditions of service in the trade between South Florida and Trinidad, St. Vincent, Grenada, Dominica, Martinique and Guadeloupe in the Eastern Caribbean. It also permits each party to publish its own tariff, issue its own bills of lading, market the service in its own name and handle its own cargo claims.

Dated: October 9, 1992.

By Order of the Federal Maritime Commission.

Ronald D. Murphy,
Assistant Secretary.

[FR Doc. 92-25072 Filed 10-15-92; 8:45 am]

BILLING CODE 6730-01-M

FEDERAL RESERVE SYSTEM**Brooke Holdings, Inc.; Formation of,
Acquisition by, or Merger of Bank
Holding Companies**

The company listed in this notice has applied for the Board's approval under section 3 of the Bank Holding Company Act (12 U.S.C. 1842) and § 225.14 of the Board's Regulation Y (12 CFR 225.14) to become a bank holding company or to acquire a bank or bank holding company. The factors that are considered in acting on the applications are set forth in section 3(c) of the Act (12 U.S.C. 1842(c)).

The application is available for immediate inspection at the Federal Reserve Bank indicated. Once the application has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that application or to the offices of the Board of Governors. Any comment on an application that requests a hearing must include a statement of why a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute and summarizing the evidence that would be presented at a hearing.

Comments regarding this application must be received not later than November 6, 1992.

A Federal Reserve Bank of Kansas City (John E. Yorke, Senior Vice

President) 925 Grand Avenue, Kansas City, Missouri 64198:

1. Brooke Holdings, Inc., Jewell, Kansas, to acquire indirectly, and its subsidiary, Brooke Corporation, Jewell, Kansas, to acquire directly 5.5 percent of the voting shares of Phillips Holdings, Inc., Stuttgart, Kansas, and its proposed subsidiary, Farmers State Bank, Stuttgart, Kansas.

Board of Governors of the Federal Reserve System, October 9, 1992.

William W. Wiles,
Secretary of the Board.

[FR Doc. 92-25109 Filed 10-15-92; 8:45 am]

BILLING CODE 6210-01-F

**Edgemark Financial Corporation;
Notice of Application to Engage de
novo in Permissible Nonbanking
Activities**

The company listed in this notice has filed an application under § 225.23(a)(1) of the Board's Regulation Y (12 CFR 225.23(a)(1)) for the Board's approval under section 4(c)(8) of the Bank Holding Company Act (12 U.S.C. 1843(c)(8)) and § 225.21(a) of Regulation Y (12 CFR 225.21(a)) to commence or to engage *de novo*, either directly or through a subsidiary, in a nonbanking activity that is listed in § 225.25 of Regulation Y as closely related to banking and permissible for bank holding companies. Unless otherwise noted, such activities will be conducted throughout the United States.

The application is available for immediate inspection at the Federal Reserve Bank indicated. Once the application has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether consummation of the proposal can "reasonably be expected to produce benefits to the public, such as greater convenience, increased competition, or gains in efficiency, that outweigh possible adverse effects, such as undue concentration of resources, decreased or unfair competition, conflicts of interests, or unsound banking practices." Any request for a hearing on this question must be accompanied by a statement of the reasons a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute, summarizing the evidence that would be presented at a hearing, and indicating how the party commenting would be aggrieved by approval of the proposal.

Comments regarding the application must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than November 6, 1992.

A. Federal Reserve Bank of Chicago
(David S. Epstein, Vice President) 230
South LaSalle Street, Chicago, Illinois
60690:

1. *Edgemark Financial Corporation*, Chicago, Illinois; to engage *de novo* through its subsidiary, *EdgeMark Financial Services, Inc.*, Countryside, Illinois, in providing securities brokerage services in connection with investment advisory services pursuant to §§ 225.25(b)(4)(iii) and (b)(15) of the Board's Regulation Y.

Board of Governors of the Federal Reserve System, October 9, 1992.

William W. Wiles,
Secretary of the Board.

[FR Doc. 92-25106 Filed 10-15-92; 8:45 am]

BILLING CODE 6210-01-F

The Farmers and Merchants Bancshares, Incorporated; Notice of Application to Engage de novo in Permissible Nonbanking Activities; Correction

This notice corrects a previous Federal Register notice (FR Doc. 92-23686) published at page 45059 of the issue for Wednesday, September 30, 1992.

Under the Federal Reserve Bank of St. Louis, the entry for The Farmers and Merchants Bancshares, Incorporated is revised to read as follows:

Federal Reserve Bank of St. Louis
(Randall C. Sumner, Vice President) 411
Locust Street, St. Louis, Missouri 63166:

1. *The Farmers and Merchants Bankshares, Incorporated*, Stuttgart, Arkansas; to engage *de novo* in residential, commercial, and agricultural real estate appraisal services pursuant to § 225.25(b)(13) of the Board's Regulation Y. These activities will be conducted throughout the State of Arkansas.

Comments on this application must be received by October 26, 1992.

Board of Governors of the Federal Reserve System, October 9, 1992.

William W. Wiles,
Secretary of the Board.

[FR Doc. 92-25107 Filed 10-15-92; 8:45 am]

BILLING CODE 6210-01-F

Tower Bancshares, Inc.; Formation of, Acquisition by, or Merger of Bank Holding Companies; and Acquisition of Nonbanking Company

The company listed in this notice has applied under § 225.14 of the Board's Regulation Y (12 CFR 225.14) for the Board's approval under section 3 of the Bank Holding Company Act (12 U.S.C. 1842) to become a bank holding company or to acquire voting securities of a bank or bank holding company. The listed company has also applied under § 225.23(a)(2) of Regulation Y (12 CFR 225.23(a)(2)) for the Board's approval under section 4(c)(8) of the Bank Holding Company Act (12 U.S.C. 1843(c)(8)) and § 225.21(a) of Regulation Y (12 CFR 225.21(a)) to acquire or control voting securities or assets of a company engaged in a nonbanking activity that is listed in § 225.25 of Regulation Y as closely related to banking and permissible for bank holding companies, or to engage in such an activity. Unless otherwise noted, these activities will be conducted throughout the United States.

The application is available for immediate inspection at the Federal Reserve Bank indicated. Once the application has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether consummation of the proposal can "reasonably be expected to produce benefits to the public, such as greater convenience, increased competition, or gains in efficiency, that outweigh possible adverse effects, such as undue concentration of resources, decreased or unfair competition, conflicts of interests, or unsound banking practices." Any request for a hearing on this question must be accompanied by a statement of the reasons a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute, summarizing the evidence that would be presented at a hearing, and indicating how the party commenting would be aggrieved by approval of the proposal.

Comments regarding the application must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than November 6, 1992.

A. Federal Reserve Bank of Minneapolis (James M. Lyon, Vice President) 250 Marquette Avenue, Minneapolis, Minnesota 55480:

1. *Tower Bancshares, Inc.*, Cloquet, Minnesota; to become a bank holding company by acquiring 94.5 percent of

the voting shares of Tower-Soudan Agency, Inc., Tower, Minnesota, and thereby indirectly acquire State Bank of Tower, Tower, Minnesota.

In connection with this application, Applicant also proposes to engage through Tower-Soudan Agency, Inc. in general insurance agency activities pursuant to §§ 225.25(b)(8)(iii) and (vi) of the Board's Regulation Y. These activities will be conducted in Tower, Minnesota.

Board of Governors of the Federal Reserve System, October 9, 1992.

William W. Wiles,
Secretary of the Board.

[FR Doc. 92-25108 Filed 10-15-92; 8:45 am]

BILLING CODE 6210-01-F

FEDERAL TRADE COMMISSION

Hart-Scott-Rodino Antitrust Improvements Act of 1976 and Regulations Thereunder; Amended Statement Concerning Filing Fees

AGENCY: Federal Trade Commission.

ACTION: Notice.

SUMMARY: On October 6, 1992, the President signed legislation into law mandating that a fee of \$25,000 must be paid by each person acquiring voting securities or assets who is required to file a premerger notification by the Hart-Scott-Rodino Antitrust Improvements Act of 1976 and the regulations promulgated thereunder. The newly enacted law, Public Law 102-395, amends section 605 of title VI of Public Law 101-162, which originally mandated the collection of a \$20,000 filing fee beginning November 28, 1989.

The new provision mandating the \$25,000 filing fee became effective October 7, 1992, the first business day after the President signed the legislation. Amended section 605 of title VI also specifies that no premerger notification shall be considered filed until the required fee has been paid. The Commission has issued this amended statement in order to advise the public about the increase in the filing fee.

EFFECTIVE DATE: The increased filing fee requirement became effective on October 7, 1992. Premerger Notification and report forms received after 5 p.m. eastern time on October 6, 1992, will be deemed effective on October 7, 1992.

FOR FURTHER INFORMATION CONTACT: Richard B. Smith, Attorney, Premerger Notification Office, Bureau of Competition (Sixth Street and Pennsylvania Avenue NW., room 301),

Federal Trade Commission,
Washington, DC 20580, 202-326-3100.

SUPPLEMENTARY INFORMATION:

Amended Statement of the Federal Trade Commission on Hart-Scott-Rodino Filing Fees

The United States Congress, in an Act making appropriations for the Departments of Commerce, Justice, and State, the Judiciary and Related Agencies,¹ has mandated that a fee of \$25,000 must be paid by "persons acquiring voting securities or assets who are required to file premerger notifications by the Hart-Scott-Rodino Antitrust Improvements Act of 1976 and the regulations promulgated thereunder" (the Act).² President Bush signed the legislation into law on October 6, 1992, requiring collection of the \$25,000 fee as of October 7, 1992. The new provision mandating the \$25,000 filing fee took effect immediately upon the signature of the President. The effective date for implementing the provision requiring the \$25,000 filing fee shall be the first business day after the President's signature. 16 CFR 4.3(a) (1992).

The new law specifies that "[f]or purposes of said Act, no notification shall be considered filed until payment of the fee required by this Section." In other words, the waiting period required under the Act does not begin until payment of the filing fee. Notifications filed on or after the effective date that do not include the payment of a \$25,000 filing fee shall be deemed deficient and the waiting period will not begin until payment of the appropriate filing fee.

I. Persons With a Fee Payment Obligation

The statute requires persons acquiring voting securities or assets who are required to file premerger notifications by the Act and the regulations³ promulgated thereunder to pay a filing fee. "Acquiring person" is defined, for purposes of the Act, in Rule 801.2.

In most transactions the Act and Rules specify only one acquiring person who is required to file a premerger notification, and who therefore will be obligated by the proposed statute to pay

a filing fee. However, in some transactions more than one person is required under the Act and Rules to file a premerger notification. In these circumstances, each acquiring person required to file a premerger notification will be obligated by the statute to pay a filing fee. Some of the more common transactions in which this is likely to occur are set out below.

For consolidations in which more than one person is an acquiring person required to file a premerger notification, each such person must separately pay a filing fee. (See Rule 801.2(d).)

*Example:*⁴ (1) Assume corporations A and B (each being its own ultimate parent entity) will be consolidated pursuant to an agreement in which a newly formed corporate entity, C, will be the surviving entity. The shareholders of A and B will receive newly issued shares of C as a result of the transaction. Under the Act and Rules, A and B are each an acquiring person and are required to file a premerger notification and pay a filing fee. Any shareholder of A or B who is also an acquiring person required to file a premerger notification under Rule 801.2(a) and (e) must also pay filing fee.

To the extent that the formation of a joint venture or other corporation is reportable pursuant to Rule 801.40, each acquiring person (contributor) required to file a premerger notification under the Act and Rules must pay a filing fee.

When an entity making an acquisition is controlled by more than one person (e.g., a joint bid is being made), each acquiring person required to file a premerger notification under the Act and Rules must pay a filing fee.

Example: (2) Assume corporation A has two ultimate parent entities, "X" and "Y," under Rule 801.1(c). "X" and "Y" will cause A to make a cash tender offer for B's outstanding voting securities. "X" and "Y" must each file a premerger notification and pay a filing fee.

A person acquiring voting securities in secondary acquisitions, separately reportable under Rule 801.4, shall pay a filing fee for each secondary acquisition for which it is required by the Act and Rules to file a premerger notification. This fee shall be in addition to any filing fee that is required in the primary acquisition.

When persons file documents and information with the Commission

pursuant to section 7A(c)(6) and (8) of the Act and Rules 802.6(a) and 802.8 in order to obtain an exemption from the filing requirements of the Act, no filing fee is required.

II. Mechanics of Payment

Filing fees shall be paid in accordance with the procedures set forth below.

(A) The filing fee requirement went into effect on November 29, 1989. Effective October 7, 1992, the filing fee is \$25,000. Pursuant to Rule 803.10(c)(1), premerger notification and report forms received after 5 p.m. eastern time on October 6, 1992, are deemed effected on October 7, 1992 (the next business day). Premerger notification and report forms received on or after the effective date must be accompanied by the \$25,000 filing fee. Premerger notification and report forms received prior to October 7, 1992, and which the Commission's Premerger Notification Office has certified in writing are complete (See Part (I) below), are not affected by the increased filing fee but remain subject to the \$20,000 filing fee requirement.

(B) Fees are due and payable at the time of filing premerger notification and report forms. Fees are payable to the "Federal Trade Commission", omitting the name or title of any official of the Commission, by electronic wire transfer, United States postal money order, bank money order, bank cashier's check or certified check in U.S. currency.

(C) Fees paid by electronic wire transfer shall be deposited to the Treasury's account at the New York Federal Reserve Bank (the "Bank"). To insure that fees paid are attributed to the proper acquiring person, the following information must be given at the time of transfer by the payor to the Bank:

1. Treasury's ABA number: 021030004.
2. Commission's ALC number: 29000001.
3. The payor's name, the acquiring person's name (or a pseudonym if preferred), and an identification of the payment as a "Pre-Merger Filing Fee." (enter in the comment field)

(D) Fees paid by United States postal money order, bank money order, bank cashier's check, or certified check shall be submitted to the Commission's Premerger Notification Office along with the required premerger notification and report forms.

(E) A person required to pay a filing fee shall include in the letter of transmittal that accompanies its premerger notification and report forms a statement that a filing fee has been paid, the method of payment and, if payment was made by electronic wire

¹ The newly passed law (H.R. 5678, Pub. L. 102-395) amends section 605 of title VI of Public Law 101-162 (103 Stat. 1031), which originally mandated the collection of a filing fee beginning November 29, 1989, by striking "\$20,000" and inserting in lieu thereof "\$25,000."

² References to "the Act" refer to section 7A of the Clayton Act, 15 U.S.C. 18a, as added by section 201 of the Hart-Scott-Rodino Antitrust Improvements Act of 1976, Pub. L. 95-435, 90 Stat. 1390.

³ References to "Regulations" and "Rules" in this statement refer to the Premerger Notification Rules, 16 CFR parts 801-803.

⁴ Throughout the examples, persons are designated ("A", "B", etc.) with quotation marks, and entities are designated (A, B, etc.) without quotation marks. Unless otherwise indicated, assume that the size-of-person, size-of-transaction and commerce tests are satisfied.

transfer, the date of transfer and any pseudonym used to identify the acquiring person.

(F) Any filing that is not accompanied by payment of a filing fee is deficient within the meaning of Rule 803.10(c)(2). Payment of a filing fee does not preclude a determination that a filing is deficient for any other reason.

(G) Except as provided in this paragraph, no filing fee received by the Commission will be returned to the payor and no part of the filing fee shall be refunded. However, if it is determined that premerger notification was not required by the Act and Rules, the filing fee shall be returned. The determination of whether a premerger notification was not required by the Act and Rules will be made by the Commission's Premerger Notification Office at the time notification is filed, based on the information and representations contained in the filing persons' Notification and Report Forms.

If the Commission's staff determines, based on the persons' filings, that notification was not required, staff will notify the parties and refund the filing fee. However, once the Commission's staff has determined that premerger notification was required, the filing fee shall not be refunded, even if the filing persons and/or the transaction do not meet the reporting thresholds at the time of consummation.

If the Commission's staff determines, based on the persons' filings, that premerger notification was not required, but the filing persons represent that premerger notification will be required at the time of consummation, premerger notification will be determined to be required and no part of the filing fee shall be refunded.

(H) Filing fees are to be paid solely to the Commission. No additional fee is required to be submitted to the Antitrust Division of the Department of Justice.

(I) In accordance with current policy, the Commission staff will send a letter to persons filing under the Act to verify the receipt of completed notification and report forms and to identify the expiration date of the waiting period. Such notice will henceforth acknowledge receipt of a filing fee.

By direction of the Commission.

Donald S. Clark,
Secretary.

[FR Doc. 92-25076 Filed 10-15-92; 8:45 am]

BILLING CODE 6750-01-M

GENERAL SERVICES ADMINISTRATION

Steering Committee for the African Burial Ground, New York, NY; Meeting

Notice is hereby given that the Steering Committee for the African Burial Ground, New York, NY, will meet on Monday, October 26, 1992 at 12 p.m. in the 23rd floor auditorium of the Landmarks Preservation Commission, 225 Broadway, New York, NY.

The purpose of the meeting is to consider present and future activities affecting the pavilion portion of the federal construction site at Foley Square, including, but not limited to, the review of proposals regarding the human remains on the pavilion site; the analysis, curation and reinterment of remains exhumed from the "Negro Burial Ground"; and the construction of a memorial or other improvement on the pavilion site. Also for consideration will be concerns relating to access to the pavilion site, status of the GSA research design, the exhibit/interpretive display/artwork in the tower building, and other related matters. The meeting will be open to the public.

Additional meetings will be held at noon (generally on the fourth Monday of every month) at a place to be announced, as follows:

1992: Nov. 23, and Dec. 21

1993: Jan. 25, Feb. 22, Mar. 22, Apr. 26,
May 24, June 28.

Please call (212) 264-0456 prior to each meeting to confirm the date, time, and location of the meeting. All meetings will be open to the public.

Meetings may be continued to the following day(s), if necessary, and shall be so announced during the meeting. Seating may be limited.

Other questions regarding meetings may be directed to: Chairman Howard Dodson, Chief, Schomburg Center for Research in Black Culture, New York Public Library, 515 Malcolm X. Boulevard, New York, NY 10037-1801, Tel: (212) 491-2200.

Less than 15 days notice is being given for the October 26 meeting due to the urgency of the matters to be discussed. It is necessary that the first meeting of the Steering Committee be held as soon as possible.

Dated: October 7, 1992.

By:

William J. Diamond,
Regional Administrator, General Services
Administration, Region 2, 26 Federal Plaza,
New York, NY 10278, Telephone: (212) 264-
2600.

[FR Doc. 92-25121 Filed 10-15-92; 8:45 am]

BILLING CODE 6820-34-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[OIS-018-N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances and Coverage Decisions

AGENCY: Health Care Financing
Administration (HCFA), HHS.

ACTION: General notice.

SUMMARY: This notice lists HCFA manual instructions, substantive and interpretive regulations and other Federal Register notices, and statements of policy that were published during April, May, and June 1992 that relate to the Medicare and Medicaid programs. 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 including all Medicaid issuances and Medicare and Medicaid substantive and interpretive regulations (proposed and final) published during this timeframe.

We also are providing the content of the revision to the Medicare Coverage Issues Manual published between April 1 and June 30, 1992. On August 21, 1989 (54 FR 34555), we published the content of the Manual and indicated that we will publish quarterly any updates. Adding the Medicare Coverage Issues Manual changes to this listing allows us to fulfill this requirement in a manner that facilitates identification of coverage and other changes in our manuals.

FOR FURTHER INFORMATION CONTACT:

Margaret Cotton, (410) 966-5260 (For Medicare Instruction Information)
Sam DellaVecchia, (410) 966-5395 (For Medicare Coverage Information)
Dusty Kowalewski, (410) 965-3377 (For Medicaid Instruction Information)
Margaret Teeters, (410) 966-4678 (For All Other Information)

SUPPLEMENTARY INFORMATION:

I. Program Issuances

The Health Care Financing Administration (HCFA) is responsible for administering the Medicare and Medicaid programs, which pay for health care and related services for 35 million Medicare beneficiaries and 31 million Medicaid recipients. Administration of these programs involves (1) providing information to Medicare beneficiaries and Medicaid recipients, health care providers, and

the public; and (2) effective communications with regional offices, State governments, State Medicaid Agencies, State Survey Agencies, various providers of health care, fiscal intermediaries, and carriers who process claims and pay bills, and others. To implement the various statutes on which the programs are based, we issue regulations under authority granted the Secretary under sections 1102, 1871, and 1902 and related provisions of the Social Security Act (the Act) and also issue various manuals, memoranda, and statements necessary to administer the programs efficiently.

Section 1871(c)(1) of the Act requires that we publish in the *Federal Register* at least every 3 months a list of all Medicare manual instructions, interpretive rules, statements of policy, and guidelines of general applicability not issued as regulations. We published our first notice June 9, 1988 (53 FR 21730). Although we are not mandated to do so by statute, for the sake of completeness of the listing of operational and policy statements, we are continuing our practice of including Medicare substantive and interpretive regulations (proposed and final) published during this timeframe. Since the publication of our last quarterly listing on June 12, 1992 (57 FR 24797), we decided to add Medicaid issuances to our quarterly listings. Accordingly, we are listing in this notice, Medicaid issuances and Medicaid substantive and interpretive regulations published from April 1 through June 30, 1992.

II. Medicare Coverage Issues

We receive numerous inquiries from the general public about whether specific items or services are covered under Medicare. Providers, carriers, and intermediaries have copies of the Medicare Coverage Issues Manual, which identifies those medical items, services, technologies, or treatment procedures that can be paid for under Medicare. On August 21, 1989, we published a notice in the *Federal Register* (54 FR 34555) that contained all the Medicare coverage decisions issued in that manual.

In that notice, we indicated that revisions to the Coverage Issues Manual will be published at least quarterly in the *Federal Register*. We also sometimes issue proposed or final national coverage decision changes in separate *Federal Register* notices. Table IV of this notice contains the text of the revision to the Coverage Issues Manual published between April 1 and June 30, 1992. Readers should find this an easy way to identify both issuance changes to

all our manuals and the text of changes to the Coverage Issues Manual.

Revisions to the Coverage Issues Manual are not published on a regular basis but on an as needed basis. We publish revisions as a result of technological changes, medical practice changes, responses to inquiries we receive seeking clarifications, or the resolution of coverage issues under Medicare. If no Coverage Issues Manual revisions were published during a particular quarter, our listing will reflect that fact.

Not all revisions to the Coverage Issues Manual contain major changes. As with any instruction, sometimes minor clarifications or revisions are made within the text. We have reprinted manual revisions as transmitted to manual holders. The new text is shown in italics. We will not reprint the table of contents, since the table of contents serves primarily as a finding aid for the user of the manual and does not identify items as covered or not.

We issued updates that included the text of changes to the Coverage Issues Manual in the following issues of the *Federal Register*:

- March 20, 1990 (55 FR 10290).
- February 6, 1991 (56 FR 4830).
- July 5, 1991 (56 FR 30752).
- November 22, 1991 (56 FR 58913).
- January 22, 1992 (57 FR 2558).
- March 16, 1992 (57 FR 9127).
- June 12, 1992 (57 FR 24797).

The issuance update found in Table IV of this notice, when added to material from the manual published on August 21, 1989, and the updates listed above constitute a complete manual as of June 30, 1992. Parties interested in obtaining a copy of the manual and revisions should follow the instructions in section IV of this notice.

III. How to Use the Listing

This notice is organized so that a reader may review the subjects of all manual issuances, memoranda, substantive and interpretive regulations, or coverage decisions published during this timeframe to determine whether any are of particular interest. We expect it to be used in concert with previously published notices. Most notably, those unfamiliar with a description of our Medicare manuals may wish to review Table I of our first three notices (53 FR 21730, 53 FR 36891, and 53 FR 50577); those desiring information on the Medicare Coverage Issues Manual may wish to review the August 21, 1989 publication; and those seeking information on the location of regional depository libraries may wish to review Table IV of our first notice. We have

divided this current listing into four tables.

Table I describes where interested individuals can get a description of all previously published HCFA Medicare manuals and memoranda. Because we are including Medicaid issuances in this quarterly listing for the first time, Table I also gives a brief description of Medicaid manuals and memoranda.

Table II of this notice lists, for each of our manuals or Program Memoranda, a transmittal number unique to that instruction and its subject matter. A transmittal may consist of a single instruction or many. Often it is necessary to use information in a transmittal in conjunction with information currently in the manuals.

Table III lists all substantive and interpretive Medicare and Medicaid regulations and general notices published in the *Federal Register* during the quarter covered by this notice. For each item, we list the date published, the *Federal Register* citation, the title of the regulation, and the Parts of the Code of Federal Regulations (CFR) which have changed.

Table IV sets forth the revision to the Medicare Coverage Issues Manual that was published during the quarter covered by this notice. For the revision, we give a brief synopsis of the revision as it appears on the transmittal sheet, the manual section number, and the title of the section. We present a complete copy of the revised material, no matter how minor the revision, and identify the revision by printing in italics the text that was changed. If the transmittal includes material unrelated to the revised section, for example, when the addition of revised material causes other sections to be repaginated, we do not reprint the unrelated material.

IV. How to Obtain Listed Material

A. Manuals

An individual or organization interested in routinely receiving any manual and revisions to it may purchase a subscription to that manual. Those wishing to subscribe should contact either the Government Printing Office (GPO) or the National Technical Information Service (NTIS) at the following addresses:

Superintendent of Documents,
Government Printing Office, ATTN:
New Order, P.O. Box 371954,
Pittsburgh, PA 15250-7954, Telephone
(202) 783-3238, Fax number (202) 512-
2250 (for credit card orders); or
National Technical Information Service,
Department of Commerce, 5825 Port

Royal Road, Springfield, VA 22161,
Telephone (703) 487-4630.

In addition, individual manual transmittals and Program Memoranda listed in this notice can be purchased from NTIS. Interested parties should identify the transmittal(s) they want. GPO or NTIS can give complete details on how to obtain the publications they sell.

B. Regulations and Notices

Regulations and notices are published in the daily **Federal Register**. Interested individuals may purchase individual copies or subscribe to the **Federal Register** by contacting the GPO at the same address indicated above for manual issuances. When ordering individual copies, it is necessary to cite either the date of publication or the volume number and page number.

C. Rulings

Rulings are published on an infrequent basis by HCFA. Interested individuals can obtain copies from the nearest HCFA Regional Office or review them at the nearest regional depository library. We also sometimes publish Rulings in the **Federal Register**.

V. How to Review Listed Material

Transmittals or Program Memoranda can be reviewed at a local Federal Depository Library (FDL). Under the Federal Depository Library Program, government publications are sent to approximately 1400 designated libraries throughout the United States. Interested parties may examine the documents at any one of the FDLs. Some may have arrangements to transfer material to a local library not designated as an FDL. To locate the nearest FDL, individuals should contact any library.

In addition, individuals may contact regional depository libraries, which receive and retain at least one copy of nearly every Federal Government publication, 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.

Superintendent of Documents numbers for each HCFA publication are shown in Table II, along with the HCFA publication and transmittal numbers. To help FDLs locate the instruction, use the Superintendent of Documents number, plus the HCFA transmittal number. For example, to find the Intermediary Manual, Part 3—Claims Process (HCFA-Pub. 13-3) transmittal entitled

"Electronic Media Claims," use the Superintendent of Documents No. HE 22.8/6 and the HCFA transmittal number 1567.

VI. General Information

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 general questions concerning these items. Copies are not available through the contact persons. Individuals are expected to purchase copies or arrange to review them as noted above.

Questions concerning Medicare items in Tables I or II may be addressed to Margaret Cotton, Office of Issuances, Health Care Financing Administration, Room 688 East High Rise, 6325 Security Blvd., Baltimore, MD 21207, Telephone (410) 966-5260.

Questions concerning Medicaid items in Tables I or II may be addressed to Dusty Kowalewski, Medicaid Bureau, Office of Medicaid Policy, Health Care Financing Administration, Room 233 East High Rise, 6325 Security Blvd., Baltimore, MD 21207, Telephone (410) 965-3377.

Questions concerning items in Table IV may be addressed to Sam DellaVecchia, Office of Coverage and Eligibility Policy, Health Care Financing Administration, Room 445 East High Rise, 6325 Security Blvd., Baltimore, MD 21207, Telephone (410) 966-5395.

Questions concerning all other information may be addressed to Margaret Teeters, Regulations Staff, Health Care Financing Administration, Room 132 East High Rise, 6325 Security Blvd., Baltimore, MD 21207, Telephone (410) 966-4678.

Table I.—Description of Manuals, Memoranda, and HCFA Rulings

A. An extensive descriptive listing of manuals and memoranda was previously published on June 9, 1988 at 53 FR 21730 and supplemented on September 22, 1988 at 53 FR 36891 and December 16, 1988 at 53 FR 50577. Also, a complete description of the Medicare Coverage Issues Manual was published on August 21, 1989 at 54 FR 34555.

B. Because we are including Medicaid issuances for the first time in this quarterly listing, we are providing the following brief description of the various Medicaid manuals and memoranda that we maintain.

1. State Medicaid Manual (HCFA-Pub. 45)

This manual provides instructions, regulation citations, and information for implementing provisions of title XIX of the Act. These materials contain both official interpretations of, and guidance concerning, the law and regulations. The official interpretations are binding on State Medicaid agencies. Interpretations and instructions relating to common policy under titles I, IV-A, X, XIV, XVI, and XIX of the Act are also included. This manual consists of the following parts:

- Part 1—Grants to States for Medical Assistance Programs (HCFA-Pub. 45-1)
- Part 2—State Organization (HCFA-Pub. 45-2)
- Part 3—Eligibility (HCFA-Pub. 45-3)
- Part 4—Services (HCFA-Pub. 45-4)
- Part 5—Early and Periodic Screening, Diagnosis, and Treatment of Individuals Under Age 21 (HCFA-Pub. 45-5)
- Part 6—Payments for Services (HCFA-Pub. 45-6)
- Part 7—Quality Control (HCFA-Pub. 45-7)
- Part 8—Program Integrity (HCFA-Pub. 45-8)
- Part 9—Utilization Control (HCFA-Pub. 45-9)
- Part 11—Medicaid Management Information System (HCFA-Pub. 45-11)
- Part 13—Pre-print State Plans (HCFA-Pub. 45-13)
- Part 15—MEDIRS (HCFA-Pub. 45-15)

2. Program Memoranda (Nonmanual Issuances)

These transmittals are used to communicate information or requests for action of a one-time only, nonrecurring nature. They are issued to Medicaid State Agencies as HCFA-Pub. 17 and to State Survey Agencies as HCFA-Pub. 65.

3. Medicare/Medicaid Sanction—Reinstatement Report (HCFA-Pub. 69)

The monthly Medicare/Medicaid Sanction—Reinstatement Report provides a list of physicians or practitioners, providers, and other health care suppliers that have been excluded from participation in the Medicare and Medicaid programs. It also includes an attached list of individuals who have been reinstated.

The Bi-annual Cumulative Sanction Report provides a complete record of all sanction actions that are in effect nationwide. This report also includes a list of those individuals who have been reinstated.

Table II.—Medicare and Medicaid Manual Instructions, April through June 1992

Trans. No. Manual/Subject/Publication Number

Intermediary Manual, Part 2—Audits, Reimbursement Program Administration (HCFA-Pub. 13-2) (Superintendent of Documents No. HE 22.8/6-2)

- 388 • Assessment of Benefit Savings Attributable to Medical Review Activities
Types of Savings to Report; Denials Completion of the Report of Benefit Savings
Data from Automated System Medical Review Activity Reports
Retain Data to Support Savings Reported on the RBS
The Contractor Performance Evaluation Program
Payment Safeguards Criterion
Regional Home Health Intermediary Performance Evaluation Program
Regional Home Health Intermediary Criterion
- 389 • Systems Security Authority Contractor Systems Security Administrative Measures
Contractor System Security Specific Minimum Safeguards

Intermediary Manual, Part 3—Claims Process (HCFA-Pub. 13-3) (Superintendent of Documents No. HE 22.8/6)

- 1568 • Verifying Provider Notification Procedure
Form HCFA-1450 Consistency Edits
Additional Payment Amounts for Hospitals With Disproportionate Share of Low Income Patients
Reporting Outpatient Surgery and Other Services
Skilled Nursing Facilities
Processing Beneficiary Demand Bills for Noncovered Admissions
Processing Beneficiary Complaints and Inquiries Regarding Demand Bills
Review of SNF Denial Notices for Demand Bill Request
Rental or Purchase of DME
Coordination with Carriers
Part A Denials
- 1569 • Osteoporosis Injections as HHA Benefit
Billing for Parenteral and Enteral Nutrition
- 1570 • Monthly Intermediary Part A and Part B Appeals Report (Form HCFA-2511)—General
- 1571 • Review of Form HCFA-1450 for Inpatient and Outpatient Bills
- 1572 • Review of Form HCFA-1450 Consistency Edits
Establishing Pacemaker Registry Records—Pacemaker ICD-9-CM Procedure Codes
Monthly Intermediary Workload Report (Form HCFA-1566)—General
Checking Reports
Type of Bill
Body of Report
Form HCFA-1566—Medicare Program Intermediary Workload Report, Pages 1-11
- 1573 • Screening Pap Smears

- 1574 • Quarterly Supplement to Intermediary Workload Report (Form HCFA-1566a)
Monthly Intermediary Report on Independent Rural Health Clinic Bill Workloads
Monthly PRO Adjustment Bill Report

Carriers Manual, Part 2—Program Administration (HCFA-Pub. 14-2) (Superintendent of Documents No. HE 22.8/7-3)

- 118 • The Contractor Performance Evaluation Program
Payment Safeguards Criterion
Service Criterion
Common Working File Host Performance Evaluation Program
- 119 • Systems Security Authority Contractor Systems Security Administrative Measures
Contractor Systems Security Specific Minimum Safeguards
- Carriers Manual, Part 3—Claims Process (HCFA-PUB. 14-3) (Superintendent of Documents No. HE 22.8/7)

- 1419 • Parenteral and Enteral Nutrition (PEN) Claims Jurisdiction
Evidence of Medical Necessity for Parenteral and Enteral Nutrition Therapy
Parenteral and Enteral Nutrition Payment for Parenteral and Enteral Nutrition Nutrients, Supplies, and Equipment

- 1420 • Carrier Appeals Report
1421 • Reasonable Charges as Basis for Payments

- Determination of Inflation Indexed Charge (IIC) for Nonphysician Services
Payment Under Fee Schedule for Physicians' Services
Payment Rules for Nonphysician Practitioner Services

- 1422 • Billing for Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist
Billing for SNF and NF Visits
Explanatory and Denial Messages
Explanatory and Denial Messages
Inter-Fields Verification of BMAD Files

- 1423 • Requirements for Processing Electronic Media Claims
New National Standard EMC Format
Telecommunication Systems and Methods
Establishing a System to Process Electronic Media Claims

- Claims Review
Agreements
Initial Testing
Certificates of Medical Necessity and Other Attachments
Sampling of Claims Requiring Electronic Attachments
Data Sets for Electronic Media Claims
Technical Assistance for Electronic Media Claims
Software and Hardware Requirements

- 1424 • Reporting
Classification of Claims for Counting Medicare Quarterly Supplement to the Carrier Performance Report (Forms HCFA-1565A and HCFA-1565C)

- 1425 • Submission of Claims to Medigap Insurers
General Requirements
Completion of the Claim Form
Medigap Assignment Selection
EOMB Messages

- Remittance Notice Messages
Returned Medigap Notices
Charging Medigap Insurers
Electronic Transmission
Paper Submission
Medigap Electronic Claims Transfer Agreements

- 1426 • Denial of Medicare Payment for Compounded Drugs Produced in Violation of the Federal Food, Drug, and Cosmetic Act

- 1427 • Erythropoietin (Epoietin/EPO) Furnished to ESRD Home Patients

Program Memorandum Intermediaries (HCFA-Pub. 60A) (Superintendent of Documents No. HE 22.8/6-5)

- A-92-1 • Expiration of the Supplemental Payment to Small Rural Medicare-Dependent Hospitals

- A-92-2 • Extension of Due Date for Filing Provider Cost Reports on Form HCFA-2552-89

Program Memorandum Carriers (HCFA-Pub. 60B) (Superintendent of Documents No. HE 22.8/6-5)

- B-92-4 • Physician Education on Enteral Nutrition and the Certification for Medical Necessity

- B-92-5 • Change in the Implementation of Medicare Carriers Manual Transmittal No. 1411

- B-92-6 • Collection of Information on Suppliers of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies

State Operations Manual (HCFA-Pub. 7) (Superintendent of Documents No. HE 22.8/12)

- 249 • Survey Team Workload
250 • Use of the Survey Protocol in the Survey Process
Emphasis, Components and Applicability
Team Size and Composition
Survey Procedures

- 251 • Individual and Family Resident Rights Interview Probes

- 252 • Survey Team Composition and Workload Report

Regional Office Manual, Medicare (HCFA-Pub. 23-2) (Superintendent of Documents No. HE 22.8/8)

- 319 • Overall Structure
Conduct of QMS Reviews
Universe
Conduct of the Systems Review
Findings
Sample Selection
Documentation
Conduct of the Methodology Review
Universe Identification and Sampling
Documentation to Submit
Errors

- 320 • The Contractor Performance Evaluation Program
Scheduling Reviews
CPEP Review Completion Dates
Sampling Techniques
Scoring Methodology
Errors
Scoring Examples
CPEP Review Report
Notifying Contractors of CPEP Scores
Appeals
Recording and Reporting CPEP Scores

Separate Evaluation of CPEP Standards

321 • Systems Security—Authority

RO Responsibilities

Provide Technical Guidance

Monitor Compliance

Report to BPO

Coordinate External Audits

Special Budget Requests

Schedule/Checklist Exhibits

Hospital Manual (HCFA-Pub. 10)

(Superintendent of Documents No. HE 22.8/2)

635 • Billing for Enteral and Parenteral

Nutritional Therapy Covered as a
Prosthetic Device

636 • Screening Pap Smears

637 • Pacemaker Registry

Completion of Form HCFA-1450 for

Inpatient and/or Outpatient Billing

Form HCFA-1450 Consistency Edits

Home Health Agency Manual (HCFA-Pub.

11) (Superintendent of Documents No. HE

22.8/5)

252 • Billing for Enteral and Parenteral

Nutritional Therapy Covered as a
Prosthetic Device

HCPCS Codes for Billing Enteral and

Parenteral Therapy

Billing for DME Furnished as a Home

Health Benefit

Billing for Osteoporosis Injections

Skilled Nursing Facility Manual (HCFA-Pub.

12) (Superintendent of Documents No. HE

22.8/3)

310 • Billing for Enteral and Parenteral

Nutritional Therapy Covered as a
Prosthetic Device

Health Maintenance Organization/

Competitive Medical Plan Manual (HCFA-

Pub. 75) (Superintendent of Documents No.

HE 22.8/21:989)

10 • Nature of Arrangements

Hospital and Nursing Facility Services

Hospital Admitting Privileges

Professional Services

Other Health Professionals

Direct Physician Supervision

Services for Which Arrangements Are Not

Necessary

Supplemental Services

Availability and Accessibility of Services

Geographic Location

Hours of Operation

After Hours Care

Monitoring

Methods of Monitoring

Continuity of Care

Systems for Assuring Continuity of Care

Coverage Issues Manual (HCFA-Pub. 6)

(Superintendent of Documents No. HE 22.8/

14)

58 • Laparoscopic Cholecystectomy

State Medicaid Manual, Part 2—State

Organization and General Administration

(HCFA-Pub. 45-2) (Superintendent of

Documents No. HE 22.8/10)

79 • Annual Report on Home and

Community-Based Services Waivers

(Form HCFA-372)

80 • Federal Reporting Requirements

• Statistical Report on Medical Care:

Eligibles, Recipients, Payments, and

Services (Form HCFA-2082)

State Medicaid Manual, Part 4—Services

(HCFA-Pub. 45-4) (Superintendent of

Documents No. HE 22.8/10)

59 • Private Duty Nursing Services

60 • Phlebotomy and Case Management

Services Associated with the Drug

Clozaril

Medicare/Medicaid Sanction—Reinstatement

Report (HCFA-Pub. 69)

92-4 • Cumulative Report of Physicians/

Practitioners, Providers and/or Other

Health Care Suppliers Sanctioned/

Reinstated (April 1992)

92-5 • Report of Physicians/Practitioners,

Providers and/or Other Health Care

Suppliers Excluded/Reinstated (April

1992)

92-6 • Report of Physicians/Practitioners,

Providers and/or Other Health Care

Suppliers Excluded/Reinstated (May

1992)

92-7 • Report of Physicians/Practitioners,

Providers and/or Other Health Care

Suppliers Excluded/Reinstated (June

1992)

TABLE III—REGULATIONS AND NOTICES PUBLISHED APRIL THROUGH JUNE 1992

Publication date/citation	42 CFR Part	Title
Final Rules		
04/15/92 (57 FR 13046).....	412.....	Medicare Program; Medicare Geographic Classification Review Board—Procedures and Criteria.
06/12/92 (57 FR 24961).....	400, 405, 407, 410, 417, 420, 424, 488, 491, 498.	Medicare Program; Payment for Federally Qualified Health Care Services.
06/18/92 (57 FR 27290).....	405, 420, 421, 424.	Medicare Program; Carrier Jurisdiction for Claims for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) and Other Issues Involving Suppliers, and Criteria and Standards for Evaluating Regional DMEPOS Carriers.
06/24/92 (57 FR 28100).....	431.....	Medicaid Program; Coordination of Medicaid With Special Supplemental Food Program for Women, Infants, and Children (WIC).
06/30/92 (57 FR 29142).....	400, 435, 436, 440, 441.	Medicaid Program; Home and Community-Based Services Waivers for Individuals Age 65 or Older.
Proposed Rules		
06/04/92 (57 FR 23618).....	412, 413.....	Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 1993 Rates.
Notices		
04/15/92 (57 FR 13106).....		Medicare and Medicaid Programs; Small Business Innovation Research Grants for Fiscal Year 1992 (Correction Notice Published 06/24/92 (57 FR 28183)).
04/27/92 (57 FR 16759).....		Semiannual Regulatory Agenda.
05/29/92 (57 FR 22773).....		Medicare Program; Recognition of the Community Health Accreditation Program Standards for Home Care Organizations.
06/11/92 (57 FR 24797).....		Medicare Program; Quarterly Listing of Program Issuances and Coverage Decisions.
06/16/92 (57 FR 26871).....		Medicare Program; Peer Review Organizations; Revised Scopes of Work for the District of Columbia, Puerto Rico, the Virgin Islands, and all States Except Delaware, Florida, Missouri, Montana, Nebraska, Nevada, Oklahoma, Rhode Island, South Carolina, Washington, and Wyoming.
06/18/92 (57 FR 27309).....		Medicare Program; Criteria and Standards for Evaluating Regional Durable Medical Equipment, Prosthetics, Orthotics and Suppliers (DMEPOS) Carriers; Request for Comments.

Table IV.—Medicare Coverage Issues Manual

(For the reader's convenience, new material and changes to previously published material are in italics. If any part of a sentence in the manual instruction has changed, the entire line is shown in italics. The transmittal includes material unrelated to revised sections. We are not reprinting the unrelated material.) Transmittal No. 58; section 35-91, Laparoscopic Cholecystectomy.

Corrected Implementing Instructions—Effective Date: November 18, 1991

Section 35-91, Laparoscopic Cholecystectomy.—This section has been corrected to reflect use of existing CPT codes 49310 and 49311, and ICD-9-CM code 51.23 for coverage of laparoscopic cholecystectomy. The erroneously cited Q codes in Transmittal 54 of the Coverage Issues Manual are deleted.

35-91 Laparoscopic Cholecystectomy (Effective for services performed on and after November 18, 1992).

Laparoscopic cholecystectomy is a covered surgical procedure in which a diseased gall bladder is removed through the use of instruments introduced via cannulae, with vision of the operative field maintained by use of a high-resolution television camera-monitor system (video laparoscope). For inpatient claims, use ICD-9-CM code 51.23, Laparoscopic cholecystectomy. For all other claims use CPT codes 49310 for laparoscopy, surgical; cholecystectomy (any method), and 49311 for laparoscopy, surgical; cholecystectomy with cholangiography.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance, Program No. 93.774, Medicare—Supplementary Medical Insurance Program, and Program No. 93.714, Medical Assistance Program)

Dated: September 18, 1992.

William Toby, Jr.,

Acting Deputy Administrator, Health Care Financing Administration.

[FR Doc. 92-25111 Filed 10-15-92; 8:45 am]

BILLING CODE 4120-01-M

National Institutes of Health**National Cancer Institute; Meeting of the Cancer Research Manpower Review Committee**

Pursuant to Public Law 92-463, notice is hereby given of the meeting of the Cancer Research Manpower Review Committee, National Cancer Institute, on October 18-20, 1992, The Saint James

Hotel, 950 24th Street, NW., Washington, DC 20037.

This meeting will be open to the public on October 18, 1992, from 7:30 p.m. to 8 p.m., to review administrative details and other cancer research manpower review issues. Attendance by the public will be limited to space available.

In accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), title 5, U.S.C. and sec. 10(d) of Public Law 92-463, the meeting will be closed to the public on October 18 from 8 p.m. to recess and on October 19 through 20 from 8 a.m. to adjournment for the review, discussion, and evaluation of individual grant applications. These applications and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

The Committee Management Officer, National Cancer Institute, Building 31, room 10A06, National Institutes of Health, Bethesda, Maryland 20892 (301/496-5708) will provide summaries of the meeting and rosters of committee members upon request.

Dr. Mary Bell, Scientific Review Administrator, Cancer Research Manpower Review Committee, National Cancer Institute, Westwood Building, room 809, National Institutes of Health, Bethesda, Maryland 20892 (301/496-7978) will furnish substantive program information.

Catalog of Federal Domestic Assistance Program Numbers: 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control.

Dated: October 9, 1992.

Susan Feldman,

Committee Management Officer, NIH.

[FR Doc. 92-25191 Filed 10-15-92; 8:45 am]

BILLING CODE 4140-01-M

National Heart, Lung, and Blood Institute; Meetings

Pursuant to Public Law 92-463, notice is hereby given of the meetings of the following Heart, Lung, and Blood Special Emphasis Panels.

These meetings will be open to the public to discuss administrative details relating to Special Emphasis Panel (SEP) business for approximately one half hour at the beginning of the first session of each meeting. Attendance by the

public will be limited to space available. These meetings will be closed thereafter in accordance with the provisions set forth in section 552b(c)(4) and 552b(c)(6), title 5, United States Code and section 10(d) of Public Law 92-463, for the review, discussion and evaluation of individual grant applications. These applications and the discussions could reveal confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

The Office of Committee Management, National Heart, Lung, and Blood Institute, Westwood Building, room 7A15, National Institutes of Health, Bethesda, Maryland 20892, telephone 301-496-7548, will furnish summaries of the meetings and rosters of panel members. Substantive program information may be obtained from each Scientific Review Administrator whose telephone number is provided. Since it is necessary to schedule meetings well in advance, it is suggested that anyone planning to attend a meeting contact the Scientific Review Administrator to confirm the exact date, time and location.

Name of Panel: NHLBI SEP on Clinical Investigator Development Awards (KOB)

Scientific Review Administrator: Dr. Lynn M. Amende, Telephone: 301-496-8818

Dates of Meeting: October 16-27, 1992

Place of Meeting: Chevy Chase Holiday Inn, Chevy Chase, Maryland

Time of Meeting: 7 p.m.

Name of Panel: NHLBI SEP on Demonstration and Education Research Grant Applications and Small Grant Applications Meeting

Scientific Review Administrator: Dr. Louise Corman, Telephone: 301-496-7363

Dates of Meeting: October 27-28, 1992

Place of Meeting: Stouffer Concourse Hotel, Arlington, Virginia

Time of Meeting: 10:30 a.m.

Name of Panel: NHLBI SEP for Review of Minority Faculty Development Awards, Short Term Training for Minority Students Awards, and Institutional National Research Service Awards for Predominantly Minority Institutions.

Scientific Review Administrator: Dr. Kathryn W. Ballard, Telephone: 301-496-7361

Dates of Meeting: October 29, 1992

Place of Meeting: Bethesda Holiday Inn, Bethesda, Maryland

Time of Meeting: 8:30 a.m.

(Catalog of Federal Domestic Assistance Program Nos. 93.837, Heart and Vascular Diseases Research; 93.838, Lung Diseases Research; and 93.839, Blood Diseases and Resources Research, National Institutes of Health)