

research; (5) provides leadership and expertise for the study of immunologic response to infection, vaccination, and therapeutic interventions against bacterial respiratory diseases; (6) ensures that the laboratory quality management system functions according to CDC policy and other regulatory requirements, e.g. CLIA; maintains laboratory safety practices and provides guidance to ensure a safe work environment; (7) collaborates with other CDC groups; other federal agencies; state, tribal, local, and territorial groups, ministries of health, WHO, private industry, academia, and other governmental and non-governmental organizations involved in public health; and (8) maintains World Health Organization Collaborating Center for Control and Prevention of Epidemic Meningitis.

Delegations of Authority

All delegations and redelegations of authority made to officials and

employees of affected organizational components will continue in them or their successors pending further redelegation, provided they are consistent with this reorganization.

(Authority: 44 U.S.C. 3101)

Robin D. Bailey,
Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2024-16027 Filed 7-19-24; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-9149-N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—April Through June 2024

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 in the 3-month period, 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 No.
I CMS Manual Instructions	Ismael Torres	(410) 786-1864
II Regulation Documents Published in the Federal Register	Terri Plumb	(410) 786-4481
III CMS Rulings	Tiffany Lafferty	(410)786-7548
IV Medicare National Coverage Determinations	Wanda Belle, MPA	(410) 786-7491
V FDA-Approved Category B IDEs	John Manlove	(410) 786-6877
VI Collections of Information	William Parham	(410) 786-4669
VII Medicare-Approved Carotid Stent Facilities	Sarah Fulton, MHS	(410) 786-2749
VIII American College of Cardiology-National Cardiovascular Data Registry Sites.	Sarah Fulton, MHS	(410) 786-2749
IX Medicare's Active Coverage-Related Guidance Documents	Lori Ashby, MA	(410) 786-6322
X One-time Notices Regarding National Coverage Provisions	JoAnna Baldwin, MS	(410) 786-7205
XI National Oncologic Positron Emission Tomography Registry Sites	David Dolan, MBA	(410) 786-3365
XII Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities.	David Dolan, MBA	(410) 786-3365
XIII Medicare-Approved Lung Volume Reduction Surgery Facilities	Sarah Fulton, MHS	(410) 786-2749
XIV Medicare-Approved Bariatric Surgery Facilities	Sarah Fulton, MHS	(410) 786-2749
XV Fluorodeoxyglucose Positron Emission Tomography for Dementia Trials	David Dolan, MBA	(410) 786-3365
All Other Information	Annette Brewer	(410) 786-6580

SUPPLEMENTARY INFORMATION:

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>.

The Director of the Office of Strategic Operations and Regulatory Affairs of the Centers for Medicare & Medicaid Services (CMS), Kathleen Cantwell,

having reviewed and approved this document, authorizes Trenesha Fultz-Mimms, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Trenesha Fultz-Mimms,
Federal Register Liaison, Department of Health and Human Services.

BILLING CODE 4120-01-P

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: August 4, 2023 (88 FR 51814), October 26, 2023 (88 FR 73591), January 30, 2024 (89 FR 5897) and April 29, 2024 (89 FR 33356). 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 (April through June 2024)

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 Updates for Clarification on Services Under the Medicare Hospice Benefit for Dually Eligible Veterans (CMS-Pub. 100-02) Transmittal No. 12589.

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.

Fee-For Service Transmittal Numbers

Please Note: Beginning Friday, March 20, 2020, there will be the following change regarding the Advance Notice of Instructions due to a CMS internal process change. Fee-For Service Transmittal Numbers will no longer be determined by Publication. The Transmittal numbers will be issued by a single numerical sequence beginning with Transmittal Number 10000.

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.

Transmittal Number	Manual/Subject/Publication Number
Medicare General Information (CMS-Pub. 100-01)	
12566	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12568	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12637	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12638	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
Medicare Benefit Policy (CMS-Pub. 100-02)	
12589	Manual Updates for Clarification on Services Under the Medicare Hospice Benefit for Dually Eligible Veterans
12599	A Social Determinants of Health Risk Assessment in the Annual Wellness Visit Policy Update in the Calendar Year 2024 Physician Fee Schedule Final Rule
12600	Expand Diabetes Screening and Diabetes Definitions Policy Update in the Calendar Year 2024 Physician Fee Schedule Final Rule
Medicare National Coverage Determination (CMS-Pub. 100-03)	
12571	National Coverage Determination (NCD) 20.7 Percutaneous Transluminal

	Angioplasty (PTA) of the Carotid Artery Concurrent with Stenting Percutaneous Transluminal Angioplasty (PTA) (Various Effective Dates Below)
12590	Technical Revision Only to the National Coverage Determination (NCD) Manual, Publication (Pub) 100-03, Chapter 1, Part 4, section 310.1
12627	Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) for Myelodysplastic Syndromes (MDS) National Coverage Determination (NCD) 110.23
Medicare Claims Processing (CMS-Pub. 100-04)	
12565	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12570	CY 2024 Home Infusion Therapy (HIT) Payment Rates and Instructions for Retrieving the January 2024 Home Infusion Therapy (HIT) Services Payment Rates Through the CMS Mainframe Telecommunications System
12571	National Coverage Determination (NCD) 20.7 Percutaneous Transluminal Angioplasty (PTA) of the Carotid Artery Concurrent with Stenting
12573	Manual Update to Section 20.7 in Chapter 23 of Publication (Pub) 100-04
12575	Internet Only Manual Updates to Publication 100-04 to Implement Updates to Policy (Inpatient Rehabilitation Facility (IRF))
12576	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12577	Additional Enforcement of Required County Codes on Home Health Claims
12578	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12584	April Quarterly Update for 2024 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
12586	Additional Implementation Edits on Hospice Claims for Hospice Certifying Physician Medicare Enrollment Notice of Election (NOE) Remove Modify Notice of Termination/Revocation (NOTR) Change of Provider/Transfer Notice Cancellation of an Election Change of Ownership Notice Data Required on the Institutional Claim to A/B MAC (HHH)
12587	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12594	Outlier Reconciliation and Cost-to-Charge Ratio (CCR) Updates for the Inpatient Prospective Payment System (IPPS) and Long Term Care Hospital (LTCH) PPS
12596	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
12599	A Social Determinants of Health Risk Assessment in the Annual Wellness Visit Policy Update in the Calendar Year 2024 Physician Fee Schedule Final Rule
12600	Expand Diabetes Screening and Diabetes Definitions Policy Update in the Calendar Year 2024 Physician Fee Schedule Final Rule
12601	Update to Several Sections of the Internet-only Manual (IOM) Publication (Pub.) 100-04, Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements
12604	Internet-Only Manual (IOM) Updates for Split (or Shared) Evaluation and Management Visits
12606	Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment
12607	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12608	Enhancements to Home Health Consolidated Billing Edits

12609	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12610	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12611	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12612	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12614	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12615	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12621	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12627	Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) for Myelodysplastic Syndromes (MDS) National Coverage Determination (NCD) 110.23
12628	Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS)
12629	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July 2024 Update
12635	Additional Implementation Edits on Hospice Claims for Hospice Certifying Physician Medicare Enrollment
12644	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12646	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12649	National Coverage Determination (NCD) 200.3 - Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD)1
12650	Annual Updates to the Prior Authorization/Pre-Claim Review Federal Holiday Schedule Tables for Generating Reports
12652	October 2024 (2025 File) Update of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)
12653	Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits
12654	Quarterly Update to Home Health (HH) Grouper
12655	October 2024 Healthcare Common Procedure Coding System (HCPCS) Quarterly Update Reminder
12657	Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment
12659	Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update
12660	Combined Common Edits/Enhancements Modules (CCEM) Code Set Update
12661	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12662	Implement Operating Rules – Phase III Electronic Remittance Advice (FRA) Electronic Funds Transfer (EFT): Committee on Operating Rules for Information Exchange (CORE) 360 Uniform Use of Claim Adjustment Reason Codes (CARC), Remittance Advice Remark Codes (RARC) and Claim Adjustment Group Code (CAGC) Rule - Update from Council for Affordable Quality Healthcare (CAQH) CORE
12664	Changing the Frequency of No-Pay Medicare Summary Notice (MSN) Mailings from Every 90 Days to Every 120 Days

12665	July 2024 Update of the Hospital Outpatient Prospective Payment System (OPPS)
12666	July 2024 Integrated Outpatient Code Editor (I/OCE) Specifications Version 25.2
12670	July 2024 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
12671	Billing and Payment for Telehealth Services with Place of Service (POS) 10
12677	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12682	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 30.3, Effective October 1, 2024
12683	Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 32, Section 150.3 for Coding Revisions to the National Coverage Determinations (NCDs)--October 2024 Change Request (CR)13596
12685	July Quarterly Update for 2024 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
12686	Instructions for Downloading the Medicare ZIP Code File for October 2024 Files
12687	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12688	Fiscal Year (FY) 2025 Annual Update to the Medicare Code Editor (MCE) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and Procedure Coding System (ICD-10-PCS)
12690	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12691	Changes to the Laboratory National Coverage Determination (NCD) Edit Software for October 2024
12692	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12693	October 2024 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
12694	Expand Diabetes Screening and Diabetes Definitions Policy Update in the Calendar Year 2024 Physician Fee Schedule Final Rule - This CR Rescinds and Fully Replaces CR 13487.
Medicare Secondary Payer (CMS-Pub. 100-05)	
12564	Changes to The Electronic Correspondence Referral System (ECRS) Web Includes Updates to Submitting Duplicate and Overlapping Drug Records; Addition of Action Code (DR) to Investigate Deleted Drug Records and Updates to the Electronic Data Interchange (EDI) and Coordination of Benefits Voluntary Agreement (COBVA) Email Addresses
12568	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12648	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
Medicare Financial Management (CMS-Pub. 100-06)	
12583	Notice of New Interest Rate for Medicare Overpayments and Underpayments -3rd Quarter Notification for FY 2024
12597	The Fiscal Intermediary Shared System (FISS) Submission of Copybook Files to the Provider and Statistical Reimbursement (PS&R) System
Medicare State Operations Manual (CMS-Pub. 100-07)	
219	Revisions to the State Operations Manual (SOM) Appendix B – Home Health Agencies
220	Revisions to State Operations Manual (SOM) Appendix A-Hospitals

221	Revisions to the State Operations Manual (SOM) Chapter 10 –Informal Dispute Resolution (IDR) and Enforcement Procedures for Home Health Agencies and Hospice Programs
222	Revisions to the State Operations Manual (SOM) Appendix M-Hospice
223	Revisions to the State Operations Manual (SOM) Appendix G – RHC
224	Revisions to State Operations Manual (SOM), Chapter 2, section 2779A1 – CCN for Medicare Providers
Medicare Program Integrity (CMS-Pub. 100-08)	
12580	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12581	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12582	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12591	Stay of Enrollment
12592	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12593	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12602	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12603	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12633	Medical Review Policies for Signature Requirements
12656	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12663	Medical Review Policies for Signature Requirements
12679	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12680	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12681	Fraud Prevention System (FPS) Edit – FPS14 – Denial of Pacemaker, Cardioverter, and Cardiovascular Monitoring Services Frequency - This CR Rescinds and Fully Replaces CR 11594.
12700	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
Medicare Contractor Beneficiary and Provider Communications (CMS-Pub. 100-09)	
	None
Medicare Quality Improvement Organization (CMS- Pub. 100-10)	
	None
Medicare Program of All-Inclusive Care for the Elderly (CMS- Pub. 100-11)	
	None
Medicare End Stage Renal Disease Network Organizations (CMS Pub 100-14)	
	None
Medicaid Program Integrity Disease Network Organizations (CMS Pub 100-15)	
	None
Medicare Managed Care (CMS-Pub. 100-16)	
	None
Medicare Business Partners Systems Security (CMS-Pub. 100-17)	
	None
Medicare Prescription Drug Benefit (CMS-Pub. 100-18)	
	None
Demonstrations (CMS-Pub. 100-19)	
12563	Guiding an Improved Dementia Experience (GUIDE) Model Implementation
12567	Making Care Primary (MCP) Model Implementation

12596	Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
12598	Create APIs to Support ACO REACH Model - Full Agile Pilot
12620	Primary Care First (PCF) Model: Updated Appendix B - Prohibited Healthcare Common Procedure Coding System (HCPCS) Codes
12622	Extension of Payment Period for Pennsylvania Rural Health Model
12643	Making Care Primary (MCP) Model Implementation
12647	Guiding an Improved Dementia Experience (GUIDE) Model Implementation
12651	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
One Time Notification (CMS-Pub. 100-20)	
12605	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12613	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12616	Fiscal Intermediary Shared System (FISS) - User Enhancement Change Request (UECR) - Create a Beneficiary Liable Reason Code for National Coverage Determination (NCD) 210.14
12617	User Enhancement Change Request (UECR) - Enhance the MCS Desktop Tool (MCSDT) Table Manager and Customer Service Representative (CSR) Security Table
12619	User Enhancement Change Request (UECR) - Enhance the Multi-Carrier System Desktop Tool (MCSDT) to Export Tables
12623	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12625	Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) - Expiration of a Unique Tracking Number (UTN) on the Prior Authorization (PA) Tracking File
12626	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) October 2024
12630	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12631	Fiscal Intermediary Shared System (FISS) - New Process to Create and Use Overridable Reason Codes
12632	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12634	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12636	Implement Edits on Hospice Claims
12640	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12641	Updates to the Recovery Audit Contractor Data Warehouse (RACDW) Suppression Upload File Format
12658	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12667	Clarification of Liability for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Claims Overlapping Inpatient Hospital Stays
12668	User Enhancement Change Request (UECR) - Enhance the Multi-Carrier System Desktop Tool (MCSDT) to Export Tables
12669	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12672	Replacement Wheelchair Equipment When the Manufacturer Exits Wheelchair Business

12675	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12678	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12689	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12698	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12701	New State Codes for Arizona, California, Nevada, and Texas
12703	Fiscal Intermediary Shared System (FISS) - User Enhancement Change Request (UECR) - Create a Beneficiary Liable Reason Code for National Coverage Determination (NCD) 210.14
Medicare Quality Reporting Incentive Programs (CMS- Pub. 100-22)	
	None
State Payment of Medicare Premiums (CMS-Pub.100-24)	
	None
Information Security Acceptable Risk Safeguards (CMS Pub. 100-25)	
	None

For questions or additional information, contact Ismael Torres (410-786-1864).

Addendum II: Regulation Documents Published in the Federal Register (April through June 2024)
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. 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.

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

Addendum III: CMS Rulings (April through June 2024)

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 (April through June 2024)

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, there were no specific updates to national coverage determinations (NCDs), or reconsiderations of completed NCDs published in the 3-month period. This information is available at: 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
Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) for Myelodysplastic Syndromes (MDS) National Coverage Determination (NCD) 110.23	NCD 110.23	12627	05/09/2024	03/06/2024

Addendum V: FDA-Approved Category B Investigational Device Exemptions (IDEs) (April through June 2024)
(Inclusion of this addenda is under discussion internally.)

Addendum VI: Approval Numbers for Collections of Information (April through June 2024)

All approval numbers are available to the public at 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.

For questions or additional information, contact William Parham (410-786-4669).

Addendum VII: Medicare-Approved Carotid Stent Facilities (April through June 2024)

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. There were no additions, deletions, or editorial changes to the listing for Medicare-approved carotid stent facilities for this 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).

Addendum VIII: American College of Cardiology's National Cardiovascular Data Registry Sites (April through June 2024)

The initial data collection requirement through the American College of Cardiology's National Cardiovascular Data Registry (ACC-NCDR) has served to develop and improve the evidence base for the use of ICDs in certain Medicare beneficiaries. The data collection requirement ended with the posting of the final decision memo for Implantable Cardioverter Defibrillators on February 15, 2018.

For questions or additional information, contact Sarah Fulton, MHS (410-786-2749).

Addendum IX: Active CMS Coverage-Related Guidance Documents (April through June 2024)

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>.

CMS published three proposed guidance documents on June 22, 2023 to provide a framework for more predictable and transparent evidence development and encourage innovation and accelerate beneficiary access to new items and services. The documents are available at:

<https://www.cms.gov/medicare-coverage-database/view/medicare-coverage-document.aspx?mcdid=35&docTypeId=1&sortBy=title&bc=16>

<https://www.cms.gov/medicare-coverage-database/view/medicare-coverage-document.aspx?mcdid=34&docTypeId=1&sortBy=title&bc=16>

<https://www.cms.gov/medicare-coverage-database/view/medicare-coverage-document.aspx?mcdid=33&docTypeId=1&sortBy=title&bc=16>

For questions or additional information, contact Lori Ashby, MA (410 786 6322).

Addendum X:

List of Special One-Time Notices Regarding National Coverage Provisions (April through June 2024)

There were no special one-time notices regarding national coverage provisions published in the 3-month period. This information is available at <http://www.cms.gov>.

For questions or additional information, contact JoAnna Baldwin, MS (410-786 7205).

Addendum XI: National Oncologic PET Registry (NOPR) (April through June 2024)

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 David Dolan, MBA (410-786-3365).

Addendum XII: Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities (April through June 2024)

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 David Dolan, MBA, (410-786-3365).

Facility	Provider Number	Date of Initial Certification	Date of Re-certification	State
The following facility is a new listing.				
Virginia Mason Medical Center 1100 Ninth Avenue Seattle, WA 98101 Other information: DNV ID #: C667499 Previous Re-certification Dates: n/a	50-0005	03/07/2024	n/a	WA
The following facilities have editorial changes (in bold).				
Shands Teaching Hospitals & Clinics, Inc. 1600 SW Archer Road Gainesville, FL 32608	100113	11/26/2003	01/31/2024	FL

Other information: Joint Commission ID #6804 Previous Re-certification Dates: 11/18/2008; 02/08/2011; 02/12/2013; 01/27/2015; 02/14/2017; 04/24/2019; 12/16/2021				
Stanford Health Care 300 Pasteur Drive Stanford, CA 94305 Other information: Joint Commission ID #10010 Previous Re-certification Dates: 11/24/2010; 12/12/2012; 12/09/2014; 03/14/2017; 08/28/2019; 12/15/2021	050441	12/22/2003	01/31/2024	CA
Cedars-Sinai Health System 8700 Beverly Boulevard Los Angeles, CA 90048 Other information: Joint Commission ID #9792 Previous Re-certification Dates: 12/11/2008; 06/21/2011; 06/11/2013; 05/29/2015; 07/11/2017; 09/11/2019; 02/26/2022	050625	12/29/2003	04/12/2024	CA
Wellstar Kennestone Hospital 677 Church Street Marietta, GA 30060 Other information: Joint Commission ID #6711 Previous Re-certification Dates: 11/07/2017; 11/22/2019; 01/15/2022	110035	11/07/2017	02/07/2024	GA
University of Chicago Medical Center 5841 South Maryland Avenue Chicago, IL 60637 Other information: Joint Commission ID #7315 Previous Re-certification Dates: 02/24/2009; 08/17/2011; 09/04/2013; 09/15/2015; 10/24/2017; 12/17/2019; 01/22/2022	140088	02/24/2009	02/07/2024	IL
Emory University Hospital 1364 Clifton Road NE	110010	08/18/2009	02/14/2024	GA

Atlanta, GA 30322 Other information: Joint Commission ID #6689 Previous Re-certification Dates: 08/18/2009; 09/09/2011; 08/29/2013; 08/11/2015; 09/26/2017; 11/20/2019; 02/12/2022				
Northeast Georgia Medical Center 743 Spring Street Gainesville, GA 30501 Other information: DNV ID #: C690194 Previous Re-certification Dates: 04/26/2018; 05/05/2021	110029	04/26/2018	05/05/2024	GA
Pitt County Memorial Hospital, Inc. DBA Vidant Medical Center 2100 Stantonsburg Road Greenville, NC 27835-6028 Other information: Joint Commission ID #6506 Previous Re-certification Dates: 09/26/2017; 12/17/2019; 02/09/2022	340040	09/26/2017	02/21/2024	NC
Florida Health Sciences Center Inc. 1 Tampa General Circle Tampa, FL 33606 Other information: Joint Commission ID #6934 Previous Re-certification Dates: 12/19/2008; 04/05/2011; 04/09/2013; 04/21/2015; 06/06/2017; 7/24/2019; 01/20/2022	100128	12/18/2008	02/28/2024	FL
Baptist Memorial Hospital - Memphis 6019 Walnut Grove Road Memphis, TN 38120 Other information: Joint Commission ID #7869 Previous Re-certification Dates: 01/27/2009; 05/20/2011; 04/17/2013;	440048	04/07/2007	03/13/2024	TN

06/02/2015; 07/25/2017; 09/17/2019; 02/19/2022				
UT Southwestern Medical Center/William P. Clements Jr. University Hospital 6201 Harry Hines Boulevard Dallas, TX 75390-9262 Other information: Joint Commission ID #9013 Previous Re-certification Dates: 12/17/2008; 06/07/2011; 06/04/2013; 06/23/2015; 08/08/2017; 10/11/2019; 02/12/2022	450044	12/10/2003	03/13/2024	TX
University Hospital Cleveland Medical Center 11100 Euclid Avenue Cleveland, OH 44106 Other information: DNV ID #: C669039 Previous Re-certification Dates: 02/09/2010; 01/24/2012; 01/30/2014; 02/23/2016; 02/09/2018; 01-21-2021; 08/17/2022	36-0137	02/09/2010	04/17/2024	OH
UofL Health - Louisville, Inc. 200 Abraham Flexner Way Louisville, KY 40202 Other information: Joint Commission ID #7765 Previous Re-certification Dates: 11/14/2008; 03/22/2011; 02/26/2013; 03/24/2015; 05/23/2017; 8/6/2019; 02/23/2022	180040	11/14/2008	03/13/2024	KY
Keck Hospital of USC 1500 San Pablo Street Los Angeles, CA 90033 Other information: Joint Commission ID #5033 Previous Re-certification Dates: 03/13/2009; 08/16/2011; 09/10/2013; 10/06/2015; 10/20/2017; 12/4/2019; 02/02/2022	050696	03/13/2009	03/14/2024	CA
Methodist Hospital 7700 Floyd Curl Drive San Antonio, TX 78229	450388	01/27/2009	03/08/2024	TX

Other information: Joint Commission ID #: 9219 Previous Re-certification Dates: 01/27/2009; 07/12/2011; 07/09/2013; 07/07/2015; 08/08/2017; 10/23/2019; 01/22/2022				
Riverside Methodist Hospital 3535 Olentangy River Road Columbus, OH 43214-3998 Other information: Joint Commission ID #: 7030 Previous Re-certification Dates: 07/14/2015; 08/29/2017; 10/23/2019; 02/26/2022	360006	07/14/2015	03/23/2024	OH
Texas Heart Hospital of the Southwest LLP 1100 Allied Drive Plano, TX 75093-5348 Other information: Joint Commission ID #: 440319 Previous Re-certification Dates: 06/15/2011; 07/09/2013; 07/14/2015; 08/22/2017; 9/7/2019; 01/28/2022	670025	06/15/2011	03/16/2024	TX
Christiana Care Health Services, Inc. 4755 Ogletown-Stanton Road Newark, DE 19718 Other information: Joint Commission ID #6237 Previous Re-certification Dates: 07/25/2013; 07/21/2015; 10/24/2017; 12/21/2019; 03/03/2022	080001	07/25/2013	04/10/2024	DE
Thomas Jefferson University Hospitals, Inc. 111 South 11th Street Philadelphia, PA 19107 Other information: Joint Commission ID #6132 Previous Re-certification Dates: 07/09/2009; 09/13/2011; 10/17/2013;	390174	07/09/2009	03/27/2024	PA

09/22/2015; 09/20/2017; 11/6/2019; 02/24/2022				
Banner-University Medical Center Tucson Campus 1625 North Campbell Avenue Tucson, AZ 85719 Other information: Joint Commission ID #: 9514 Previous Re-certification Dates: 02/04/2009; 04/27/2011; 03/15/2013; 02/24/2015; 04/18/2017; 7/12/2019; 03/05/2022	030064	02/04/2009	04/04/2024	AZ
Baylor Scott and White All Saints – Fort Worth 1400 8th Avenue Fort Worth, TX 76104 Other information: DNV ID #: 10000469761 Previous Re-certification Dates: 5/26/2021	450137	5/26/2021	5/26/2024	TX
Banner - University Medical Center Phoenix 1111 East McDowell Road Phoenix, AZ 85006 Other information: Joint Commission ID #9489 Previous Re-certification Dates: 05/19/2011; 05/07/2013; 06/09/2015; 07/25/2017; 07-10-2019; 03/03/2022	030002	05/19/2011	04/06/2024	AZ
Ronald Reagan UCLA Medical Center 757 Westwood Plaza Los Angeles, CA 90095 Other information: Joint Commission ID #9944 Previous Re-certification Dates: 02/06/2009; 08/09/2011; 08/13/2013; 09/15/2015; 10/06/2017; 12/04/2019; 04/09/2022	050262	02/06/2009	05/08/2024	CA
Baylor University Medical Center 3500 Gaston Avenue Dallas, TX 75246-2017 Other information:	450021	08/21/2007	04/17/2024	TX

Joint Commission ID #8993 Previous Re-certification Dates: 08/21/2007; 08/27/2009; 10/07/2011; 11/20/2013; 11/10/2015; 10/31/2017; 12/18/2019; 03/24/2022				
Ochsner Medical Center 1516 Jefferson Highway New Orleans, LA 70121 Other information: Joint Commission ID # Previous Re-certification Dates: 05/28/2009; 11/09/2011; 12/12/2013; 01/05/2016; 12/12/2017; 03/12/2020; 03/10/2022	190036	05/28/2009	04/03/2024	LA
Morristown Medical Center 100 Madison Avenue Morristown, NJ 07960 Other information: Joint Commission ID #5958 Previous Re-certification Dates: 06/16/2009; 09/28/2011; 10/31/2013; 11/17/2015; 12/12/2017; 1/25/2020; 03/23/2022	310015	06/16/2009	04/17/2024	NJ

**Addendum XIII: Lung Volume Reduction Surgery (LVRS)
(April through June 2024)**

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 Commission 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. For the purposes of this quarterly notice, there are no additions and deletions to a listing of Medicare-approved facilities that are eligible to receive coverage for lung

volume reduction surgery. This information is available at www.cms.gov/MedicareApprovedFacilitie/LVRS/list.asp#TopOfPage.

For questions or additional information, contact Sarah Fulton, MHS (410-786-2749).

Addendum XIV: Medicare-Approved Bariatric Surgery Facilities (April through June 2024)

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 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' minimum facility standards for bariatric surgery that have been certified by ACS and/or ASBMS in the 3-month period. This information is available at 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 (April through June 2024)

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.

For questions or additional information, contact David Dolan, MBA (410-786-3365).

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BILLING CODE 4120-01-C

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity: Administration of Psychotropic Medication to Unaccompanied Children (New Collection)

AGENCY: Office of Refugee Resettlement, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), U.S. Department of Health and Human Services is inviting public comment on the proposed collection. The request consists of two forms that will allow the Unaccompanied Children (UC) Bureau to obtain informed consent from authorized consenters and informed assent or agreement from unaccompanied children for the

administration of psychotropic medication.

DATES: *Comments due* September 20, 2024. In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: You can obtain copies of the proposed collection of information and submit comments by emailing info@collection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The ORR UC Bureau is proposing two new forms: *Psychotropic Medication Informed Consent* (Form MMH-1) and *Psychotropic Medication Assent Notice* (Form MMH-2). The proposed information collection is necessary to allow the ORR UC Bureau to comply with a court order and improve processes for the administration of psychotropic medication. On June 29, 2018, Plaintiffs filed their federal class action lawsuit in the Central District of California, western division, captioned *Lucas R. et al. v. Beerra et al.* (Case No. 2:18-CV-05741 DMG-PLA), asserting claims under the Flores consent decree, the Trafficking Victims Protection

Reauthorization Act, the Due Process clause, and the First Amendment. Plaintiffs allege violation of unaccompanied children rights in decisions regarding family reunification, placement in restrictive facilities, services for children with disabilities, administration of psychotropic medication, and access to legal assistance. On May 3, 2024, the Court granted final approval for the settlement agreements of the Plaintiffs' claims for disabilities, psychotropic medication, and legal assistance. As part of the settlement agreement for the psychotropic medication claim, ORR is required, whenever possible, to obtain informed consent for the administration of psychotropic medication and provide certain information to the authorized consenter. Additionally, ORR is required to provide a written notice and obtain informed assent or agreement from children aged 14 or older before administering psychotropic medication. The psychotropic medication settlement agreement must be fully implemented by August 3, 2026, but data collection must be implemented by February 3, 2025, to ensure compliance with the Agreement.

Respondents: Care provider grantees and contractors
Annual Burden Estimates: