

Information Collections

1. Type of Information Collection

Request: Extension of a currently approved collection; *Title of Information Collection:* Registration, Attestation, Dispute Resolution and Correction, Assumptions Document and Data Retention Requirements for Open Payments; *Use:* The Patient Protection and Affordable Care Act was enacted on March 23, 2010 (Pub. L. 111–148). This statute amended section 1128 of the Social Security Act (the Act) by adding a new subsection G that requires applicable manufacturers of drugs, devices, biologics, or medical supplies covered under title XVIII of the Act (Medicare) or a State plan under title XIX (Medicaid) or XXI of the Act (the Children’s Health Insurance Program, or CHIP) to report annually to the Secretary certain payments or other transfers of value to physicians and teaching hospitals. Section 1128G of the Act also requires applicable manufacturers and applicable group purchasing organizations (GPOs) to report certain information regarding the ownership or investment interests held by physicians or the immediate family members of physicians in such entities, as well as any payments provided to such physicians. The submitted information facilitates various aspects of the program. The information collected through the registration process is used by CMS to validate registration for applicable manufacturers, applicable GPOs, covered recipients, and physician owners or investors that are registering for Open Payments. Details collected during the dispute resolution and correction process allows CMS to notify applicable manufacturers and applicable GPOs that a covered recipient or physician owner or investor is initiating a dispute regarding data submitted about them and allow CMS to relay the nature of the dispute. The assumptions documents submitted by applicable manufacturers or applicable GPOs assist CMS in providing guidance (for example, determining form and nature of payment categories, calculating the value of a payment, determining the date of payment, and reporting the terms of an ownership or investment interest). *Form Number:* CMS–10495 (OMB control number: 0938–1237); *Frequency:* Annually; *Affected Public:* State, Local, or Tribal

Governments; *Number of Respondents:* 1,788; *Total Annual Responses:* 1,788; *Total Annual Hours:* 1,950,948. For policy questions regarding this collection contact Kathleen Ott at 410–786–4246.

2. Type of Information Collection

Request: Revision of the currently approved collection; *Title of Information Collection:* Medicare Enrollment Application—Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Suppliers; *Use:* The primary function of the Form CMS–855S Medicare enrollment application for suppliers of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) is to gather information from the supplier that tells us who the supplier is, whether the supplier meets certain qualifications to be a Medicare DMEPOS supplier, where the supplier practices or renders services, and other information necessary to establish correct claims payments. *Form Number:* CMS–855S (OMB control number: 0938–1056); *Frequency:* Yearly; *Affected Public:* Private Sector, Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 32,790; *Total Annual Responses:* 32,790; *Total Annual Hours:* 67,886. (For policy questions regarding this collection contact Frank Whelan at 410–786–1302.)

3. Title of Information Collection:

Advance Beneficiary Notice of Non-coverage; *Type of Information Collection Request:* Revision of a currently approved collection; *Use:* The use of the Advance Beneficiary Notice of Non-coverage (ABN) is to inform Medicare beneficiaries of their liability under specific conditions. This has been available since the “limitation on liability” provisions in section 1879 of the Social Security Act (the Act) were enacted in 1972 (P.L. 92–603). The ABN, Form CMS–R–13 was designed to inform Medicare beneficiaries of their potential financial liability.

ABNs are not given every time items and services are delivered. Rather, ABNs are given only when a physician, provider, practitioner, or supplier anticipates that Medicare will not provide payment in specific cases. An ABN may be given, and the beneficiary may subsequently choose not to receive the item or service. An ABN may also be issued because of other applicable

statutory requirements other than § 1862(a)(1) such as when a beneficiary wants to obtain an item from a supplier who has not met Medicare supplier number requirements, as listed in section 1834(j)(1) of the Act or when statutory requirements for issuance specific to HHAs are applicable. *Form Number:* CMS–R–131 (OMB control number: 0938–0566); *Frequency:* Yearly; *Affected Public:* Private Sector, Business or other for profits, Not for profits institutions; *Number of Respondents:* 1,723,755; *Number of Responses:* 331,715,277; *Total Annual Hours:* 38,701,221. (For questions regarding this collection contact Jennifer McCormick at 410–786–2852 or Jennifer.McCormick1@cms.hhs.gov.)

William N. Parham, III,

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

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BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–9155–N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—April Through June 2025

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

ACTION: Notice.

SUMMARY: This quarterly notice lists Centers for Medicare & Medicaid Services (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 number
I. CMS Manual Instructions	Ronda Allen-Bonner	(410) 786–4657
II. Regulation Documents Published in the FEDERAL REGISTER	Gittel Treitel	(410) 786–4673
III. CMS Rulings	Tiffany Lafferty	(410) 786–7548
IV. Medicare National Coverage Determinations	Wanda Belle, MPA	(410) 786–7491

Addenda	Contact	Phone number
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	Renee Swann	(410) 786–4492

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

Tresha 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: July 22, 2024 (89 FR 59104), November 7, 2024 (89 FR 88282), February 19, 2025 (90 FR 9902) and May 16, 2025 (90 FR 21043). 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 2025)

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 Qualifications for Implementation of Changes in the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Payment for Dialysis Furnished for Acute Kidney Injury (AKI) in ESRD Facilities for Calendar Year (CY) 2025 (CMS-Pub. 100-02) Transmittal No. 13245.

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.

These Change Request (CR) are being released on a limited approved basis due to the moratorium.

Transmittal Number	Manual/Subject/Publication Number
Medicare General Information (CMS-Pub. 100-01)	

13175	Internet Only Manual (IOM) Update, Publication (Pub.) 100-01, Chapter 7, 40.2 - General Information, Eligibility, and Entitlement Manual Chapter 7 - Contract Administrative Requirements
13224	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
Medicare Benefit Policy (CMS-Pub. 100-02)	
13108	Manual Updates to Chapter 17 of the Medicare Claims Processing Manual and Chapter 15 of the Medicare Benefit Policy Manual to Reflect Policies Finalized in the Calendar Year (CY) 2025 Physician Fee Schedule Final Rule
13169	Update to the List of Advanced Life Support, Level 2 (ALS2) Procedures in Chapter 10, Ambulance Services, Section 30.1.1, Definition of Ground Ambulance Services
13198	Updates to Medicare Benefit Policy Manual and Medicare Claims Processing Manual for Opioid Treatment Programs (OTPs)
13245	Implementation of Changes in the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Payment for Dialysis Furnished for Acute Kidney Injury (AKI) in ESRD Facilities for Calendar Year (CY) 2025
13248	Omnibus Change Request (CR) Covering Updates for the Medicare Physician Fee Schedule (MPFS) Rule 2025: (1) Updates to Colorectal Cancer Screening and Hepatitis B Vaccine Policies
13272	Updates to No Legal Obligation to Pay for or Provide Services and Examples of Application of Government Entity Exclusion (Pub. 100-02, chapter 16, sections 40 and 50.3.3 and newly created section 40.7) and Claims Submitted for Items or Services Furnished to Medicare Beneficiaries in State or Local Custody Under a Penal Authority (Pub. 100-04, chapter 1, section 10.4)

Medicare National Coverage Determination (CMS-Pub. 100-03)	
13198	Updates to Medicare Benefit Policy Manual and Medicare Claims Processing Manual for Opioid Treatment Programs (OTPs)
13209	National Coverage Determination (NCD) 210.15 - Pre-Exposure Prophylaxis (PrEP) for Human Immunodeficiency Virus (HIV) Prevention
13246	National Coverage Determination (NCD) 20.36 Implantable Pulmonary Artery Pressure Sensors for Heart Failure Management
13282	National Coverage Determination (NCD) 20.36 Implantable Pulmonary Artery Pressure Sensors for Heart Failure Management

Medicare Claims Processing (CMS-Pub. 100-04)	
13105	Internet Only Manual (IOM) Update, Pub. 100-04, Chapter 24 General EDI and EDI Support Requirements, Electronic Claims, and Mandatory Electronic Filing of Medicare Claims
13108	Manual Updates to Chapter 17 of the Medicare Claims Processing Manual and Chapter 15 of the Medicare Benefit Policy Manual to Reflect Policies Finalized in the Calendar Year (CY) 2025 Physician Fee Schedule Final Rule
13117	Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update
13118	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13119	Combined Common Edits/Enhancements Modules (CCEM) Code Set Update
13120	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13122	April Quarterly Update for 2025 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
13126	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13129	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13134	April 2025 Integrated Outpatient Code Editor (I/OCE) Specifications

	Version 26.1
13136	July 2025 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
13145	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) – July 2025
13149	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – April 2025 Update
13150	Internet Only Manual (IOM) Update to 100-04 Chapter 13, Section 90.3 - Transportation Component (HCPCS Codes R0070 - R0075) and Chapter 23, Section 30.5 - Payment Amounts for Portable X-Ray Transportation Services
13152	April 2025 Update of the Ambulatory Surgical Center [ASC] Payment System
13160	April Quarterly Update for 2025 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
13161	Instructions for Downloading the Medicare ZIP Code File for April 2025 Files
13162	January 2025 Integrated Outpatient Code Editor (I/OCE) Specifications Version 26.0
13166	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process
13170	July 2025 Quarterly Update to IHealthcare Common Procedure Coding System (HCPCS) Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement
13178	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13181	April 2025 Update of the Ambulatory Surgical Center (ASC) Payment System
13186	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13190	Hospice Claims Billed by Terminated Hospices
13191	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13192	Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment
13089	Manual Updates Regarding Home Health Adjustments and Skilled Nursing Facility, Home Health and Hospice Pricer Information
13194	Instructions for Downloading the Medicare ZIP Code File for July 2025 Files
13195	April 2025 Integrated Outpatient Code Editor (I/OCE) Specifications Version 26.1
13200	Updates to Medicare Claims Processing Manual for Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) Chapter 9
13201	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13209	National Coverage Determination (NCD) 210.15 - Pre-Exposure Prophylaxis (PrEP) for Human Immunodeficiency Virus (HIV) Prevention
13213	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July 2025 Update
13214	Quarterly Update to Home Health (HH) Grouper
13215	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13216	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

13218	New Waived Tests
13220	Update to Publication 100-04 Medicare Claims Processing Manual Chapter 21 Medicare Summary Notices (MSN) English Exhibits for Envelope Changes Described in Previously Issued Change Request
13221	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
13223	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13227	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13231	Annual Updates to the Prior Authorization/Pre-Claim Review Federal Holiday Schedule Tables for Generating Reports
13241	Quarterly Update to the End Stage Renal Disease Prospective Payment System (ESRD PPS)
13242	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13243	Technical Revisions Only to the Claims Processing Manual (CPM), Publication (Pub) 100-04, Chapter 18 and Chapter 32
13246	National Coverage Determination (NCD) 20.36 Implantable Pulmonary Artery Pressure Sensors for Heart Failure Management
13248	Omnibus Change Request (CR) Covering Updates for the Medicare Physician Fee Schedule (MPFS) Rule 2025: (1) Updates to Colorectal Cancer Screening and Hepatitis B Vaccine Policies
13249	October 2025 Healthcare Common Procedure Coding System (HCPCS) Quarterly Update Reminder
13253	Implement Operating Rules - Phase III Electronic Remittance Advice (ERA) 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
13254	Combined Common Edits/Enhancements Modules (CEM) Code Set Update
13255	Internet-Only Manual (IOM) Update: Addition of Section 70.2 to Publication 100-04, Chapter 17 –Billing Zero Charges for Drug Line Items Provided at No Cost
13256	July 2025 Integrated Outpatient Code Editor (I/OCE) Specifications Version 26.2
13257	July Quarterly Update for 2025 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
13258	July 2025 Update of the Hospital Outpatient Prospective Payment System (OPPS)
13259	July 2025 Update of the Ambulatory Surgical Center [ASC] Payment System
13260	October 2025 (2026 File) Update of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)
13269	Instructions for Downloading the Medicare ZIP Code File for October 2025 Files
13271	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13272	Updates to No Legal Obligation to Pay for or Provide Services and Examples of Application of Government Entity Exclusion (Pub. 100-02, chapter 16,

	sections 40 and 50.3.3 and newly created section 40.7) and Claims Submitted for Items or Services Furnished to Medicare Beneficiaries in State or Local Custody Under a Penal Authority (Pub. 100-04, chapter 1, section 10.4)
13275	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 31.3, Effective October 1, 2025
13276	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13277	July Quarterly Update for 2025 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
13278	Changing the Frequency of No-Pay Medicare Summary Notice (MSN) Mailings from Every 90 Days to Every 120 Days
13279	Inpatient Rehabilitation Facility (IRF) Annual Update: Prospective Payment System (PPS) Pricer Changes for Fiscal Year (FY) 2026
13280	Medicare Part A Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Pricer Update Fiscal Year (FY) 2026
13281	Fiscal Year (FY) 2026 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)
13282	National Coverage Determination (NCD) 20.36 Implantable Pulmonary Artery Pressure Sensors for Heart Failure Management
13283	April Quarterly Update for 2025 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
13284	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13287	Updates to Chapter 1 of the Medicare Claims Processing Manual (Publication (Pub.) 100-04) to Include Newly Created and Utilized Payer Only Codes
13289	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
Medicare Secondary Payer (CMS-Pub. 100-05)	
13156	The Recovery and Adjustment of Medicare Claims where the Department of Veteran Affairs (VA) also Made Payment Using the Medicare Duplicate Payment (DP) Process
13168	Updates to the Medicare Carrier System (MCS), the Viable Information Processing Systems Medicare Systems (VMS) and the Common Working File (CWF) Processes to Capture and Further Automate the Medicare Secondary Payer (MSP) Processes
13185	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13197	The Medicare Secondary Payer (MSP) Systems Contractor (MSPSC) and Common Working File (CWF) to Delete or Close Pre-Section 111 Non-Ongoing Responsibility for Medicals (ORM) Non-Group Health Plan (NGHP) MSP Records and to Purge all MSP Records that Contain an 'N' Validity Indicator
13210	Changes to The Electronic Correspondence Referral System (E CRS) Web to Remove the Medigap Supplemental Type 'M' (Medigap) as a Valid Option from Batch Submissions
13236	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13262	Updates to the Medicare Carrier System (MCS), the Viable Information Processing Systems Medicare Systems (VMS) and the Common Working File (CWF) Processes to Capture and Further Automate the Medicare Secondary Payer (MSP) Processes
Medicare Financial Management (CMS-Pub. 100-06)	

13167	Notice of New Interest Rate for Medicare Overpayments and Underpayments - 3rd Quarter Notification for FY 2025
13183	100-06 Internet Only Manual (IOM) Updates - Chapter 3 - Beneficiary Liability
13184	The Fiscal Intermediary Shared System (FISS) Submission of Copybook Files to the Provider and Statistical Reimbursement (PS&R) System
13196	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13222	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13234	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13235	Updates to the Internet Only Manual, Publication 100-06, Chapter 3, Overpayments, Sections 120 and 130
Medicare State Operations Manual (CMS-Pub. 100-07)	
	None
Medicare Program Integrity (CMS-Pub. 100-08)	
13077	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13110	Updates of Chapter 8 and Exhibit 16 in Publication (Pub.) 100-08, Including Unified Program Integrity Contractor (UPIC) Payment Suspension Protocols
13124	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13125	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13126	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13131	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13140	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13141	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13142	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13143	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13153	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13154	Removal of Gender References from CMS Publication (Pub.) 100-08, Chapter 10
13157	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13158	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13159	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13164	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13165	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13212	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13217	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction

13225	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13230	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13236	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
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13265	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
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13267	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13273	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13274	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
Medicare Contractor Beneficiary and Provider Communications (CMS-Pub. 100-09)	
13182	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
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)	
13099	Updates of Appendices in Publication (Pub.) 100-15, Including Formatting Edits and Addition of State Vetting Form for the Managed Care Plan Project
13232	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
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)	
13107	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13180	End Stage Renal Disease (ESRD) Treatment Choices (ETC) Model Demo Priorities - Additional Updates
13208	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13219	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13229	Accountable Care Organization (ACO) Primary Care Flex Model (ACO PC Flex Model)
One Time Notification (CMS-Pub. 100-20)	
12984	Payment Limitation for Certain Facility Healthcare Common Procedure

	Coding System (HCPCS) Codes Performed in Ambulatory Surgical Centers [ASC]
13093	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13094	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13112	User Management in the Medicare Adjudication Portal (MAP) for 837D Dental Claims
13144	Update the PCS Tool to Accept a New State Code File from CMS
13151	Extensions of Certain Temporary Changes to the Low-Volume Hospital Payment Adjustment and the Medicare-Dependent Hospital (MDH) Program under the Inpatient Prospective Payment System (IPPS) Provided by the Full-Year Continuing Appropriations and Extensions Act, 2025
13155	System for Tracking Audit and Reimbursement (STAR) Automation of the Medicare Cost Report Tentative Settlement Calculations
13157	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13158	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13159	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13163	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13171	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13172	Modifying Editing for Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) Hospice Physician Services When the Beneficiary has Medicare Advantage
13173	New Edit Implementation for Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) for Point of Origin (PoO) Admission or Visit Code "D" Related to the Emergency Department (ED) Adjustment Policy
13174	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13176	Rejections in the Medicare Adjudication Portal (MAP)
13177	Update End Stage Renal Disease (ESRD) Treatment Choices (ETC) Model Change Requests (CRs) to Exclude Acute Kidney Injury (AKI)
13179	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13187	Create a New Adjustment Reason Code for Adjustments Created When the Provider Didn't Respond to an Additional Documentation Request (ADR)
13188	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13189	Update to the All-Inclusive Rate (AIR) Add-On Payment for High-Cost Drugs Provided by Indian Health Service (IHS) and Tribal Hospitals
13193	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13199	Allow Payment for Healthcare Common Procedure Coding System (HCPCS) Code G2211 when Certain Part B Preventive Services are Provided on the Same Day
13202	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Update No Related Logic to Set Using FROM Date of Service (DOS)
13203	User Enhancement Change Request (UECR): Update Multi-Carrier System (MCS) Correspondence Entry (CE) Screens and MCS Desktop Tool (MCSDT) to Include Edit, Audit, Common Working File (CWF) - (EAC) Error Code Search Field

13204	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13205	Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) - Allow Override for Reason Code 37221
13206	Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) - Allow Override for Reason Code 31407
13207	Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) - Modify the Healthcare Common Procedure Code (HCPC) Type of Bill (TOB) Table, MAP1151, to Allow Automation to Update Date Fields
13211	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13219	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13226	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13228	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13229	Accountable Care Organization (ACO) Primary Care Flex Model (ACO PC Flex Model)
13233	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13240	Implementation of the Award for the Jurisdiction A Durable Medical Equipment Medicare Administrative Contractor (JA DME MAC)
13244	Screening for Hepatitis C Virus (HCV) Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS) Coding Updates (Part 2 HETS Business Requirements for CR 14041)
13251	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) - October 2025
13263	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13286	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)—July 2025
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 Ronda Allen-Bonner (410-786-4657).

Addendum II: Regulation Documents Published in the Federal Register (April through June 2025)
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 Gittel Treitel (410-786-4673).

**Addendum III: CMS Rulings
(April through June 2025)**

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 <https://www.cms.gov/medicare/regulations-guidance/cms-rulemaking/rulings>

For questions or additional information, contact Tiffany Lafferty (410-786-7548).

**Addendum IV: Medicare National Coverage Determinations
(April through June 2025)**

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. Additional information on NCDs, including open NCDs and pending NCDs, can be found on the NCD Dashboard, which is posted on the CMS website at <https://www.cms.gov/medicare/coverage/determination-process>

For the purposes of this quarterly notice, we are providing only the specific updates to national coverage determinations (NCDs), or reconsiderations of completed NCDs published in the 3-month period.

For questions or additional information, contact Wanda Belle, MPA (410-786-7491).

Title	NCDM Section	Transmittal Number	Issue Date	Effective Date
N/A	N/A	N/A	N/A	N/A

Addendum V: FDA-Approved Category B Investigational Device Exemptions (IDEs) (April through June 2025)
(Inclusion of this addenda is under discussion internally.)

**Addendum VI: Approval Numbers for Collections of Information
(April through June 2025)**

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 2025)**

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 2025)**

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 2025)

CMS published three final guidance documents on August 7, 2024, 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:

Coverage with Evidence Development: <https://www.cms.gov/medicare-coverage-database/view/medicare-coverage-document.aspx?mcdid=38>

CMS National Coverage Analysis Evidence Review: <https://www.cms.gov/medicare-coverage-database/view/medicare-coverage-document.aspx?mcdid=37>

Clinical Endpoints Guidance: Knee Osteoarthritis: <https://www.cms.gov/medicare-coverage-database/view/medicare-coverage-document.aspx?mcdid=36>

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 2025)**

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 2025)

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 2025)

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 are new facilities.				
Novant Health Forsyth Medical Center 3333 Silas Creek Parkway Winston Salem, NC	340014	03/06/2025	n/a	NC
Other information:				

DNV ID #: C780685				
Previous Re-certification Dates: n/a				
The following facilities have editorial changes (in bold).				
St. Joseph's Hospital, Inc. 3001 W. Dr. Martin Luther King Jr. Blvd. Tampa, FL 33607	100075	02/28/2019	02/13/2025	FL
Other information: DNV ID #: C530935;				
Previous Re-certification Dates: 02/28/2019; 03/10/2022				
CHI St. Luke's Health Baylor College of Medicine Medical Center 6720 Bertner Avenue Houston, TX 77030	420004	10/28/2003	02/12/2025	TX
Other information: Joint Commission ID # 9098				
Previous Re-certification Dates: 10/07/2008; 11/17/2010; 11/06/2012; 10/16/2014; 11/22/2016; 06/05/2021; 02/11/2023				
Vanderbilt University Medical Center 1211 Medical Center Drive Nashville, TN 37232-2101	440039	10/28/2003	01/16/2025	TN
Other information: Joint Commission ID #7892				
Previous Re-certification Dates: 04/20/2012; 03/11/2014; 04/05/2016; 05/08/2018; 04/28/2021; 12/07/2022				
Newark Beth Israel Medical Center 201 Lyons Avenue Newark, NJ 07112	31002	02/06/2009	06/02/2025	NJ
Other information: Joint Commission ID #5965				
Previous Re-certification Dates: 04/01/2008; 03/24/2010; 03/16/2012; 04/08/2014; 06/07/2016; 05/22/2018; 9/11/2020; 06/30/2022				

University of Mississippi Medical Center 2500 North State Street Jackson, MS 39216	250001	08-16-2016	02/12/2025	MS
Other information: Joint Commission ID #: 8064				
Previous Re-certification Dates: 08/16/2016; 08/08/2018; 05/20/21; 02/04/2023				
Moses H. Cone Memorial Hospital Operating Corporation 1200 North Elm Street Greensboro, NC 27401-1020	340091	07/01/2014	02/05/2025	NC
Other information: Joint Commission ID #: 6504				
Previous Re-certification Dates: 01/07/2014; 02/09/2016; 02/13/2018; 04/17/2021; 12/03/2022				
Mission Hospital 509 Biltmore Avenue Asheville, NC 28801-4690	340002	06/09/2016	01/29/2025	NC
Other information: Joint Commission ID #: 6468				
Previous Re-certification Dates: 05/17/2016; 04/14/2021; 11/16/2022				
Scripps Memorial Hospital La Jolla 9888 Genesee Avenue La Jolla, CA 92037	050324	11/14/2012	03/20/2025	CA
Other information: Joint Commission ID #9880				
Previous Re-certification Dates: 11/14/2012; 09/09/2014; 10/18/2016; 12/16/2020; 02/22/2023				
Orlando Health Heart and Vascular Institute 201 N. Orange Street, Ste 537N Orlando, FL 32804	100006	04/15/2022	01/04/2025	FL
Other information: DNV ID# 10000497866-MCC-DNV-USA				

Previous Re-certification Dates: 04/15/2022				
University of North Carolina Hospitals 101 Manning Drive Chapel Hill, NC 27514 Other information: Joint Commission ID #6478 Previous Re-certification Dates: 10/16/2008; 10/19/2010; 10/26/2012; 10/16/2014; 11/08/2016; 11/28/2018; 02/17/2021; 02/16/2023	340061	10/19/2010	02/26/2025	NC
Emory Saint Joseph's Hospital of Atlanta, Inc 5665 Peachtree Dunwoody Road Atlanta, GA 30342 Other information: Joint Commission ID #: 6652 Previous Re-certification Dates: 07/13/2010; 07/11/2012; 06/03/2014; 07/12/2016; 06/05/2018; 05/08/2021; 02/22/2023	110082	07/13/2010	03/19/2025	GA
Hospital of the University of Pennsylvania 3400 Spruce Street Philadelphia, PA 19104 Other information: Joint Commission ID #: 6129 Previous Re-certification Dates: 05/22/2008; 06/08/2010; 05/25/2012; 04/15/2014; 06/15/2016; 05/06/2021; 11/24/2022	390111	05/22/2008	03/19/2025	PA
OHSU 3181 SW Sam Jackson Park Rd. Portland, OR 97239 Other information: DNV ID # C778858 Previous Re-certification Dates: 11/11/2008; 02/15/2011; 02/12/2013; 03/03/2015; 04/18/2017; 5/17/2019; 04/22/2022	38-0009	11/11/2008	04/09/2025	OR
HCA Florida Largo Hospital 201 14th Street SW	10-0248	04/04/2019	05/01/2025	FL

Largo, FL 33770 Other information: DNV # C533100 Previous Re-certification Dates: 04/04/2019; 05/05/2022				
Tufts Medical Center 800 Washington Street Boston, MA 02111 Other information: Joint Commission ID #: 5518 Previous Re-certification Dates: 10/23/2008; 10/01/2010; 10/03/2012; 09/23/2014; 11/08/2016; 12/5/2018; 06/23/2021; 03/16/2023	220116	10/23/2008	03/26/2025	MA
University of Rochester/Strong Memorial Hospital 601 Elmwood Avenue Rochester, NY 14642 Other information: Joint Commission ID # 5856 Previous Re-certification Dates: 10/29/2023; 06/17/2008; 02/07/2010; 06/06/2012; 05/13/2014; 07/26/2016; 07/25/2018; 04/25/2023	330285	10/29/2003	05/07/2025	NY
University of Wisconsin Hospitals and Clinics Authority 600 Highland Avenue Madison, WI 53792 Other information: Previous Re-certification Dates: 08/05/2008; 08/24/2010; 08/07/2012; 07/17/2014; 08/09/2016; 6/4/21; 02/17/2023	520098	08/05/2008	03/19/2025	WI
Providence St. Vincent Medical Center 9205 SW Barnes Rd Portland, OR 97225 Other information: Joint Commission ID #9705 Previous Re-certification Dates: 12/06/2011;	380004	12/06/2011	05/22/25	OR

12/10/2013; 01/26/2016; 02/13/2018; 07/24/2021; 04/12/2023				
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**Addendum XIII: Lung Volume Reduction Surgery (LVRS)
(January through March 2025)**

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 2025)**

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 ASMBS 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 2025)**

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).

[FR Doc. 2025-14822 Filed 8-4-25; 8:45 am]

BILLING CODE 4120-01-C

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Ending the HIV Epidemic Initiative Triannual Report, OMB No. 0915-0051—Extension

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than October 6, 2025.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 14NWH04, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call Samantha Miller, the HRSA Information Collection Clearance Officer, at (301) 443-3983.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: Ending the HIV Epidemic (EHE) Initiative Triannual Report OMB No. 0915-0051—Extension.

Abstract: HRSA's Ryan White HIV/AIDS Program (RWHAP) funds and coordinates with cities, states, and local clinics/community-based organizations to deliver efficient and effective HIV care, treatment, and support services to

low-income people with HIV. Since 1990, RWHAP has developed a comprehensive system of safety net providers who deliver high quality direct health care and support services to over half a million people with HIV—more than 50 percent of all people with diagnosed HIV in the United States. Nearly two-thirds of clients (patients) live at or below 100 percent of the Federal Poverty Level.¹

The federal Ending the HIV Epidemic in the U.S. (EHE) initiative² focuses on reducing the number of new HIV infections in the United States to fewer than 3,000 per year.³ Authorized by section 311(c) and title XXVI of the Public Health Service Act, this initiative began in fiscal year 2020 and focuses on providing awards to EHE providers in 48 counties, Washington, DC; San Juan, Puerto Rico; as well as seven states that have substantial rural burden of HIV. The EHE initiative efforts focus on the following four key strategies that together can end the HIV epidemic in the United States:

(1) Diagnose all people with HIV as early as possible.

(2) Treat people with HIV rapidly and effectively to reach sustained viral suppression.

(3) Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis and syringe services programs.

(4) Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

The EHE initiative is a collaborative effort among key Department of Health and Human Services agencies, primarily HRSA, the Centers for Disease Control and Prevention, the National Institutes of Health, the Indian Health Service, and the Substance Abuse and Mental Health Services Administration. Through HRSA's RWHAP and Health Center Program, the agency has a leading role in helping diagnose, treat, prevent, and respond to end the HIV epidemic in the United States. HRSA is making a minor revision to a footnote to clarify an existing instruction. No new information will be collected.

In June 2024, HRSA awarded more than \$147 million to 47 HRSA HIV/AIDS Bureau EHE recipients and two technical assistance providers to continue the efforts of the EHE initiative.⁴ This funding helps states and metropolitan areas with the highest levels of HIV transmission link people

with HIV who are either newly diagnosed, or are diagnosed but currently not in care, to essential HIV care, treatment, and support services, as well as to provide workforce training and technical assistance.

Need and Proposed Use of the Information: HRSA created a reporting module to support federal requirements to monitor and report on funds distributed through the EHE initiative. The EHE Triannual Report is an aggregate data report submitted three times a year by EHE recipients and providers of services. EHE-funded providers will report aggregate information on the number of clients receiving specific services and the number of clients who were prescribed antiretroviral medications in the 4-month reporting period. This module provides HRSA with frequent and timely data on EHE initiative progress by providing information on the number of clients who are reached through the EHE initiative. This will provide valuable information on the scope of outreach to new clients and clients who have had a lapse in service, which could be an indication of reengagement in care. This module will support project officer monitoring and HRSA's understanding of service provisions. Finally, the information collected in the EHE Triannual Report will complement the annual information collected through the RWHAP Services Report and other reporting mechanisms and support HRSA to monitor EHE initiative activities and assess progress toward meeting national goals for ending the HIV epidemic.

Likely Respondents: RWHAP Part A and Part B recipients and subrecipients funded by the EHE initiative.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden

¹ HRSA. Ryan White HIV/AIDS Program Data Report, 2020.

² <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>

³ HRSA. Ending the HIV Epidemic in the U.S. <https://www.hrsa.gov/ending-hiv-epidemic>. Accessed July 12, 2022.

⁴ HRSA. FY24 HIV/AIDS Bureau HAB EHE Initiative Awards. <https://ryanwhite.hrsa.gov/about/parts-and-initiatives/fy24-ending-hiv-epidemic-awards>. Accessed July 22, 2025.