

which . . . is privileged or confidential”—as provided by Section 6(f) of the FTC Act, 15 U.S.C. 46(f), and FTC Rule 4.10(a)(2), 16 CFR 4.10(a)(2)—including in particular competitively sensitive information such as costs, sales statistics, inventories, formulas, patterns, devices, manufacturing processes, or customer names.

Josephine Liu,

Assistant General Counsel for Legal Counsel.

[FR Doc. 2026–09705 Filed 5–13–26; 8:45 am]

BILLING CODE 6750–01–P

OFFICE OF MANAGEMENT AND BUDGET

Office of Federal Procurement Policy

DEPARTMENT OF DEFENSE

GENERAL SERVICES ADMINISTRATION

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[OMB Control No. 9000–0204; Docket No. 2026–0133; Sequence No. 1]

Information Collection; Acquisition 360 Voluntary Survey

AGENCY: Office of Federal Procurement Policy (OFPP), Office of Management and Budget (OMB); Department of Defense (DOD); General Services Administration (GSA); and National Aeronautics and Space Administration (NASA).

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995 and OMB regulations, OFPP, DoD, GSA, and NASA invite the public to comment on an extension concerning the Acquisition 360 Voluntary Survey. OFPP, DoD, GSA, and NASA invite comments on: whether the proposed collection of information is necessary for the proper performance of the functions of Federal Government acquisitions, including whether the information will have practical utility; the accuracy of the estimate of the burden of the proposed information collection; ways to enhance the quality, utility, and clarity of the information to be collected; and ways to minimize the burden of the information collection on respondents, including the use of automated collection techniques or other forms of information technology. OMB has approved this information collection for use through October 31, 2026. OFPP, DoD, GSA, and NASA propose that OMB extend its

approval for use for three additional years beyond the current expiration date.

DATES: OFPP, DoD, GSA, and NASA will consider all comments received by July 13, 2026.

ADDRESSES: OFPP, DoD, GSA, and NASA invite interested persons to submit comments on this collection through <https://www.regulations.gov> and follow the instructions on the site. This website provides the ability to type short comments directly into the comment field or attach a file for lengthier comments. If there are difficulties submitting comments, contact the GSA Regulatory Secretariat Division at 202–501–4755 or GSARegSec@gsa.gov.

Instructions: All items submitted must cite OMB Control No. 9000–0204, Acquisition 360 Voluntary Survey. Comments received generally will be posted without change to <https://www.regulations.gov>, including any personal and/or business confidential information provided. To confirm receipt of your comment(s), please check www.regulations.gov, approximately two to three days after submission to verify posting.

FOR FURTHER INFORMATION CONTACT: FARPolicy@gsa.gov or call 202–969–4075.

SUPPLEMENTARY INFORMATION:

A. OMB Control Number, Title, and Any Associated Form(s)

9000–0204, Acquisition 360 Voluntary Survey.

B. Need and Uses

This clearance covers the information that actual and potential offerors may submit in accordance with the following Federal Acquisition Regulation (FAR) requirement as stipulated in agency procedures:

FAR 52.201–1, Acquisition 360: Voluntary Survey. This provision encourages actual and potential offerors to provide the Government constructive feedback about the preaward and debriefing processes, as applicable, used for a specific acquisition using a Government-provided survey at <https://www.acquisition.gov/360>.

The purpose of the Acquisition 360 Survey is to standardize the gathering of feedback regarding preaward and debriefing actions so that agencies can continually consider and improve their performance in early vendor engagement efforts and internal acquisition practices.

C. Common Form

The General Services Administration is the sponsor agency of this common form. All executive agencies covered by the FAR will use this common form. Each executive agency will report their agency burden separately, and the reported information will be available at Reginfo.gov.

D. Annual Burden

General Services Administration

Respondents: 2,511.

Total Annual Responses: 2,511.

Total Burden Hours: 419.

Obtaining Copies: Requesters may obtain a copy of the information collection documents from the GSA Regulatory Secretariat Division, by calling 202–501–4755 or emailing GSARegSec@gsa.gov. Please cite OMB Control No. 9000–0204, Acquisition 360 Voluntary Survey.

Janet Fry,

Director, Federal Acquisition Policy Division, Office of Governmentwide Acquisition Policy, Office of Acquisition Policy, Office of Governmentwide Policy.

[FR Doc. 2026–09609 Filed 5–13–26; 8:45 am]

BILLING CODE 6820–EP–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–9161–N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—January through March 2026

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (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 No.
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
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	Shawn Braxton	(410) 786-7292

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: May 16, 2025 (90 FR 21043), August 5, 2025 (90 FR 37516), December 1, 2025 (90 FR 55117), and February 23, 2026 (91 FR 8482). 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 (January through March 2026)

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 Update to Pub. 100-02, Chapter 11 End-Stage Renal Disease (ESRD) through Calendar Year (CY) 2026 (CMS-Pub. 100-02) Transmittal No. 13599.

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)
	None
	Medicare Benefit Policy (CMS-Pub. 100-02)
13572	Updates to Medicare Benefit Policy Manual and Medicare Claims Processing Manual for Opioid Treatment Programs (OTPs)
13593	Additional 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) - This CR, Rescinds and Fully Replaces CR 13903.
13599	Update to Pub. 100-02, Chapter 11 End-Stage Renal Disease (ESRD) through Calendar Year (CY) 2026

Transmittal Number	Manual/Subject/Publication Number
	Revisions to National Coverage Determinations (NCDs) - July 2025 Change Request (CR) 13939
13610	Calendar Year 2026 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
13611	Noninvasive Positive Pressure Ventilation (NIPPV) in the Home for the Treatment of Chronic Respiratory Failure (CRF) Consequent to Chronic Obstructive Pulmonary Disease (COPD)
13612	NCD 20.40- Renal Denervation (RDN) for Uncontrolled Hypertension
13618	Update to the Payment for Historically Excepted Tribal Federally Qualified Health Centers (FQHCs) for Calendar Year (CY) 2026
13619	Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits
13620	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) – April 2026
13631	Indian Health Services (IHS) Hospital Payment Rates for Calendar Year 2026
13622	July 2026 Healthcare Common Procedure Coding System (HCPCS) Quarterly Update Reminder
13624	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13634	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13635	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13636	National Fee Schedule for Vaccine Administration Quarterly Update - April 2026
13639	Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment
13640	NCD 20.40- Renal Denervation (RDN) for Uncontrolled Hypertension
13641	Update to Claims Processing Instructions for National Coverage Determination (NCD)
13643	20.4 Implantable Cardiac Defibrillators (ICDs)
13646	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13648	Combined Common Edits/Enhancements Modules (CCEM) Code Set Update
13650	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2026 Update
13653	Calendar Year (CY) 2026 Participation Enrollment and Medicare Participating Physicians and Suppliers Directory (MEDPARD) Procedures Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13661	Annual Instructions for Downloading the Medicare ZIP Code Files for the Remainder of Calendar Year 2026
13665	Update to the Internet Only Manual (IOM) Publication 100-04, Chapter 32, Sections 40.1 and 40.2.1 for Updates in Change Request (CR) 14263 International Classification of Diseases,

Transmittal Number	Manual/Subject/Publication Number
13600	Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Medicare Benefit Policy Manual Chapter 13 Update for Calendar Year (CY) 2026
13629	Update to Pub. 100-02 Medicare Benefit Policy Manual, Chapter 15, Section 10.8 Durable Medical Equipment Prosthetics Orthotics and Supplies (DMEPOS) Benefit Category Determinations
13664	Manual Updates Adding language to the Timing and Content of Certification, Revocation and Discharge Guidance, and Hospice Election
13682	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
Medicare National Coverage Determination (CMS-Pub. 100-03)	
13611	Noninvasive Positive Pressure Ventilation (NIPPV) in the Home for the Treatment of Chronic Respiratory Failure (CRF) Consequent to Chronic Obstructive Pulmonary Disease (COPD)
13612	NCD 20.40- Renal Denervation (RDN) for Uncontrolled Hypertension
13640	NCD 20.40- Renal Denervation (RDN) for Uncontrolled Hypertension
13672	Cardiac Contractility Modulation (CCM) for Heart Failure (HF)
13695	NCD 20.40- Renal Denervation (RDN) for Uncontrolled Hypertension
Medicare Claims Processing (CMS-Pub. 100-04)	
13572	Updates to Medicare Benefit Policy Manual and Medicare Claims Processing Manual for Opioid Treatment Programs (OTPs)
13573	January 2026 Update of the Hospital Outpatient Prospective Payment System (OPPS)
13575	January 2026 Integrated Outpatient Code Editor (IOCE) Specifications Version 27.0
13576	Clinical Laboratory Fee Schedule – Medicare Travel Allowance Fees for Collection of Specimens and New Updates for 2026
13578	January 2026 Update of the Ambulatory Surgical Center [ASC] Payment System
13587	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
13588	Completion of Changes to Remove Reliance on the AX Modifier to Accurately Pay End Stage Renal Disease (ESRD) Claims
13592	Manual Update for Emergency Department Procedure Coded for Method II Critical Access Hospital (CAH)
13593	Additional 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) - This CR Rescinds and Fully Replaces CR 13903.
13597	Annual Instructions for Downloading the Medicare ZIP Code Files for the Remainder of Calendar Year 2026
13608	Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 32, Sections 150.4, 150.6, 200.2, 300.2, 400.2, 400.2.2, 400.2.3, 400.2.3.1, 400.2.4, and 400.3 for Coding

Transmittal Number	Manual/Subject/Publication Number
	Responsible Reporting Entities (RRE) Overlapping Drug Records and to Update the ECRS User Guide (UG) Regarding Computer Based Training (CBT) Language
13632	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
Medicare Financial Management (CMS-Pub. 100-06)	
13580	Notice of New Interest Rate for Medicare Overpayments and Underpayments - 2nd Quarter Notification for FY 2026
13586	The Fiscal Intermediary Shared System (FISS) Submission of Copybook Files to the Provider Statistical & Reimbursement (PS&R) System
Medicare State Operations Manual (CMS-Pub. 100-07)	
	None
Medicare Program Integrity (CMS-Pub. 100-08)	
13574	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13579	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13582	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13584	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13590	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13591	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13595	Updates of Chapters 3, 4, and Exhibits in Publication (Pub.) 100-08, Including Updates to the Provider Notification Process and Vetting with the CMS Process
13601	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13602	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13603	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13605	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13609	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13626	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13651	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13654	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13660	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13662	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13663	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction

Transmittal Number	Manual/Subject/Publication Number
	10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--April 2026
13666	Claims Adjustment Reason Code (CARC), Remittance Advice Remark Code (RARC), Medicare Remit Easy Print (MREFP), and PC Print Update
13667	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 32.2, Effective July 1, 2026
13668	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13670	July 2026 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
13672	Cardiac Contractility Modulation (CCM) for Heart Failure (HF)
13673	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2026 Update
13677	Internet-Only Manual Update, Pub. 100-04, Chapter 18 (Preventive and Screening Services), Section 10.2.1
13680	Update to the Internet Only Manual (IOM) Publication 100-04, Chapter 18, Sections 210-210.4 in Reference to Change Request (CR) 14388 "Billing Code Clarification for National Coverage Determination (NCD) 210.13 Screening for Hepatitis C Virus (HCV) in Adults"
13684	July 2026 Quarterly Update to Healthcare Common Procedure Coding System (HCPCS) Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement
13685	April Quarterly Update for 2026 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
13686	April 2026 Update of the Hospital Outpatient Prospective Payment System (OPPS)
13694	Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 18, Section 110.3.2, to Align with Medicare Preventive Services for Ultrasound Abdominal Aortic Aneurysm (AAA) Screening
13695	NCD 20.40- Renal Denervation (RDN) for Uncontrolled Hypertension
13698	Implementation CR - Send Transplant Program Hospital Type and the New Organ Types to the Fiscal Intermediary Shared System (FISS) on Provider Enrollment Chain & Ownership System (PECOS) Extract Files and for FISS to Process so PECOS is the system of Record for the Transplant Program Hospital Type and for the Organs Type Transplanted at the Hospital)
13700	Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 32, Section 10.1 Incorporating Manual Updates from Change Request (CR) 11650 - National Coverage Determination (NCD) 20.19 Ambulatory Blood Pressure Monitoring (ABPM) and CR 12376 - Revisions to Chapters 13, 18, and 32 To Update Coding
13702	April 2026 Update of the Hospital Outpatient Prospective Payment System (OPPS)
Medicare Secondary Payer (CMS-Pub. 100-05)	
13630	Changes to the Electronic Correspondence Referral System (ECRS) Web to Replace RX19 and ECRS CM98 Rejection with a Soft Edit for

Transmittal Number	Manual/Subject/Publication Number
	(CR) Process for Possible Future Changes to Information Included in Attachments A, B, C, D, E, and F.
13613	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13628	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13637	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13638	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13647	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13652	Implementation of Wasteful and Inappropriate Service Reduction (WISeR) Model Prior Authorization and Medical Review Process and Establishment of New Quarterly Change Request (CR) Process for Possible Future Changes to Information Included in Attachments A, B, C, D, E, and F.
13656	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13657	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13658	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13669	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13671	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
One Time Notification (CMS-Pub. 100-20)	
13571	January 2026 Update for the Core Based Statistical Areas (CBSAs) for Ambulatory Surgical Centers (ASCs)
13577	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13583	Medicare Secondary Payer (MSP) Special Project Savings 9000 – Central Office Savings to be Reported and Appear on the Fiscal Intermediary Shared System (FISS) MSP Savings Summary Report (09A)
13585	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13589	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13594	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13598	Fiscal Intermediary Shared System (FISS) - Delete Obsolete Reason Codes - Part 7
13604	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13606	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13607	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13614	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13615	Durable Medical Equipment, Prosthetics, Orthotics and Supplies

Transmittal Number	Manual/Subject/Publication Number
13668	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13675	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13678	Revisions to Chapter 12 (The Comprehensive Error Rate Testing (CERT) Program) of Publication (Pub.) 100-08 (Medicare Program Integrity Manual)
13679	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13681	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13688	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13689	Face-to-Face Encounter Requirements for Replacements Occurring After the Reasonable Use Lifetime (RUL)
13690	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13691	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13692	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13693	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)	
13676	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year (FY) 2024 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCHs)
Medicare Quality Improvement Organization (CMS-Pub. 100-10)	
	None
	None
Medicare Program of All-Inclusive Care for the Elderly (CMS-Pub. 100-11)	
Medicare End Stage Renal Disease Network Organizations (CMS Pub 100-14)	
	None
Medicaid Program Integrity Disease Network Organizations (CMS Pub 100-15)	
13642	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13699	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)	
13581	Implementation of Wasteful and Inappropriate Service Reduction (WISeR) Model Prior Authorization and Medical Review Process and Establishment of New Quarterly Change Request

Transmittal Number	Manual/Subject/Publication Number
	Carrier System (MCS) and Durable Medicare Equipment (DME) MACs Updates on Processing Medicare Secondary Payer (MSP) Claims Containing Certain Claim Adjustment Reason Codes (CARCs)
	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 (January through March 2026)

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 (January through March 2026)

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>.

Transmittal Number	Manual/Subject/Publication Number
	(DMEPOS) Stay of Enrollment
13616	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13617	Availability of One-Click Provider Statistical and Reimbursement Report (PS&R) Summary Report Downloads in the Medicare Cost Report E-Filing (MCReF) System
13618	Update to the Payment for Historically Excepted Tribal Federally Qualified Health Centers (FQHCs) for Calendar Year (CY) 2026
13621	Medicare Administrative Contractors (MACs) Part B, the Multi-Carrier System (MCS) and Durable Medicare Equipment (DME) MACs Updates on Processing Medicare Secondary Payer (MSP) Claims Containing Certain Claim Adjustment Reason Codes (CARCs)
13623	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)- July 2026
13625	Reporting of All Recovery Auditor-Initiated Claim Adjustments and their Subsequent Adjustments for Periodic Interim Payment (PIP) Facilities
13627	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13633	Billing Code Clarification for National Coverage Determination (NCD) 210.13 Screening for Hepatitis C Virus (HCV) in Adults
13644	Updating Consistency Editing Logic for Provider-Based Department (PBD) Claims Processing
13645	Prior Authorization Data - Add Medicare Beneficiary Identifier (MBI)
13649	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13655	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13659	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13674	Provider Education for the Review Choice Demonstration (RCD) for Inpatient Rehabilitation Facility Services (IRFs)
13687	Upload of Hospice Aggregate Cap Determination Letters and Hospice Filed Self-Determined Hospice Cap Documentation into the System for Tracking, Audit and Reimbursement (STAR)
13696	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13697	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13703	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 Consolidated Appropriations Act, 2026
13705	National Correct Coding Initiative (NCCI) New/Updated Add-On Code (AOC) Edit File Format and Creation of an AOC File Retrieval Process in the Multi-Carrier System (MCS) – Implementation
13706	Medicare Administrative Contractors (MACs) Part B, the Multi-

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

Addendum IV: Medicare National Coverage Determinations (January through March 2026)

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
Renal Denervation (RDN) for Uncontrolled Hypertension	NCD 20.40	13522	12/11/2025	10/28/2025
Cardiac Contractility Modulation (CCM) for Heart Failure (HF)	NCD 20.39	13538	12/19/2025	10/28/2025

Addendum V: FDA-Approved Category B Investigational Device Exemptions (IDEs) (January through March 2026)

(Inclusion of this addenda is under discussion internally.)

Addendum VI: Approval Numbers for Collections of Information (January through March 2026)

All approval numbers are available to the public at [Reginfo.gov](https://www.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 (January through March 2026)

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 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/MedicareApprovedFacilities/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 (January through March 2026)

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 (January through March 2026)

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:

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/MedicareApprovedFacilities/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.				
MUSC Health – Columbia Medical Center Downtown 2435 Forest Drive Columbia, SC 29204	42-0026	2025-12-18	n/a	SC
Other information: DNV ID # C829840				
Previous Re-certification Dates: n/a				
Hong Memorial Hospital Presbyterian One Hoag Drive Newport Beach, CA 92658	050224	2026-03-03	n/a	CA
Other information: DNV ID # C556012				
Previous Re-certification Dates: n/a				
The following facilities have editorial changes (in bold).				
Hackensack University Medical Center 30 Prospect Avenue Hackensack, NJ 07601	310001	2015-10-20	2025-12-11	NJ
Other information: Joint Commission ID #5934				
Previous Re-certification Dates: 10/20/2015.				

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 (January through March 2026)

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) (January through March 2026)

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/MedicareApprovedFacilities/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 (January through March 2026)

Addendum XII includes a listing of Medicare-approved facilities that receive coverage for ventricular assist devices (VADs) used as

09/19/2017; 10/4/2019; 12/15/2021; 01/18/2024 Montefiore Health System 111 East 210th Street Bronx, NY 10467 Other information: Joint Commission ID #2514 Previous Re-certification Dates: 09/23/2008; 10/08/2010; 10/23/2012; 09/23/2014; 10/08/2016; 11/07/2018; 10/29/2021; 10/04/2023	330059	2008-09-23	2025-10-23	NY
University of Washington Medical Center 1959 Northeast Pacific Street, Box 356151 Seattle, WA 98195-6151 Other Information: Joint Commission ID #9626; Previous Re-certification Dates: 02/10/2009; 10/18/2011; 11/22/2013; 12/08/2015; 12/05/2017; 11/20/2019; 01/26/2022; 01/24/2024	500008	2009-02-10	2025-12-17	WA
Loyola University Medical Center 2160 South First Avenue Maywood, IL 60153 Other information: Joint Commission ID #7288; Previous Re-certification Dates: 05/10/2011; 04/16/2013; 03/17/2015; 05/09/2017; 6/26/2019; 11/17/2021; 12/01/2023	140276	2011-05-10	2025-10-22	IL
FROM: Inova Fairfax Hospital TO: Inova Health Care Services 3300 Gallows Road Falls Church, VA 22042 Other Information: Joint Commission ID #6351; Previous Re-certification Dates: 12/09/2008; 03/22/2011; 05/01/2013; 06/09/2015; 07/25/2017; 9/25/2019; 11/17/2021; 10/28/2023	490063	2008-12-09	2025-10-15	VA
FROM: UMass Memorial Medical Center, Inc.; TO: UMass Memorial Health Care, Inc One Biotech Park 365 Plantation Street Worcester, MA 01605 Other Information: Joint Commission ID #5640 Previous Re-certification Dates: 2/6/2019; 1/06/2021; 10/27/2023	220163	2019-02-06	2025-10-08	MA
Intermountain Healthcare Health Services Inc. 5121 South Cottonwood Street Murray, UT 84107 Other Information: Joint Commission ID #9540 Previous Re-certification Dates: 10/31/2008; 12/07/2010; 12/11/2012; 12/16/2014; 01/24/2017; 3/13/2019; 11/11/2021; 11/15/2023	460010	2008-10-31	2025-10-22	UT
Memorial Hermann – Texas Medical Center 6411 Fannin Street Houston, TX 77030-1501 Other Information: Joint Commission ID #9081 Previous Re-certification Dates: 2013-03-19; 2015-04- 14; 2017-05-24; 2019-06-26; 12/23/2021; 12/22/2023	450068	2013-03-19	2025-11-19	TX
Prisma Health Richland 5 Richland Medical Park Drive Columbia, SC 29203 Other Information: Joint Commission ID #6588 Previous Re-certification Dates: 03/06/2013; 04/21/2015; 06/06/2017; 6/28/2019; 10/08/2021; 09/13/2023	420018	2013-03-06	2025-10-18	SC
Stanford Health Care 300 Pasteur Drive Stanford, CA 94305 Other Information:	050441	2003-12-22	2025-12-20	CA

09/19/2017; 10/4/2019; 12/15/2021; 01/18/2024 Montefiore Health System 111 East 210th Street Bronx, NY 10467 Other information: Joint Commission ID #2514 Previous Re-certification Dates: 09/23/2008; 10/08/2010; 10/23/2012; 09/23/2014; 10/08/2016; 11/07/2018; 10/29/2021; 10/04/2023	330059	2008-09-23	2025-10-23	NY
University of Washington Medical Center 1959 Northeast Pacific Street, Box 356151 Seattle, WA 98195-6151 Other Information: Joint Commission ID #9626; Previous Re-certification Dates: 02/10/2009; 10/18/2011; 11/22/2013; 12/08/2015; 12/05/2017; 11/20/2019; 01/26/2022; 01/24/2024	500008	2009-02-10	2025-12-17	WA
Loyola University Medical Center 2160 South First Avenue Maywood, IL 60153 Other information: Joint Commission ID #7288; Previous Re-certification Dates: 05/10/2011; 04/16/2013; 03/17/2015; 05/09/2017; 6/26/2019; 11/17/2021; 12/01/2023	140276	2011-05-10	2025-10-22	IL
FROM: Inova Fairfax Hospital TO: Inova Health Care Services 3300 Gallows Road Falls Church, VA 22042 Other Information: Joint Commission ID #6351; Previous Re-certification Dates: 12/09/2008; 03/22/2011; 05/01/2013; 06/09/2015; 07/25/2017; 9/25/2019; 11/17/2021; 10/28/2023	490063	2008-12-09	2025-10-15	VA

030103	2009-01-27	2025-12-20	AZ
Mayo Clinic Arizona 5777 East Mayo Boulevard Phoenix, AZ 85054 Other Information: Joint Commission ID #261796 Previous Re-certification Dates: 01/27/2009; 04/29/2011; 03/20/2013; 03/24/2015; 05/19/2017; 8/14/2019; 10/30/2021; 11/29/2023	2011-01-25	2025-11-12	CT
070022	2011-01-25	2025-11-12	CT
Yale - New Haven Hospital 20 York Street New Haven, CT 06510-3203 Other Information: Joint Commission ID #5677 Previous Re-certification Dates: 01/25/2011; 01/15/2013; 12/16/2014; 02/28/2017; 5/22/2019; 11/24/2021; 12/13/2023	2009-03-31	2025-12-03	CT
070025	2009-03-31	2025-12-03	CT
Hartford Hospital 80 Seymour Street Hartford, CT 06102-5037 Other Information: Joint Commission ID #2649 Previous Re-certification Dates: 03/31/2009; 11/16/2011; 10/22/2013; 10/20/2015; 11/14/2017; 12/10/2019; 12/15/2021; 01/05/2024	2017-09-26	2026-02-18	NC
340040	2017-09-26	2026-02-18	NC
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; 02/24/2024	2009-08-31	2025-09-17	IL
14-0067	2009-08-31	2025-09-17	IL
GSF Saint Francis Medical Center 530 N Glen Oak Avenue Peoria, IL 61637 Other Information:			

Joint Commission ID #10010 Previous Re-certification Dates: 2010-11-24; 2012-12-12; 2014-12-09; 2017-03-14; 2019-08-28; 2021-12-15; 2024-01-31	2017-07-18	2025-11-22	MA
Baystate Medical Center 759 Chestnut Street Springfield, MA 01199 Other Information: Joint Commission ID #2768 Previous Re-certification Dates: 07/18/2017; 9/11/2019; 12/04/2021; 12/20/2023	2012-10-16	2025-11-12	CA
UCSF Medical Center 505 Parnassus Avenue San Francisco, CA 94143 Other Information: Joint Commission ID #10095 Previous Re-certification Dates: 09/19/2012; 11/04/2014; 12/06/2016; 1/30/2019; 11/18/2021; 12/13/2023	2008-12-16	2025-12-03	IN
FROM: St. Vincent Hospital and Health Care Services, Inc. TO: Ascension St. Vincent 2001 West 86th Street Indianapolis, IN 46260 Other Information: Joint Commission ID #7178 Previous Re-certification Dates: 12/16/2008; 05/17/2011; 06/25/2013; 05/19/2015; 06/13/2017; 7/31/2019; 11/06/2021; 11/08/2023	2019-12-16	2025-11-25	CA
UCI Medical Center 101 The City Dr. South Bldg 53, Suite 304A Orange, CA 92868 Other Information: DNV ID # C569686; Previous Re-certification Dates: 2019-12-16; 2022-12-17			

(January through March 2026)

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/MedicareApprovedFacilities/LVRS/list.asp#TopOfPage.

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

Addendum XIV: Medicare-Approved Bariatric Surgery Facilities (January through March 2026)

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/MedicareApprovedFacilities/BSF/list.asp#TopOfPage.

DNV ID # C:569934 Previous Re-certification Dates: 2009-08-31; 2011-11-22; 2019-10-10; 2022-10-10 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; 03/13/2024	450044	2008-12-17	2026-03-12	TX
The following facilities were removed this quarter.				
Presbyterian Medical Center of the UPHS, DBA Penn Presbyterian Medical Center 51 North 39th Street Philadelphia, PA 19104 Other Information: Joint Commission De-certified: 02/25/2026 Joint Commission ID #6145; Previous Re-certification Dates: 10/05/2010; 11/07/2012; 12/09/2014; 03/21/2017; 4/17/2019; 07/29/2021; 06/28/2023	390223	2011-10-11	Joint Commission De-certified: 02/25/2026	PA
Emory Saint Joseph's Hospital of Atlanta, Inc. 5665 Peachtree Dunwoody Road Atlanta, GA 30342 Other Information: Joint Commission De-certified: 03/01/2026 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	2010-07-14	Joint Commission De-certified: 03/01/2026	GA

Addendum XIII: Lung Volume Reduction Surgery (LVRS)

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

Addendum XV: FDG-PET for Dementia and Neurodegenerative Diseases Clinical Trials (January through March 2026)

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/Medicare/ApprovedFacilities/PETDT/list.asp#TopOfPage.

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

[FR Doc. 2026-09630 Filed 5-13-26; 8:45 am]

BILLING CODE 4120-01-C

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970-0157]

Proposed Information Collection Activity; Guidance for Tribal Temporary Assistance for Needy Families (TANF) Program, ACF-123

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

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) is requesting a 3-year extension of the Guidance for the Tribal Temporary Assistance for Needy Families (TANF) Program, Form 123 (Office of Management and Budget 0970-0157, expiration date: August 31, 2026). While the statutory requirements remain unchanged, ACF is proposing revisions to the instructions for clarification and to ensure they are as clear and streamlined as possible. ACF estimates a 33 percent reduction in response time

with the proposed revisions to the instructions.

DATES: *Comments due* July 13, 2026.

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

SUPPLEMENTARY INFORMATION:

Description: 42 U.S.C. 612 (Section 412 of the Social Security Act) requires each Indian tribe that elect to administer and operate a TANF program to submit a TANF Tribal Plan. This request includes the renewal of the guidance for completing the initial Tribal TANF Plan. The TANF Tribal Plan is a mandatory statement submitted to the Secretary of HHS by the Indian tribe, which consists of an outline of how the Indian tribes TANF program will be administered and operated. It is used by the Secretary to determine whether the plan is approvable and to determine that the Indian tribe is eligible to receive a TANF assistance grant. It is also made available to the public. The instructions have been edited for clarification and general improvements for respondents,

including the following types of updates:

- Eliminated redundant explanations and revised text to use shorter, clearer sentences.
- Streamlined content and focused on the elements tribes need to develop and submit an approvable TANF plan.
- Removed or condensed material that does not directly support plan preparation.
- Organized plan requirements in a clearer, checklist-like format aligned with how federal staff review plans, making it easier for tribes to identify and address required elements without cross-referencing multiple sections.

Respondents: Indian tribes applying to operate a TANF program and to renew their Tribal Family Assistance Plan.

Annual Burden Estimates

The proposed edits are expected to result in reduced reading time, improved usability, reduced cognitive load and enhanced accessibility. Overall, the edits are expected to reduce the estimated time per response. ACF has reduced the estimated response time from 68 hours to 45.6 hours. The number of agencies has been increased to reflect current grant recipients. Overall, annual burden estimates have decreased from 1,700 hours to 1,170 hours.