Jeffrey M. Zirger,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–9162–N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—April Through June 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 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
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 interested parties. 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 (the Secretary) 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 Trenesha Fultz-Mimms, who is the Federal Register Liaison, to electronically sign this document for

purposes of publication in the **Federal Register**.

Trenesha Fultz-Mimms,
Federal Register Liaison,Department of Health and Human Services.
BILLING CODE 4169–69–P

Publication Dates for the Previous Four Quarterly Notices

We publish this notice at the end of each quarter reflecting information released by CMS during the previous quarter. The publication dates of the previous four Quarterly Listing of Program Issuances notices are: August 5, 2025 (90 FR 37516), December 1, 2025 (90 FR 55117), February 23, 2026 (91 FR 8482) and May 14,2026 (91 FR 27339). 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 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, Medicare Benefit Policy Manual, Chapter 15, Section 110.8 Durable Medical Equipment Prosthetics Orthotics and Supplies (DMEPOS) Benefit Category Determinations (CMS- Pub. 100-02) Transmittal No. 13574.

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)	
13718	Records and Information Management Requirements Updates to Pub. 100-01, Medicare General Information, Eligibility and Entitlement Manual, Chapter 7, Section 30
Medicare Benefit Policy (CMS-Pub. 100-02)	
13574	Update to Pub. 100-02 Medicare Benefit Policy Manual, Chapter 15, Section 110.8 Durable Medical Equipment Prosthetics Orthotics and Supplies (DMEPOS) Benefit Category Determinations
Medicare National Coverage Determination (CMS-Pub. 100-03)	
13716	Cardiac Contractility Modulation (CCM) for Heart Failure (HF)
13748	National Coverage Determination (NCD) 110.17- Anti-Cancer Chemotherapy for Colorectal Cancer

Transmittal Number	Manual/Subject/Publication Number
13756	Noninvasive Positive Pressure Ventilation (NIPPV) in the Home for the Treatment of Chronic Respiratory Failure (CRF) Consequent to Chronic Obstructive Pulmonary Disease (COPD)
13800	NCD 20.37 - Transcatheter Tricuspid Valve Replacement (TTVR)
13801	NCD 20.38 - Transcatheter Edge-to-Edge Repair for Tricuspid Valve Regurgitation (T-TEER)
13802	NCD 20.40- Renal Denervation (RDN) for Uncontrolled Hypertension
13806	Cardiac Contractility Modulation (CCM) for Heart Failure (HF)
13808	Noninvasive Positive Pressure Ventilation (NIPPV) in the Home for the Treatment of Chronic Respiratory Failure (CRF) Consequent to Chronic Obstructive Pulmonary Disease (COPD)
13833	Creating Additional Medicare Secondary Payer (MSP) Error Codes to Better Identify Incoming MSP Claims that Conflict with MSP Records Found on the Common Working File (CWF)
Medicare Claims Processing (CMS-Pub. 100-04)	
13701	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
13704	April 2026 Update of the Ambulatory Surgical Center (ASC) Payment System
13709	Update to the Internet Only Manual (IOM) Publication 100-04, Chapter 18, Section 170.1 and Chapter 32, sections 330.1 and 330.2 for Updates in Change Request (CR) 14356 - International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)- July 2026
13714	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) – July 2026
13715	April 2026 Integrated Outpatient Code Editor (I/OCE) Specifications Version 27.1
13716	Cardiac Contractility Modulation (CCM) for Heart Failure (HF)
13720	Updates to Chapter 18, Preventive and Screening Service
13723	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
13725	New Monthly Adjustment Process for Prospective Payment System (PPS) Hospital Interim Bills Verifying Patient Status and Service Dates
13729	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13731	Quarterly Update to the National Correct Coding Initiative (NCCI) Add-on Code (AOC) Edits, Version Q32026, Effective July 1, 2026
13733	National Fee Schedule for Vaccine Administration Quarterly Update - July 2026
13740	Completion of Changes to Remove Reliance on the AX Modifier to Accurately Pay End-Stage Renal Disease (ESRD) Claims
13746	Laboratory Specimen Collection Travel Allowance Billing to the Tenth of a Mile
13751	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13753	Update of Edits That Deny Payment of Healthcare Common Procedure Coding System (HCPCS) Add-On Code G2211
13756	Noninvasive Positive Pressure Ventilation (NIPPV) in the Home for the Treatment of Chronic Respiratory Failure (CRF) Consequent to Chronic Obstructive Pulmonary Disease (COPD)
13757	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
13763	July 2026 Quarterly Update to the Clinical Laboratory Fee Schedule (CLFS) and Clinical Laboratory Improvement Amendments (CLIA): Healthcare Common Procedure Coding System (HCPCS) Codes, Waived Tests, and Reasonable Charge Payments
13764	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13765	New Physician Specialty Code for Physician Nutrition Specialist (F7)
13770	Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS)
13771	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13772	Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Updates for Shared System Edits for Category II Codes, Care Coordination Services and Revisions to the Internet Only Manual (IOM) Publications (Pub.) 100-04, Chapter 9
13777	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July 2026 Update
13780	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13781	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13784	October 2026 Healthcare Common Procedure Coding System (HCPCS) Quarterly Update Reminder
13786	Annual Updates to the Prior Authorization/Pre-Claim Review Federal Holiday Schedule Tables for Generating Reports
13787	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13789	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
13790	Combined Common Edits/Enhancements Modules (CCEM) Code Set Update
13791	Claims Adjustment Reason Code (CARC), Remittance Advice

Transmittal Number	Manual/Subject/Publication Number
	Remark Code (RARC), Medicare Remit Easy Print (MREP), and PC Print Update
13792	October 2026 (2027 File) Update of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)
13799	Updates to Publication 100-04, Chapter 4, Section 250.3.3.1 and 250.18 of the Internet Only Manual (IOM) for Critical Access Hospital (CAH) Line Level Rendering Providers
13800	NCD 20.37 - Transcatheter Tricuspid Valve Replacement (TTVR)
13801	NCD 20.38 - Transcatheter Edge-to-Edge Repair for Tricuspid Valve Regurgitation (T-TEER)
13802	NCD 20.40- Renal Denervation (RDN) for Uncontrolled Hypertension
13803	Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Updates for Shared System Edits for Category II Codes, Care Coordination Services and Revisions to the Internet Only Manual (IOM) Publications (Pub.) 100-04, Chapter 9
13805	July Quarterly Update for 2026 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
13806	Cardiac Contractility Modulation (CCM) for Heart Failure (HF)
13807	July 2026 Quarterly Update to the Clinical Laboratory Fee Schedule (CLFS) and Clinical Laboratory Improvement Amendments (CLIA): Healthcare Common Procedure Coding System (HCPCS) Codes, Waived Tests, and Reasonable Charge Payments
13808	Noninvasive Positive Pressure Ventilation (NIPPV) in the Home for the Treatment of Chronic Respiratory Failure (CRF) Consequent to Chronic Obstructive Pulmonary Disease (COPD)
13809	Update to the Internet Only Manual (IOM) Publication 100-04, Chapters 3, 13, 17, 18 and 32 for Coding Revisions to National Coverage Determination (NCDs) - January 2026 Change Requests (CRs) 14194 and 14197
13812	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13819	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13822	Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS)
13826	Medicare Beneficiary Date of Death - Manual Update
13828	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13829	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 32.3, Effective October 1, 2026
13830	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
13831	October 2026 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
13832	July 2026 Update of the Hospital Outpatient Prospective Payment System (OPPS)
13842	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) – October 2026
13843	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13845	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July 2026 Update
	Medicare Secondary Payer (CMS-Pub. 100-05)
13782	Update the International Classification of Diseases, Tenth Revision (ICD-10) 2027 Tables in the Common Working File (CWF) for Purposes of Processing Non-Group Health Plan (NGHP) Medicare Secondary Payer (MSP) Records and Claims
13783	Creating Additional Medicare Secondary Payer (MSP) Error Codes to Better Identify Incoming MSP Claims that Conflict with MSP Records Found on the Common Working File (CWF)
13833	Creating Additional Medicare Secondary Payer (MSP) Error Codes to Better Identify Incoming MSP Claims that Conflict with MSP Records Found on the Common Working File (CWF)
	Medicare Financial Management (CMS-Pub. 100-06)
13708	Creation of the 'PROVIDER-TERMINATED' Status at the Provider/Customer Level on the Healthcare Integrated General Ledger Accounting System (HIGLAS) Customer Status History Form
13713	The Fiscal Intermediary Shared System (FISS) Submission of Copybook Files to the Provider Statistical & Reimbursement (PS&R) System
13734	Notice of New Interest Rate for Medicare Overpayments and Underpayments -3rd Quarter Notification for FY 2026
13765	New Physician Specialty Code for Physician Nutrition Specialist (F7)
13785	The Fiscal Intermediary Shared System (FISS) Submission of Copybook Files to the Provider Statistical & Reimbursement (PS&R) System
13825	Updates to the Internet Only Manual, Publication 100-06, Chapter 3, Overpayments, Section 140-140.8.4 - Bankruptcy
	Medicare State Operations Manual (CMS-Pub. 100-07)
	None
	Medicare Program Integrity (CMS-Pub. 100-08)
13707	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13710	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13721	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13727	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13737	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13738	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction

Transmittal Number	Manual/Subject/Publication Number
13743	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13750	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13761	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13762	Updates of Chapters 4 and 8 in Publication (Pub.) 100-08, Including Updates to the Existing Payment Suspension Process Guidance
13766	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13767	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13775	Offering and Reporting of Targeted Probe and Educate (TPE) One-On-One Education Clarification
13779	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13797	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13810	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13815	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13820	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13821	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
13827	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13835	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)	
13683	Updates to Pub. 100-09, Chapter 6 Beneficiary and Provider Communications Manual, Chapter 6, Provider Customer Service Program (PCSP)
Medicare Quality Improvement Organization (CMS- Pub. 100-10)	
	None
Medicare Program of All-Inclusive Care for the Elderly (CMS- Pub. 100-11)	
	None
Medicare End-Stage Renal Disease Network Organizations (CMS Pub 100-14)	
	None
Medicaid Program Integrity Disease Network Organizations (CMS Pub 100-15)	
	None
Medicare Managed Care (CMS-Pub. 100-16)	
	None
Medicare Business Partners Systems Security (CMS-Pub. 100-17)	
	None
Medicare Prescription Drug Benefit (CMS-Pub. 100-18)	
	None

Transmittal Number	Manual/Subject/Publication Number
Demonstrations (CMS-Pub. 100-19)	
13712	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13722	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13755	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13758	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13759	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13768	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13769	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13773	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13778	Transforming Episode Accountability Model (TEAM) Telehealth Waiver – Implementation
13788	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13795	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13796	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13804	Update to GUIDE Model Appendices for July 2026
13811	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13814	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13817	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13823	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
One Time Notification (CMS-Pub. 100-20)	
13711	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13719	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13724	Contractor Instructions to Modify the Ambulatory Surgical Center Fee Schedule (ASC FS) Layout and ASC DRUG Record Layout
13726	Bypassing Reason Codes 31006 and 31007 for Outpatient Critical Access Hospital (CAH) Services Furnished by Certified Registered Nurse Anesthetists (CRNAs)
13728	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13730	Fiscal Intermediary Shared System (FISS) - Modify the Expert Claims Processing System (ECPS) to Process More Than 10 Medical Policy Reason Codes
13732	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13735	Extensions of Certain Temporary Changes to the Low-Volume

Transmittal Number	Manual/Subject/Publication Number
	Hospital Payment Adjustment and the Medicare-Dependent Hospital (MDH) Program under the Inpatient Prospective Payment System (IPPS) Provided by the Consolidated Appropriations Act, 2026
13736	Require Healthcare Integrated General Ledger Accounting System (HIGLAS) Users to Begin Using Phishing-resistant Multi-Factor Authentication (MFA) for Login
13739	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13741	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13742	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for October 2026
13744	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13745	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13747	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13749	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13752	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)- October 2026
13754	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13760	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)- July 2026
13768	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13773	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13776	Billing of Distant Site Telehealth Services in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
13798	Send 'Reason for Denial' Value in Prior Authorization Data to the Integrated Data Repository (IDR)
13816	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for October 2026
13818	Implementation of Editing for Programs of All-Inclusive Care for the Elderly (PACE) Inpatient Claims Submitted for Indirect Medical Education (IME) Payment
13824	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13834	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13839	Implementation of The Technical Consolidation of the Electronic Data Interchange (TCEDI) as the Production Translator for Inbound and Outbound X12 Transactions for Part A/B MACs
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 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 (April through June 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.

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

Addendum IV: Medicare National Coverage Determinations (April through June 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 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) (April through June 2026)

(Inclusion of this addenda is under discussion internally.)

Addendum VI: Approval Numbers for Collections of Information (April through June 2026)

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 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/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 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 (April through June 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:

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 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) (April through June 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 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 2026)

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.				
AHS Hillcrest Medical Center, LLC 1120 S Utica Ave Tulsa, OK 74104-4090 Other information: Joint Commission ID #701635 Previous Re-certification Dates: n/a	370001	2026-04-04	n/a	OK
The following facilities have editorial changes (in bold).				
Mayo Clinic Florida 4500 San Pablo Road Jacksonville, FL 32224 Other information: Joint Commission ID #369946 Previous Re-certification Dates: 2009/3/17; 2011/10/19; 2013/09/24; 2015/09/15; 12017/10/03; 2019/11/06; 2022/01/15	100151	2009-03-16	**2026-02-04**	FL
Wellstar Kennestone Hospital 677 Church Street Maricita, GA 30060 Other information: Joint Commission ID #6711 Previous Re-certification Dates: 2017/11/07; 2019/11/22; 2022/01/15; 2024/02/07	110035	2007-11-07	**2026-01-22**	GA
Shands Teaching Hosipitals & Clinics, Inc. 1600 SW Archer Rd Gainesville, FL 32608 Other Information: Joint Commission ID #6804; Previous Re-certification Dates: 2008-11-18; 2011-02-08; 2013-02-12; 2015-01-27; 2017-02-14; 2019-04-24; 2021-12-16; 2024-01-31	100113	2008-11-18	**2026-02-05**	FL
Swedish Health Services d/b/a Swedish Medical Center Cherry Hill 500 17th Avenue Seattle, WA 98122 Other information: DNV ID #C574335 Previous Re-certification Dates: 2011-04-05; 2013-04-09; 2015-04-21; 2017-06-06; 2019-10-14; 2022-10-15	50-0025	2011-04-05	**2025-11-12**	WA
Piedmont Hospital, Inc. 1968 Peachtree Rd. NW Atlanta, GA 30309 Other information: DNV ID#C599369 Previous Re-certification Dates:2011-06-09; 2017-02-08; 2020-03-19; 2023-03-19	110083	2011-06-09	**2026-03-12**	GA
University of Chicago Medical Center 5841 South Maryland Avenue Chicago, IL 60637 Other Information: Joint Commission ID #7315 Previous Re-certification Dates: 2009-02-24; 2011-08-17; 2013-09-04; 2015-09-15; 2017-10-24; 2019-12-17; 2022-01-22; 2024-02-07	140088	2009-02-23	**2026-02-11**	IL
Florida Health Sciences Center Inc. 1 Tampa General Circle Tampa, FL 33606 Other Information: Joint Commission ID #6934 Previous Re-certification Dates: 2008-12-19; 2011-04-05; 2013-04-09; 2015-04-21; 2017-06-06; 2019-07-24; 2022-01-20; 2024-02-28	100128	2008-12-19	**2026-02-28**	FL
Methodist Hospital 7700 Floyd Curl San Antonio, TX 78229 Other Information: Joint Commission ID #9219 Previous Re-certification Dates: 2009-01-27; 2011-07-12; 2013-07-09; 2015-07-07; 2017-08-08; 2019-10-23; 2022-01-22; 2024-03-08	450388	2009-01-27	2026-03-04	TX
Keck Hospital of USC 1500 San Pablo Street, Administration Suite 1104 Los Angeles, CA 90033	050696	2009-03-13	**2026-04-01**	CA

Other Information: Joint Commission ID #5033 Previous Re-certification Dates: 2009-03-13; 2011-08-16; 2013-09-10; 2015-10-06; 2017-10-20; 2019-12-04; 2022-02-02; 2024-03-14				
Uofl. Health - Louisville, Inc. 200 Abraham Flexner Way Louisville, KY 40202 Other Information: Joint Commission ID #7756 Previous Re-certification Dates: 2008-11-14; 2011-03-22; 2013-02-26; 2015-03-24; 2017-05-23; 2019-08-06; 2022-02-23; 2024-03-13	180040	2008-11-14	**2026-03-04**	KY
Baylor University Medical Center (BUMC) 3500 Gaston Ave Dallas, TX 75246-2017 Other Information: Joint Commission ID #8993 Previous Re-certification Dates: 2007-08-21; 2009-08-27; 2011-10-07; 2013-11-20; 2015-11-10; 2017-10-31; 2019-12-18; 2022-03-24; 2024-04-17	450021	2007-08-21	**2026-04-04**	TX
Texas Heart Hospital of the Southwest, LLP 1100 Allied Dr Plano, TX 75093-5348 Other Information: Joint Commission ID #440319 Previous Re-certification Dates: 2011-06-15; 2013-07-09; 2015-07-14; 2017-08-22; 2019-09-07; 2022-01-28; 2024-03-16	670025	2011-06-15	**2026-04-03**	TX
Ochsner Medical Center 1516 Jefferson Highway New Orleans, LA 70121 Other Information: Joint Commission ID #8777 Previous Re-certification Dates: 2009-05-28; 2011-09-11; 2013-12-12; 2016-01-05; 2017-12-12; 2020-03-12; 2022-03-10; 2024-04-03	190036	2009-05-28	**202-03-21**	LA
Baptist Memorial Hospital - Memphis 6019 Walnut Grove Road Memphis, TN 38120 Other Information: Joint Commission ID #7869 Previous Re-certification Dates: 2009-01-27; 2011-05-20; 2013-04-17; 2015-06-02; 2017-07-25; 2019-09-17; 2022-02-19; 2024-03-13	440048	2009-01-27	**2026-04-01**	TN
Riverside Methodist Hospital 3535 Olentangy River Road Columbus, OH 43214-3998 Other Information: Joint Commission ID #7030 Previous Re-certification Dates: 2015-07-14; 2017-08-29; 2019-10-23; 2022-02-26; 2024-03-23	360006	2015-07-14	**2026-03-28**	OH
The following facilities were removed this quarter.				
Providence Sacred Heart Medical Center & Children's Hospital 101 W 8th Avenue Spokane, WA 99204 Other Information: **Joint Commission De-certified: 2026-03-25**	500054	2004-01-12	2024-06-05	WA

Addendum XIII: Lung Volume Reduction Surgery (LVRS) (April through June 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 May 7, 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 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 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 as a Bariatric Surgery Center of Excellence (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 American Society for Metabolic and Bariatric Surgery 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: Fluorodeoxyglucose (FDG)-PET for Dementia and Neurodegenerative Diseases Clinical Trials (April through June 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/MedicareApprovedFacilitie/PETDT/list.asp#TopOfPage.*

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–4216–FN]

Medicare Program; Approved Renewal of Deeming Authority of the National Committee for Quality Assurance (NCQA) for Medicare Advantage Health Maintenance Organizations and Preferred Provider Organizations

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: This notice announces our decision to approve the National Committee for Quality Assurance's renewal application for Medicare Advantage ''deeming authority'' of Health Maintenance Organizations and Preferred Provider Organizations for a term of 6 years.

DATES: The notice is published on July 27, 2026.

Applicability Date: The approval communicated in this notice is applicable May 18, 2026 through May 18, 2032.

FOR FURTHER INFORMATION CONTACT: Dawn Johnson Scott, (410) 786–3159 or Katie Schenck, (410) 786–0628.

SUPPLEMENTARY INFORMATION:

I. Background

Under the Medicare program, eligible beneficiaries may receive covered services through a Medicare Advantage (MA) organization that contracts with the Centers for Medicare & Medicaid Services (CMS). The regulations specifying the Medicare requirements that must be met for a Medicare Advantage Organization (MAO) to enter into a contract with CMS are located at 42 CFR 422.503(b). These regulations implement Part C of Title XVIII of the Social Security Act (the Act), which specifies the services that an MAO must provide and the requirements that the organization must meet to enter into an MA contract with CMS. Generally, for an entity to be an MAO, the organization must be licensed under State law, or otherwise authorized to operate under State law, as a risk bearing organization, as set forth in 42 CFR 422.400.

As a method of assuring compliance with certain Medicare requirements, an MAO may choose to become accredited by a CMS-approved accrediting organization (AO). By virtue of its accreditation by a CMS-approved AO, the MAO may be ''deemed'' compliant