Services, approved this document on November 16, 2026.

Robert F. Kennedy, Jr.,

Secretary, Department of Health and Human Services.

[FR Doc. 2026–23604 Filed 11–17–26; 4:15 pm]

BILLING CODE 4169–69–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–9164–N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—July Through September 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 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 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: December 1, 2025 (90 FR 55117), February 23, 2026 (91 FR 8482), May 14,2026 (91 FR 27339) and July 27, 2026 (91 FR 46923). 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 (July through September 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. 100-04, Quarterly Update of Healthcare Common Procedure Coding System (HCPCS) Codes Used for Home Health Consolidated Billing Enforcement (CMS- Pub. 100-04) Transmittal No. 13794.

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)	
Medicare Benefit Policy (CMS-Pub. 100-02)	
13889	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)	
Medicare Claims Processing (CMS-Pub. 100-04)	
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

Transmittal Number	Manual/Subject/Publication Number
	from Council for Affordable Quality Healthcare (CAQH) CORE-RESCIND
13793	Quarterly Update to Home Health (HH) Grouper
13794	Quarterly Update of Healthcare Common Procedure Coding System (HCPCS) Codes Used for Home Health Consolidated Billing Enforcement
13812	Fiscal Year (FY) 2027 Updates for Medicare Severity Diagnosis Related Groups (MS-DRG) Subject to Inpatient Prospective Payment System (IPPS) Replaced Devices Offered Without Cost or With a Credit Policy
13813	Fiscal Year (FY) 2027 Annual Update to the Medicare Code Editor (MCE) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and Procedure Coding System (ICD-10-PCS)
13837	Quarterly Update to the National Correct Coding Initiative (NCCI) Add-on Code (AOC) Edits, Version Q42026, Effective October 1, 2026-RESCIND
13844	July 2026 Integrated Outpatient Code Editor (I/OCE) Specifications Version 27.2
13846	July Quarterly Update for 2026 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
13849	Changes to the Laboratory National Coverage Determination (NCD) Edit Software for October 2026
13850	Medicare Part A Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Web Pricer Update Fiscal Year (FY) 2027
13851	Inpatient Rehabilitation Facility (IRF) Annual Update: Prospective Payment System (PPS) Web Pricer Changes for Fiscal Year (FY) 2027
13855	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
13859	Influenza Vaccine Payment Allowances - Annual Update for 2026-2027 Season
13860	Reporting Face-to-Face Encounter Conducted by a Hospice Physician or Hospice Nurse Practitioner for Recertification via Telecommunications Technology on Hospice Claims, effective January 1, 2027
13861	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13863	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
13866	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13867	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
13872	Update to Hospice Payment Rates, Hospice Cap, Hospice Wage Index and Hospice Pricer for Fiscal Year (FY) 2027
13881	October 2026 Quarterly Update to Healthcare Common Procedure Coding System (HCPCS) Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement
13883	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13884	October 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
13887	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13904	Updates to Chapter One of the Medicare Claims Processing Manual (Publication (Pub.) 100-04) to Include Newly Created and Utilized Payer Only Codes
13909	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13912	Internet-Only Manual (IOM) Update(s) to Publication 100-04, Chapter 23, Section(s) 20.3, 20.4, 20.8 and Addendum - Medicare Physician Fee Schedule Database (MPFSDB) File Record Layout and Field Descriptions
13913	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13920	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13924	Update to Hospice Payment Rates, Hospice Cap, Hospice Wage Index and Hospice Pricer for Fiscal Year (FY) 2027
13927	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13930	Fiscal Year (FY) 2027 Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) PPS Changes
13931	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13937	Annual Clotting Factor Furnishing Fee Update 2027
13938	Healthcare Common Procedure Coding System (HCPCS) Files for the January, April, July and October 2027 Quarterly Releases
13940	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13942	2027 Annual Update for the Health Professional Shortage Area (HPSA) Bonus Payments
13943	October 2026 Quarterly Update to Healthcare Common Procedure Coding System (HCPCS) Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement
13944	Reporting Face-to-Face Encounter Conducted by a Hospice Physician or Hospice Nurse Practitioner for Recertification via Telecommunications Technology on Hospice Claims, effective January 1, 2027
13946	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 33.0, Effective January 1, 2027
13947	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13948	Quarterly Update to the National Correct Coding Initiative (NCCI) Add-on Code (AOC) Edits, Version Q12027, Effective January 1, 2027
13952	Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2027
13954	Internet Only Manual (IOM) Update, Publication (Pub.) 100-04, Chapter 24 General Electronic Data Interchange (EDI) and EDI Support Requirements, Electronic Claims, and Mandatory Electronic Filing of

Transmittal Number	Manual/Subject/Publication Number
	Medicare Claims
13956	October Quarterly Update for 2026 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
13958	January 2027 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
13960	Instructions for Retrieving the January 2027 Medicare Physician Fee Schedule Database (MPFSDB) Datasets from the Cloud Service
13962	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13964	Annual Instructions for Downloading the Medicare ZIP Code Files for the Calendar Year 2027
13965	Instructions for Retrieving the January 2027 Opioid Treatment Program (OTP) Payment Rates File
13969	Fiscal Year (FY) 2027 Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) PPS Changes
13975	Updates to Internet Only Manual (IOM) Publication (Pub.) 100-04 Medicare Claims Processing Manual, Chapter 9 -Rural Health Clinics/Federally Qualified Health Centers
13976	Update to Hospice Payment Rates, Hospice Cap, Hospice Wage Index and Hospice Pricer for Fiscal Year (FY) 2027
13978	October 2026 Update of the Hospital Outpatient Prospective Payment System (OPPS)
13979	October 2026 Integrated Outpatient Code Editor (I/OCE) Specifications Version 27.3
	Medicare Secondary Payer (CMS-Pub. 100-05)
13856	ECRS Update for Prescription Drug Inquiries (PDIs) to Prevent the Creation of Records with Invalid or Missing Information and to Reduce the Number of Records with Invalid Insurer Names
	Medicare Financial Management (CMS-Pub. 100-06)
13869	Notice of New Interest Rate for Medicare Overpayments and Underpayments -4th Quarter Notification for FY 2026
13891	Update to the Internet Only Manual (IOM) Publication (Pub.) 100-06 Chapter 8, Contractor Procedures for Provider Audits
13899	Extending the Default Recoupment Date for Part A Cost Report Overpayments and Revision of the Medicaid Check Criterion for Debts Submitted for Close-Out
13902	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13905	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13926	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13966	Creation of the 'PROVIDER-TERMINATED' Status at the Provider/Customer Level on the Healthcare Integrated General Ledger Accounting System (HIGLAS) Customer Status History Form
	Medicare State Operations Manual (CMS-Pub. 100-07)
	None
	Medicare Program Integrity (CMS-Pub. 100-08)
13717	Incorporation of Recent Provider Enrollment Regulatory Changes into Chapter 10 of CMS Publication (Pub.) 100-08 - Calendar Year (CY) 2026 Home Health Prospective Payment System (HH PPS) Final Rule
13847	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13848	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13852	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13857	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13858	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13864	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13870	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13871	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13875	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13878	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13879	Updates to Chapters 4 and Exhibit 16 in Publication (Pub.) 100-08, Including Updates to the Provider Identity Theft Investigations, and Victimized Provider Waiver of Liability Process
13886	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13890	Revisions to Chapter 12 (The Comprehensive Error Rate Testing (CERT) Program) and Exhibit 46 in the Exhibits Chapter of Publication (Pub.) 100-08 (Medicare Program Integrity Manual)
13892	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13893	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13897	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13898	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13901	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13916	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13919	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13939	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13950	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13955	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13963	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13970	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13971	Updates to Chapter 3, Section 3.7.1.1 of Publication (Pub) 100-08 - Medicare Program Integrity Manual

Transmittal Number	Manual/Subject/Publication Number
13972	Updates to Chapter 6, Sections 6.2 of Publication (Pub) 100-08 - Program Integrity Manual (PIM) to Include Allowed Practitioners in the Home Health Manual Instruction
13973	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13974	Quarterly Update to Home Health (1111) Grouper
Medicare Contractor Beneficiary and Provider Communications (CMS-Pub. 100-09)	
	None
Medicare Quality Improvement Organization (CMS- Pub. 100-10)	
	None
Medicare Program of All-Inclusive Care for the Elderly (CMS- Pub. 100-11)	
	None
Medicare End-Stage Renal Disease Network Organizations (CMS Pub 100-14)	
	None
Medicaid Program Integrity Disease Network Organizations (CMS Pub 100-15)	
13945	Updates to Chapter 3, Chapter 4, and Chapter 5 in Publication (Pub.) 100-15, Including Updates to the Vetting Process and the Creating Overpayment Records Process
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)	
13853	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13862	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13876	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13880	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13894	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13895	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13896	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13907	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13908	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13951	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13957	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13961	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13980	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
One Time Notification (CMS-Pub. 100-20)	
13854	Implementation of Editing for Programs of All-Inclusive Care for the Elderly (PACE) Inpatient Claims Submitted for Indirect Medical Education (IME) Payment
13865	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for October 2026
13868	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13873	Implementation of VMS Application Programming Interfaces (APIs) to Support the Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Migration to the Centers for Medicare & Medicaid Services (CMS) Amazon Web Services (AWS) Contact Center Platform
13874	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13877	Expansion of the Supplemental Security Income (SSI) Ratio on the Inpatient Provider Specific File (PSF)
13882	Modify the Application Logic to Conditionally Retain the Medicare Carrier System (MCS) Medicare Secondary Payer (MSP) Claim Trailer Based on Specific Common Working File (CWF) Error Codes, Dispositions, and Override Values
13888	Send 'Reason for Denial' Value in Prior Authorization Data to the Integrated Data Repository (IDR)
13900	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13903	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)-January 2027 2 of 2
13906	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)-January 2027
13910	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)-October 2026
13911	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13914	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13915	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13917	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13918	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13922	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13923	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)-January 2027 2 of 2
13925	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13928	Implementation of the Award for the Jurisdiction H Part A and Part B Medicare Administrative Contractor (JH A/B MAC)
13932	A/B Medicare Administrative Contractors (MACs) Part A and the Fiscal

Transmittal Number	Manual/Subject/Publication Number
	Intermediary Shared System (FISS) to Implement and Process Medicare Secondary Payer (MSP) Claims Containing Certain Claim Adjustment Reason Codes (CARCs)
13933	Fiscal Intermediary Shared System (FISS) - Modify the Expert Claims Processing System (ECPS) to Process More Than 10 Medical Policy Reason Codes
13934	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for October 2026
13935	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13941	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13949	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13959	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13967	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for October 2026
13968	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)-October 2026
13977	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for October 2026
Medicare Quality Reporting Incentive Programs (CMS-Pub. 100-22)	
13885	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
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 (July through September 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 (July through September 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 (July through September 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
Colorectal Cancer Screening Tests	NCD 210.3	13921	08/27/2026	08/08/2026

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

(Inclusion of this addenda is under discussion internally.)

Addendum VI: Approval Numbers for Collections of Information (July through September 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.				
Queen's Medical Center 1301 Punchbowl Street Honolulu, HI 96813 Other information: DNV ID #C868947 Previous Re-certification Dates: n/a	120001	2026-05-19	n/a	HI
HCA Houston Healthcare Medical Center 1313 Hermann Drive Other information: DNV ID #C873846	450659	2026-06-30	n/a	TX
Previous Re-certification Dates:n/a				
The following facilities have editorial changes (in bold).				
Emory University Hospital 1364 Clifton Rd NE Atlanta, GA 30322 Other information: Joint Commission ID #6689 Previous Re-certification Dates: 08/18/2009; 09/09/2011; 08/29/2013; 08/11/2015; 09/26/2017; 11/20/2019; 02/12/2022; 02/14/2024	110010	2009-08-18	**2026-02-11**	GA
Banner-University Medical Center Tucson Campus 1625 North Campbell Tucson, AZ 85719 Other information: Joint Commission ID #9514 Previous Re-certification Dates: 02/04/2009; 04/27/2011; 03/15/2013; 02/24/2015; 04/18/2017; 7/12/2019; 03/05/2022; 04/04/2024	030064	2009-02-04	**2026-05-06**	AZ
Christiana Care Health Services, Inc. 4755 Ogletown-Stanton Road Newark, DE 19718 Previous Re-certification Dates: 07/25/2013; 07/21/2015; 10/24/2017; 12/21/2019; 03/03/2022; 04/10/2024	080001	2013-07-25	**2026-04-15**	DE
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: 04/05/2011; 04/09/2013; 04/21/2015;	50-0027	2016-11-09	**2026-02-05**	WA

06/06/2017; 10/14/2019; 10/15/2022				
Cedars-Sinai Health System 8700 Beverly Blvd. Los Angeles, CA 90048 Other information: Joint Commission ID #9792 Previous Re-certification Dates: 12/11/2008; 06/21/2011; 06/11/2013; 05/29/2015; 07/11/2017; 09-11-2019; 02/26/2022; 04/12/2024	050625	2008-12-11	**2026-04-11**	CA
Thomas Jefferson University Hospitals, Inc. 111 South 11th Street Philadelphia, PA 19107 Other Information: Joint Commission ID #6132 Previous Re-certification Dates: 07/09/2009; 09/13/2011; 10/17/2013; 09/22/2015; 09/20/2017; 11/6/2019; 02/24/2022; 03/27/2024	390174	2009-07-09	**2026-04-16**	PA
Morristown Medical Center 100 Madison Avenue Morristown, NJ 07960 Other Information: Joint Commission ID #5958 Previous Re-certification Dates: 06/16/2009; 09/28/2011; 10/31/2013; 11/17/2015; 12/12/2017; 1/25/2020; 03/23/2022; 04/17/2024	310015	2008-06-16	**2026-004-25**	NJ
FROM: AMITAHealth Alexian Brothers Medical Center **TO: Ascension Alexian Brothers Medical Center** 800 Biesterfield Rd. Elk Grove Village , IL 60007	14-0258	2020-07-21	**2026-06-11**	IL
Other Information: DNV ID #C592324 Previous Re-certification Dates: 07/21/2020; 07/21/2023				
Spectrum Health Hospitals 100 Michigan Street NE Grand Rapids, MI 49503 Other Information: Joint Commission ID #277668 Previous Re-certification Dates: 04/26/2011; 06/18/2013; 05/19/2015; 06/20/2017; 9/25/2019; 04/07/2022; 05/15/2024	230038	2011-04-26	**2026-05-06**	MI
Heart Hospital of Austin, A campus of St. David's Medical Center 3801 N. Lamar Blvd. Austin, TX 78756 Other Information DNV ID #C614702 Previous Re-certification Dates: 07/27/2020; 07/27/2023	45-0431	2020-07-27	**2026-06-25**	TX
University of Kentucky Hospital/ UK Albert B. Chandler Hospital 800 Rose Street Lexington, KY 40536-0293 Other Information: Joint Commission ID #7760 Previous Re-certification Dates: 02/10/2009; 09/20/2011; 09/18/2013; 11/03/2015; 12/05/2017; 02/26/2020; 05/12/2022; 06/12/2024	180067	2009-02-10	**2026-05-07**	KY
Northwestern Memorial Hospital 251 E. Huron Street Chicago, IL 60611 Other Information: Joint Commission ID #7267	140281	2009-01-30	**2026-05-06**	IL

Previous Re-certification Dates: 01/30/2009; 06/17/2011; 05/31/2013; 06/09/2015; 08/18/2017; 11/6/2019; 03/26/2022; 05/01/2024				
Banner - University Medical Center Phoenix 1111 East McDowell Road Phoenix, AZ 85006 Other Information: Joint Commission ID #9489 Previous Re-certification Dates: 05/19/2011; 05/07/2013; 06/09/2015; 07/25/2017; 07/10/2019; 03/03/2022; 04/06/2024	030002	2011-05-19	**2026-05-20**	AZ
Wellstar MCG Health 1120 15th Street Augusta, GA 30912 Other Information: Joint Commission ID #6656 Previous Re-certification Dates: 08/06/2021; 08/06/2024	110034	2021-08-06	**2026-07-15**	GA
Lancaster General Hospital 555 North Duke Street Lancaster, PA 17602 Other Information: Joint Commission ID #6086 Previous Re-certification Dates: 05/19/2009; 09/23/2011; 09/06/2013; 09/22/2015; 10/03/2017; 02/05/2020; 05/04/2022; 06/26/2024	390100	2009-05-19	**2026-06-06**	PA
Ronald Reagan UCLA Medical Center 757 Westwood Plaza Los Angeles, CA 90095 Other information: Joint Commission ID# 9944	050262	2009-02-06	**2026-06-03**	CA
Previous Re-certification Dates: 02/06/2009; 08/09/2011; 08/13/2013; 09/15/2015; 10/06/2017; 12/04/2019; 04/09/2022; 05/08/2024				
University of Michigan Health System 1500 E Medical Center Drive, SPC 5474 Ann Arbor, MI 48109 Other Information: Joint Commission ID #7457 Previous Re-certification Dates: 03/27/2008; 03/18/2010; 03/07/2012; 02/04/2014; 03/15/2016; 04/24/2018; 12/03/2020; 06/03/2022; 07/17/2024	230046	2008-03-27	**2026-06-10**	MI
University of California San Diego Medical Center 200 West Arbor Drive San Diego, CA 92103-8949 Other Information: Joint Commission ID #10071 Previous Re-certification Dates: 11/17/2011; 11/15/2013; 11/03/2015; 10/17/2017; 12/18/2019; 04/22/2022; 06/05/2024	050025	2011-11-17	**2026-06-03**	CA
Ascension Seton 1201 West 38th Street Austin, TX 78705-1056 Other Information: Joint Commission ID# 8939 Previous Re-certification Dates: 03/06/2009; 07/15/2011; 09/04/2013; 10/20/2015; 10/03/2017; 10/23/2019; 04/13/2022; 07/17/2024	450056	2009-03-06	**2026-06-20**	TX

St. Vincent Infirmary Medical Center dba CHI St. Vincent 2 St. Vincent Circle Little Rock, AR 72205 Other Information: Joint Commission ID #8661 Previous Re-certification Dates: 11/21/2017; 02/05/2020; 05/04/2022; 07/26/2024	040007	2017-11-21	**2026-06-18**	AR
St. Elizabeth Healthcare 1 Medical Village Drive Edgewood, KY 41017 Other Information: DNV ID #C621261 Previous Re-certification Dates: 08/12/2020; 08/12/2023	180035	2020-08-12	**2026-07-14**	KY
St. Bernard's Medical Center 225 East Washington Jonesboro, AR 72401 Other Information: DNV ID# C624530 Previous Re-certification Dates: 8/31/2023	040020	2023-08-31	**2026-07-23**	AR
Mount Sinai Hospital One Gustave L. Levy Place New York, NY 10029-6574 Other Information: The Joint Commission ID#5829 Previous Re-certification Dates: 11/25/2028; 02/08/2011; 03/20/2013; 03/31/2015; 06/08/2017; 08/07/2019; 08/14/2024	330024	2008-11-25	**2026-07-15**	NY
Sutter Medical Center 2825 Capitol Ave Sacramento, CA 95816	050108	2009-10-20	**2026-07-15**	CA
Other Information: Joint Commission ID # 2902 Previous Re-certification Dates: 10/20/2009; 09/22/2011; 10/17/2013; 10/27/2015; 11/07/2017; 03/04/2020; 06/16/2022; 07/24/2024				
The Johns Hopkins Hospital 600 N. Wolfe Street Baltimore, MD 21287 Other Information: Joint Commission ID # 6252 Previous Re-certification Dates: 12/11/2007; 12/15/2009; 11/29/2011; 12/03/2013; 01/12/2016; 02/13/2018; 10/24/2020; 06/15/2022; 08/21/2024	210009	2007-12-11	**2026-07-18**	MD
Lovelace Medical Center 601 Dr Martin Luther King Jr Ave, NE Albuquerque, NM 87102 Other Information: Joint Commission ID # 701636 Previous Re-certification Dates: 10/09/2017; 08/27/2020;08/07/2024	320009	2017-10-09	**2026-07-18**	NM
The following facilities were removed this quarter.				
University of California, Davis Medical Center (UCDMC) 2315 Stockton Blvd Sacramento, CA 95817 Other Information: **Joint Commission De-certified: 2026-07-30**	050599	2015-10-06	2024-09-18	CA

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).

[FR Doc. 2026–23540 Filed 11–18–26; 8:45 am]

BILLING CODE 4169–69–C

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–8094–N]

RIN 0938–AV86

Medicare Program; Medicare Part B Monthly Actuarial Rates, Premium Rates, and Annual Deductible Beginning January 1, 2027

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

ACTION: Notice.

SUMMARY: This notice announces the monthly actuarial rates for aged (age 65 and over) and disabled (under age 65) beneficiaries enrolled in Part B of the Medicare Supplementary Medical Insurance (SMI) program beginning January 1, 2027. In addition, this notice announces the monthly premium for aged and disabled beneficiaries, the deductible for 2027, and the income-related monthly adjustment amounts to be paid by beneficiaries with modified adjusted gross income above certain threshold amounts. The monthly actuarial rates for 2027 are $418.70 for aged enrollees and $452.40 for disabled enrollees. The standard monthly Part B premium rate for all enrollees for 2027 is $209.40, which is equal to 50 percent of the monthly actuarial rate for aged enrollees (or approximately 25 percent of the expected average total cost of Part B coverage for aged enrollees). The 2027 premium is 3.2 percent or $6.50 higher than the 2026 standard premium rate of $202.90. The Part B deductible for 2027 is $292.00 for all Part B beneficiaries. If a beneficiary has to pay an income-related monthly adjustment amount, that individual will have to pay a total monthly premium of about 35, 50, 65, 80, or 85 percent of the total cost of Part B coverage. Beginning in 2023, certain Medicare enrollees who are 36 months post kidney transplant, and therefore no longer eligible for full Medicare coverage, can elect to continue Part B coverage of immunosuppressive drugs by paying a premium. For 2027, the immunosuppressive drug premium is $125.70.

DATES: The rates take effect January 1, 2027.

FOR FURTHER INFORMATION CONTACT: M. Kent Clemens, (410) 786–6391.

SUPPLEMENTARY INFORMATION: