

The FCC may not conduct or sponsor a collection of information unless it displays a currently valid control number. No person shall be subject to any penalty for failing to comply with a collection of information subject to the PRA that does not display a valid Office of Management and Budget (OMB) control number.

DATES: Written PRA comments should be submitted on or before December 26, 2023. If you anticipate that you will be submitting comments, but find it difficult to do so within the period of time allowed by this notice, you should advise the contact listed below as soon as possible.

ADDRESSES: Direct all PRA comments to Nicole Ongele, FCC, via email PRA@fcc.gov and to nicole.ongele@fcc.gov.

FOR FURTHER INFORMATION CONTACT: For additional information about the information collection, contact Nicole Ongele, (202) 418–2991.

SUPPLEMENTARY INFORMATION:

OMB Control Number: 3060–0745.

Title: Implementation of the Local Exchange Carrier Tariff Streamlining Provisions in the Telecommunications Act of 1996, CC Docket No. 96–187.

Form Number(s): N/A.

Type of Review: Extension of a currently approved collection.

Respondents: Business or other for-profit.

Number of Respondents and Responses: 50 respondents; 1,536 responses.

Estimated Time per Response: 0.25–5 hours.

Frequency of Response: On occasion reporting requirement, recordkeeping requirement, and third-party disclosure requirement.

Obligation to Respond: Mandatory. Statutory authority for this collection of information is contained in sections 1, 4(i), and 204(a)(3) of the Communications Act of 1934, as amended, 47 U.S.C. 151,154(i), and 204(a)(3).

Total Annual Burden: 4,054 hours.

Total Annual Cost: \$611,800.

Needs and Uses: This collection will be submitted as an extension to the Office of Management and Budget (OMB) in order to obtain the full three-year clearance.

In CC Docket No. 96–187, the Commission adopted measures to streamline tariff filing requirements for local exchange carriers (LECs) pursuant to the Telecommunications Act of 1996. In order to achieve a streamlined and deregulatory environment for LEC tariff filings, LECs are required to file tariffs electronically. The information collected under the electronic filing program will facilitate access to tariffs and associated documents by the public, as well as by state and federal regulators. Ready electronic access to carrier tariffs will also facilitate the compilation of aggregate data for industry analysis purposes without imposing new reporting requirements on carriers.

Federal Communications Commission.

Marlene Dortch,

Secretary, Office of the Secretary.

[FR Doc. 2023–23662 Filed 10–25–23; 8:45 am]

BILLING CODE 6712–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–9144–N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—July Through September 2023

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

ACTION: Notice.

SUMMARY: This quarterly notice lists CMS manual instructions, substantive and interpretive regulations, and other **Federal Register** notices that were published in the 3-month period, relating to the Medicare and Medicaid programs and other programs administered by CMS.

FOR FURTHER INFORMATION CONTACT: It is possible that an interested party may need specific information and not be able to determine from the listed information whether the issuance or regulation would fulfill that need. Consequently, we are providing contact persons to answer general questions concerning each of the addenda published in this notice.

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

SUPPLEMENTARY INFORMATION:

I. Background

The Centers for Medicare & Medicaid Services (CMS) is responsible for administering the Medicare and Medicaid programs and coordination

and oversight of private health insurance. Administration and oversight of these programs involves the following: (1) furnishing information to Medicare and Medicaid beneficiaries, health care providers, and the public; and (2) maintaining effective

communications with CMS regional offices, state governments, state Medicaid agencies, state survey agencies, various providers of health care, all Medicare contractors that process claims and pay bills, National Association of Insurance Commissioners

(NAIC), health insurers, and other stakeholders. To implement the various statutes on which the programs are based, we issue regulations under the authority granted to the Secretary of the Department of Health and Human Services under sections 1102, 1871, 1902, and related provisions of the Social Security Act (the Act) and Public Health Service Act. We also issue various manuals, memoranda, and statements necessary to administer and oversee the programs efficiently.

Section 1871(c) of the Act requires that we publish a list of all Medicare manual instructions, interpretive rules, statements of policy, and guidelines of general applicability not issued as regulations at least every 3 months in the **Federal Register**.

II. Format for the Quarterly Issuance Notices

This quarterly notice provides only the specific updates that have occurred in the 3-month period along with a hyperlink to the full listing that is

available on the CMS website or the appropriate data registries that are used as our resources. This is the most current up-to-date information and will be available earlier than we publish our quarterly notice. We believe the website list provides more timely access for beneficiaries, providers, and suppliers. We also believe the website offers a more convenient tool for the public to find the full list of qualified providers for these specific services and offers more flexibility and “real time” accessibility. In addition, many of the websites have listservs; that is, the public can subscribe and receive immediate notification of any updates to the website. These listservs avoid the need to check the website, as notification of updates is automatic and sent to the subscriber as they occur. If assessing a website proves to be difficult, the contact person listed can provide information.

III. How To Use the Notice

This notice is organized into 15 addenda so that a reader may access the subjects published during the quarter covered by the notice to determine whether any are of particular interest. We expect this notice to be used in concert with previously published notices. Those unfamiliar with a description of our Medicare manuals should view the manuals at <http://www.cms.gov/manuals>.

The Director of the Office of Strategic Operations and Regulatory Affairs of the Centers for Medicare & Medicaid Services (CMS), Kathleen Cantwell, having reviewed and approved this document, authorizes Trenesha Fultz-Mimms, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Trenesha Fultz-Mimms,

Federal Register Liaison, Department of Health and Human Services.

BILLING CODE 4120-01-P

Publication Dates for the Previous Four Quarterly Notices

We publish this notice at the end of each quarter reflecting information released by CMS during the previous quarter. The publication dates of the previous four Quarterly Listing of Program Issuances notices are: November 14, 2022 (87 FR 68161), February 1, 2023 (88 FR 6729), May 12, 2023 (88 FR 30752) and August 4, 2023 (88 FR 51814). 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 2023)

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 Medicare Benefit Policy, Chapter 15, Section 110.8 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Benefit Category Determinations (CMS-Pub. 100-02) Transmittal No. 12171.

Addendum I lists a unique CMS transmittal number for each instruction in our manuals or program memoranda and its subject number. A transmittal may consist of a single or multiple instruction(s). Often, it is necessary to use information in a transmittal in conjunction with information currently in the manual.

Fee-For Service Transmittal Numbers

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

For the purposes of this quarterly notice, we list only the specific updates to the list of manual instructions that have occurred in the 3-month period. This information is available on our website at www.cms.gov/Manuals.

Transmittal Number	Manual/Subject/Publication Number
Medicare General Information (CMS-Pub. 100-01)	
	None
Medicare Benefit Policy (CMS-Pub. 100-02)	
12147	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12171	Update to Pub. 100-02 Medicare Benefit Policy, Chapter 15, Section 110.8 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Benefit Category Determinations
Medicare National Coverage Determination (CMS-Pub. 100-03)	
12183	National Coverage Determination (NCD) 280.16 Power Seat Elevation Equipment on Power Wheelchairs Durable Medical Equipment Reference List (Effective May 16, 2023) Seat Elevation Equipment (Power Operated) on Power Wheelchairs (Effective May 16, 2023)
Medicare Claims Processing (CMS-Pub. 100-04)	
12121	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
12122	July 2023 Update of the Ambulatory Surgical Center [ASC] Payment System

12125	Enforcing Billing Requirements for Intensive Outpatient Program (IOP) Services with New Condition Code 92 Intensive Outpatient Program Services Special Intensive Outpatient Program Billing Requirements for Hospitals, Community Mental Health Centers, and Critical Access Hospitals Bill Review for Intensive Outpatient Program Services Received in Community Mental Health Centers (CMHC) Professional Services Related to Intensive Outpatient Program Outpatient Mental Health Treatment Limitation for Intensive Outpatient Program Services Reporting Service Units for Intensive Outpatient Program Line Item Date of Service Reporting for Intensive Outpatient Program Payment for Intensive Outpatient Program Services
12130	Internet Only Manual Update, Pub. 100-04, Chapter 3 (Inpatient Hospital Billing), Sections 90.1.2 - Billing for Kidney Transplant and Acquisition Services, 90.2 - Heart Transplants and 90.6- Intestinal and Multi-Visceral Transplants
12132	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12150	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12157	Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS)
12164	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12165	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12170	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12173	Inpatient Rehabilitation Facility (IRF) Annual Update: Prospective Payment System (PPS) Pricer Changes for Fiscal Year (FY) 2024
12174	Medicare Part A Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Pricer Update Fiscal Year (FY) 2024
12175	October 2023 Quarterly Update to Healthcare Common Procedure Coding System (HCPCS) Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement
12176	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12177	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12185	National Coverage Determination (NCD) 30.3.3 Acupuncture for Chronic Low Back Pain Revised Frequency Edits Acupuncture for Chronic Low Back Pain (cLBP) Coverage Requirements HCPCS Coding Associated with Acupuncture and Dry Needling Services Messaging Common Working File (CWF), FISS, and Multi-Carrier System (MCS) Editing
12189	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12190	Combined Common Edits/Enhancements Modules (CEEM) Code Set Update
12191	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

12192	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12193	Update to Hospice Payment Rates, Hospice Cap, Hospice Wage Index and Hospice Pricer for Fiscal Year (FY) 2024
12194	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - October 2023 Update
12195	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12197	Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes Used for Home Health Consolidated Billing Enforcement
12198	January 2024 Healthcare Common Procedure Coding System (HCPCS) Quarterly Update Reminder
12199	Quarterly Update to Home Health (HH) Grouper
12200	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12201	Annual Clotting Factor Furnishing Fee Update 2024
12202	New Place of Service (POS) Code 27 – “Outreach Site/Street”
12210	Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment
12211	Influenza Vaccine Payment Allowances - Annual Update for 2023-2024 Season
12215	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction (MPFSDB) - July 2023 Update
12219	Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2024
12221	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) – January 2024
12222	Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Updates for Fiscal Year (FY) 2024
12226	October 2023 Integrated Outpatient Code Editor (I/OCE) Specifications Version 24.3
12227	October 2023 Update of the Hospital Outpatient Prospective Payment System (OPPS)
12228	October Quarterly Update for 2023 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
12229	October 2023 Update of the Ambulatory Surgical Center (ASC) Payment System
12230	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12231	New Dental Specialty Codes for Medicare Physician Specialty Codes
12232	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12234	Fiscal Year (FY) 2024 Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) PPS Changes Addendum A - Provider Specific File
12239	Instructions To Process Services During Disenrollment From The Programs Of All-Inclusive Care For The Elderly (PACE)
12242	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12246	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 30.0, Effective January 1, 2024
12247	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
Medicare Secondary Payer (CMS-Pub. 100-05)	

12156	Electronic Correspondence Referral System (ECRS) Updates to the Medicare Secondary Payer (MSP) Inquiry Batch Transactions; New Contractor ID Menu; Updates to the File Upload Process and Submitter Single File Process; Updates to Patient Relationship Codes; New System Vulnerabilities Link and Changes to Identity Management System (IDM) Password Requirements Attachment 1 - ECRS Web User Guide, Software Version 7.3/2023/3 July Attachment 2 - ECRS Web Quick Reference Card Version 7.3/2023/3 July
Medicare Financial Management (CMS-Pub. 100-06)	
12123	Notice of New Interest Rate for Medicare Overpayments and Underpayments -4th Qtr Notification for FY 2023
12136	Updating Overpayment Manual, Chapter 3, Sections 200.2.6-200.4.7, Limitation on Recoupment Extended Repayment Schedules (ERS) with an Overpayment Subject to Limitation on Recoupment Outcome from the Redetermination Decision What to Do After the Validated Reconsideration is Received Actions to Take Upon Receiving a Qualified Independent Contractor (QIC) Notification The Reconsideration Receipt Notice Example Actions to Take after the Reconsideration Decision Recoupment Timeframes and Reconsideration Notices after Decision Reconsideration Notice/Revised Demand Letters Recoupment on Dismissals QIC Remands on Dismissals
12138	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12161	Updating Overpayment Manual, Chapter 3, Sections 200.2.6-200.4.7, Limitation on Recoupment Extended Repayment Schedules (ERS) with an Overpayment Subject to Limitation on Recoupment Outcome from the Redetermination Decision What to Do After the Validated Reconsideration is Received Actions to Take Upon Receiving a Qualified Independent Contractor (QIC) Notification The Reconsideration Receipt Notice Example Actions to Take after the Reconsideration Decision Recoupment Timeframes and Reconsideration Notices after Decision Reconsideration Notice/Revised Demand Letters Recoupment on Dismissals QIC Remands on Dismissals
Medicare State Operations Manual (CMS-Pub. 100-07)	
215	Revisions to the State Operations Manual (SOM) Appendix L - Ambulatory Surgical Centers.
216	Revision to State Operations Manual (SOM) Appendix A- Hospitals
Medicare Program Integrity (CMS-Pub. 100-08)	
12124	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12126	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12127	Updates of Chapters 4, Chapter 8, and Exhibits in Publication (Pub.) 100- 08 Including Adding Additional Clarification to Ongoing Direction Program Integrity Security Requirements Screening Leads Congressional Inquiries Fraud Alerts & HPMS Memos Suspension of Payment

	CMS Approval DME Payment Suspensions (MACs and UPICs) Non-DME National Payment Suspensions (MACs)
12128	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12131	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12167	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12168	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12181	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12209	Tenth General Update to Provider Enrollment Instructions in Chapter 10 of CMS Publication (Pub.) 100-08
12217	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
12224	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12225	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12237	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12243	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12244	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12245	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12253	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12255	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13234	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
Medicare Contractor Beneficiary and Provider Communications (CMS-Pub. 100-09)	
12172	Updates to Pub. 100-09, Chapter 6 Beneficiary and Provider Communications Manual, Chapter 6, Provider Customer Service Program Teletypewriter Lines CSR Sign-in Policy Remote Monitoring Provider Outreach and Education Measurement
Medicare Quality Improvement Organization (CMS- Pub. 100-10)	
	None
Medicare End Stage Renal Disease Network Organizations (CMS Pub 100-14)	
	None
Medicaid Program Integrity Disease Network Organizations (CMS Pub 100-15)	
	None
Medicare Managed Care (CMS-Pub. 100-16)	
	None
Medicare Business Partners Systems Security (CMS-Pub. 100-17)	
	None
Medicare Prescription Drug Benefit (CMS-Pub. 100-18)	
	None
Demonstrations (CMS-Pub. 100-19)	

12152	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
12153	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
12187	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
One Time Notification (CMS-Pub. 100-20)	
12129	2022 Hospice Aggregate Cap Calculation
12133	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12134	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) to Display Additional Information on the Program Integrity Management Reporting (PIMR) Verification Reports
12135	User Enhancement Change Request (UECR): Update the DATAIN VppYUFLU in the Multi-Carrier System (MCS) to Allow for Alphanumeric Provider Specialty Codes
12136	User Enhancement Change Request (UECR): Create New System Control Facility (SCF) Data Elements for Use in the Multi-Carrier System (MCS)
12137	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) to Accept Alpha Numeric Values in the Division Number (DIV) Field of the Clerk Record and Department Profile Inquiry/Update Screens
12138	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) Primary Function Keys (PF) for the Provider Enrollment Screens
12139	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) Checks Issued to Payee Screen
12140	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) Additional Documentation Request (ADR) – ADS History Screen
12141	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) to Display the Internal Control Number (ICN) on the H99RBMSD and H99RBMSI Reports
12142	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) to Allow Punctuation on the Beneficiary Name, Sex, Date of Birth Update (BN Transaction)
12143	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) to Display Edit/Audit and CWF Error Code Override Information on the MCS Desktop Tool (MCSDT)
12144	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) to Accept Additional Payee Identification Code Qualifiers for Third Party Payee (TPP) Provider Level Balancing (PLB) Code L3
12145	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) to Accept Additional Payee Identification Code Qualifiers for Third Party Payee (TPP) Provider Level Balancing (PLB) Code L3
12146	Patient Driven Payment Model (PDPM) Corrections to Claims Processing Edits
12149	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12151	Remittance Advice (RA) Changes due to Durable Medical Equipment Medicare Administrative Contractors (DME MACs) Transition to Healthcare Integrated General Ledger Accounting System (HIGLAS)
12154	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12155	Implementation to Expand Monetary Amount Fields Related to Billing and Payment to Accommodate 10-Digits in Length (\$99,999,999.99) – Phase 1

12158	Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) - Enhancement to the Duplicate Payment Process (DPP)
12159	Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) - Add Inquiry Access for the Holiday Update Screen
12160	Report of Hospice Election for Part D
12161	Fiscal Intermediary Shared System (FISS) - Create Utility to Update Reason Code File to Remove Deleted Codes
12162	Fiscal Intermediary Shared System (FISS) - Delete Obsolete Reason Codes
12163	Fiscal Intermediary Shared System (FISS) - Correct CMS Standard on Reason Code File
12166	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12169	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12178	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Include Additional Documentation Request (ADR) number on Adjustments
12179	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Copy Tables and Screens from User Acceptance Testing (UAT) Regions to Production - Phase
12180	Create Additional Location/Statuses in ViPS Medicare System (VMS) that are Excluded from Claims Processing Timeliness (CPT)
12184	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)—January 2024 Update
12186	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12188	Prior Authorization (PA) Changes to Implement the Inpatient Rehabilitation Facility (IRF) Review Choice Demonstration (RCD)
12196	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Cancellation Process Phase 2
12203	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12204	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12205	Remittance Advice (RA) Changes due to Durable Medical Equipment Medicare Administrative Contractors (DME MACs) Transition to Healthcare Integrated General Ledger Accounting System (HIGLAS)
12207	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--October 2023 Update
12208	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12212	User Enhancement Change Request (UECR): Fiscal Intermediary Shared System (FISS) - Expand Ability to Search Through the Revenue Lines and Apply User Defined Quantity Limits to One or More Services - Full Agile Pilot
12213	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) to Display Edit/Audit and CWF Error Code Override Information on the MCS Desktop Tool (MCSDT)
12214	OTC COVID-19 Tests
12218	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12220	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12223	User Enhancement Change Request (UECR): Create New System Control

	Facility (SCF) Data Elements for Use in the Multi-Carrier System (MCS)
12235	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12240	Patient Responsibility Reporting with Medicare Secondary Payer (MSP)
12241	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12251	Revision to Implementation of Consolidated Appropriations Act (CAA) of 2023, Section 4143: Waiver of Cap on Annual Payments for Nursing and Allied Health Education Payments
Medicare Quality Reporting Incentive Programs (CMS- Pub. 100-22)	
	None
State Payment of Medicare Premiums (CMS-Pub.100-24)	
	None
Information Security Acceptable Risk Safeguards (CMS-Pub. 100-25)	
	None

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

Addendum II: Regulation Documents Published in the Federal Register (July through September 2023)

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.

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

Addendum III: CMS Rulings (July through September 2023)

CMS Rulings are decisions of the Administrator that serve as precedent final opinions and orders and statements of policy and interpretation. They provide clarification and interpretation of complex or ambiguous provisions of the law or regulations relating to Medicare, Medicaid, Utilization and Quality Control Peer Review, private health insurance, and related matters.

The rulings can be accessed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Rulings>.

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

Addendum IV: Medicare National Coverage Determinations (July through September 2023)

Addendum IV includes completed national coverage determinations (NCDs), or reconsiderations of completed NCDs, from the quarter covered by this notice. Completed decisions are identified by the section of the NCD Manual (NCDM) in which the decision appears, the title, the date the publication was issued, and the effective date of the decision. An NCD is a determination by the Secretary for whether or not a particular item or service is covered nationally under the Medicare Program (title XVIII of the Act), but does not include a determination of the code, if any, that is assigned to a particular covered item or service, or payment determination for a particular covered item or service. The entries below include information concerning completed decisions, as well as sections on program and decision memoranda, which also announce decisions or, in some cases, explain why it was not appropriate to issue an NCD. Information on completed decisions as well as pending decisions has also been posted on the CMS website. For the purposes of this quarterly notice, we are providing only the specific updates to national coverage determinations (NCDs), or reconsiderations of completed NCDs published in the 3-month period. This information is available at: www.cms.gov/medicare-coverage-database/.

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

Title	NCDM Section	Transmittal Number	Issue Date	Effective Date
Seat Elevation Equipment (Power Operated) on Power Wheelchairs	NCD 280.16	R13277	08/03/2023	05/16/2023

Addendum V: FDA-Approved Category B Investigational Device Exemptions (IDEs) (July through September 2023)
(Inclusion of this addenda is under discussion internally.)

Addendum VI: Approval Numbers for Collections of Information (July through September 2023)

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
(July through September 2023)**

Addendum VII includes listings of Medicare-approved carotid stent facilities. All facilities listed meet CMS standards for performing carotid artery stenting for high risk patients. On March 17, 2005, we issued our decision memorandum on carotid artery stenting. We determined that carotid artery stenting with embolic protection is reasonable and necessary only if performed in facilities that have been determined to be competent in performing the evaluation, procedure, and follow-up necessary to ensure optimal patient outcomes. We have created a list of minimum standards for facilities modeled in part on professional society statements on competency. All facilities must at least meet our standards in order to receive coverage for carotid artery stenting for high risk patients. For the purposes of this quarterly notice, we are providing only the specific updates that have occurred in the 3-month period. This information is available at: <http://www.cms.gov/MedicareApprovedFacilities/CASF/list.asp#TopOfPage>

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

Facility	Provider Number	Date Approved	State
The following facilities are new listings for this quarter.			
Kaiser Foundation Hospital Roseville 1600 Eureka Roseville, CA 95661	050772	08/01/2023	CA
Jersey City Medical Center 355 Grand Street Jersey City, NJ 07302	310074	08/22/2023	NJ
The following facilities have editorial changes (in bold).			
FROM: University of Michigan Health System TO: The Regents of the University of Michigan 1500 E. Medical Center Drive Ann Arbor, MI 48109-0060	230046	08/19/2005	MI
FROM: The Methodist Hospital TO: Houston Methodist Hospital 6565 Fannin Street Houston, TX 77030	450358	07/07/2005	TX

Addendum VIII:

American College of Cardiology's National Cardiovascular Data Registry Sites (July through September 2023)

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
(July through September 2023)**

CMS issued a guidance document on November 20, 2014 titled "Guidance for the Public, Industry, and CMS Staff: Coverage with Evidence Development Document". Although CMS has several policy vehicles relating to evidence development activities including the investigational device exemption (IDE), the clinical trial policy, national coverage determinations and local coverage determinations, this guidance document is principally intended to help the public understand CMS's implementation of coverage with evidence development (CED) through the national coverage determination process. The document is available at <http://www.cms.gov/medicare-coverage-database/details/medicare-coverage-document-details.aspx?MCDId=27>.

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

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

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

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

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

Addendum X:

List of Special One-Time Notices Regarding National Coverage Provisions (July through September 2023)

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)
(July through September 2023)**

Addendum XI includes a listing of National Oncologic Positron Emission Tomography Registry (NOPR) sites. We cover positron emission

tomography (PET) scans for particular oncologic indications when they are performed in a facility that participates in the NOPR.

In January 2005, we issued our decision memorandum on **positron emission tomography (PET) scans**, which stated that CMS would cover PET scans for particular oncologic indications, as long as they were performed in the context of a clinical study. We have since recognized the National Oncologic PET Registry as one of these clinical studies. Therefore, in order for a beneficiary to receive a Medicare-covered PET scan, the beneficiary must receive the scan in a facility that participates in the registry. There were no additions, deletions, or editorial changes to the listing of National Oncologic Positron Emission Tomography Registry (NOPR) in the 3-month period. This information is available at <http://www.cms.gov/MedicareApprovedFacilitie/NOPR/list.asp#TopOfPage>.

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

Addendum XII: Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities (July through September 2023)

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 facilities have editorial changes (in bold).				
Heart Hospital of Austin, A campus of St. David's Medical Center 3801 N. Lamar Boulevard Austin, TX 78756	45-0431	07/27/2020	07/27/2023	TX

Other information: DNV-GL ID #: C614702				
Previous Re-certification Dates: 07/27/2020				
Abbott Northwestern Hospital 800 East 28th Street Minneapolis, MN 55407	240057	11/17/2010	07/15/2023	MN
Other information: Joint Commission ID # 8149				
Previous Re-certification Dates: 11/16/2010; 11/29/2012; 11/18/2014; 12/06/2016; 2/13/2019; 07/28/2021				
Cleveland Clinic 9500 Euclid Avenue NA-4 Cleveland, OH 44195	360180	12/03/2003	05/17/2023	OH
Other information: Joint Commission ID # 7001				
Previous Re-certification Dates: 10/28/2008;11/23/2010;12/11/ 2012;12/02/2014;11/08/2016;1 2/12/2018;08/05/2021				
FROM: JFK Medical Center TO: HCA Florida JFK Hospital 5301 South Congress Avenue Atlantis, FL 33462	100080	01/25/2017	05/10/2023	FL
Other information: Joint Commission ID # 6836				
Previous Re-certification Dates: 01/24/2017; 3/6/2019; 03/03/2021				
District Hospital Partners, LP 900 23rd Street, NW Washington, DC 20037	090001	09/12/2018	04/20/2023	DC
Other information: Joint Commission ID # 6310				
Previous Re-certification Dates: 9/12/2018; 07/10/2021				
St. Elizabeth Healthcare 1 Medical Village Drive Edgewood, KY 41017	180035	08/12/2020	08/12/2023	KY
Other information: DNV ID #: C621261				

Previous Re-certification Dates: 08/12/2023				
AMITA Health Alexian Brothers Medical Center 800 Biesterfield Road Elk Grove Village, IL 60007 Other information: DNV ID #: C592324 Previous Re-certification Dates: 07/21/2020	14-0258	07/21/2020	07/21/2023	IL
Brigham and Women's Hospital 75 Francis Street Boston, MA 02115 Other information: Joint Commission ID# 5503 Previous Re-certification Dates: 11/04/2008; 12/09/2010; 12/07/2012; 11/07/2014; 12/13/2016; 2/27/2019; 07/10/2021	220110	01/09/2004	06/14/2023	MA
Henry Ford Health System 2799 West Grand Boulevard Detroit, MI 48202 Other information: Joint Commission ID # 7485 Previous Re-certification Dates: 10/30/2008; 10/21/2010; 11/06/2012; 10/28/2014; 12/20/2016; 3/13/2019; 07/29/2021	230053	01/06/2004	06/16/2023	MI
Catholic Health Initiatives - Iowa, Corp. 1111 6th Avenue Des Moines, IA 50314 Other information: Joint Commission ID # 8248 Previous Re-certification Dates: 01/06/2015; 02/14/2017; 3/27/2019; 07/01/2021	160083	01/06/2015	06/03/2023	IA

NorthShore University Health System 2650 Ridge Ave Evanston, IL 60201 Other information: Joint Commission ID # 7343 Previous Re-certification Dates: 10/25/2016; 11/15/2018; 08/06/2021	140010	08/06/2016	06/08/2023	IL
FROM: University Health Services, dba University Hospital TO: Piedmont Augusta Hospital 1350 Walton Way Augusta, GA 30901 Other information: DNV ID #: C602742 Previous Re-certification Dates: 08/16/2017; 08/28/2020	110028	08/16/2017	08/22/2023	GA
Duke University Health System, Inc 2301 Erwin Road Durham, NC 27710 Other information: Joint Commission ID # 6490 Previous Re-certification Dates: 01/16/2009; 06/30/2011; 06/04/2013; 05/05/2015; 06/13/2017; 08/21/2019; 09/22/2021	340030	10/31/2003	08/23/2023	NC
The following facilities were removed this quarter.				
Sunrise Hospital & Medical Center 3186 S. Maryland Parkway Las Vegas, NV 89109 Other information: DNV ID #: C556920 Previous Re-certification Dates: 09/10/2019	290003	09/10/2019	09/10/2022	NV
Medical Center Navicent Health 777 Hemlock Street Macon, GA 31201 Other information:	110107	11/08/2012	10/13/2020	GA

DNV-GL # 492949-2020-VAD				
Previous Re-certification Dates: 11/14/2018; 10/21/2014; 11/22/2016				

**Addendum XIII: Lung Volume Reduction Surgery (LVRS)
(July through September 2023)**

Addendum XIII includes a listing of Medicare-approved facilities that are eligible to receive coverage for lung volume reduction surgery. Until May 17, 2007, facilities that participated in the National Emphysema Treatment Trial were also eligible to receive coverage. The following three types of facilities are eligible for reimbursement for Lung Volume Reduction Surgery (LVRS):

- National Emphysema Treatment Trial (NETT) approved (Beginning 05/07/2007, these will no longer automatically qualify and can qualify only with the other programs);
- Credentialed by the Joint Commission (formerly, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)) under their Disease Specific Certification Program for LVRS; and
- Medicare approved for lung transplants.

Only the first two types are in the list. For the purposes of this quarterly notice, there are no additions and deletions to a listing of Medicare-approved facilities that are eligible to receive coverage for lung volume reduction surgery. This information is available at www.cms.gov/MedicareApprovedFacilitie/LVRS/list.asp#TopOfPage.

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

**Addendum XIV: Medicare-Approved Bariatric Surgery Facilities
(July through September 2023)**

Addendum XIV includes a listing of Medicare-approved facilities that meet minimum standards for facilities modeled in part on professional society statements on competency. All facilities must meet our standards in order to receive coverage for bariatric surgery procedures. On February 21, 2006, we issued our decision memorandum on bariatric surgery procedures. We determined that bariatric surgical procedures are reasonable and necessary for Medicare beneficiaries who have a body-mass index (BMI) greater than or equal to 35, have at least one co-morbidity related to obesity and have been previously unsuccessful with medical treatment for obesity. This decision also stipulated that covered bariatric surgery procedures are reasonable and necessary only when performed at facilities that are: (1) certified by the American College of Surgeons (ACS) as a Level 1 Bariatric Surgery Center (program standards and requirements in effect on February 15, 2006); or (2) certified by the American Society for Bariatric Surgery

(ASBS) as a Bariatric Surgery Center of Excellence (BSCOE) (program standards and requirements in effect on February 15, 2006).

There were no additions, deletions, or editorial changes to Medicare-approved facilities that meet CMS' minimum facility standards for bariatric surgery that have been certified by ACS and/or ASMBS in the 3-month period. This information is available at www.cms.gov/MedicareApprovedFacilitie/BSF/list.asp#TopOfPage.

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

**Addendum XV: FDG-PET for Dementia and Neurodegenerative
Diseases Clinical Trials (July through September 2023)**

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).