

solicitation, whether data proposed for fulfilling the data delivery requirements qualifies as limited rights data or restricted computer software. If the Government does not receive unlimited rights, the offeror must provide a list of the data that qualify as limited rights data or restricted computer software. The offeror would identify any proprietary data it would use during contract performance, in order that the contracting officer might ascertain if such proprietary data should be delivered.

FAR 52.227–16, Additional Data Requirements. This clause requires contractors to keep, for possible delivery to the Government, any data, in addition to data already required to be delivered under the contract, first produced or specifically used in performance of the contract for a period of three years from the final acceptance of all items delivered under the contract. The data delivered under this clause may be in the form of computations, preliminary data, records of experiments, etc. For any data to be delivered under this clause, the Government will pay the contractor for converting the data into a specific form, and for reproducing and delivering the data. The purpose of such recordkeeping requirements is to ensure that, if all data requirements are not known prior to contract award, the Government can fully evaluate the research in order to ascertain future activities and to insure that the research was completed and fully reported, as well as to give the public an opportunity to assess the research results and secure any additional information.

FAR 52.227–17, Rights in Data—Special Works. This clause is included in solicitations and contracts primarily for production or compilation of data. It is used in rare and exceptional circumstances to permit the Government to limit the contractor's rights in data by preventing the release, distribution, and publication of any data first produced in the performance of the contract. This clause may also be limited to particular items and not the entire contract. This clause requires contractors to assign (with or without registration), or obtain the assignment of, the copyright to the Government or its designated assignee.

FAR 52.227–18, Rights in Data—Existing Works. This clause is used when the Government is acquiring existing audiovisual or similar works, such as books, without modification. This clause requires contractors to obtain a license for the Government to reproduce, prepare derivative works, and perform and display publicly the materials.

FAR 52.227–19, Commercial Computer Software License. This clause requires contractors to affix a notice on any commercial software delivered under the contract that provides notice that the Government's rights regarding the data are set forth in the contract.

FAR 52.227–20, Rights in Data—SBIR Program. This clause authorizes contractors under Small Business Innovation Research (SBIR) contracts to affix a notice to SBIR data delivered under the contract to limit the Government's rights to disclose data first produced under the contract. For omitted or incorrect markings of data that has not been disclosed without restriction outside the Government, the contractor may request, within 6 months (or a longer time approved by the contracting officer) after delivery of the data, permission to have authorized notices placed on the data at the contractor's expense. Contractors shall obtain from their subcontractors all data and rights necessary to fulfill the contractor's obligations to the Government under the contract. If a subcontractor refuses to accept terms affording the Government those rights, the contractor shall notify the contracting officer of the refusal.

FAR 52.227–21, Technical Data Declaration, Revision, and Withholding of Payment—Major Systems. This clause requires major systems contractors to certify that the data delivered under the contract is complete, accurate, and compliant with the requirements of the contract.

FAR 52.227–23, Rights to Proposal Data (Technical). This clause allows the Government to identify pages of a proposal that would not be subject to unlimited rights in the technical data.

The information collected is used to protect the Government's rights and interests.

C. Annual Burden

Respondents/Recordkeepers: 830.

Total Annual Responses: 14,848.

Total Burden Hours: 55,600. (54,673 reporting hours + 927 recordkeeping hours)

D. Public Comment

A 60-day notice was published in the **Federal Register** at 90 FR 57761, on December 12, 2025. Comments were received from two respondents; however, they did not change the estimate of the burden.

Summary of comments: A respondent submitted unintelligible comments. Another respondent expressed support for the information collection extension, agreeing it protects government rights. The respondent expressed that the

burden is underestimated and it disproportionately impacts small businesses, citing the time and complexity required for preparing data rights assertions, legal review, responding to marking challenges, and maintaining invention systems. The respondent also referred to redundant reporting requirements in the FAR and the DoD FAR Supplement (DFARS). The respondent recommended burden estimate recalibration, harmonization with DFARS, and adopting electronic tools to minimize unnecessary cost and complexity.

Response: The FAR Council acknowledges the comments received. The respondents did not identify the alleged redundant reporting requirements in the FAR and DFARS. While the Government lacks a system to determine the actual number of instances when each information collection is submitted or used, the PRA impact, including the effect on small businesses, is thoroughly addressed during rulemaking processes when collections are established or revised. Any redundancy should be resolved in the subordinate regulation, the DFARS.

Obtaining Copies: Requesters may obtain a copy of the information collection documents from the GSA Regulatory Secretariat Division by calling 202–501–4755 or emailing GSARegSec@gsa.gov. Please cite OMB Control No. 9000–0095, Federal Acquisition Regulation Part 27 Requirements.

Janet Fry,

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

[FR Doc. 2026–03508 Filed 2–20–26; 8:45 am]

BILLING CODE 6820–EP–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–9157–N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—October Through December 2025

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

ACTION: Notice.

SUMMARY: This quarterly notice lists Centers for Medicare & Medicaid Services (CMS) manual instructions, substantive and interpretive regulations,

and other **Federal Register** notices that were published in the 3-month period, relating to the Medicare and Medicaid programs and other programs administered by CMS.

FOR FURTHER INFORMATION CONTACT: It is possible that an interested party may need specific information and not be able to determine from the listed information whether the issuance or

regulation would fulfill that need. Consequently, we are providing contact persons to answer general questions concerning each of the addenda published in this notice.

Addenda	Contact	Phone 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	Gaysha Brooks	(410) 786-9649

SUPPLEMENTARY INFORMATION:

I. Background

The Centers for Medicare & Medicaid Services (CMS) is responsible for administering the Medicare and Medicaid programs and coordination and oversight of private health insurance. Administration and oversight of these programs involves the following: (1) furnishing information to Medicare and Medicaid beneficiaries, health care providers, and the public; and (2) maintaining effective communications with CMS regional offices, state governments, state Medicaid agencies, state survey agencies, various providers of health care, all Medicare contractors that process claims and pay bills, National Association of Insurance Commissioners (NAIC), health insurers, and other stakeholders. To implement the various statutes on which the programs are based, we issue regulations under the authority granted to the Secretary of the Department of Health and Human Services under sections 1102, 1871, 1902, and related provisions of the Social Security Act (the Act) and Public Health Service Act. We also issue various manuals, memoranda, and statements necessary to administer and oversee the programs efficiently.

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

II. Format for the Quarterly Issuance Notices

This quarterly notice provides only the specific updates that have occurred in the 3-month period along with a hyperlink to the full listing that is available on the CMS website or the appropriate data registries that are used as our resources. This is the most current up-to-date information and will be available earlier than we publish our quarterly notice. We believe the website list provides more timely access for beneficiaries, providers, and suppliers. We also believe the website offers a more convenient tool for the public to find the full list of qualified providers for these specific services and offers more flexibility and “real time” accessibility. In addition, many of the websites have listservs; that is, the public can subscribe and receive immediate notification of any updates to the website. These listservs avoid the need to check the website, as notification of updates is automatic and

sent to the subscriber as they occur. If assessing a website proves to be difficult, the contact person listed can provide information.

III. How To Use the Notice

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

The Director of the Office of Strategic Operations and Regulatory Affairs of CMS, Kathleen Cantwell, having reviewed and approved this document, authorizes 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: February 19, 2025 (90 FR 9902), May 16, 2025 (90 FR 21043), August 5, 2025 (90 FR 37516) and December 1, 2025 (90 FR 55117). 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 1: Medicare and Medicaid Manual Instructions (October through December 2025)

The CMS Manual System is used by CMS program components, partners, providers, contractors, Medicare Advantage organizations, and State Survey Agencies to administer CMS programs. It offers day-to-day operating instructions, policies, and procedures based on statutes and regulations, guidelines, models, and directives. In 2003, we transformed the CMS Program Manuals into a web user-friendly presentation and renamed it the CMS Online Manual System.

How to Obtain Manuals

The Internet-only Manuals (IOMs) are a replica of the Agency's official record copy. Paper-based manuals are CMS manuals that were officially released in hardcopy. The majority of these manuals were transferred into the Internet-only manual (IOM) or retired. Pub 15-1, Pub 15-2 and Pub 45 are exceptions to this rule and are still active paper-based manuals. The remaining paper-based manuals are for reference purposes only. If you notice policy contained in the paper-based manuals that was not transferred to the IOM, send a message via the CMS Feedback tool.

Those wishing to subscribe to old versions of CMS manuals should contact the National Technical Information Service, Department of Commerce, 5301 Shawnee Road, Alexandria, VA 22312 Telephone (703-605-6050). You can download copies of the listed material free of charge at: <http://cms.gov/manuals>.

How to Review Transmittals or Program Memoranda

Those wishing to review transmittals and program memoranda can access this information at a local Federal Depository Library (FDL). Under the FDL program, government publications are sent to approximately 1,400 designated libraries throughout the United States. Some FDLs may have arrangements to transfer material to a local library not designated as an FDL. Contact any library to locate the nearest FDL. This information is available at <http://www.gpo.gov/libraries/>.

In addition, individuals may contact regional depository libraries that receive and retain at least one copy of most federal government

publications, either in printed or microfilm form, for use by the general public. These libraries provide reference services and interlibrary loans; however, they are not sales outlets. Individuals may obtain information about the location of the nearest regional depository library from any library. CMS publication and transmittal numbers are shown in the listing entitled Medicare and Medicaid Manual Instructions. To help FDLs locate the materials, use the CMS publication and transmittal numbers. For example, to find the manual Qualifications for the Manual Updates Adding Language to the Timing and Content of Certification and Revocation and Discharge Guidance (CMS- Pub. 100-02) Transmittal No. 13503.

Addendum 1 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
13504	Medicare General Information (CMS-Pub. 100-01) Update to Medicare Deductible, Coinsurance and Premium Rates for Calendar Year (CY) 2026
13459	Medicare Benefit Policy (CMS-Pub. 100-02) Update to the List of Advanced Life Support, Level 2 (ALS2) Procedures in Chapter 10, Ambulance Services, Section 30.1.1, Definition of Ground Ambulance Services
13503	Manual Updates Adding Language to the Timing and Content of Certification and Revocation and Discharge Guidance
13506	Calendar Year (CY) 2026 Update to the Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) and Payment Rates for Intensive Outpatient Program (IOP) Services for FQHCs
13516	Implementation of Changes in the End-Stage Renal Disease (ESRD) Prospective Payment

13466	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13470	October 2025 Integrated Outpatient Code Editor (I/OCE) Specifications Version 26.3
13471	2026 Annual Update for the Health Professional Shortage Area (HPSA) Bonus Payments
13472	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13473	Instructions for Downloading the Medicare ZIP Code File for January 2026 Files
13474	Calendar Year (CY) 2026 Participation Enrollment and Medicare Participating Physicians and Suppliers Directory (MEDPARTD) Procedures
13480	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13481	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 (RAR) and Claim Adjustment Group Code (CAGC) Rule - Update from Council for Affordable Quality Healthcare (CAQH) CORE
13482	Remittance Advice Remark Code (RAR), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update
13483	Update to Claims Processing Instructions for National Coverage Determination (NCD)
13488	20.4 Implantable Cardiac Defibrillators (ICDs)
13489	Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2026
13490	April 2026 Healthcare Common Procedure Coding System (HCPCS) Quarterly Update Reminder
13505	April 2026 Bi-Annual Update of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)
13507	Calendar Year (CY) 2026 Update to Rural Health Clinic (RHC) All Inclusive Rate (AIR) Payment Limit for CY 2026 and Payment Rates for Intensive Outpatient Program (IOP) Services for RHCs
13508	Summary of Policies in the Calendar Year (CY) 2026 Medicare Physician Fee Schedule (MPFS) Final Rule, Telehealth Originating Site Facility Fee Payment Amount and Telehealth Services List, Computed Tomograph (CT) Modifier Reduction List, and Preventive Services List
13509	Update to the Internet Only Manual (IOM) for Inpatient Billing of Chimeric Antigen Receptor (CAR) T-Cell Therapy in Publication (Pub.) 100-04; Chapter 32 Billing Requirements for Special Services, Section 400.3 Payment Requirements
13512	Combined Common Edits/Enhancements Modules (CCEM) Code Set Update
13514	Calendar Year (CY) 2026 Home Infusion Therapy (HIT) Services Payment Rates and Instructions for Retrieving the January 2026 Home Infusion Therapy (HIT) Services Payment Rates Through the CMS Mainframe Telecommunications System
13519	Calendar Year (CY) 2026 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment
13522	Calendar Year 2026 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
13532	NCID 20.40 - Renal Denervation (RDN) for Uncontrolled Hypertension April 2026 Quarterly Average Sales Price (ASP) Medicare Part B Drug

13524	System (PPS) and Payment for Dialysis Furnished for Acute Kidney Injury (AKI) in ESRD Facilities for Calendar Year (CY) 2026
13547	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
	Revisions to Publication 100-04, Medicare Claims Processing Manual, Chapters 9, 18, and Publication 100-02, Medicare Benefit Policy Manual, Chapter 13 To Include Updated Information
	Medicare National Coverage Determination (CMS-Pub. 100-03)
13522	NCID 20.40 - Renal Denervation (RDN) for Uncontrolled Hypertension
13538	Cardiac Contractility Modulation (CCM) for Heart Failure (HF)
	Medicare Claims Processing (CMS-Pub. 100-04)
13364	Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Updates for Fiscal Year (FY) 2026
13389	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13404	Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2026
13410	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 32.0, Effective January 1, 2026
13411	January 2026 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
13419	Combined Common Edits/Enhancements Modules (CCEM) Code Set Update
13431	2026 Annual Update to the Therapy Code List
13432	Removal of Chimeric Antigen Receptor (CAR) T-cell Therapy and Risk Evaluation
13437	Mitigation Strategy (REMS) - NCD 110.24 and the "KX" Modifier for CAR-T Cell Therapy Claims
13441	2026 Annual Update of Per-Beneficiary Threshold Amounts
13451	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13453	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13454	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13457	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13458	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13460	Update to the Internet Only Manual (IOM) for Inpatient Billing of Chimeric Antigen Receptor (CAR) T-Cell Therapy in Publication (Pub.) 100-04; Chapter 32 Billing Requirements for Special Services, Section 400.3 Payment Requirements
13461	Instructions for Retrieving the January 2026 Opioid Treatment Program (OTP) Payment Rates File
13462	Instructions for Retrieving the January 2026 Medicare Physician Fee Schedule Database (MPFSDB) Datasets from the Cloud Service
13463	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) - January 2026
13464	Ambulance Inflation Factor (AIF) for Calendar Year (CY) 2026 and Productivity Adjustment
13465	New Waived Tests

13476	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13478	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
13485	Updates of Chapter 4 in Publication (Pub.) 100-08, Including Updates to the Recovery Audit Contractor Data Warehouse (RACDW) Process
13486	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13487	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13496	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13498	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13499	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13500	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13501	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13511	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13528	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13534	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13540	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13567	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13568	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
Medicare Contractor Beneficiary and Provider Communications (CMS-Pub. 100-09)	
	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)	
13494	Updates of Chapters 1-5 in Publication (Pub.) 100-15, Including Updates to the Guidance Terminology, Existing Definitions, and Details to Standing Guidance
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)	
13439	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13448	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction

13536	Pricing Files and Revisions to Prior Quarterly Pricing Files
13538	January 2026 Annual Rural Emergency Hospital (REH) Monthly Facility Payment Amount
13543	Cardiac Contractility Modulation (CCM) for Heart Failure (HF) Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13545	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 32.1, Effective April 1, 2026
13547	Revisions to Publication 100-04, Medicare Claims Processing Manual, Chapters 9, 18, and Publication 100-02, Medicare Benefit Policy Manual, Chapter 13. To Include Updated Information
13549	Update to the Internet Only Manual (IOM) Publication 100-04, Chapter 18, Sections 150.1, 150.2.1, 150.3 and Chapter 32, Sections 12.1, 12.3, 320.3.3, 400.2.2, 400.2.3 and 400.2.3.1 for Coding Revisions to National Coverage Determination (NCDs) - October 2025 Change Request (CR) 14041
13551	Updates to the Internet Only Manual (IOM) Publication 100-04, Chapter 32, Sections 69.1, 69.6 and 69.9 to Cla
13553	National Fee Schedule for Vaccine Administration Quarterly Update - January 2026
13556	January 2026 Annual Rural Emergency Hospital (REH) Monthly Facility Payment Amount
13562	April 2026 Update to the Medicare Severity – Diagnosis Related Group (MS-DRG) Groupet and Medicare Code Editor (MCE) Version 43.1
Medicare Secondary Payer (CMS-Pub. 100-05)	
	None
Medicare Financial Management (CMS-Pub. 100-06)	
13440	Notice of New Interest Rate for Medicare Overpayments and Underpayments - 1st Quarter Notification for FY 2026
13484	The Fiscal Intermediary Shared System (FISS) Submission of Copybook Files to the Provider and Statistical Reimbursement (PS&R) System
13510	Updates to Internet Only Manual, Publication 100-06, Chapter 4, Section 70.16 (Debt Close-Out)
13516	Implementation of Changes in the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Payment for Dialysis Furnished for Acute Kidney Injury (AKI) in ESRD Facilities for Calendar Year (CY) 2026
13561	Chapter 3 Sections 170-190 - General Overpayment Provisions - Update of Citations and Terminology Used
Medicare State Operations Manual (CMS-Pub. 100-07)	
	None
Medicare Program Integrity (CMS-Pub. 100-08)	
13441	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13456	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13461	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13469	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction

13497	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13502	National Correct Coding Initiative (NCCI) New/Updated Add-On Code (AOC) Edit File Format and Creation of an AOC File Retrieval Process in the Multi-Carrier System (MCS) – Implementation
13513	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13515	Editing for Duplicate Processing for Practitioner Professional Services and Critical Access Hospital (CAH) Professional Services
13521	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13526	Provider Education for the Review Choice Demonstration (RCD) for Inpatient Rehabilitation Facility Services (IRFs)
13541	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13555	Editing for Duplicate Processing for Practitioner Professional Services and Critical Access Hospital (CAH) Professional Services
13558	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13560	Editing for Hospital Services Provided to Hospice Enrollees
13564	Extensions of Certain Temporary Changes to the Low-Volume Hospital Payment Adjustment and the Medicare-Dependent Hospital (MDH) Program under the Inpatient Prospective Payment System (IPPS) Provided by the Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026
13569	Integrated Data Repository (IDR) Daily Snapshot File
Medicare Quality Reporting Incentive Programs (CMS-Pub. 100-22)	
	None
State Payment of Medicare Premiums (CMS-Pub.100-24)	
	None
Information Security Acceptable Risk Safeguards (CMS-Pub. 100-25)	
	None

For questions or additional information, contact Ronda Allen-Bonner (410-786-4657).

Addendum II: Regulation Documents Published in the Federal Register (October through December 2025)
Regulations and Notices

Regulations and notices are published in the daily **Federal Register**. To purchase individual copies or subscribe to the **Federal Register**, contact GPO at www.gpo.gov/fr/sys. 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

13449	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13450	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13479	Transforming Episode Accountability Model (TEAM) Telehealth Waiver – Implementation
13492	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13530	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13559	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13563	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13565	Implementation of Wasteful and Inappropriate Service Reduction (WISeR) Model Prior Authorization and Medical Review Process and Establishment of New Quarterly Change Request (CR) Process for Possible Future Changes to Information Included in Attachments A, B, C, D, E, and F.
13566	Implementation of Wasteful and Inappropriate Service Reduction (WISeR) Model Prior Authorization and Medical Review Process and Establishment of New Quarterly Change Request (CR) Process for Possible Future Changes to Information Included in Attachments A, B, C, D, E, and F.
13570	Implementation of Wasteful and Inappropriate Service Reduction (WISeR) Model Prior Authorization and Medical Review Process and Establishment of New Quarterly Change Request (CR) Process for Possible Future Changes to Information Included in Attachments A, B, C, D, E, and F.
One Time Notification (CMS-Pub. 100-20)	
2109	Guidance for Medicare Administrative Contractors (MACs) Processing Beneficiary and Family Centered Care (BFCC) Quality Improvement Organizations (QIO) Two-Midnight (2MN) Short Stay Review (SSR) Determinations
13442	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange Front-End Updates for April 2026
13443	Display Testing/Production Region Identifier in ViPS Medicare System (VMS)/Automated Parameters (VMAP) Phase 3
13444	Implementation of Editing for Programs of All-Inclusive Care for the Elderly (PACE) Inpatient Claims Submitted for Indirect Medical Education (IME) Payment
13445	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13446	Editing for Hospital Services Provided to Hospice Enrollees
13447	Edit to Prevent Overpayment of Long-term Stay in Hospice
13452	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
13455	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding
13467	Revisions to National Coverage Determinations (NCDs)-April 2026
13477	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
13493	Implementation of the Award for the Jurisdiction F (J-F) Part A and Part B Medicare Administrative Contractor (JF A/B MAC)
13495	Reporting of All Recovery Auditor-Initiated Claim Adjustments and their Subsequent Adjustments for Periodic Interim Payment (PIP) Facilities
13495	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction

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 (October through December 2025)

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

The rulings can be accessed at <https://www.cms.gov/medicare/regulations-guidance/cms-rulemaking/rulings>.

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

Addendum IV: Medicare National Coverage Determinations (October through December 2025)

Addendum IV includes completed national coverage determinations (NCDs), or reconsiderations of completed NCDs, from the quarter covered by this notice. Completed decisions are identified by the section of the NCD Manual (NCDM) in which the decision appears, the title, the date the publication was issued, and the effective date of the decision. An NCD is a determination by the Secretary for whether or not a particular item or service is covered nationally under the Medicare Program (title XVIII of the Act), but does not include a determination of the code, if any, that is assigned to a particular covered item or service, or payment determination for a particular covered item or service. The entries below include information concerning completed decisions, as well as sections on program and decision memoranda, which also announce decisions or, in some cases, explain why it was not appropriate to issue an NCD. Additional information on NCDs, including open NCDs and pending NCDs, can be found on the NCD Dashboard, which is posted on the CMS website at <https://www.cms.gov/medicare/coverage/determination-process>.

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

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

Title	NCDM Section	Transmittal Number	Issue Date	Effective Date
Renal Denervation (RDN) for Uncontrolled Hypertension	NCD 20.40	13522	12/11/2025	10/28/2025
Cardiac Contractility Modulation (CCM) for Heart Failure (HF)	NCD 20.39	13538	12/19/2025	10/28/2025

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

Addendum VI: Approval Numbers for Collections of Information (October through December 2025)

All approval numbers are available to the public at Reginfo.gov. Under the review process, approved information collection requests are assigned OMB control numbers. A single control number may apply to several related information collections. This information is available at www.reginfo.gov/public/do/PRAMain.

For questions or additional information, contact William Parham (410-786-4669).

Addendum VII: Medicare-Approved Carotid Stent Facilities (October through December 2025)

Addendum VII includes listings of Medicare-approved carotid stent facilities. All facilities listed meet CMS standards for performing carotid artery stenting for high-risk patients. On March 17, 2005, we issued our decision memorandum on carotid artery stenting. We determined that carotid artery stenting with embolic protection is reasonable and necessary only if performed in facilities that have been determined to be competent in performing the evaluation, procedure, and follow-up necessary to ensure optimal patient outcomes. We have created a list of minimum standards for facilities modeled in part on professional society statements on competency. All facilities must at least meet our standards in order to receive coverage for carotid artery stenting for high risk patients. For the purposes of this quarterly notice, we are providing only the specific updates that have occurred in the 3-month period. There were no additions, deletions, or editorial changes to the listing for Medicare-approved carotid stent facilities for this 3-month period. This information is available at: <http://www.cms.gov/MedicareApprovedFacilities/CASF/list.asp#TopOfPage>

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

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/Medicare/ApprovedFacilities/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 (October through December 2025)

Addendum XII includes a listing of Medicare-approved facilities that receive coverage for ventricular assist devices (VADs) used as destination therapy. All facilities were required to meet our standards in order to receive coverage for VADs implanted as destination therapy. On October 1, 2003, we issued our decision memorandum on VADs for the clinical indication of destination therapy. We determined that VADs used as destination therapy are reasonable and necessary only if performed in facilities that have been determined to have the experience and infrastructure to ensure optimal patient outcomes. We established facility standards and an application process. All facilities were required to meet our standards in order to receive coverage for VADs implanted as destination therapy.

For the purposes of this quarterly notice, we are providing only the specific updates to the list of Medicare-approved facilities that meet our standards that have occurred in the 3-month period. This information is available at

<http://www.cms.gov/MedicareApprovedFacilities/VAD/list.asp#TopOfPage>.

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

Facility	Provider Number	Date of Initial Certification	Date of Re-certification	State
The following are new facilities.				
The following facilities have editorial changes (in bold).				
Presbyterian Medical Center of the UPHS 51 North 39th Street Philadelphia, PA 19104	390223	2010/10/05	2025/08/13	PA

Addendum VIII:

American College of Cardiology's National Cardiovascular Data Registry Sites (October through December 2025)

The initial data collection requirement through the American College of Cardiology's National Cardiovascular Data Registry (ACC-NCDR) has served to develop and improve the evidence base for the use of ICDs in certain Medicare beneficiaries. The data collection requirement ended with the posting of the final decision memo for Implantable Cardioverter Defibrillators on February 15, 2018.

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

Addendum IX: Active CMS Coverage-Related Guidance Documents (October through December 2025)

CMS published three final guidance documents on August 7, 2024, to provide a framework for more predictable and transparent evidence development and encourage innovation and accelerate beneficiary access to new items and services. The documents are available at:

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

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

Clinical Endpoints Guidance: Knee Osteoarthritis:

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

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

Addendum X:

List of Special One-Time Notices Regarding National Coverage Provisions (October through December 2025)

There were no special one-time notices regarding national coverage provisions published in the 3-month period. This information is available at <http://www.cms.gov>.

For questions or additional information, contact JoAnna Baldwin, MS (410-786 7205).

Addendum XI: National Oncologic PET Registry (NOPR) (October through December 2025)

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

Other information: DNV ID #C574309	450358	2003/11/03	2025/10/08	TX
Previous Re-certification Dates: 2013-07-19; 2014-12-18; 2019-09-25; 2022-09-25 The Methodist Hospital d/b/a Houston Methodist Hospital 6565 Fannin Street Houston, TX 77030	220071	2008/12/08	2025/08/20	MA
Other information: DNV ID #C578138	490009	2012/03/21	2025/09/10	VA
Previous Re-certification Dates: 11/03/2003; 10/29/08; 12/6/16; 11/06/2019; 11/06/2022 The General Hospital Corporation 55 Fruit Street Boston, MA 02114	390049	2014/12/18	2025/11/13	PA
Other information: Joint Commission ID #: 5513 Previous Re-certification Dates: 12/8/2008; 01/19/2011; 02/13/2013; 01/06/2015; 02/28/2017; 05/22/2019; 10/14/2021; 09/27/2023 Rector & Visitors of the University of Virginia 1215 Lee Street Charlottesville, VA 22908	Other information: Joint Commission ID #: 6329 Previous Re-certification Dates: 2012-03-21; 2014-05-06; 2016-06-07; 2018-06-06; 2021-10-13; 2023-09-15 St. Luke's University Hospital 801 Ostrum Street Bethlehem, PA 18015	Other information: Joint Commission ID #: 6024 Previous Re-certification Dates: 2014-12-18; 2017-01-24; 2019-03-06; 10-30-2021; 2023-12-06		

Other information: Joint Commission ID # 6145 Previous Re-certification Dates: 10/05/2010; 11/07/2012; 12/09/2014; 03/21/2017; 4/17/2019; 07/29/2021; 06/28/2023 Bryan Medical Center 1600 South 48th Street Lincoln, NE 68506	280003	2013/03/05	2025/08/20	NE
Other information: Joint Commission ID # 244330 Previous Re-certification Dates: 03/05/2013; 02/12/2015; 04/18/2017; 07/17/2019; 09/22/2021; 08/23/2023 University of Alabama at Birmingham 619 19th S. South Birmingham, AL 35249-1900	010033	2008/12/09	2025/08/06	AL
Other information: Joint Commission ID #2814 Previous Re-certification Dates: 12/09/2008; 04/22/2011; 04/09/2013; 04/07/2015; 05/16/2017; 7/3/2019; 08/21/2021; 2023-07-27 University Hospital (Stony Brook) Health Sciences Center Suny Stony Brook Stony Brook, NY 11794-8503	330393	2013/01/30	2025/07/16	NY
Other information: Joint Commission ID # 5188 Previous Re-certification Dates: 2013-01-30; 2015-01-15; 2017-03-14; 2019-05-08; 2021-09-17; 2023-08-09 Rush University Medical Center 1653 West Congress Parkway Chicago, IL 60612	140119	2013/07/19	2025/09/24	IL

Addendum XIII: Lung Volume Reduction Surgery (LVRS) (October through December, 2025)

Addendum XIII includes a listing of Medicare-approved facilities that are eligible to receive coverage for lung volume reduction surgery.

Until May 17, 2007, facilities that participated in the National Emphysema Treatment Trial were also eligible to receive coverage. The following three types of facilities are eligible for reimbursement for Lung Volume Reduction Surgery (LVRS):

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

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

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

Addendum XIV: Medicare-Approved Bariatric Surgery Facilities (October through December 2025)

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

3-month period. This information is available at www.cms.gov/Medicare/ApprovedFacilities/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 (October through December 2025)

There were no FDG-PET for Dementia and Neurodegenerative Diseases Clinical Trials published in the 3-month period.

This information is available on our website at www.cms.gov/Medicare/ApprovedFacilities/PETDT/list.asp#TopOfPage. For questions or additional information, contact David Dolan, MBA (410-786-3365).