

- Original Medicare Durable Medical Equipment, Devices and Supplies (DMEPOS)—By Referring Provider and Service
- Original Medicare Durable Medical Equipment, Devices and Supplies (DMEPOS)—By Supplier and Service
- Medicaid Provider Spending—By Provider and Service (including aggregated managed care payment data elements, with disclosure avoidance techniques applied)

CMS has evaluated prior Agency statements and the disclosure of the datasets included in this notice consistent with applicable legal requirements. CMS considered applicable privacy protections under the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act, and relevant provisions of the 21st Century Cures Act. Where applicable, CMS also considered confidentiality requirements for substance use disorder information under 42 CFR part 2. Based on this assessment, CMS has determined that the datasets have been de-identified and appropriately limited to mitigate the risk of re-identification, do not disclose protected trade secret or confidential commercial information and are appropriate for public release.

CMS will continue to evaluate additional datasets, as well as applicable governing laws and regulations, as it prepares future data releases.

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Mehmet Oz, having reviewed and approved this document, authorizes Vanessa Garcia, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

**Vanessa Garcia,**

*Federal Register Liaison, Centers for Medicare & Medicaid Services.*

[FR Doc. 2026–06618 Filed 4–2–26; 4:15 pm]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS–5056–N2]

#### Medicare Program; Delayed Implementation of Certain Prior Authorization for Select Services for the Wasteful and Inappropriate Services Reduction (WISeR) Model

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

**ACTION:** Notice.

**SUMMARY:** This notice announces a delay in the implementation of two services from the list of Wasteful and Inappropriate Services Reduction (WISeR) model items and services.

**DATES:** The notice is effective April 6, 2026.

**FOR FURTHER INFORMATION CONTACT:** Kate Blackwell (844) 711–2664, Option 8 or [WISeR@cms.hhs.gov](mailto:WISeR@cms.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### I. Background

In the July 1, 2025, **Federal Register** (90 FR 28749), we published a notice titled “Medicare Program; Implementation of Prior Authorization for Select Services for the Wasteful and Inappropriate Services Reduction (WISeR) Model”. The notice announced a 6-year model focused on reducing fraud, waste (including low-value care), and abuse in Medicare fee-for-service (FFS) via the implementation of technology-enabled prior authorization processes for select services. For more detailed information regarding the WISeR Model, see the July 2025 notice (90 FR 28749).

##### II. Delayed Implementation of Select Services

In the July 2025 notice (90 FR 28751), we specified that the prior authorization process under the model will be implemented in the selected states for the listed items and services with affiliated national coverage decisions (NCDs) or local coverage decisions (LCDs) beginning January 1, 2026. We are delaying implementation of two of the services announced in the July 2025 notice to allow additional time for operational readiness. Implementation of the prior authorization or pre-payment review process for these two services is delayed until a future date that will be announced in a subsequent **Federal Register** notice. Until the future implementation date is announced,

neither the prior authorization nor the pre-payment review processes described in our earlier notice will be available for these services. The two services for which we are delaying implementation of the prior authorization or pre-payment review process are as follows:

- Deep Brain Stimulation for Essential Tremor and Parkinson’s Disease (NCD 160.24).
- Percutaneous Image-Guided Lumbar Decompression for Spinal Stenosis (NCD 150.13).

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Dr. Mehmet Oz, having reviewed and approved this document, authorizes Chyana Woodyard, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

**Chyana Woodyard,**

*Federal Register Liaison, Centers for Medicare & Medicaid Services.*

[FR Doc. 2026–06616 Filed 4–3–26; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS–5056–CN]

#### Medicare Program; Implementation of Prior Authorization for Select Services for the Wasteful and Inappropriate Services Reduction (WISeR) Model; Correction

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

**ACTION:** Notice; correction.

**SUMMARY:** This document corrects typographical and technical errors in the notice that appeared in the July 1, 2025, **Federal Register** titled “Medicare Program; Implementation of Prior Authorization for Select Services for the Wasteful and Inappropriate Services Reduction (WISeR) Model”.

**DATES:** The corrections in this notice are effective April 6, 2026.

*Applicability date:* The corrections in section II.1.a. of this notice are applicable to the list of WISeR items and services and their affiliated local coverage determinations (LCDs) for which prior authorization and pre-payment review processes were implemented on January 1, 2026.

**FOR FURTHER INFORMATION CONTACT:** Kate Blackwell (844) 711–2664, Option 8 or [WISeR@cms.hhs.gov](mailto:WISeR@cms.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

## I. Background and Summary of Errors

In FR Doc. 2020–12195 of July 1, 2025 (90 FR 28749), there were typographical and technical errors. This document corrects those errors.

## II. Correction of Errors

In FR Doc. 2025–122195 of July 1, 2025 (90 FR 28749), make the following corrections:

1. On page 28751,
  - a. Second column,

(1) Third bulleted paragraph, lines 1 through 5, the paragraph “• Epidural Steroid Injections for Pain Management excluding facet joint injections (L39015, L33906, L39036, L39240, L39242, L36920, L38994, L39054)” is corrected to read “• Epidural Steroid Injections for Pain Management (L39015, L39240, L36920) excluding Facet Joint Interventions”.

(2) Fourth bulleted paragraph, lines 2 through 5, the phrase “Vertebral Compression Fracture (VCF) (L33569, L34106, L34228, L38201, L34976, L35130, L38737, L38213)” is corrected to read “Vertebral Compression Fracture (VCF) (L38201, L34228, L35130)”.

(3) Fifth bulleted paragraph, lines 1 through 3, the phrase “Fusion (L39741, L39799, L39770, L39758, L39762, L39793, L39773, L39788)” is corrected to read “Fusion (L39741, L39758, L39793)”.

(4) Seventh bulleted paragraph, lines 2 through 4, the phrase “Apnea (L38276, L38307, L38398, L38387, L38310, L38312, L38385, L38528)” is corrected to read “Apnea (L38307, L38310, L38385)”.

(5) Eleventh bulleted paragraph, lines 1 through 4, the paragraph “• Skin and Tissue Substitutes (LCDs below)—only applicable to MAC jurisdictions and states that have an active LCD in place” is corrected to read “• Skin and Tissue Substitutes (LCDs below): Only applicable to selected WISeR MAC jurisdictions and states with an active LCD in place during the WISeR performance years starting on January 1, 2026.”

b. Third column, first full paragraph, lines 23 and 24, the phrase “Additional information about the WISeR model is available” is corrected to read “Additional information about the WISeR model and the most current WISeR items and services and their affiliated NCDs and LCDs are available”.

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Dr. Mehmet Oz, having reviewed and approved this document, authorizes Chyana Woodyard, who is the Federal Register Liaison, to electronically sign

this document for purposes of publication in the **Federal Register**.

**Chyana Woodyard,**

*Federal Register Liaison, Centers for Medicare & Medicaid Services.*

[FR Doc. 2026–06617 Filed 4–3–26; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS–416 and CMS–10628]

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request

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

**ACTION:** Notice.

**SUMMARY:** The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS’ intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency’s functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**DATES:** Comments on the collection(s) of information must be received by the OMB desk officer by May 6, 2026.

**ADDRESSES:** Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing>.

**FOR FURTHER INFORMATION CONTACT:** William Parham at (410) 786–4669.

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term “collection of information” is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment.

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Annual Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Participation Report; *Use:* The collected baseline data is used to assess the effectiveness of state early and periodic screening, diagnostic and treatment (EPSDT) programs in reaching eligible children (by age group and basis of Medicaid eligibility) who are provided initial and periodic child health screening services, referred for corrective treatment, and receiving dental, hearing, and vision services. This assessment is coupled with the state’s results in attaining the participation goals set for the state. The information gathered from this report permits federal and state managers to evaluate the effectiveness of the EPSDT law on the basic aspects of the program. *Form Number:* CMS–416 (OMB control number 0938–0354); *Frequency:* Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 56; *Total Annual Hours:* 1,128. (For policy questions regarding this collection