ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
EDN data entry staff at state and local health departments.	US Tuberculosis Follow-up Worksheet for Newly-Arrived Persons with Overseas Tu- berculosis Classifications.	1,548	3	30/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention. [FR Doc. 2021–15793 Filed 7–23–21; 8:45 am] BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Health Statistics (NCHS), ICD–10 Coordination and Maintenance (C&M) Committee Meeting

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: The CDC, National Center for Health Statistics (NCHS), Classifications and Public Health Data Standards Staff, announces the following meeting of the ICD–10 Coordination and Maintenance (C&M) Committee meeting. This meeting is open to the public, limited only by audio. Online Registration is not required.

DATES: The meeting will be held on September 14, 2021, from 9:00 a.m. to 5:00 p.m., EDT, and September 15, 2021, from 9:00 a.m. to 5:00 p.m., EDT.

ADDRESSES: This is a virtual meeting. Information will be provided on each of our respective web pages when it becomes available. For CDC/NCHS https://www.cdc.gov/nchs/icd/icd10cm_ maintenance.htm. For CMS https:// www.cms.gov/Medicare/Coding/ ICD9ProviderDiagnosticCodes/meetings.

FOR FURTHER INFORMATION CONTACT:

Traci Ramirez, Medical Systems Specialist, CDC, 3311 Toledo Road, Hyattsville, Maryland 20782; Telephone: (301) 458–4454; Email: *TRamirez@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Purpose: The ICD–10 Coordination and Maintenance (C&M) Committee is a public forum for the presentation of proposed modifications to the International Classification of Diseases, Tenth Revision, Clinical Modification and ICD–10 Procedure Coding System.

Matters To Be Considered: The tentative agenda will include discussions on ICD-10-CM and ICD-10-PCS topics listed below. Agenda items are subject to change as priorities dictate.

Please refer to the posted agenda for updates one month prior to the meeting.

ICD-10-PCS Topics

- 1. Administration of fostamatinib(1), (2)
- 2. Administration of betibeglogene
- autotemcel (beti-cel)(1)
- 3. Administration of RBX2660(1) 4. Pressure-controlled Intermittent
- Coronary Sinus Occlusion 5. Measurement of Exhaled Nitric Oxide
- (FeNo)
- 6. Histotripsy of Liver
- 7. Replacement of Meniscus with Synthetic Substitute (1)
- 8. Section X Updates
- 9. Addenda and Key Updates

(1) Applicant intends to submit a New Technology Add-on Payment (NTAP) application for FY 2023.

(2) Request is for an April 1, 2022 implementation date.

Presentations for procedure code requests are conducted by both the requestor and CMS during the Coordination & Maintenance Committee meeting. Discussion from the requestor generally focuses on the clinical issues for the procedure or technology, followed by the proposed coding options from a CMS analyst. Topics presented may also include requests for new procedure codes that relate to a new technology add-on payment (NTAP) policy request.

CMS is continuing to modify the approach for presenting the new technology add-on payment (NTAP) related ICD-10-PCS procedure code requests that involve the administration of a therapeutic agent. Consistent with the requirements of section 1886(d)(5)(K)(iii) of the Social Security Act, applicants submitted requests to create a unique procedure code to describe the administration of a therapeutic agent, such as the option to create a new code in Section X within the ICD-10-PCS procedure code classification. CMS will initially only display those meeting materials associated with the NTAP related ICD– 10–PCS procedure code requests that involve the administration of a therapeutic agent on the CMS website in early August 2021 at: https:// www.cms.gov/Medicare/Coding/ICD10/ C-and-M-Meeting-Materials.

The three NTĂP related ICD–10–PCS procedure code requests that involve the administration of a therapeutic agent are:

- 1. Administration of fostamatinib
- 2. Administration of betibeglogene autotemcel (beti-cel)
- 3. Administration of RBX2660 These topics will not be presented during the September 14-15, 2021 meeting. CMS will solicit public comments regarding any clinical questions or coding options included for these three procedure code topics in advance of the meeting continuing through the end of the public comment period. The deadline to submit comments for topics being considered for April 1, 2022 implementation is October 15, 2021 and the deadline to submit comments for topics being considered for an October 1, 2022 implementation is November 15, 2021. Members of the public should send any questions or comments to the CMS mailbox at: ICDProcedureCodeRequest@ *cms.hhs.gov* by the designated deadline dates mentioned above.

CMS intends to post a question and answer document in advance of the meeting to address any clinical or coding questions that members of the public may have submitted. Following the conclusion of the meeting, CMS will post an updated question and answer document to address any additional clinical or coding questions that members of the public may have submitted during the meeting that CMS was not able to address or that were submitted after the meeting.

The NTAP related ICD-10-PCS procedure code requests that do not involve the administration of a therapeutic agent and all non-NTAP related procedure code requests will continue to be presented during the virtual meeting on September 14, 2021 consistent with the standard meeting process.

CMS will make all meeting materials and related documents available at: https://www.cms.gov/Medicare/Coding/ ICD10/C-and-M-Meeting-Materials. Any inquiries related to the procedure code topics scheduled for the September 14, 2021 ICD–10 Coordination and Maintenance Committee meeting that are under consideration for April 1, 2022 or October 1, 2022 implementation should be sent to the CMS mailbox at: ICDProcedureCodeRequest@ cms.hhs.gov.

ICD-10-CM Topics

- 1. Apnea of Newborn and Related Issues
- 2. Atrial Septal Defect
- 3. Craniosynostosis
- 4. Dementia
- 5. Encounter for follow-up examination after completed treatment for malignant neoplasm
- 6. Endometriosis
- 7. Intracranial Injury with Unknown LOC
- 8. Long-term (current) drug therapy
- 9. Primary Blast Injury
- 10. Problems Related to Upbringing
- 11. Short Stature Due to Endocrine
- Disorder 12. Addenda

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-21-1046; Docket No. CDC-2021-0074]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS). **ACTION:** Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies the opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled National Breast and Cervical **Cancer Early Detection Program** (NBCCEDP) Monitoring Activities. Proposed study is designed to collect information about implementation, including delivery of screening and follow-up clinical services, and outcomes of the NBCCEDP.

DATES: CDC must receive written comments on or before September 24, 2021.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2021–0074 by any of the following methods:

• Federal eRulemaking Portal: Regulations.gov. Follow the instructions for submitting comments.

• *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS–D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *Regulations.gov*.

Please note: Submit all comments through the Federal eRulemaking portal (*regulations.gov*) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS-D74, Atlanta, Georgia 30329; phone: 404-639-7570; Email: omb@cdc.gov. 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. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the Federal Register concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information

collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

3. Enhance the quality, utility, and clarity of the information to be collected;

4. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.*, permitting electronic submissions of responses; and

5. Assess information collection costs.

Proposed Project

National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Monitoring Activities—(OMB Control No. 0920–1046, Exp. 11/30/2021)— Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is requesting a Revision of the information collection with the OMB Control Number 0920-1046, titled "National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Monitoring Activities." In the previous OMB approval period, information collection consisted of an annual NBCCEDP survey and clinic-level data collection. In the next OMB approval period, information collection will consist of a revised NBCCEDP survey, revised clinic-level data collection, new quarterly program update, new service delivery projection worksheet, and the addition of previously approved minimum data elements (MDEs; OMB Control No. 0920-0571, Exp. 11/30/ 2021) to increase efficiency. The number of respondents will remain the same and the total estimated annualized burden will increase from 683 to 1,216.

Breast and cervical cancers are prevalent among U.S. women. In 2017, the U.S. experienced 250,520 new cases and 42,000 deaths as a result of breast