

the public record of this proceeding, including the <https://www.regulations.gov> website.

You can file a comment online or on paper. Due to the public health emergency in response to the COVID-19 outbreak and the agency's heightened security screening, postal mail addressed to the Commission will be subject to delay. We encourage you to submit your comments online through the <https://www.regulations.gov> website.

If you file your comment on paper, write "Franchise Rule, PRA Comment, FTC File No. P094400," on your comment and on the envelope, and mail it to the following address: Federal Trade Commission, Office of the Secretary, 600 Pennsylvania Avenue NW, Suite CC-5610 (Annex J), Washington, DC 20580, or deliver your comment to the following address: Federal Trade Commission, Office of the Secretary, Constitution Center, 400 7th Street SW, 5th Floor, Suite 5610 (Annex J), Washington, DC 20024. If possible, submit your paper comment to the Commission by courier or overnight service.

Because your comment will become publicly available at <https://www.regulations.gov>, you are solely responsible for making sure that your comment does not include any sensitive or confidential information. In particular, your comment should not include any sensitive personal information, such as your or anyone else's Social Security number; date of birth; driver's license number or other state identification number, or foreign country equivalent; passport number; financial account number; or credit or debit card number. You are also solely responsible for making sure that your comment does not include any sensitive health information, such as medical records or other individually identifiable health information. In addition, your comment should not include any "trade secret or any commercial or financial information which . . . is privileged or confidential"—as provided by Section 6(f) of the FTC Act, 15 U.S.C. 46(f), and FTC Rule 4.10(a)(2), 16 CFR 4.10(a)(2)—including, in particular, competitively sensitive information, such as costs, sales statistics, inventories, formulas, patterns, devices, manufacturing processes, or customer names.

Comments containing material for which confidential treatment is requested must (1) be filed in paper form, (2) be clearly labeled "Confidential," and (3) comply with FTC Rule 4.9(c). In particular, the written request for confidential

treatment that accompanies the comment must include the factual and legal basis for the request and must identify the specific portions of the comment to be withheld from the public record. See FTC Rule 4.9(c). Your comment will be kept confidential only if the General Counsel grants your request in accordance with the law and the public interest. Once your comment has been posted publicly at www.regulations.gov, we cannot redact or remove your comment unless you submit a confidentiality request that meets the requirements for such treatment under FTC Rule 4.9(c), and the General Counsel grants that request.

The FTC Act and other laws that the Commission administers permit the collection of public comments to consider and use in this proceeding as appropriate. The Commission will consider all timely and responsive public comments that it receives on or before April 3, 2023. For information on the Commission's privacy policy, including routine uses permitted by the Privacy Act, see <https://www.ftc.gov/site-information/privacy-policy>.

Josephine Liu,

Assistant General Counsel for Legal Counsel.

[FR Doc. 2023-01997 Filed 1-31-23; 8:45 am]

BILLING CODE 6750-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier CMS-10242]

Agency Information Collection Activities: Proposed Collection; Comment Request; Correction

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

ACTION: Notice; correction.

SUMMARY: On January 27, 2023, CMS published a notice in the **Federal Register** that sought comment on a collection of information concerning CMS-10242 (OMB control number 0938-1049) entitled "Emergency Ambulance Transports and Beneficiary Signature." The telephone number for the point of contact for policy questions is incorrect. This document corrects the error.

FOR FURTHER INFORMATION CONTACT: William N. Parham, III, (410) 786-4669.

SUPPLEMENTARY INFORMATION:

I. Background

In the January 27, 2023, issue of the **Federal Register** (87 FR 5360), we

published a Paperwork Reduction Act notice requesting a 60-day public comment period for the information collection request identified under CMS-10242, OMB control number 0938-1049, and titled "Emergency Ambulance Transports and Beneficiary Signature."

II. Explanation of Error

In the January 27, 2023, notice, the telephone number listed for the point contact for policy questions is incorrect. The incorrect language is on page 5361, in the third column, in the first paragraph, beginning on line 7 with "(For policy" and ending at the end of line 10. This notice provides the correct telephone number.

III. Correction of Error

In the **Federal Register** of January 27, 2023, in FR Doc. 2023-01718 on page 5361, in the third column, in the first paragraph, lines 7-10, beginning with the "(For policy" through the end of line 10 is corrected to "(For policy questions regarding this collection contact Sabrina Teferi at 404-562-7251.)"

Dated: January 27, 2023.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2023-02119 Filed 1-31-23; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-9139-N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—October Through December 2022

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 from April through June 2022, 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	JoAnna Baldwin, MS	(410) 786-7205
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**.

Dated: January 26, 2023.

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 9, 2022 (87 FR 7458), May 13, 2022 (87 FR 29327), August 4, 2022 (87 FR 47751) and November 14, 2022 (87 FR 68161). 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 (October through December 2022)

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 for National Coverage Determination (NCD) 200.3 - Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD) (CMS-Pub. 100-03) Transmittal No. 11692.

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)	
11641	Update to Medicare Deductible, Coinsurance and Premium Rates for Calendar Year (CY) 2023 Basis for Determining the Part A Coinsurance Amounts Part B Annual Deductible Part B Premium
11646	New Medicare Part B Immunosuppressant Drug Benefit (PBID) – Implementation
11672	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
Medicare Benefit Policy (CMS-Pub. 100-02)	
11646	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
11678	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) 2023

11693	International Classification of Disease (ICD-10) Code Update for Coverage of Intravenous Immune Globulin (IVIg) Treatment of Primary Immune Deficiency Diseases in the Home-
11764	New Medicare Part B Immunosuppressant Drug Benefit (PBID) – Implementation
11767	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) 2023
11769	Manual Update Pub. 100-02 Medicare Benefit Policy, Chapter 15, Section 110.8 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Benefit Category Determinations
11771	Internet-Only Manual (IOM) Updates for Nurse Practitioners (NPs) and Clinical Nurse Specialists (CNSs) Nurse Practitioner (NP) Services Clinical Nurse Specialist (CNS) Services
Medicare National Coverage Determination (CMS-Pub. 100-03)	
11692	National Coverage Determination (NCD) 200.3 - Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD)
Medicare Claims Processing (CMS-Pub. 100-04)	
11625	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
11626	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
11627	Quarterly Update to Home Health (HH) Grouper
11628	Shared System Support Hours for Application Programming Interfaces (APIs)
11630	Instructions to the Fiscal Intermediary Shared System [FISS] to Add Additional Multiple Procedure Indicators 6 and 7 Into the Physician Fee Schedule Payment Policy Indicator File Record Layout
11632	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11633	New Fiscal Intermediary Shared System (FISS) Consistency Edit to Validate Attending Physician National Provider Identifier (NPI)
11634	Home Health Claims - New Grouper Return Code Edits and Informational Unsolicited Response HH Grouper Program HH Grouper Input/Output Record Layout HH Grouper Decision Logic and Updates
11639	Provider Specific File (PSF) changes for Direct Medical Education (DME), Direct Graduate Medical Education (DGME), Organ Acquisition Cost (OAC) and Kidney Acquisition Costs (KAC)
11640	Calendar Year (CY) 2023 Participation Enrollment and Medicare Participating Physicians and Suppliers Directory (MEDPAR) Procedures
11642	Ambulance Inflation Factor (AIF) for Calendar Year (CY) 2023 and Productivity Adjustment Ambulance Inflation Factor (AIF)
11644	Home Health Claims - New Grouper Return Code Edits and Informational Unsolicited Response HH Grouper Program HH Grouper Input/Output Record Layout HH Grouper Decision Logic and Updates
11646	New Medicare Part B Immunosuppressant Drug Benefit (PBID) – Implementation Payment Rules for Drugs and Biologicals Billing for Immunosuppressive Drugs
11647	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11654	Issued to a specific audience, not posted to Internet/Intranet due to a

	Confidentiality of Instruction
11657	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11658	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11661	October 2022 Update of the Ambulatory Surgical Center (ASC) Payment System
11662	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11663	Instructions for Retrieving the 2023 Pricing and Healthcare Common Procedure Coding System (HCPCS) Data Files through CMS' Mainframe Telecommunications Systems
11664	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
11665	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11666	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11669	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11670	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
11671	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11673	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11675	Calendar Year (CY) 2023 Participation Enrollment and Medicare Participating Physicians and Suppliers Directory (MEDPAR) Procedures
11677	Update to the Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) for Calendar Year (CY) 2023
11685	Billing for Hospital Part B Inpatient Services Editing Of Hospital Part B Inpatient Services: Reasonable and Necessary Part A Hospital Inpatient Denials
11687	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11690	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11691	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11699	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11700	Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2023
11702	Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2023
11703	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
11704	Combined Common Edits/Enhancements Modules (CCEM) Code Set Update
11706	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 29.1, Effective April 1 2023
11707	Correction to Stem Cell Transplantation Instructions in Chapter Section 90.3

11708	Summary of Policies in the Calendar Year (CY) 2023 Medicare Physician Fee Schedule (MPFS) Final Rule, Telehealth Originating Site Facility Fee Payment Amount and Telehealth Services List, CT Modifier Reduction List, and Preventive Services List
11711	April 2023 Healthcare Common Procedure Coding System (HCPCS) Quarterly Update Reminder
11714	Home Health Claims - New Grouper Return Code Edits and Informational Unsolicited Response HH Grouper Program HH Grouper Input/Output Record Layout HH Grouper Decision Logic and Updates
11716	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11717	New Waived Tests
11718	Update to Rural Health Clinic (RHC) All Inclusive Rate (AIR) Payment Limit for Calendar Year (CY) 2023
11721	National Coverage Determination (NCD 110.24): Chimeric Antigen Receptor (CAR) T-cell Therapy
11722	Calendar Year 2023 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule Chimeric Antigen Receptor (CAR) T-cell Therapy Coverage Requirements Billing Requirements A/B MAC Billing HCPCS/CPT Codes A/B MAC (B) Places of Service (POS) Billing Information for Professional Claims Payment Requirements Claim Adjustment Reason Codes (CARCs), Remittance Advice Remark Codes (RARCs), Group Codes, and Medicare Summary Notice (MSN) Messages Claims Editing
11723	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11727	Fiscal Year (FY) 2023 Inpatient Prospective Payment System (IPPS) and Long Term Care Hospital (LTCH) PPS Changes
11729	Implementation of Rural Emergency Hospital (REH) Provider Type
11731	Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 1, Section 90, to include Critical Access Hospitals (CAHs) for a Portion of a Medicare Advantage (MA) Billing Period
11732	Billing Instructions for Home or Residence Services Home or Residence Services (Codes 99341 – 99350) Home or Residence Services (99341 – 99350) When Performed in Place of Service 12 (Home)
11733	Calendar Year (CY) 2023 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment
11734	Changes to the Laboratory National Coverage Determination (NCD) Edit Software for April 2023
11735	Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits
11736	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
11737	January 2023 Update of the Hospital Outpatient Prospective Payment System (OPPS)
11738	January 2023 Integrated Outpatient Code Editor (I/OCE) Specifications Version 24.0

11742	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11746	April 2023 Update to the Medicare Severity – Diagnosis Related Group (MS-DRG) Grouper and Medicare Code Editor (MCE) Version 40.1 for the International Classification of Diseases, Tenth Revision (ICD-10) Diagnosis Codes for Collection of Health-Related Social Needs (HRSNs) and New ICD-10 Procedure Coding System (PCS) Codes
11747	Quarterly Update to Home Health (HH) Grouper
11748	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11752	April 2023 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
11758	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
11759	Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 18 Section 170.1 and Chapter 32 Section 270.2 due to the National Coverage Determinations (NCDs) April 2023 Change Request (CR) 12960 Healthcare Common Procedure Coding System (HCPCS) Codes for Screening for STIs and HIBC to Prevent STIs Billing Requirements for Patients Enrolled in a Data Collection System
11760	Manual Update to Pub. 100-04, Chapter 20, Pre-Discharge Delivery of DMEPOS for Fitting and Training, Section 110.3
11761	Instructions for Downloading the Medicare ZIP Code File for April 2023 Files
11762	January 2023 Update of the Ambulatory Surgical Center [ASC] Payment System
11764	New Medicare Part B Immunosuppressant Drug Benefit (PBID) – Implementation Payment Rules for Drugs and Biologicals Billing for Immunosuppressive Drugs
11766	Instructions for Retrieving the 2023 Pricing and Healthcare Common Procedure Coding System (HCPCS) Data Files through CMS' Mainframe Telecommunications Systems
11768	Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update
11770	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) - April 2023
11774	National Coverage Determination (NCD 110.24): Chimeric Antigen Receptor (CAR) T-cell Therapy Chimeric Antigen Receptor (CAR) T-cell Therapy Coverage Requirements Billing Requirements A/B MAC (A) Revenue Code A/B MAC (B) Places of Service (POS) Billing Information for Professional Claims Payment Requirements Claim Adjustment Reason Codes (CARCs), Remittance Advice Remark Codes (RARCs), Group Codes, and Medicare Summary Notice (MSN) Messages Claims Editing
Medicare Secondary Payer (CMS-Pub. 100-05)	
11741	Automation of the Medicare Duplicate Primary Payment (DPP) Process
11754	Electronic Correspondence Referral System (ECRS) Restoration of Patient Relationship Code 18, Update to Medicare Secondary Payer (MSP) Inquiry Transactions for Deceased Beneficiaries, and Clarification of Existing ECRS User Guide Policy Based on the Medicare Administrative Contractors

	Feedback
11755	Significant Updates to Internet Only Manual (IOM) Publication (Pub.) 100-05 Medicare Secondary Payer (MSP) Manual, Chapters 1 and 2
11756	Deleting Internet Only Manuals (IOM) Pub. 100-05, Chapter 4 and Chapter 8
11775	Automation of the Medicare Duplicate Primary Payment (DPP) Process
Medicare Financial Management (CMS-Pub. 100-06)	
11643	Notice of New Interest Rate for Medicare Overpayments and Underpayments – 1st Qtr Notification for FY 2023
11757	The Fiscal Intermediary Shared System (FISS) Submission of Copybook Files to the Provider and Statistical Reimbursement (PS&R) System
Medicare State Operations Manual (CMS-Pub. 100-07)	
208	Revisions to State Operation Manual (SOM), Appendix PP Guidance to Surveyors for Long Term Care Facilities Management of Complaints and Incidents General Intake Process ASPEN Complaints/Incident Tracking System (ACTS) Data Entry Reports Priority Assignment for Nursing Homes, Deemed and Non-Deemed Non-Long Term Care Providers/Suppliers, and EMTALA Immediate Jeopardy (for Nursing Homes, Deemed and Non-Deemed Non-Long Term Care Providers/Suppliers, and EMTALA) Non-Immediate Jeopardy-High Priority (for Nursing Homes and Deemed and Non-Deemed Non-Long Term Care Providers/Suppliers, and EMTALA) Non-Immediate Jeopardy-Medium Priority (for Nursing Homes and Deemed and Non-Deemed Non-Long Term Care Providers/Suppliers) Non-Immediate Jeopardy-Low Priority (for Nursing Homes Deemed and Non-Deemed Non-Long Term Care Provider/Suppliers Referral-Immediate (for Nursing Homes, Deemed and Non-Deemed Non-Long Term Care Providers/Suppliers, and EMTALA) No Action Necessary (for Nursing Homes, Deemed and Non-Deemed Non-Long Term Care Providers/Suppliers, and EMTALA) Maximum Time Frames Related to the Federal Onsite Investigation of Complaints/Incidents Report to Complainant Exit Conference Action on Allegations of Resident Neglect and Abuse, and Misappropriation of Resident Property for Nursing Homes Written Procedures Review and Triage of Allegations Immediate Jeopardy Priority Chapter 5/5330/Reporting Abuse to Law Enforcement and the Medicaid Fraud Control Unit for Nursing Homes ACTS Required Fields Sample Form for Facility Reported Incidents Follow-up Investigation Report
209	Revisions to Appendix I – Survey Procedures for Life Safety Code Surveys
Medicare Program Integrity (CMS-Pub. 100-08)	
11637	Provider Enrollment Appeals and Rebuttals - Revised Instructions and Model Letters Deactivation Rebuttals Medicare Contractor Duties Acknowledgement Letters Revocation Letters Deactivation Model Letter Rebuttal Model Letters

	Model Opt-out Letters Revalidation Notification Letters
11638	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11652	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11653	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11658	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11682	Seventh General Update to Provider Enrollment Instructions in Chapter 10 of CMS Publication (Pub.) 100-08
11683	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
11694	Medicare Enrollment of Rural Emergency Hospitals (REHs)
11696	Updates to Chapter 4 of Publication (Pub.) 100-08, to include the Addition of a Congressional Inquiries Section, Updates to the Vetting Leads with CMS Process, and Various Other Updates Durable Medical Equipment Medicare Administrative Contractor Fraud Functions Vetting Leads with CMS Production of Medical Records and Documentation for an Appeals Case File Congressional Inquiries Administrative Actions Civil Monetary Penalties Delegated to CMS
11697	Update to Process and Responsibility for Tracking Medicare Contractors' Prepayment and Post Payment Reviews in the RAC Data Warehouse (RACDW) Tracking Medicare Contractors' Prepayment and Postpayment Reviews
11701	Incorporation of Recent Provider Enrollment Regulatory Changes into Chapter 10 of CMS Publication (Pub.) 100-08 Definitions Skilled Nursing Facilities (SNFs) Denial Reasons Revocation Reasons Risk-Based Screening Miscellaneous Enrollment Topics
11715	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
11739	Incorporation of Recent Provider Enrollment Regulatory Changes into Chapter 10 of CMS Publication (Pub.) 100-08
11745	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
11749	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
11771	Internet-Only Manual (IOM) Updates for Nurse Practitioners (NPs) and Clinical Nurse Specialists (CNSs)
11773	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
Medicare Contractor Beneficiary and Provider Communications (CMS-Pub. 100-09)	
	None
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)	
11665	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
11674	Modification to Value-Based Insurance Design (VBID) Model Change Requests (CRs)
11750	Intravenous Immune Globulin (IVIG) Demonstration: Payment Update for 2023
One Time Notification (CMS-Pub. 100-20)	
11624	Mobile Personal Identity Verification (PIV) Station
11629	User CR: Fiscal Intermediary Shared System (FISS) Enhancement to View All Changes for All Adjustment Types
11631	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
11635	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
11636	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--January 2023 Update--2 of 2
11645	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
11648	Instructions for Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs) to Print and Mail Previously Undeliverable Medicare Summary Notices (MSNs)
11649	User Enhancement Change Request (UECR): Fiscal Intermediary Shared System (FISS) - Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM) Reason Code 31849
11650	Enhancements to Patient Driven Payment Model (PDPM) Claim Edits to Improve Claim Processing
11651	Shared System Support Hours for Application Programming Interfaces (APIs) - April 2023
11656	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
11659	Updates to the Common Working File (CWF) for Editing and Claims Processing to Allow Medicare Fee-For-Service (FFS) Coverage of Kidney Acquisition Costs for Medicare Advantage (MA) Beneficiaries Provided by Maryland Waiver (MW) Hospitals
11660	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 and Ukraine Supplemental Appropriations Act, 2023
11667	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) to Display the Current Location of a History Claim on the Related History Line and the MCS Desktop Tool (MCSDT) Related History Window
11676	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--April 2023 Update

11679	User Enhancement Change Request (UECR): Enhance the Multi-Carrier System (MCS) Related Procedures Diagnosis Segments Screen
11680	Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) to Include Additional Options for Requesting Duplicate Remittance Advices
11681	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) Edit/Audit/Procedure Processing Criteria Report H99RBSCC
11684	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
11686	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Reset Beneficiary and Provider Healthcare Integrated General Ledger Accounting System (HIGLAS) Flags
11689	User Enhancement Change Request (UECR): Add the Common Working File (CWF) Disposition Code to the Multi-Carrier System (MCS) Medicare Secondary Payer (MSP) 'I' Records Detail Screens, MCS Desk Top Tool (MCSDT) and the MSP CWF Transaction
11695	New State Codes for North Carolina
11698	Modern Solution to SuperOp Claim Counter Maximum Implementation
11709	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) Comment Screen
11710	Implementation of a National Fee Schedule for Medicare Part B Vaccine Administration CMS
11719	Update the Common Working File (CWF) to Apply Error Code 7282 to all Applicable Detail Lines of a Claim
11720	MAC Use of Jira and Confluence
11724	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
11725	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) Edit/Audit/Procedure Processing Criteria Report H99RBSCC
11728	Medicare Administrative Contractors (MACs) Updating Their Systems to Integrate with Call Center Post-Transaction Feedback Collection from Providers – Implementation
11730	Implementation of the Award for the Jurisdiction M (J-M) Part A and Part B Medicare Administrative Contractor (JM A/B MAC)
11740	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 and Ukraine Supplemental Appropriations Act, 2023
11743	Implementation of the Award for the National Provider Enrollment (Medicare and Medicaid) Eastern Region (NPEAST) and Western Region (NPWEST) Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Enrollment Contractors
11744	Phase two: Undeliverable Medicare Summary Notices (UMSNs) – Beneficiary Do Not Forward Process
11751	Updating Calendar Year (CY) 2023 Medicare Diabetes Prevention Program (MDPP) Payment Rates
11753	Provider Education for Prior Authorization (PA) Process for Facet Joint Interventions in the Hospital Outpatient Department (OPD) Setting
11772	Changes to Beneficiary Coinsurance for Additional Procedures Furnished During the Same Clinical Encounter As Certain Colorectal Cancer Screening Tests
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

**Addendum II: Regulation Documents Published
in the Federal Register (October through December 2022)**

Regulations and Notices

Regulations and notices are published in the daily **Federal Register**. To purchase individual copies or subscribe to the **Federal Register**, contact GPO at www.gpo.gov/fdsys. When ordering individual copies, it is necessary to cite either the date of publication or the volume number and page number.

The **Federal Register** is available as an online database through GPO Access. The online database is updated by 6 a.m. each day the **Federal Register** is published. The database includes both text and graphics from Volume 59, Number 1 (January 2, 1994) through the present date and can be accessed at <http://www.gpoaccess.gov/fr/index.html>. The following website <http://www.archives.gov/federal-register/> provides information on how to access electronic editions, printed editions, and reference copies.

This information is available on our website at: <https://www.cms.gov/files/document/regs4q22qpu.pdf>

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

**Addendum III: CMS Rulings
(October through December 2022)**

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
(October through December 2022)**

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
Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD)	NCD 200.3	R11692	11/09/2022	04/07/2022
National Coverage Determination (NCD 110.24): Chimeric Antigen Receptor (CAR) T-cell Therapy	NCD 110.24	R11774	12/30/2022	01/01/2023

Addendum V: FDA-Approved Category B Investigational Device Exemptions (IDEs) (October through December 2022)
(Inclusion of this addenda is under discussion internally.)

**Addendum VI: Approval Numbers for Collections of Information
(October through December 2022)**

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 2022)**

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.			
Community Hospital of the Monterey Peninsula 23625 Holman Highway Monterey, CA 93940	050145	11/01/2022	CA
Methodist Hospital Stone Oak 1139 E. Sonterra Boulevard San Antonio, TX 78258	670055	11/29/2022	TX
Memorial Medical Center 2450 S. Telshor Boulevard Las Cruces, NM 88011	320018	12/13/2022	NM

**Addendum VIII:
American College of Cardiology’s National Cardiovascular Data Registry Sites (October through December 2022)**

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 2022)

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>. There are no additional Active CMS Coverage-Related Guidance Documents for the 3-month period. For questions or additional information, contact JoAnna Baldwin, MS (410-786-7205).

**Addendum X:
List of Special One-Time Notices Regarding National Coverage Provisions (October through December 2022)**

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 2022)

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/MedicareApprovedFacilities/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 2022)

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).				
Ascension Saint Thomas Hospital 4220 Harding Road Nashville, TN 37205 Other information: Joint Commission ID # 7891 Previous Re-certification Dates: 06/22/2010; 06/22/2012; 05/20/2014; 07/13/2016; 01/14/2021	440082	06/22/2010	09/03/2022	TN
University Hospitals Cleveland Medical Center 11100 Euclid Avenue Cleveland, OH 44106 Other information: Joint Commission ID # 7017 Previous Re-certification Dates: 02/09/2010; 01/24/2012; 01/30/2014; 02/23/2016; 02/09/2018; 01/21/2021	360137	02/09/2010	08/17/2022	OH

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
Froedtert Memorial Lutheran Hospital, Inc 9200 West Wisconsin Avenue Milwaukee, WI 53226 Other information: Joint Commission ID # 7718 Previous Re-certification Dates: 07/31/2012; 07/08/2014; 08/09/2016; 01/07/2021	520177	07/31/2012	09/14/2022	WI
Swedish Health Services d/b/a Swedish Medical Center – Cherry Hill 500 17th Ave. Seattle, WA 98122 Other information: DNV ID #: C574335 Previous Re-certification Dates: 04/05/2011; 4/09/2013; 04/21/2015; 06/06/2017; 10/14/2019	50-0025	04/05/2011	10/15/2022	WA
Rush University Medical Center 1653 W. Congress Pkwy Chicago, IL 60612 Other information: DNV ID # C574309 Previous Re-certification Dates: 07/19/2013; 12/18/2014; 09/25/2019	140119	07/19/2013	09/25/2022	IL

OSF Saint Francis Medical Center 530 NE Glen Oak Avenue Peoria, IL 61637 Other information: DNV ID #: C569934 Previous Re-certification Dates: 08/31/2009; 11/22/2011; 10/10/2019	14-0067	08/31/2009	10/10/2022	IL
The Methodist Hospital d/b/a Houston Methodist Hospital 6565 Fannin Street Houston, TX 77030 Other information: DNV ID #: C578138 Previous Re-certification Dates: 11/03/2003; 10/29/2008; 12/06/2016; 11/06/2019	450358	11/03/2003	11/06/2022	TX
University of California, Davis Medical Center 2315 Stockton Boulevard Sacramento, CA 95817 Other information: Joint Commission ID # 10055 Previous Re-certification Dates: 10/06/2015; 02/06/2018; 12/10/2020	050599	10/06/2015	09/14/2022	CA
Lutheran Hospital of Indiana 7950 West Jefferson Boulevard Fort Wayne, IN 46804 Other information: JHACO ID #: 7157 Previous Re-certification Dates: 09/14/2010; 10/24/2012; 10/21/2014; 11/01/2016; 05/05/2021	150017	09/14/2010	09/22/2022	IN

University of Iowa Hospitals and Clinics 200 Hawkins Drive Iowa City, IA 52242 Other information: Joint Commission ID # 8266 Previous Re-certification Dates: 06/22/2010; 07/26/2012; 07/29/2014; 08/02/2016; 7/11/2018; 4/8/2021	160058	06/22/2010	10/14/2022	IA
University of Minnesota Medical Center, Fairview 2450 Riverside Avenue Minneapolis, MN 55454 Other information: JHACO ID #: 2908 Previous Re-certification Dates: 03/26/2009; 08/26/2011; 10/10/2013; 11/03/2015; 12/05/2017; 9/11/2020	240080	03/26/2009	09/21/2022	MN
University of Colorado Hospital Authority 12605 E 16th Ave Aurora, CO 80045 Other information: Joint Commission ID # 9384 Previous Re-certification Dates: 07/22/2008; 08/17/2010; 08/10/2012; 07/22/2014; 07/26/2016; 03/10/2021	060024	07/22/2008	10/12/2022	CO
Barnes-Jewish Hospital 1 Barnes Jewish Plaza Saint Louis, MO 63110 Other information: JHACO ID #: 8387 Previous Re-certification Dates: 08/21/2008; 07/27/2010; 07/17/2012; 08/05/2014; 09/13/2016; 11/10/2017; 10/22/2020	260032	08/21/2008	10/05/2022	MO

**Addendum XIII: Lung Volume Reduction Surgery (LVRS)
(October through December 2022)**

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 were no additions, deletions, or editorial changes 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 (October through December 2022)

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 (October through December 2022)

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).