

[meeting/index.html](#) no later than 5 p.m., EDT, on October 25, 2024, according to the instructions provided. If the number of persons requesting to speak is greater than can be reasonably accommodated during the scheduled time, CDC will conduct a random draw to determine the speakers for the scheduled public comment session. CDC staff will notify individuals regarding their request to speak by email by November 1, 2024.

Written Public Comment: Written comments should be submitted by email to HICPAC@cdc.gov. The deadline for receipt of written public comments is November 22, 2024. All submissions must contain the submitter’s name, address, and organizational affiliation, as well as the topic being addressed. Written comments should not exceed one single-spaced typed page in length, not including attachments. All written comments will be shared with the Committee.

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

[FR Doc. 2024–25906 Filed 11–6–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–9150–N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—July through September 2024

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

ACTION: Notice

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

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

Addenda	Contact	Phone number
I—CMS Manual Instructions	Ismael Torres	(410) 786–1864
II—Regulation Documents Published in the FEDERAL REGISTER	Terri Plumb	(410) 786–4481
III—CMS Rulings	Tiffany Lafferty	(410) 786–7548
IV—Medicare National Coverage Determinations	Wanda Belle, MPA	(410) 786–7491
V—FDA-Approved Category B IDEs	John Manlove	(410) 786–6877
VI—Collections of Information	William Parham	(410) 786–4669
VII—Medicare-Approved Carotid Stent Facilities	Sarah Fulton, MHS	(410) 786–2749
VIII—American College of Cardiology-National Cardiovascular Data Registry Sites	Sarah Fulton, MHS	(410) 786–2749
IX—Medicare’s Active Coverage-Related Guidance Documents	Lori Ashby, MA	(410) 786–6322
X—One-time Notices Regarding National Coverage Provisions	JoAnna Baldwin, MS	(410) 786–7205
XI—National Oncologic Positron Emission Tomography Registry Sites	David Dolan, MBA	(410) 786–3365
XII—Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities	David Dolan, MBA	(410) 786–3365
XIII—Medicare-Approved Lung Volume Reduction Surgery Facilities	Sarah Fulton, MHS	(410) 786–2749
XIV—Medicare-Approved Bariatric Surgery Facilities	Sarah Fulton, MHS	(410) 786–2749
XV—Fluorodeoxyglucose Positron Emission Tomography for Dementia Trials	David Dolan, MBA	(410) 786–3365
All Other Information	Annette Brewer	(410) 786–6580

SUPPLEMENTARY INFORMATION:

I. Background

The Centers for Medicare & Medicaid Services (CMS) is responsible for administering the Medicare and Medicaid programs and coordination and oversight of private health insurance. Administration and oversight of these programs involves the following: (1) furnishing information to Medicare and Medicaid beneficiaries, health care providers, and the public; and (2) maintaining effective communications with CMS regional offices, state governments, state Medicaid agencies, state survey agencies, various providers of health care, all Medicare contractors that

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

Section 1871(c) of the Act requires that we publish a list of all Medicare manual instructions, interpretive rules, statements of policy, and guidelines of

general applicability not issued as regulations at least every 3 months in the **Federal Register**.

II. Format for the Quarterly Issuance Notices

This quarterly notice provides only the specific updates that have occurred in the 3-month period along with a hyperlink to the full listing that is available on the CMS website or the appropriate data registries that are used as our resources. This is the most current up-to-date information and will be available earlier than we publish our quarterly notice. We believe the website list provides more timely access for beneficiaries, providers, and suppliers. We also believe the website offers a

more convenient tool for the public to find the full list of qualified providers for these specific services and offers more flexibility and “real time” accessibility. In addition, many of the websites have listservs; that is, the public can subscribe and receive immediate notification of any updates to the website. These listservs avoid the need to check the website, as notification of updates is automatic and sent to the subscriber as they occur. If assessing a website proves to be

difficult, the contact person listed can provide information.

III. How To Use the Notice

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

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

Trenesha Fultz-Mimms,
*Federal Register Liaison, Department of
Health and Human Services.*

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: October 26, 2023 (88 FR 73591), January 30, 2024 (89 FR 5897), April 29, 2024 (89 FR 33356) and July 22, 2024 (89 FR 59104). We are providing only the specific updates that have occurred in the 3-month period along with a hyperlink to the website to access this information and a contact person for questions or additional information.

Addendum I: Medicare and Medicaid Manual Instructions (July through September 2024)

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 A Social Determinants of Health Risk Assessment in the Annual Wellness Visit Policy Update in the Calendar Year 2024 Physician Fee Schedule Final Rule (CMS-Pub. 100-02) Transmittal No. 12786.

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)	
12826	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12834	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
Medicare Benefit Policy (CMS-Pub. 100-02)	
12786	A Social Determinants of Health Risk Assessment in the Annual Wellness Visit Policy Update in the Calendar Year 2024 Physician Fee Schedule Final Rule
12801	Revisions to Medicare Part B Coverage of Pneumococcal Vaccinations for the Medicare Benefit Policy Manual Chapter 15, Section 50.4.4.2

12832	Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Medicare Benefit Policy Manual Chapter 13 Update RIIC General Information FQHC General Information RHC Staffing Requirements RHC and FQHC Visits Multiple Visits on Same RHC Services FQHC Services Emergency Services Description of Non RHC/FQHC Services RHC and FQHC Consolidated Cost Reports RHC and FQHC Cost Report Forms Provision of Incident to Services and Supplies Clinical Psychologist, Clinical Social Worker Services, Marriage and Family Therapist, and Mental Health Counselors Services and Supplies Incident to CP, CSW, MFT, and MHC Services Mental Health Visits Treatment Plans for Visiting Nursing Services Telehealth Services Preventive Health Services in RHCs Preventive Health Services in FQHCs Care Management Services General Care Management Services/ Chronic Care Management, Principal Care Management, and General Behavioral Health Integration Service Chronic Care Management (CCM) Services Remote Patient Monitoring (RPM) Services Remote Therapeutic Monitoring (RTM) Services Community Health Integration (CHI) Services Principal Illness Navigation (PIN) Services PIN-Peer Support (PIN-PS) Services Payment for General Care Management Services
Medicare National Coverage Determination (CMS-Pub. 100-03)	
12627	Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) for Myelodysplastic Syndromes (MDS) National Coverage Determination (NCD) 110.23
12781	Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) for Myelodysplastic Syndromes (MDS) National Coverage Determination (NCD) 110.23
12813	Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) for Myelodysplastic Syndromes (MDS) National Coverage Determination (NCD) 110.23
Medicare Claims Processing (CMS-Pub. 100-04)	
12704	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12705	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12707	July 2024 Healthcare Common Procedure Coding System (HCPCS) Quarterly Update Reminder
12712	Accommodating 10-Digit Dollar Amounts on All Part A Medicare Summary Notices (MSNs)
12718	Changing the Frequency of No-Pay Medicare Summary Notice (MSN) Mailings from Every 90 Days to Every 120 Days
12721	Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment
12724	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity

	of Instruction
12733	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
12738	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12739	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12740	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12744	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12745	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12746	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12749	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12753	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12754	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12758	Revisions to the Skilled Nursing Facility (SNF) Advance Beneficiary Notice of Non-Coverage (ABN)
12759	Update to Hospice Payment Rates, Hospice Cap, Hospice Wage Index and Hospice Pricer for Fiscal Year (FY) 2025
12763	Internet-Only Manual Update for Billing Code G0444 for Annual Depression Screening
12765	July 2024 Update of the Hospital Outpatient Prospective Payment System (OPPS)
12766	October 2024 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
12769	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12771	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12774	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - October 2024 Update
12778	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12779	New Place of Service (POS) Code 66 - "Programs of All-Inclusive Care for the Elderly (PACE) Center"
12781	Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) for Myelodysplastic Syndromes (MDS) National Coverage Determination (NCD) 110.23
12782	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12784	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12786	A Social Determinants of Health Risk Assessment in the Annual Wellness Visit Policy Update in the Calendar Year 2024 Physician Fee Schedule Final Rule
12787	Notification of Change in Instructions for Handling IRF Active Provider List
12788	Influenza Vaccine Payment Allowances - Annual Update for 2024-2025 Season
12789	Updates to Chapter 1 of the Medicare Claims Processing Manual (Publication

	(Pub.) 100-04) to Include Newly Created and Utilized Payer Only Codes
12791	January 2025 Healthcare Common Procedure Coding System (HCPCS) Quarterly Update Reminder
12792	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12793	Quarterly Update to Home Health (HH) Grouper
12794	Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes Used for Home Health Consolidated Billing Enforcement
12795	Annual Clotting Factor Furnishing Fee Update 2025
12799	Inpatient Rehabilitation Facility (IRF) Annual Update: Prospective Payment System (PPS) Pricer Changes for Fiscal Year (FY) 2025
12802	Instructions for Retrieving the January 2025 Medicare Physician Fee Schedule Database (MPFSDB) Files Through the CMS Mainframe Telecommunications System
12803	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12805	Fiscal Year (FY) 2025 Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) PPS Changes
12807	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12809	Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Updates for Fiscal Year (FY) 2025 Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Updates for Fiscal Year (FY) 2025
12810	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12811	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12813	Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) for Myelodysplastic Syndromes (MDS) National Coverage Determination (NCD) 110.23
12815	October 2024 Integrated Outpatient Code Editor (IOCE) Specifications Version 25.3
12816	October 2024 Update of the Hospital Outpatient Prospective Payment System (OPPS)
12817	Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2025
12820	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12821	Combined Common Edits/Enhancements Modules (CCEM) Code Set Update
12824	October 2024 Update of the Ambulatory Surgical Center [ASC] Payment System
12825	Implement Operating Rules - Phase III Electronic Remittance Advice (ERA) Electronic Funds Transfer (EFT): Committee on Operating Rules for Information Exchange (CORE) 360 Uniform Use of Claim Adjustment Reason Codes (CARC), Remittance Advice Remark Codes (RARC) and Claim Adjustment Group Code (CAGC) Rule - Update from Council for Affordable Quality Healthcare (CAQH) CORE
12827	2025 Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Update
12830	Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Updates for Fiscal Year (FY) 2025
12831	Update to Hospice Payment Rates, Hospice Cap, Hospice Wage Index and Hospice Pricer for Fiscal Year (FY) 2025
12835	October Quarterly Update for 2024 Durable Medical Equipment, Prosthetics,

	Orthotics and Supplies (DMEPOS) Fee Schedule
12836	Instructions for Retrieving the January 2025 Opioid Treatment Program (OTP) Payment Rates Through the CMS Mainframe Telecommunications System
12837	2025 Annual Update for the Health Professional Shortage Area (HPSA) Bonus Payments
12838	Instructions for Retrieving the 2025 Pricing and Healthcare Common Procedure Coding System (HCPCS) Data Files through CMS' Mainframe Telecommunications Systems
12839	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12840	January 2025 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
12841	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12842	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 31.0, Effective January 1, 2025
12843	Fiscal Year (FY) 2025 Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) PPS Changes
12845	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12847	Additional Implementation Edits on Hospice Claims for Hospice Certifying Physician Medicare Enrollment
12848	Influenza Vaccine Payment Allowances - Annual Update for 2024-2025 Season
12849	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) – January 2025
Medicare Secondary Payer (CMS-Pub. 100-05)	
12709	Changes to The Electronic Correspondence Referral System (ECRS) Web to Prevent the Creation of Non-Group Health Plan (NGHP) Self Report that are Not Synchronized with the Common Working File (CWF)
12736	Clarification of Actions to Be Taken When Automated Duplicate Primary Payer (DPP) Claims Cannot Be Processed Due to Previous Secondary Payment Actions and Advanced Dates of Service on Claims
12773	Updates to the Medicare Carrier System (MCS), the Viable Information Processing Systems Medicare Systems (VMS) and the Common Working File (CWF) Processes to Capture and Further Automate the Medicare Secondary Payer (MSP) Processes
12780	The Recovery and Adjustment of Medicare Claims where the Department of Veteran Affairs (VA) also Made Payment Using the Medicare Duplicate Payment (DP) Process
12800	The Recovery and Adjustment of Medicare Claims where the Department of Veteran Affairs (VA) also Made Payment Using the Medicare Duplicate Payment (DP) Process
12812	Updates to the Medicare Carrier System (MCS), the Viable Information Processing Systems Medicare Systems (VMS) and the Common Working File (CWF) Processes to Capture and Further Automate the Medicare Secondary Payer (MSP) Processes
Medicare Financial Management (CMS-Pub. 100-06)	
12715	Notice of New Interest Rate for Medicare Overpayments and Underpayments -4th Quarter Notification for FY 2024
12734	Updating IOM 100-06, Chapter 4, Section 70.16 - Debt Close-Out
12737	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)	

225	Revisions to State Operations Manual (SOM), Appendix PP
Medicare Program Integrity (CMS-Pub. 100-08)	
12706	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12710	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12711	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12717	Thirteenth General Update to Provider Enrollment Instructions in Chapter 10 of CMS Publication (Pub.) 100-08
12729	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12730	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12731	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12732	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12748	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12764	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12772	Updates of Chapter 1, Chapter 2, Chapter 3, Chapter 4, and Chapter 9 in Publication (Pub.) 100-08, Including Complaint Referral Coordination Between Contractors Quality of Care Issues and Potential Fraud Issues Program Integrity Medical Review for Program Integrity (MR for PI) Sources of Data for MACs and UPICs Prepayment Review of Claims Referrals to the UPIC UPIC and I-MEDIC Responsibilities Inputting Suppression and Exclusion Cases to the RACDW
12796	Fourteenth General Update to Provider Enrollment Instructions in Chapter 10 of CMS Publication (Pub.) 100-08
12797	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12798	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12806	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12828	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12844	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12853	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12854	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12855	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
Medicare Contractor Beneficiary and Provider Communications (CMS-Pub. 100-09)	
	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)	
	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)	
	None
One Time Notification (CMS-Pub. 100-20)	
12713	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12714	Update to the Patient-Driven Payment Model (PDPM) Claim Editing
12716	New State Codes for Arizona, California, Nevada, and Texas
12719	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12720	Fiscal Intermediary Shared System (FISS) - Delete Obsolete Reason Codes - Part 4
12722	Fiscal Intermediary Shared System (FISS) - Delete Obsolete Reason Codes - Part 5
12723	Revisions to Home Health Edit Matching Claims to Notices of Admission
12725	Implementation of Common Working File (CWF) Edits to Prevent Duplicate Payments for Compression Bandaging Systems
12726	Update to the Patient-Driven Payment Model (PDPM) Claim Editing
12727	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12728	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12735	Revision to the Cost Report Acceptability Checklists - This CR Rescinds and Fully Replaces CR 11644.
12741	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) Criteria File (CRIT) Maintenance/Criteria Location Movement Maintenance (CT/CM)
12742	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12743	Fiscal Intermediary Shared System (FISS) User Enhancement Change Request (UECR) - Expand the Home Health Payment Totals Screens to Display 6 Years of Claims Payment Information
12747	Instructions for Processing Requests for SSI Realignment for Cost Reporting Periods Starting Before October 1, 2013
12750	Modernize the Vaccine Process and Roster Billing - Full Agile Pilot CR
12751	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for January 2025
12752	Updates to the Recovery Audit Contractor Data Warehouse (RACDW) Suppression Upload File Format
12757	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) and Update to the Appropriate Use Criteria (AUC) Program--January 2025
12760	Fiscal Intermediary Shared System (FISS) - Implement Common Working File (CWF) Reply Generator for Contractor User Acceptance Testing

12761	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
12762	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12767	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12770	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12775	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) – Current Dating on User Acceptance Testing (UAT) Report Jobs
12777	Fiscal Intermediary Shared System (FISS) - Create New Function to Identify Claims in the Archived Claims File
12785	Instructions for Processing Requests for SSI Realignment for Cost Reporting Periods Starting Before October 1, 2013
12790	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12804	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12818	American Dental Association (ADA) Paper Claims in the Medicare Adjudication Portal (MAP) for 837D Dental Claims
12829	Repetitive, Scheduled Non-Emergent Ambulance Transport (RSNAT) Prior Authorization (PA) Model Operational Changes Regarding Expedited Requests and Review Timeframes
12833	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12846	Migration of the Contractor Reporting of Operational and Workload Data (CROWD) to the Centers for Medicare & Medicaid Services (CMS) Enterprise Portal
12850	User Management in the Medicare Adjudication Portal (MAP) for 837D Dental Claims
12857	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction
Medicare Quality Reporting Incentive Programs (CMS- Pub. 100-22)	
	None
State Payment of Medicare Premiums (CMS-Pub.100-24)	
	None
Information Security Acceptable Risk Safeguards (CMS-Pub. 100-25)	
	None

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

Addendum II: Regulation Documents Published in the Federal Register (July through September 2024)
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.

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

Addendum III: CMS Rulings (July through September 2024)

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/Rulings>.

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

Addendum IV: Medicare National Coverage Determinations (July through September 2024)

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/files/document/ncd-dashboard.pdf>. 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. There were no specific updates or reconsiderations of completed NCDs published in this 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
N/A	N/A	N/A	N/A	N/A

Addendum V: FDA-Approved Category B Investigational Device Exemptions (IDEs) (July through September 2024)
(Inclusion of this addenda is under discussion internally.)

Addendum VI: Approval Numbers for Collections of Information (July through September 2024)

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

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

Addendum VII: Medicare-Approved Carotid Stent Facilities (July through September 2024)

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/MedicareApprovedFacilitie/CASF/list.asp#TopOfPage>

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

Addendum VIII: American College of Cardiology's National Cardiovascular Data Registry Sites (July through September 2024)

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

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

Addendum IX: Active CMS Coverage-Related Guidance Documents (July through September 2024)

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 (July through September 2024)

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

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

Addendum XI: National Oncologic PET Registry (NOPR) (July through September 2024)

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/Medicare/ApprovedFacilitie/NOPR/list.asp#TopOfPage>.

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

Addendum XII: Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities (July through September 2024)

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/Medicare/ApprovedFacilitie/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.				
Lankenau Medical Center 100 E. Lancaster Avenue Wynnewood, PA 19096 Other information: DNV ID #: C673223	390195	07/30/2024	n/a	PA

Previous Re-certification Dates: n/a				
Lovelace Medical Center 601 Dr Martin Luther King Jr Ave, NE Albuquerque, NM 87102 Other information: Joint Commission ID #: 701636 Previous Re-certification Dates: 10/09/2017; 08/27/2020	320009	10/09/2017	08/07/2024	NM
The following facilities have editorial changes (in bold).				
Northwestern Memorial Hospital 251 E. Huron Street Chicago, IL 60611 Other information: Joint Commission ID #7267 Previous Re-certification Dates: 01/30/2009; 06/17/2011; 05/31/2013; 06/09/2015; 08/18/2017; 11/6/2019; 03/26/2022	140281	01/30/2009	05/01/2024	IL
Community Health Network, Inc. 1500 N. Ritter Avenue Indianapolis, IN 46219 Other information: Joint Commission ID #7172 Previous Re-certification Dates: 02/10/2015; 04/18/2017; 06/05/2019; 04/26/2022	150074	02/10/2015	05/08/2024	IN
Sutter Medical Center 2825 Capitol Ave Sacramento, CA 95816 Other information: Joint Commission ID #2902 Previous Re-certification Dates: 10/20/2009; 09/22/2011; 10/17/2013; 10/27/2015; 11/07/2017; 03/04/2020; 06/16/2022	050108	10/20/2009	07/27/2024	CA
Providence Sacred Heart Medical Center & Children's Hospital 101 West 8th Avenue Spokane, WA 99204	500054	01/12/2004	06/05/2024	WA

Other information: Joint Commission ID #9638 Previous Re-certification Dates: 03/10/2009; 08/17/2011; 08/06/2013; 07/14/2015; 09/12/2017; 11/5/2019; 04/20/2022				
University of California San Diego Medical Center 200 West Arbor Drive San Diego, CA 92103-8949 Other information: Joint Commission ID #10071 Previous Re-certification Dates: 11/17/2011; 11/15/2013; 11/03/2015; 10/17/2017; 12/18/2019; 04/22/2022	050025	11/17/2011	06/05/2024	CA
University of Utah Health Care - Hospitals and Clinics 50 N. Medical Drive Salt Lake City, UT 84132 Other information: DNV ID #: C704343 Previous Re-certification Dates: 01/13/2009; 07/13/2011; 06/18/2013; 06/23/2015; 08/08/2017; 05/25/2018; 05/21/2024	460009	01/13/2009	05/21/2024	UT
University of Kentucky Hospital/ UK Albert B. Chandler Hospital 800 Rose Street Lexington, KY 40536-0293 Other information: Joint Commission ID #7760 Previous Re-certification Dates: 02/10/2009; 09/20/2011; 09/18/2013; 11/03/2015; 12/05/2017; 02/26/2020; 05/12/2022	180067	02/10/2009	06/12/2024	KY
New York-Presbyterian Hospital 525 East 68th Street New York, NY 10065 Other information: Joint Commission ID #5838 Previous Re-certification Dates: 03/03/2009; 07/14/2011; 08/21/2013;	330101	03/03/2009	06/01/2024	NY

09/23/2015; 10/25/2017; 1/24/2020; 03/31/2022				
St. Vincent Infirmiry Medical Center dba CHI St. Vincent 2 St. Vincent Circle Little Rock, AR 72205 Other information: Joint Commission ID #8661 Previous Re-certification Dates: 11/21/2017; 02/05/2020; 05/04/2022	040007	11/21/2017	07/26/2024	AR
Lancaster General Hospital 555 North Duke Street Lancaster, PA 17602 Other information: Joint Commission ID #6086 Previous Re-certification Dates: 05/19/2009; 09/23/2011; 09/06/2013; 09/22/2015; 10/03/2017; 02/05/2020; 05/04/2022	390100	05/19/2009	06/26/2024	PA
FROM: AU Medical Center TO: Wellstar MCG Health 1120 15th Street Augusta, GA 39012 Other information: DNV ID #: C719144 Previous Re-certification Dates: 08/06/2021	11-0034	08/06/2021	08/06/2024	GA
University of Michigan Health System 1500 E Medical Center Drive, SPC 5474 Ann Arbor, MI 48109 Other information: Joint Commission ID #: 7457 Previous Re-certification Dates: 03/27/2008; 03/18/2010; 03/07/2012; 02/04/2014; 03/15/2016; 04/24/2018; 12/03/2020; 06/03/2022	230046	03/27/2008	07/17/2024	MI
UofL Health - Louisville, Inc. 200 Abraham Flexner Way Louisville, KY 40202 Other information: Joint Commission ID #7765	180040	11/14/2008	03/13/2024	KY

<p>Previous Re-certification Dates: 11/14/2008; 03/22/2011; 02/26/2013; 03/24/2015; 05/23/2017; 8/6/2019; 02/23/2022</p>				
<p>Keck Hospital of USC 1500 San Pablo Street Los Angeles, CA 90033</p> <p>Other information: Joint Commission ID #5033</p> <p>Previous Re-certification Dates: 03/13/2009; 08/16/2011; 09/10/2013; 10/06/2015; 10/20/2017; 12/4/2019; 02/02/2022</p>	050696	03/13/2009	03/14/2024	CA
<p>Methodist Hospital 7700 Floyd Curl Drive San Antonio, TX 78229</p> <p>Other information: Joint Commission ID #: 9219</p> <p>Previous Re-certification Dates: 01/27/2009; 07/12/2011; 07/09/2013; 07/07/2015; 08/08/2017; 10/23/2019; 01/22/2022</p>	450388	01/27/2009	03/08/2024	TX
<p>Riverside Methodist Hospital 3535 Olentangy River Road Columbus, OH 43214-3998</p> <p>Other information: Joint Commission ID #: 7030</p> <p>Previous Re-certification Dates: 07/14/2015; 08/29/2017; 10/23/2019; 02/26/2022</p>	360006	07/14/2015	03/23/2024	OH
<p>Texas Heart Hospital of the Southwest LLP 1100 Allied Drive Plano, TX 75093-5348</p> <p>Other information: Joint Commission ID #: 440319</p> <p>Previous Re-certification Dates: 06/15/2011; 07/09/2013; 07/14/2015; 08/22/2017; 9/7/2019; 01/28/2022</p>	670025	06/15/2011	03/16/2024	TX
<p>Christiana Care Health Services, Inc. 4755 Ogletown-Stanton Road</p>	080001	07/25/2013	04/10/2024	DE

<p>Newark, DE 19718</p> <p>Other information: Joint Commission ID #6237</p> <p>Previous Re-certification Dates: 07/25/2013; 07/21/2015; 10/24/2017; 12/21/2019; 03/03/2022</p>				
<p>Thomas Jefferson University Hospitals, Inc. 111 South 11th Street Philadelphia, PA 19107</p> <p>Other information: Joint Commission ID #6132</p> <p>Previous Re-certification Dates: 07/09/2009; 09/13/2011; 10/17/2013; 09/22/2015; 09/20/2017; 11/6/2019; 02/24/2022</p>	390174	07/09/2009	03/27/2024	PA
<p>Banner-University Medical Center Tucson Campus 1625 North Campbell Avenue Tucson, AZ 85719</p> <p>Other information: Joint Commission ID #: 9514</p> <p>Previous Re-certification Dates: 02/04/2009; 04/27/2011; 03/15/2013; 02/24/2015; 04/18/2017; 7/12/2019; 03/05/2022</p>	030064	02/04/2009	04/04/2024	AZ
<p>Baylor Scott and White All Saints – Fort Worth 1400 8th Avenue Fort Worth, TX 76104</p> <p>Other information: DNV ID #: 10000469761</p> <p>Previous Re-certification Dates: 5/26/2021</p>	450137	5/26/2021	5/26/2024	TX
<p>Banner - University Medical Center Phoenix 1111 East McDowell Road Phoenix, AZ 85006</p> <p>Other information: Joint Commission ID #9489</p> <p>Previous Re-certification Dates: 05/19/2011; 05/07/2013; 06/09/2015;</p>	030002	05/19/2011	04/06/2024	AZ

07/25/2017; 07-10-2019; 03/03/2022				
Ronald Reagan UCLA Medical Center 757 Westwood Plaza Los Angeles, CA 90095 Other information: Joint Commission ID #9944 Previous Re-certification Dates: 02/06/2009; 08/09/2011; 08/13/2013; 09/15/2015; 10/06/2017; 12/04/2019; 04/09/2022	050262	02/06/2009	05/08/2024	CA
Baylor University Medical Center 3500 Gaston Avenue Dallas, TX 75246-2017 Other information: Joint Commission ID #8993 Previous Re-certification Dates: 08/21/2007; 08/27/2009; 10/07/2011; 11/20/2013; 11/10/2015; 10/31/2017; 12/18/2019; 03/24/2022	450021	08/21/2007	04/17/2024	TX
Ochsner Medical Center 1516 Jefferson Highway New Orleans, LA 70121 Other information: Joint Commission ID # Previous Re-certification Dates: 05/28/2009; 11/09/2011; 12/12/2013; 01/05/2016; 12/12/2017; 03/12/2020; 03/10/2022	190036	05/28/2009	04/03/2024	LA
Morristown Medical Center 100 Madison Avenue Morristown, NJ 07960 Other information: Joint Commission ID #5958 Previous Re-certification Dates: 06/16/2009; 09/28/2011; 10/31/2013; 11/17/2015; 12/12/2017; 1/25/2020; 03/23/2022	310015	06/16/2009	04/17/2024	NJ

**Addendum XIII: Lung Volume Reduction Surgery (LVRS)
(July through September 2024)**

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

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

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

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

**Addendum XIV: Medicare-Approved Bariatric Surgery Facilities
(July through September 2024)**

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 ASBMS in the 3-month period. This information is available at www.cms.gov/MedicareApprovedFacilitie/BSF/list.asp#TopOfPage.

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

Addendum XV: FDG-PET for Dementia and Neurodegenerative Diseases Clinical Trials (July through September 2024)

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).

[FR Doc. 2024-25874 Filed 11-6-24; 8:45 am]
BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Standardized Tests and Minimum Passing Scores for Foreign Health Care Workers To Demonstrate English Language Proficiency

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Request for comments.

SUMMARY: HRSA proposes modifications to the list of standardized tests and minimum passing scores for foreign health care workers to demonstrate English language proficiency pursuant to section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA).

DATES: Submit comments no later than December 9, 2024, 11:59 p.m. (ET).

ADDRESSES: You may submit comments by any of the following methods:

- *Federal Web-Based Portal:* <https://www.regulations.gov/>. This is the preferred method for the submission of comments. Follow instructions for submitting comments. Include Billing

Code 4165-15 in your comments. All submitted comments will be posted without changes to <https://www.regulations.gov/>. Please do not

include any personally identifiable or confidential business information you do not want publicly disclosed.

- *Email:* HRSAComments@hrsa.gov and HRSA_ELPP@hrsa.gov with the subject line: "Billing Code 4165-15 Comments on Standardized Tests and Minimum Passing Scores for Foreign Health Care Workers." This is the alternative method for the submission of comments. Please do not include any personally identifiable or confidential business information you do not want publicly disclosed.

FOR FURTHER INFORMATION CONTACT: Tanchica West, Office of Special Health Initiatives, Office of Global Health, HRSA, 5600 Fishers Lane, Rockville, Maryland 20857, 301-443-4412.

SUPPLEMENTARY INFORMATION:

I. Background

The purpose of this request is to solicit public comments regarding proposed modifications to the current list of tests and passing scores approved by HHS through HRSA pursuant to section 343 of the IIRIRA, Public Law 104-208 (8 U.S.C. 1182(a)(5)(C)) and implementing regulations promulgated by the Department of Homeland Security at 8 CFR 212.15(g), to

demonstrate English language proficiency for noncitizen health care workers. Demonstration of English language proficiency is an element of the certification requirements for certain noncitizen health care workers seeking admission to the United States for the primary purpose of performing labor in a covered health care occupation. HRSA is seeking public comments regarding proposed modifications to the current list of approved standardized tests and minimum passing scores required for certification of foreign health care workers to enhance consistency across approved tests.

Public comments may include the submission of evaluation studies, concordance analysis and findings of concordance, or methodologies supporting the inclusion of a particular test or minimum passing score for demonstrating English language proficiency. In addition to evidence and justification, HRSA requests that comments include:

- (1) A bulleted summary of no more than five (5) pages (12-point font single spaced) and
 - (2) The table (below) with responses for each applicable recommendation.
- Comments may address any aspect of the proposed modifications, and all comments will be considered.