

following a tentative decision by EPA to deny the section 301(h) modification request. In its application revision, the POTW usually corrects deficiencies and changes proposed treatment levels as well as outfall and diffuser locations. The application revision is a voluntary submission for the applicant, and a letter of intent to revise the application must be submitted within 45 days of EPA's tentative decision (40 CFR 125.59(f)). EPA needs this information to evaluate revised applications to determine whether the modified discharge will ensure protection of water quality, biological habitats, and beneficial uses of receiving waters.

(4) State determination and state certification information: For revised or renewal applications for CWA section 301(h) modifications, EPA needs a state determination. The state determines whether all state laws (including water quality standards) are satisfied. This determination helps ensure that water quality, biological habitats, and beneficial uses of receiving waters are protected. Additionally, the state must determine if the applicant's discharge will result in additional treatment, pollution control, or any other requirement for any other point or nonpoint sources. This process allows the state's views to be taken into account when EPA reviews the CWA section 301(h) application and develops permit conditions. For revised and renewed CWA section 301(h) modification applications, EPA also needs the CWA section 401(a)(1) certification information to ensure that any Federal license or permit meets all state water quality laws it issues with a CWA section 301(h) modification, and

the state accepts all the permit conditions. This information is how the state can exercise its authority to concur with or deny a CWA section 301(h) decision made by an EPA regional office.

Form Numbers: None.

Respondents/affected entities: Entities potentially affected by this action are those municipalities that currently have CWA section 301(h) modifications from secondary treatment or have applied for a renewal of a CWA section 301(h) modification, and the states within which these municipalities are located.

Respondent's obligation to respond: Voluntary, required to obtain or retain a benefit.

Estimated number of respondents: 31 (total).

Frequency of response: From once every five years, to varies case-by-case, depending on the category of information.

Total estimated burden: 44,985 hours (per year). Burden is defined at 5 CFR 1320.03(b).

Total estimated cost: \$1.3 million (per year), which includes \$0 annualized capital or operation & maintenance costs.

Changes in the Estimates: A decrease of hours in the total estimated respondent burden is expected compared with the ICR currently approved by OMB. EPA expects the numbers will decrease due to changes in respondent universe, use of technology, etc.

Brian Frazer,

Director, Office of Wetlands, Oceans and Watersheds.

[FR Doc. 2023-16643 Filed 8-3-23; 8:45 am]

BILLING CODE 6560-50-P

INSTITUTIONS IN LIQUIDATION

[In alphabetical order]

FDIC Ref. No.	Bank name	City	State	Date closed
10544	Heartland Tri-State Bank	Elkhart	KS	07/28/2023

Federal Deposit Insurance Corporation.

Dated at Washington, DC, on August 1, 2023.

Nicholas S. Kazmerski,

Acting Assistant Executive Secretary.

[FR Doc. 2023-16696 Filed 8-3-23; 8:45 am]

BILLING CODE 6714-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-9143-N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—April Through June 2023

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

ACTION: Notice.

FEDERAL DEPOSIT INSURANCE CORPORATION

Update to Notice of Financial Institutions for Which the Federal Deposit Insurance Corporation Has Been Appointed Either Receiver, Liquidator, or Manager

AGENCY: Federal Deposit Insurance Corporation.

ACTION: Update listing of financial institutions in liquidation.

SUMMARY: Notice is hereby given that the Federal Deposit Insurance Corporation (Corporation) has been appointed the sole receiver for the following financial institution effective as of the Date Closed as indicated in the listing.

SUPPLEMENTARY INFORMATION: This list (as updated from time to time in the **Federal Register**) may be relied upon as "of record" notice that the Corporation has been appointed receiver for purposes of the statement of policy published in the July 2, 1992, issue of the **Federal Register** (57 FR 29491). For further information concerning the identification of any institutions which have been placed in liquidation, please visit the Corporation website at www.fdic.gov/bank/individual/failed/banklist.html, or contact the Chief, Receivership Oversight at RO@fdic.gov or at Division of Resolutions and Receiverships, FDIC, 600 North Pearl Street, Suite 700, Dallas, TX 75201.

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 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	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.

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: August 4, 2022 (87 FR 47751) November 14, 2022 (87 FR 68161), February 1, 2023 (88 FR 6729), and May 12, 2023 (88 FR 30752). 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 (April through June 2023)

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 Medicare Policy Updates for Dental Services as Finalized in the Calendar Year (CY) 2023 Physician Fee Schedule (MPFS) Final Rule (CMS-Pub. 100-02) Transmittal No. 11995.

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)	
11991	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11992	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12046	Update to the Internet Only Manual (IOM) Publication (Pub.) 100-01, IOM Chapter 2 Hospital Insurance and Supplementary Medical Insurance
Medicare Benefit Policy (CMS-Pub. 100-02)	
11995	Medicare Policy Updates for Dental Services as Finalized in the Calendar Year (CY) 2023 Physician Fee Schedule (MPFS) Final Rule
12047	Educational Instructions for the Implementation of the Medicare Payment Provisions for Dental Services as Finalized in the Calendar Year (CY) 2023 Physician Fee Schedule (PFS) Final Rule
Medicare National Coverage Determination (CMS-Pub. 100-03)	
	None
Medicare Claims Processing (CMS-Pub. 100-04)	

11939	Process Improvements for the National Coordination of Benefits Agreement (COBA) Detailed Error Reporting Notification Process
11941	Correction to Manual for Outlier Calculations Changes to Pricer Logic Effective April 1, 2002
11943	New Waived Tests
11955	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11957	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11963	Religious Nonmedical Health Care Institution Provisions of the Consolidated Appropriations Act (CAA) of 2023
11964	Telehealth Code Reporting and Date Matching Edit for Home Health Claims
11965	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11966	Adding Claim Through Date to Home Health Group interface
11978	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11980	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11981	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11983	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11987	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction

11988	Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Patient-Driven Payment Model (PDPM) Claims Processing Updates to Current Editing	12031	October 2023 Healthcare Common Procedure Coding System (HCPCS) Quarterly Update Reminder
11998	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction	12033	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
12003	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Create a Search Screen to Return Editing Associated to a Procedure Code	12034	Combined Common Edits/Enhancements Modules (CCEM) Code Set Update
12009	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction	12035	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12012	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction	12036	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12013	Inflation Reduction Act Section 11407: Limitations on Monthly Coinsurance and Adjustments to Supplier Payment Under Medicare Part B for Insulin Furnished Through Durable Medical Equipment (DME) IMPLEMENTATION	12043	Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update
12014	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction	12045	Clinical Laboratory Fee Schedule - Medicare Travel Allowance Fees for Collection of Specimens and New Updates for 2023
12021	Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment	12048	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July 2023 Update
12023	Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Patient-Driven Payment Model (PDPM) Claims Processing Updates to Current Editing	12050	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12026	Annual Updates to the Prior Authorization/Pre-Claim Review Federal Holiday Schedule Tables for Generating Reports	12052	July 2023 Quarterly Update to Healthcare Common Procedure Coding System (HCPCS) Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement
12029	Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS)	12053	July 2023 Update of the Hospital Outpatient Prospective Payment System (OPPS)
12030	Quarterly Update to Home Health (HH) Grouper	12054	Issued to a specific audience, not posted to

12055	Internet/Intranet due to a Confidentiality of Instruction
12059	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12060	July 2023 Integrated Outpatient Code Editor (I/OCE) Specifications Version 24.2
12061	July 2023 Update of the Ambulatory Surgical Center [ASC] Payment System
12062	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12067	July 2023 Quarterly Update to Healthcare Common Procedure Coding System (HCPCS) Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement
12068	New Claims Modifier Requirement for Drugs and Biologicals from a Single-Dose Container or Single-Use Package
12069	July Quarterly Update for 2023 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
12070	July 2023 Update of the Ambulatory Surgical Center [ASC] Payment System
12072	Internet Only Manual Update to Publication 100-04, Chapters 9 and 18 to Clarify Vaccine Payment Instructions for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
12076	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July 2023 Update
12077	July 2023 Update of the Ambulatory Surgical Center [ASC] Payment System
12081	July 2023 Update of the Hospital Outpatient Prospective Payment System (OPPS)
12082	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 29.3, Effective October 1, 2023
12084	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12085	October 2023 (2024 File) Update of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)
12086	October 2023 (2024 File) Update of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)
12087	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12088	Fiscal Year (FY) 2024 Annual Update to the Medicare Code Editor (MCE) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and Procedure Coding System (ICD-10-PCS)
12089	October 2023 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
12096	New Waived Tests
12097	Instructions for Downloading the Medicare ZIP Code File for October 2023 Files
12099	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) October 2023
11996	July 2023 Update of the Ambulatory Surgical Center [ASC] Payment System
11997	Medicare Secondary Payer (CMS-Pub. 100-05)
	Significant Updates to Internet Only Manual (IOM) Publication (Pub.) 100-05 Medicare Secondary Payer (MSP) Manual, Chapter 6
	Electronic Correspondence Referral System (ECRS) Updates to the Hierarchy Business Rules For Part D Drug Records and Added Alert Notifications Closed Request Inquiries Block,

11960	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
11961	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11962	Updates of Chapters 4 and 8 in Publication (Pub.) 100-08, Including Point of Contact Clarification and Update to Statistical Sampling Terminology
11968	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11970	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12010	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12016	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12024	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
12028	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12039	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
12040	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
12041	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction

12028	Completed ECRS Request and Inquiry Page, New Action Code Options and Clarified Zip File Usage
	Update the International Classification of Diseases, Tenth Revision (ICD-10) 2024 Tables in the Common Working File (CWF) for Purposes of Processing Non-Group Health Plan (NGHP) Medicare Secondary Payer (MSP) Records and Claims
Medicare Financial Management (CMS-Pub. 100-06)	
11945	Notice of New Interest Rate for Medicare Overpayments and Underpayments -3rd Qtr Notification for FY 2023
12027	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)	
	None
Medicare Program Integrity (CMS-Pub. 100-08)	
11938	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11944	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11946	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11947	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11949	Third Policy Change Request (CR) Regarding Implementation of the Provider Enrollment, Chain and Ownership System (PECOS) 2.0
11959	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction

Medicare Contractor Beneficiary and Provider Communications (CMS-Pub. 100-09)	
11956	Updates to Pub. 100-09, Chapter 6 Beneficiary and Provider Communications Manual, Chapter 6, Provider Customer Service Program
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)	
126	Update to Section 20.2.4.1 on Special Cost Sharing Requirements for D-SNPs
127	Update to Section 50 on Renewal Options and Crosswalks
Medicare Business Partners Systems Security (CMS-Pub. 100-17)	
	None
Medicare Prescription Drug Benefit (CMS-Pub. 100-18)	
	None
Demonstrations (CMS-Pub. 100-19)	
11950	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
11967	Update Existing Emails to Distribution List for CR 12791—Implementation CR
11972	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
One Time Notification (CMS-Pub. 100-20)	
11940	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) to Allow a User the Ability to Control Development Letter Creation for Adjustment Claims

12042	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
12044	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
12056	Update to Chapter 3 of Publication (Pub.) 100-08 (Program Integrity Manual (PIM)) for the Voluntary Prior Authorization (PA) Process for Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS) Accessories
12057	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
12058	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
12063	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
12064	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
12065	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
12073	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
12074	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
12079	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
12098	July 2023 Update of the Ambulatory Surgical Center [ASC] Payment System

12066	Fiscal Intermediary Shared System (FISS) Reason Code File Updates to Correct CMS Standard for Common Working File (CWF) Reason Codes
12071	Addition of New Data Elements to the National Claims History (NCH) Claims Data Output
12080	Prior Authorization (PA) Changes to Implement the Inpatient Rehabilitation Facility (IRF) Review Choice Demonstration (RCD)
12091	Allowing Audiologists to Furnish Certain Diagnostic Tests Without a Physician Order
12092	User Enhancement Change Request (UECR): Fiscal Intermediary Shared System (FISS) - Automate Inpatient/Skilled Nursing Facility Common Working File (CWF) Alerts Received on the L1001 and L1002 Reports
12093	Provider Education for the Review Choice Demonstration (RCD) for Inpatient Rehabilitation Facility Services (IRF s)
12094	Implementation of the Award for the Jurisdiction B Durable Medical Equipment Medicare Administrative Contractor (JB DME MAC)
12095	Allow Users to Modify the Provider Demonstration File in the User Acceptance Testing (UAT) Environment - Full Agile Pilot CR
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

11951	Automate Maintainer Quarterly Edit Spreadsheets - Full Agile
11952	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)—July 2023 Update
11953	User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Update Beneficiary Information Tracking System (BITS) Edit BT06 to allow the Response Date to be equal to the Receipt Date
11954	Implementation of a National Fee Schedule for Medicare Part B Vaccine Administration CMS
12015	Skilled Nursing Facility (SNF) 5-Claim Probe and Educate Review
12017	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--October 2023 Update
12018	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
12019	Healthcare Integrated General Ledger Accounting System (HIGLAS) Payment to CMSHQ – Return to Trust Fund
12022	User Enhancement Change Request (UECR): Fiscal Intermediary Shared System (FISS) - Automate Inpatient/Skilled Nursing Facility Common Working File (CWF) Alerts Received on the L1001 and L1002 Reports
12032	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
12037	Skilled Nursing Facility (SNF) 5-Claim Probe and Educate Review
12049	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction

in the Federal Register (April through June 2023) **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 **(April through June 2023)**

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**

(April through June 2023)

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, there were no 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).

Addendum V: FDA-Approved Category B Investigational **Device Exemptions (IDEs) (April through June 2023)** (Inclusion of this addenda is under discussion internally.)

Addendum VI: Approval Numbers for Collections of **Information (April through June 2023)**

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

(April through June 2023)

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.			
Flushing Hospital Medical Center 4500 Parsons Boulevard Flushing NY 11355	330193	04/18/2023	NY
University Medical Center, New Orleans	190005	04/18/2023	LA

Facility	Provider Number	Date Approved	State
2000 Canal Street New Orleans, LA 70112			
Community Mercy Health Partners dba Mercy Health - Springfield Regional Medical Center 100 Medical Center Drive Springfield, OH 45504	360086	04/25/2023	OH
OSF Healthcare Heart of Mary Medical Center 1400 W Park Street Urbana IL, 61801	140113	04/25/2023	IL
Community Medical Center ("CMC") 99 Route 37 West Toms River, NJ 08755	310041	04/25/2023	NJ
OhioHealth Doctors Hospital 5131 Beacon Hill Road Suite 240 Columbus, OH 43228	360152	04/25/2023	OH
Methodist Hospital Northeast 12412 Judson Road Live Oak, TX 78233	450388	05/02/2023	TX
Northern Nevada Sierra Medical Center 625 Innovation Drive Reno, NV 89511	1609451327	05/09/2023	NV
DCH Regional Medical Center 809 University Boulevard East Tuscaloosa AL 35401	010092	04/13/2023	AL

Facility	Provider Number	Date Approved	State
Previous Name: West Marion Community Hospital New Name: HCA Florida West Marion Hospital 4600 SW 46th Court Ocala, FL 34474	360011	07/15/2005	FL
Previous Name: Adventura Hospital and Medical Center New Name: HCA Florida Adventura Hospital 20900 Biscayne Boulevard Adventura, FL 33180	100131	02/24/2006	FL
Previous Name: Northern Michigan Hospital New Name: McLaren Northern Michigan Hospital 416 Connable Avenue Petoskey, MI 49770	230105	05/01/2006	MI
Previous Name: North Florida Regional Medical Center New Name: HCA Florida North Florida Hospital 6500 Newberry Road Gainesville, FL 32605	100204	04/19/2005	FL
Previous Name: HCA Houston Healthcare Mainland Campus New Name: HCA Houston Healthcare Mainland	450530	10/20/2006	TX

Facility	Provider Number	Date Approved	State
HCA Healthcare Services of New Hampshire, Inc. D/B/A Portsmouth Regional Hospital 333 Borthwick Avenue Portsmouth, NH 03801	1518913607	07/03/2023	NH
Kaiser Permanente Santa Rosa Medical Center 401 Bicentennial Way Santa Rosa, CA 95403	050690	07/03/2023	CA
The following facilities have editorial changes (in bold).			
Previous name: Terrebonne General Medical Center New Name: Hospital Service District No. One Of The Parish of Terrebonne. DBA Terrebonne General Health System 8166 Main Street Houma, LA 70360	190008	04/20/2005	LA
Previous Name: St. Joseph Medical Center New Name: Penn State Health St. Joseph Medical Center 2500 Bernville Road Reading, PA 19605	390096	04/01/2005	PA
Previous name: Ocala Regional Medical Center New Name: HCA Florida Ocala Hospital 1431 SW First Avenue Ocala, FL 34471	100212	06/04/2010	FL

Facility	Provider Number	Date Approved	State
New Name: HCA Houston Healthcare Northwest 710 FM 1960 West Houston, TX 77090			
Previous Name: Clear Lake Regional Medical Center New Name: HCA Houston Healthcare Clear Lake 500 Medical Center Boulevard Webster, TX 77598	450617	04/01/2005	TX
Previous Name: Tomball Regional Hospital New Name: HCA Houston Healthcare Tomball 605 Holderrieth Street Tomball, TX 77375	450670	07/07/2005	TX
Previous Name: Regional Medical Center Bayonet Point New Name: HCA Florida Bayonet Point Hospital 14000 Fivay Road Hudson, FL 34667	100256	06/20/2005	FL
Previous Name: Medical Center of Arlington New Name: Medical City Arlington 3301 Matlock Road Arlington, TX 76015	450675	05/09/2012	TX
Previous Name: New Port Richey Hospital Inc.	100191	06/15/2015	FL

Facility	Provider Number	Date Approved	State
6801 Emmett F. Lowry Expressway Texas City, TX 77591			
Previous Name: Fawcett Memorial Hospital New Name: Fawcett Memorial Hospital INC d/b/a HCA Florida Fawcett Hospital 21298 Olean Boulevard Port Charlotte, FL 33952	100236	07/30/2019	FL
Previous Name: Kendall Regional Medical Center New Name: Kendall Healthcare Group, LTD. d/b/a HCA Florida Kendall Hospital 11750 Bird Road Miami, FL 33175	1710931522	05/18/2015	FL
Previous Name: Mercy Hospital New Name: HCA Florida Mercy Hospital 3663 South Miami Avenue Miami, FL 33133	100167	08/26/2005	FL
Previous Name: Summit Medical Center New Name: Tristar Summit Medical Center 5655 Frist Boulevard Hermitage, TN 37076	440150	09/01/2006	TN
Previous Name: Houston Northwest Medical Center	450638	08/26/2005	TX

Facility	Provider Number	Date Approved	State
Previous Name: Plaza Medical Center of Fort Worth New Name: Medical City Fort Worth 900 Eighth Avenue Fort Worth, TX 76104	450672	05/23/2005	TX
Previous Name: Northwest Medical Center New Name: HCA Florida Northwest Hospital 2801 North State Road 7 Margate, FL 33063-9002	100189	07/07/2005	FL
Previous Name: Citrus Memorial Health Foundations, INC New Name: HCA Florida Citrus Hospital 502 W. Highland Boulevard Inverness, FL 34452-4754	100023	12/05/2005	FL
Previous Name: Riverside Healthcare Systems, LP. New Name: Riverside Community Hospital 4445 Magnolia Avenue Riverside, CA 92501	050022	12/28/2005	CA
Other Information: Dba Riverside Community Hospital			

Facility	Provider Number	Date Approved	State
d/b/a Medical Center of Trinity New Name: New Port Richey Hospital Inc. d/b/a HCA Florida Trinity Hospital 9330 State Road 54 Trinity, FL 34655			
Previous Name: Palms of Pasadena Hospital New Name: HCA Florida Pasadena Hospital 1501 Pasadena Avenue South St. Petersburg, FL 33707	100126	07/15/2011	FL
Previous Name: North Florida Regional Medical Center New Name: HCA Florida North Florida Hospital 6500 Newberry Road Gainesville, FL 32605	100204	04/19/2005	FL
Previous Name: Capital Regional Medical Center New Name: HCA Florida Capital Hospital 2626 Capital Medical Boulevard Tallahassee, FL 32308	100254	02/27/2014	FL
Previous Name: Brandon Regional Hospital New Name: HCA Florida Brandon Hospital 119 Oakfield Drive Brandon, FL 33511	100243	11/01/2005	FL

Addendum VIII:

American College of Cardiology's National Cardiovascular Data Registry Sites (April through June 2023)

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 **(April through June 2023)**

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 were three CMS Coverage-Related Guidance Documents published during the 3-month period.

CMS published three proposed guidance documents on June 22, 2023 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:

<https://www.cms.gov/medicare-coverage-database/view/medicare-coverage-document.aspx?mcdid=35&docTypeId=1&sortBy=title&bc=1>

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<https://www.cms.gov/medicare-coverage-database/view/medicare-coverage-document.aspx?mcdid=34&docTypeId=1&sortBy=title&bc=1>

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<https://www.cms.gov/medicare-coverage-database/view/medicare-coverage-document.aspx?mcdid=33&docTypeId=1&sortBy=title&bc=1>

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

Addendum X:

List of Special One-Time Notices Regarding National Coverage Provisions (April through June 2023)

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) **(April through June 2023)**

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 (April through June 2023)

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

For the purposes of this quarterly notice, we are providing only the specific updates to the list of Medicare-approved facilities that meet our standards that have occurred in the 3-month period. This information is available at <http://www.cms.gov/MedicareApprovedFacilities/VAD/list.asp#TopOfPage>.

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

Facility	Provider Number	Date of Initial Certification	Date of Re-certification	State
The following facilities have editorial changes (in bold).				
Emory Saint Joseph's Hospital of Atlanta, Inc. 5665 Peachtree Dunwoody Road Atlanta, GA 30342	11008 2	07/13/201 0	02/22/2023	GA
Other information: Joint Commission ID # 6652				
Previous Re-certification Dates: 07/13/2010; 07/11/2012; 06/03/2014; 07/12/2016; 06/05/2018; 05/08/2021				
Kaiser Foundation Hospital - Santa Clara 700 Lawrence Expressway Santa Clara, CA 95051	05007 1	03/25/202 1	04/14/2023	CA
Other information: Joint Commission ID # 10123				
Previous Re-certification Dates: 03/25/2021				

San Diego, CA 92123 Other information: Joint Commission ID # 3910 Previous Re- certification Dates: 07/17/2008; 06/29/2010; 08/14/2012; 09/09/2014; 08/09/2016; 8/15/2018; 6/5/2021	52009 8	12/03/200 3	02/17/20 23	WI
University of Wisconsin Hospitals and Clinics Authority 600 Highland Avenue Madison, WI 53792 Other information: Joint Commission ID # 7656 Previous Re- certification Dates: 08/05/2008; 08/24/2010; 08/07/2012; 07/17/2014; 08/09/2016; 6/4/21				

Scripps Memorial Hospital La Jolla 9888 Genesee Avenue La Jolla, CA 92037 Other information: Joint Commission ID # 9880 Previous Re- certification Dates: 11/14/2012; 09/09/2014; 10/18/2016; 12/16/2020	05032 4	11/14/201 2	02/22/20 23	CA
University of North Carolina Hospitals 101 Manning Drive Chapel Hill, NC 27514 Other information: Joint Commission ID # 6478 Previous Re- certification Dates: 10/16/2008; 10/19/2010; 10/26/2012; 10/16/2014; 11/08/2016; 11/28/2018; 2/17/2021	34006 1	05/05/200 4	02/16/20 23	NC
Sharp Memorial Hospital 7901 Frost Street	05010 0	12/01/200 3	03/08/20 23	CA

Bon Secours St. Mary's Hospital 5801 Bremond Road Richmond, VA 23226 Other information: Joint Commission ID # 6387 Previous Re- certification Dates: 12/15/2011; 12/17/2013; 01/26/2016; 02/21/2018; 06/11/2021	49005 9	12/15/201 1	03/04/20 23	VA
North Shore University Hospital 300 Community Drive Manhasset, NY 11030 Other information: Joint Commission ID# 2091 Previous Re- certification Dates: 09/27/2016; 9/19/2018; 06/26/2021	33010 6	09/27/201 6	03/29/20 23	NY
INTEGRIS Baptist Medical Center 3300 Northwest Expressway	37002 8	08/13/200 8	03/18/20 23	OK
Oklahoma City, OK 73112 Other information: Joint Commission ID # 370028 Previous Re- certification Dates: 08/12/2008; 07/20/2010; 07/24/2012; 07/08/2014; 08/23/2016; 06/19/2021	21000 2	11/12/200 3	03/31/20 23	MD
University of Maryland Medical Center 22 South Greene Street Baltimore, MD 21201-1595 Other information: Joint Commission ID # 6264 Previous Re- certification Dates: 09/16/2008; 08/25/2010; 08/15/2012; 08/19/2014; 09/20/2016; 9/26/2018; 07/03/2021				

<p>Tufts Medical Center 800 Washington Street Boston, MA 02111</p> <p>Other information: Joint Commission ID # 5518</p> <p>Previous Re-certification Dates: 10/23/2008; 10/01/2010; 10/03/2012; 09/23/2014; 11/08/2016; 12/5/2018; 06/23/2021</p>	22011 6	06/11/200 3	03/16/20 23	MA
<p>Providence St. Vincent Medical Center 9205 SW Barnes Rd Portland, OR 97225</p> <p>Other information: Joint Commission ID # 9705</p> <p>Previous Re-certification Dates: 12/06/2011; 12/10/2013; 01/26/2016; 02/13/2018; 07/24/2021</p>	38000 4	12/06/201 1	04/12/20 23	OR
<p>University of Rochester/Strong Memorial Hospital 601 Elmwood Avenue Rochester, NY 14642</p> <p>Other information: Joint Commission ID # 5856</p> <p>Previous Re-certification Dates: 10/29/2003; 06/17/2008; 07/02/2010; 06/06/2012; 05/13/2014; 07/26/2016; 07/25/2018</p>	33028 5	10/29/200 3	04/05/20 23	NY
<p>TriStar Centennial Medical Center 2300 Patterson Street Nashville, TN 37203</p> <p>Other information: Joint Commission ID# 7888</p> <p>Previous Re-certification Dates: 12/12/2018; 08/19/2021</p>	44016 1	12/12/201 8	04/20/20 23	TN
<p>Robert Wood Johnson University Hospital</p>	31003 8	07/22/201 0	04/22/20 23	NJ

Previous Re-certification Dates: 04/14/2006; 11/18/2008; 10/22/2010; 10/23/2012; 10/03/2014; 10/28/2016; 10/24/2018; 08/04/2021	38009 1	09/13/201 6	05/03/20 23	OR
Kaiser Foundation Hospital - Sunnyside 10180 SE Sunnyside Road Clackamas, OR 97015-9303 Joint Commission ID# 4858 Previous Re-certification Dates: 09/13/2016; 09/19/2018; 08/25/2021				

Addendum XIII: Lung Volume Reduction Surgery (LVRS)

(April through June 2023)

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):

One Robert Wood Johnson Place New Brunswick, NJ 08903-2601 Other information: Joint Commission ID# 5969 Previous Re-certification Dates: 07/22/2010; 07/20/2012; 06/17/2014; 07/19/2016; 07/08/2021	20000 9	11/05/200 8	04/08/20 23	ME
MaineHealth 22 Bramhall Street Portland, ME 04102 Joint Commission ID# 5445 Previous Re-certification Dates: 11/05/2008; 09/27/2016; 10/3/2018; 07/08/2021				
Ohio State University Hospitals 410 West Tenth Avenue, DN 168 Columbus, OH 43210 Joint Commission ID# 7029	36008 5	11/12/200 3	04/29/20 23	OH

- 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 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/MedicareApprovedFacilities/LVRS/list.asp#TopOfPage.

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

The following facility is an addition for this quarter.			
Facility Name	Provider #	Certification Date	State
University of Cincinnati Medical Center, LLC 3188 Bellevue Avenue Cincinnati, OH 45219	360003	03/13/2023	OH
Other Information: JCAHO Joint Commission ID #6988			
The following facilities were removed this quarter.			
Facility Name	Provider #	Certification Date	State
Allegheny General Hospital		04/23/2008	PA

320 East North Avenue Pittsburgh, PA 15212			
Other information: JCAHO			
Kaiser Foundation Hospital - Riverside 10800 Magnolia Avenue Riverside, CA 92505	11/01/2008		CA
Other information: JCAHO			
Washington University/Barnes Hospital State 1 Barnes Jewish Hospital Plaza Saint Louis, MO 63110			MO
Other information: JCAHO			

University of Michigan Medical Center State 1500 E. Medical Center Drive Ann Arbor, MI 48109 Other information: JCAHO	14-0281	08/10/2013	MI
Northwestern Memorial Hospital 251 E. Huron Street Chicago, IL 60611 Other information: JCAHO	14-0148	05/06/2017	IL
Memorial Medical Center 701 North First Street Springfield, IL 62781-0001 Other information: JCAHO #7431 LVRIS Certification effective date: 7/13/2019			

Addendum XIV: Medicare-Approved Bariatric Surgery Facilities

(April through June 2023)

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 ASMB in the 3-month period. This information is available at www.cms.gov/MedicareApprovedFacilities/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 (April through June 2023)

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/MedicareApprovedFacilities/PETDT/list.asp#TopOfPage.

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