

severe infections in humans. NHPs may not be imported as pets and may only be imported for bona fide scientific, educational, or exhibition purposes, as defined in the regulations. Forms for the importation of NHPs are currently under information collection 0920–0263. These forms will move into this new information collection to consolidate all forms related to the importation of animals or animal products into one collection.

A new form to request a permit to import a regulated animal that is neither

a dog nor an NHP (*e.g.*, turtles, African rodents, civets) is included in this information collection. It also incorporates the addition of bats, which is currently approved under OMB control number 0920–0199.

Regarding human remains, the Division of Global Migration and Quarantine (DGMQ) works with the Division of Select Agents and Toxins (DSAT) on the importation for human remains. DGMQ requests death certificates from those wishing to import remains and then determines if the

importer will need a permit, which is issued by DSAT and will remain in 0920–0199.

Lastly, people importing animal products must make a statement or provide documentation demonstrating that the animal product is not infectious.

CDC requests OMB approval for an estimated 60,219 annual burden hours. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Dog Importers (42 CFR 71.51(c)(2), (d))	Dog Permit Application Form	60,000	1	60/60
NHP Importers (42 CFR 71.53)	NHP Shipment Arrival Notification Form	120	1	15/60
First Time NHP Importer (42 CFR 71.53)	NHP Importer Form	15	1	120/60
Regulated Animal Importer (42 CFR 71)	Other animal import form	2	1	30/60
Dog and Cat Importers (42 CFR 71.51(b)(3))	Record of sickness or death	43	1	60/60
Human Remains Importers (42 CFR 71.55, 42 CFR 71.32).	Provide death certificate	50	1	15/60
Importer of animal products (42 CFR 71.32)	Statement or documentation of non-infectiousness.	391	1	15/60
NHP Importers (42 CFR 71.53)	Lab-to-Lab Form	2	1	60/60
NHP Importers (42 CFR 71.53)	Zoo-to-Zoo Form	2	1	60/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office,
Office of Scientific Integrity, Office of Science,
Centers for Disease Control and Prevention.

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–9136–N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—January Through March 2022

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

ACTION: Notice.

SUMMARY: This quarterly notice lists CMS manual instructions, substantive

and interpretive regulations, and other **Federal Register** notices that were published from January through March 2022, relating to the Medicare and Medicaid programs and other programs administered by CMS.

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

Addenda	Contact	Phone No.
I CMS Manual Instructions	Ismael Torres	(410) 786–1864
II Regulation Documents Published in the Federal Register	Terri Plumb	(410) 786–4481
III CMS Rulings	Tiffany Lafferty	(410) 786–7548
IV Medicare National Coverage Determinations	Wanda Belle, MPA	(410) 786–7491
V FDA-Approved Category B IDEs	John Manlove	(410) 786–6877
VI Collections of Information	William Parham	(410) 786–4669
VII Medicare—Approved Carotid Stent Facilities	Sarah Fulton, MHS	(410) 786–2749
VIII American College of Cardiology-National Cardiovascular Data Registry Sites	Sarah Fulton, MHS	(410) 786–2749
IX Medicare's Active Coverage-Related Guidance Documents	JoAnna Baldwin, MS	(410) 786–7205
X One-time Notices Regarding National Coverage Provisions	JoAnna Baldwin, MS	(410) 786–7205
XI National Oncologic Positron Emission Tomography Registry Sites	David Dolan, MBA	(410) 786–3365
XII Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities	David Dolan, MBA	(410) 786–3365
XIII Medicare-Approved Lung Volume Reduction Surgery Facilities	Sarah Fulton, MHS	(410) 786–2749
XIV Medicare-Approved Bariatric Surgery Facilities	Sarah Fulton, MHS	(410) 786–2749
XV Fluorodeoxyglucose Positron Emission Tomography for Dementia Trials	David Dolan, MBA	(410) 786–3365
All Other Information	Annette Brewer	(410) 786–6580

SUPPLEMENTARY INFORMATION:**I. Background**

The Centers for Medicare & Medicaid Services (CMS) is responsible for administering the Medicare and Medicaid programs and coordination and oversight of private health insurance. Administration and oversight of these programs involves the following: (1) Furnishing information to Medicare and Medicaid beneficiaries, health care providers, and the public; and (2) maintaining effective communications with CMS regional offices, state governments, state Medicaid agencies, state survey agencies, various providers of health care, all Medicare contractors that process claims and pay bills, National Association of Insurance Commissioners (NAIC), health insurers, and other stakeholders. To implement the various statutes on which the programs are based, we issue regulations under the authority granted to the Secretary of the Department of Health and Human Services under sections 1102, 1871, 1902, and related provisions of the Social Security Act (the Act) and Public Health Service Act. We also issue various manuals, memoranda, and statements necessary to administer and oversee the programs efficiently.

Section 1871(c) of the Act requires that we publish a list of all Medicare manual instructions, interpretive rules, statements of policy, and guidelines of general applicability not issued as regulations at least every 3 months in the **Federal Register**.

II. Format for the Quarterly Issuance Notices

This quarterly notice provides only the specific updates that have occurred in the 3-month period along with a hyperlink to the full listing that is available on the CMS website or the appropriate data registries that are used as our resources. This is the most current up-to-date information and will be available earlier than we publish our quarterly notice. We believe the website list provides more timely access for beneficiaries, providers, and suppliers. We also believe the website offers a more convenient tool for the public to find the full list of qualified providers for these specific services and offers more flexibility and “real time” accessibility. In addition, many of the websites have listservs; that is, the public can subscribe and receive immediate notification of any updates to the website. These listservs avoid the need to check the website, as notification of updates is automatic and

sent to the subscriber as they occur. If assessing a website proves to be difficult, the contact person listed can provide information.

III. How To Use the Notice

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

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

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: May 3, 2021 (86 FR 23373), August 17, 2021 (86 FR 45986), November 18, 2021 (86 FR 64492) and February 9, 2022 (87 FR 7458). 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
(January through March 2022)**

The CMS Manual System is used by CMS program components, partners, providers, contractors, Medicare Advantage organizations, and State Survey Agencies to administer CMS programs. It offers day-to-day operating instructions, policies, and procedures based on statutes and regulations, guidelines, models, and directives. In 2003, we transformed the CMS Program Manuals into a web user-friendly presentation and renamed it the CMS Online Manual System.

How to Obtain Manuals

The Internet-only Manuals (IOMs) are a replica of the Agency's official record copy. Paper-based manuals are CMS manuals that were officially released in hardcopy. The majority of these manuals were transferred into the Internet-only manual (IOM) or retired. Pub 15-1, Pub 15-2 and Pub 45 are exceptions to this rule and are still active paper-based manuals. The remaining paper-based manuals are for reference purposes only. If you notice policy contained in the paper-based manuals that was not transferred to the IOM, send a message via the CMS Feedback tool.

Those wishing to subscribe to old versions of CMS manuals should contact the National Technical Information Service, Department of

Medicare General Information (CMS Pub. 100-01)	
11223	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11275	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11297	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
Medicare Benefit Policy (CMS Pub. 100-02)	
11181	Internet-Only Manual Updates (IOM) for Critical Care, Split/Shared Evaluation and Management Services, Teaching Physicians, and Physician Assistants
11219	Updates to Medicare Benefit Policy Manual and Medicare Claims Processing Manual for Opioid Treatment Programs and New Modifier for Audio-only Services
11249	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11272	An Omnibus CR Covering: (1) Removal of Two National Coverage Determination (NCDs), (2) Updates to the Medical Nutrition Therapy (MNT) Policy, and (3) Updates to the Pulmonary Rehabilitation (PR), Cardiac Rehabilitation (CR), and Intensive Cardiac Rehabilitation (ICR) Conditions of Coverage Pulmonary Rehabilitation (PR) Program Services Furnished On or After January 1, 2010 Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Services Furnished on or After January 1, 2010
11288	Internet-Only Manual Updates (IOM) for Critical Care, Split/Shared Evaluation and Management Services, Teaching Physicians, and Physician Assistants
Medicare National Coverage Determination (CMS Pub. 100-03)	
11171	National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds Blood-Derived Products for Chronic, Non-Healing Wounds
11214	National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds
11263	Revisions to National Coverage Determination (NCD) 240.2 (Home Use of Oxygen) and 240.2.2 (Home Oxygen Use for Cluster Headache) Home Use of Oxygen Home Oxygen Use to Treat Cluster Headache (CH)
11272	An Omnibus CR Covering: (1) Removal of Two National Coverage Determination (NCDs), (2) Updates to the Medical Nutrition Therapy (MNT) Policy, and (3) Updates to the Pulmonary Rehabilitation (PR), Cardiac Rehabilitation (CR), and Intensive Cardiac Rehabilitation (ICR) Conditions of Coverage Medical Nutrition Therapy Enteral and Parenteral Nutritional Therapy Positron Emission Tomography (PET) Scans
Medicare Claims Processing (CMS Pub. 100-04)	
11171	National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds Autologous Platelet-Rich Plasma (PRP) for Chronic Non-Healing Wounds Policy Healthcare Common Procedure Coding System (HCPCS) Codes, Diagnosis Coding and Frequency Requirements Types of Bill (TOB) Payment Method Place of Service (POS) for Professional Claims Medicare Summary Notices (MSNs), Remittance Advice Remark Codes (RARC), Claim Adjustment Reason Codes (CARCs) and Group Codes
11180	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction

Commerce, 5301 Shawnee Road, Alexandria, VA 22312 Telephone (703-605-6050). You can download copies of the listed material free of charge at: <http://cms.gov/manuals>.

How to Review Transmittals or Program Memoranda

Those wishing to review transmittals and program memoranda can access this information at a local Federal Depository Library (FDL). Under the FDL program, government publications are sent to approximately 1,400 designated libraries throughout the United States. Some FDLs may have arrangements to transfer material to a local library not designated as an FDL. Contact any library to locate the nearest FDL. This information is available at <http://www.gpo.gov/libraries/>

In addition, individuals may contact regional depository libraries that receive and retain at least one copy of most federal government publications, either in printed or microfilm form, for use by the general public. These libraries provide reference services and interlibrary loans; however, they are not sales outlets. Individuals may obtain information about the location of the nearest regional depository library from any library. CMS publication and transmittal numbers are shown in the listing entitled Medicare and Medicaid Manual Instructions. To help FDLs locate the materials, use the CMS publication and transmittal numbers. For example, to find the manual for Updates to Medicare Benefit Policy Manual and Medicare Claims Processing Manual for Opioid Treatment Programs and New Modifier for Audio-only Services, use (CMS-Pub. 100-02) Transmittal No. 11219.

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
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	Effect of a BFCC-QIO Expedited Determination on Continuation of Care Right to Pursue the Standard Claims Appeal Process
11215	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11219	Updates to Medicare Benefit Policy Manual and Medicare Claims Processing Manual for Opioid Treatment Programs and New Modifier for Audio-only Services Site of service (telecommunications) Coding Adjustments to the Bundled Payment Rate Locality Adjustments
11221	Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment
11224	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11225	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11231	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11233	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11239	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11241	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11251	Claim Status Category and Claim Status Codes Update
11255	April 2022 Update to the Medicare Severity – Diagnosis Related Group (MS-DRG) Grouper and Medicare Code Editor (MCE) Version 39.1 for the International Classification of Diseases, Tenth Revision (ICD-10) Diagnosis Codes for 2019 Novel Coronavirus (COVID-19) Vaccination Status and ICD-10
	Procedure Coding System (PCS) Codes for Introduction or Infusion of Therapeutics and Vaccines for COVID-19 Treatment
11257	Shared System Support Hours for Application Programming Interfaces (APIs)
11258	Gap Billing Between Hospice Transfers
11259	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11263	Revisions to National Coverage Determination (NCD) 240.2 (Home Use of Oxygen) and 240.2.2 (Home Oxygen Use for Cluster Headache) Oxygen and Oxygen Equipment
11265	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11267	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11268	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2022 Update
11269	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11271	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11272	An Omnibus CR Covering: (1) Removal of Two National Coverage Determination (NCDs), (2) Updates to the Medical Nutrition Therapy (MNT) Policy, and (3) Updates to the Pulmonary Rehabilitation (PR), Cardiac Rehabilitation (CR), and Intensive Cardiac Rehabilitation (ICR) Conditions of Coverage Medical Nutrition Therapy (MNT) Services General Conditions and Limitations on Coverage

11186	Calendar Year (CY) 2022 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment
11187	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11188	New Waived Tests
11189	Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 3, Section 40.2.4 Inpatient Prospective Payment System (IPPS) Transfers Between Hospitals IPPS Transfers Between Hospitals
11200	Implementation of the GV Modifier for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) for Billing Hospice Attending Physician Services RHCs and FQHCs for Billing Hospice Attending Physician Services
11202	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11208	Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits
11210	Expedited Review Process for Hospital Inpatients in Original Medicare Expedited Determinations of Inpatient Hospital Discharges Statutory Authority Scope Exceptions Important Message from Medicare (IM) Alterations to the IM Completing the IM Hospital Delivery of the IM Required Delivery Timeframes First IM Follow up copy of the IM Refusal to Sign the IM Ensuring Beneficiary Comprehension IM Delivery to Representatives Notice Retention for the IM Expedited Determination Process Beneficiary Responsibilities Timeframe for Requesting an Expedited Determination Provide Information to BFCC-QIO Beneficiary Liability During BFCC-QIO Review Untimely Requests for Review Hospital Responsibilities The Detailed Notice of Discharge (DND) BFCC-QIO Responsibilities Receive Beneficiary Requests for Expedited Review Notify Hospitals and Allow Explanation of Why Covered Services Should End Validate Delivery of the IM Solicit the Views of the Beneficiary Solicit the Views of the Hospital Make Determinations and Notify Required Parties Effect of a BFCC-QIO Expedited Determination Right to Pursue an Expedited Reconsideration Effect of a BFCC-QIO Expedited Determination on Continuation of Care Right to Pursue the Standard Claims Appeal Process
11214	Effect of a BFCC-QIO Expedited Determination Right to Pursue an Expedited Reconsideration

11320	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
Medicare Secondary Payer (CMS-Pub. 100-05)	
11197	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
Medicare Financial Management (CMS-Pub. 100-06)	
11199	Notice of New Interest Rate for Medicare Overpayments and Underpayments -1st Qtr Notification for FY 2022
11203	Notice of New Interest Rate for Medicare Overpayments and Underpayments -2nd Qtr Notification for FY 2022
Medicare State Operations Manual (CMS-Pub. 100-07)	
	None
Medicare Program Integrity (CMS-Pub. 100-08)	
11177	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11206	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11207	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11211	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11212	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11216	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instructions
11217	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instructions
11218	Updates to Chapter 4 in Publication (Pub.) 100-08, Including Removal of Requests for Anticipated Payment (RAP) Suppressions and Updates to Exhibit 16 - Model Payment Suspension Letters in Pub. 100-08
11246	Updates to Chapter 4 in Publication (Pub.) 100-08, Including Removal of Requests for Anticipated Payment (RAP) Suppressions and Updates to Exhibit 16 - Model Payment Suspension Letters in Pub. 100-08
11250	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instructions
11253	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instructions
11256	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instructions
11283	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instructions
11308	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instructions
11314	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instructions
11315	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instructions
Medicare Contractor Beneficiary and Provider Communications (CMS-Pub. 100-09)	
11222	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instructions
11276	The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year (FY) 2020 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCs)

	Referrals for MNT Services Dietitians and Nutritionists Performing MNT Services Payment for MNT Services General Claims Processing Information Rural Health Centers (RHCs)/Federally Qualified Health Centers (FQHCs) Special Billing Instructions Common Working File (CWF) Edits Claims Processing Requirements for CR and ICR Services Furnished On or After January 1, 2010 Frequency Edits for CR and ICR Claims ICR Program Services Furnished On or After January 1, 2010 Coding Requirements for ICR Services Furnished On or After January 1, 2010 PR Program Services Furnished On or After January 1, 2010 Coding Requirements for PR Services Furnished On or After January 1, 2010 Edits for CR Services Exceeding 36 Sessions Edits for PR Services Exceeding 72 Sessions
11274	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11278	Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS)
11280	Gap Billing Between Hospice Transfers
11284	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11287	Internet-Only Manual Updates for Critical Care Evaluation and Management Services Definition of a Global Surgical Package Billing Requirements for Global Surgeries Claims Review for Global Surgeries Adjudication of Claims for Global Surgeries
11295	April Quarterly Update for 2022 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
11299	Quarterly Update of HCPCS Codes Used for Home Health Consolidated Billing Enforcement
11300	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
11301	Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update
11302	Combined Common Edits/Enhancements Modules (CCEM) Code Set Update
11303	April 2022 Update of the Ambulatory Surgical Center (ASC) Payment System
11304	April 2022 Integrated Outpatient Code Editor (I/OCE) Specifications Version 23.1
11305	April 2022 Update of the Hospital Outpatient Prospective Payment System (OPPS)
11309	Quarterly Update to the National Correct Coding Initiative [NCCI] Procedure-to-Procedure (PTP) Edits, Version 28.2, Effective July 1, 2022
11310	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11311	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
11313	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
11319	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction

11209	Send Electronic Funds Transfer (EFT) Information from Provider Enrollment Chain and Ownership System (PECOS) to Fiscal Intermediary Shared System (FISS) - Implementation CR, Consolidation of January 2022 and April 2022 Releases
11220	Updating the 32287 Reason Code Edit in the Fiscal Intermediary Shared System (FISS) to Allow Processing of Claims Containing Healthcare Common Procedure Coding System (HCPCS) Code Q0249
11226	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Expert Claims Processing System (ECPS) Enhancement to Process Notice of Elections (NOEs) with Frequency B or E
11227	User CR: MCS - Test UAT Future Dates Beyond the Current Year
11228	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - MAP181 Online Grab Request to Include Line Numbers
11229	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Clear PRMNAPRO Screen Upon Completion of Job
11230	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Modify Reason Code 38205 to Include All Patient Status Codes
11232	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Claim Page 2 Adjustment Document Control Number (AD DCN) to Match the Claim Page 6 Cross Reference DCN (XREF DCN)
11234	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Medicare Secondary Payer (MSP) Reports RPT800AA and RPT800AB Updates
11235	User Change Request (UCR): Fiscal Intermediary Shared System (FISS) - Modify Access to Reason Code File Update to Allow Narrative Only Updates
11236	Updating the Exempt Diagnosis Codes Present on Admission (POA) File to Accommodate Multiple Effective and Termination Dates
11237	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
11238	ViPS Medicare System (VMS) - Track Claim Counter Activity in SuperOp - Implementation of User CR 11558
11240	Updates to the Common Working File (CWF) for Editing and Claims Processing to Allow Medicare Fee-For-Service (FFS) Coverage of Kidney Acquisition Costs for Medicare Advantage (MA) Beneficiaries Provided by Maryland Waiver (MW) Hospitals
11243	Method of Payment and Cost Settlement for Inpatient Services for Hospitals Participating under the Rural Community Hospital Demonstration
11248	Nursing and Allied Health Medicare Advantage Payment - Revision to CY 2018
11252	User CR: ViPS Medicare System (VMS) - Update Beneficiary Information Tracking System (BITS) Menu to Include a Selection Field of Electronic Submission of Medical Documentation (ssMD) Transaction ID
11254	Mobile Personal Identity Verification (PIV) Station
12562	Common Working File (CWF) Editing - National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds
12564	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) -- July 2022
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

11298	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
Medicare Quality Improvement Organization (CMS-Pub. 100-10)	
	None
Medicare End Stage Renal Disease Network Organizations (CMS Pub 100-14)	
	None
Medicaid Program Integrity Disease Network Organizations (CMS Pub 100-15)	
	None
Medicare Managed Care (CMS-Pub. 100-16)	
	None
Medicare Business Partners Systems Security (CMS-Pub. 100-17)	
	None
Medicare Prescription Drug Benefit (CMS-Pub. 100-18)	
	None
Demonstrations (CMS-Pub. 100-19)	
11201	ESRD Treatment Choices (ETC) Model Demo Priorities Correction
11242	ESRD Treatment Choices (ETC) Model Performance Payment Adjustment (PPA) - Facility Component (Implementation CR)
11244	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions
11245	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions
11266	ESRD Treatment Choices (ETC) Model Demo Priorities Correction
11294	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
One Time Notification (CMS-Pub. 100-20)	
11175	CY2022 Telehealth Update Medicare Physician Fee Schedule
11178	Skilled Nursing Facility (SNF) Claims Processing Update to Fiscal Year End (FYE) Edits
11179	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) -- April 2022 (CR 1 of 2)
11185	CR: MCS - Enhancement to Automate the XHIC Error Process
11190	Correction to Processing When Osteoporosis Drugs Are Billed for Other Indications
11191	New Occurrence Span Code and Revenue Code for Acute Hospital Care at Xs k+/* Home
11192	Updating the 32287 Reason Code Edit in the Fiscal Intermediary Shared System (FISS) to Allow Processing of Claims Containing Healthcare Common Procedure Coding System (HCPCS) Code Q0249
11193	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions
11194	Prevent Loading of Dental HCPCS Codes in the Fiscal Intermediary Shared System (FISS)
11196	MAC Participation in Change Request (CR) Development
11198	Implementation of Medicare Administrative Contractor (MAC) Appeals Upload Process Changes for the Recovery Audit Contractor (RAC) Data Warehouse (RACDW) and Addition of Disposition Category "U" to RACDW Appeals Layout File
11204	Modify Fiscal Intermediary Shared System (FISS) Existing Logic for Vaccine Administration Codes for Non-outpatient Prospective Payment System (Non-OPPS) Island Providers
11205	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions

Addendum II: Regulation Documents Published in the Federal Register (January through March 2022)

Regulations and Notices

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

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

This information is available on our website at: <https://www.cms.gov/files/document/regs1q22qpu.pdf>

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

Addendum III: CMS Rulings (January through March 2022)

CMS Rulings are decisions of the Administrator that serve as precedent final opinions and orders and statements of policy and interpretation. They provide clarification and interpretation of complex or ambiguous provisions of the law or regulations relating to Medicare, Medicaid, Utilization and Quality Control Peer Review, private health insurance, and related matters.

The rulings can be accessed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Rulings>. For questions or additional information, contact Tiffany Lafferty (410-786-7548).

Addendum IV: Medicare National Coverage Determinations (January through March 2022)

Addendum IV includes completed national coverage determinations (NCDs), or reconsiderations of completed NCDs, from the quarter covered by this notice. Completed decisions are identified by the section of the NCD Manual (NCDM) in which the decision appears, the title, the date the publication was issued, and the effective date of the decision. An NCD is a determination by the Secretary for whether or not a particular item or service is covered nationally under the Medicare Program (title XVIII of the Act), but does not include a determination of the code, if any, that is assigned to a particular covered item or service, or payment

determination for a particular covered item or service. The entries below include information concerning completed decisions, as well as sections on program and decision memoranda, which also announce decisions or, in some cases, explain why it was not appropriate to issue an NCD.

Information on completed decisions as well as pending decisions has also been posted on the CMS website. For the purposes of this quarterly notice, we are providing only the specific updates to national coverage determinations (NCDs), or reconsiderations of completed NCDs published in the 3-month period. This information is available at:

www.cms.gov/medicare-coverage-database/. For questions or additional information, contact Wanda Belle, MPA (410-786-7491).

Title	NCDM Section	Transmittal Number	Issue Date	Effective Date
Common Working File (CWF) Editing - National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds	NCD 270.3	R11262OTN	02/10/2022	04/13/2021
Revisions to National Coverage Determination (NCD) 240.2 (Home Use of Oxygen) and 240.2.2 (Home Oxygen Use for Cluster Headache) Metastasis of Cancer	NCD 240.2 and NCD 240.2.2	11263	02/10/2022	09/27/2021
An Omnibus CR Covering: (1) Removal of Two National Coverage Determination (NCDs), (2) Updates to the Medical Nutrition Therapy (MNT) Policy, and (3) Updates to the Pulmonary Rehabilitation (PR), Cardiac Rehabilitation (CR), and Intensive Cardiac Rehabilitation (ICR) Conditions of Coverage	Remove 180.2 and 220.6; NCD 180.1	11272	02/18/2022	01/01/2022
National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds [Rescinds and replaces Transmittal 11171, dated January 12, 2022]	NCD 270.3	11214	01/20/2022	04/13/2021

Addendum V: FDA-Approved Category B Investigational Device Exemptions (IDEs) (January through March 2022)

(Inclusion of this addenda is under discussion internally.)

Addendum VI: Approval Numbers for Collections of Information (January through March 2022)

All approval numbers are available to the public at Reginfo.gov. Under the review process, approved information collection requests are assigned OMB control numbers. A single control number may apply to several related information collections. This information is available at www.reginfo.gov/public/do/PRAMain. For questions or additional information, contact William Parham (410-786-4669).

Addendum VII: Medicare-Approved Carotid Stent Facilities (January through March 2022)

Addendum VII includes listings of Medicare-approved carotid stent facilities. All facilities listed meet CMS standards for performing carotid artery stenting for high risk patients. On March 17, 2005, we issued our decision memorandum on carotid artery stenting. We determined that carotid artery stenting with embolic protection is reasonable and necessary only if performed in facilities that have been determined to be competent in performing the evaluation, procedure, and follow-up necessary to ensure optimal patient outcomes. We have created a list of minimum standards for facilities modeled in part on professional society statements on competency. All facilities must at least meet our standards in order to receive coverage for carotid artery stenting for high risk patients. For the purposes of this quarterly notice, we are providing only the specific updates that have occurred in the 3-month period. This information is available at: <http://www.cms.gov/MedicareApprovedFacilities/CASF/list.asp#TopOfPage>. For questions or additional information, contact Sarah Fulton, MHS (410-786-2749).

Facility	Provider Number	Date Approved	State
The following facilities are new listings for this quarter.			
Wellstar North Fulton Hospital 3000 Hospital Boulevard Roswell, GA 30076	1033135959	01/18/2022	GA
Sarasota County Public Hospital District, d/b/a Sarasota Memorial Hospital – Venice 2600 Laurel Road E North Venice, FL 34275-3226	10-0539	01/18/2022	FL
Southern Hills Hospital & Medical Center 9300 West Sunset Road Las Vegas, NV 89148	1457306359	02/08/2022	NV
Mount Sinai South Nassau One Healthy Way Oceanside, NY 11572	330198	02/22/2022	NY
The following facilities have editorial changes (in bold).			
FROM: St. Joseph's Hospital TO: Marshfield Medical Center	520037	06/28/2005	WI

Facility	Provider Number	Date Approved	State
611 North Saint Joseph Avenue Marshfield, WI, 54449			
The following facility has been removed.			
Highline Medical Center 16251 Sylvester Rd SW Burien, WA 98166	50-0011	10/17/2013	WA

Addendum VIII:

American College of Cardiology's National Cardiovascular Data Registry Sites (January through March 2022)

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

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

Addendum IX: Active CMS Coverage-Related Guidance Documents (January through March 2022)

CMS issued a guidance document on November 20, 2014 titled "Guidance for the Public, Industry, and CMS Staff: Coverage with Evidence Development Document". Although CMS has several policy vehicles relating to evidence development activities including the investigational device exemption (IDE), the clinical trial policy, national coverage determinations and local coverage determinations, this guidance document is principally intended to help the public understand CMS's implementation of coverage with evidence development (CED) through the national coverage determination process. The document is available at <http://www.cms.gov/medicare-coverage-database/details/medicare-coverage-document-details.aspx?MCDId=27>. There are no additional Active CMS Coverage-Related Guidance Documents for the 3-month period. For questions or additional information, contact JoAnna Baldwin, MS (410-786-7205).

Addendum X:

List of Special One-Time Notices Regarding National Coverage Provisions (January through March 2022)

There were no special one-time notices regarding national coverage provisions published in the 3-month period. This information is available at <http://www.cms.gov>. For questions or additional information, contact JoAnna Baldwin, MS (410-786 7205).

Other information: DNV ID # 1000515749-MSC-DNV- USA Previous Re-certification Dates: n/a					
Facility	Provider Number	Date of Initial Certification	Date of Re- certification	State	
The following facilities have editorial changes (in bold).					
FROM: Intermountain Medical Center; TO: Intermountain Healthcare Health Services Inc. 5121 South Cottonwood Street Murry, UT 84157 Other information: Joint Commission ID # 9540 Previous Re-certification Dates: 10/31/2008; 12/07/2010; 12/11/2012; 12/16/2014; 01/24/2017; 3/13/2019	460010	10/23/2003	11/11/2021	UT	
St. Vincent Hospital and Health Care Services, Inc. 2001 West 86th Street Indianapolis, IN 46260 Other information: Joint Commission ID # 7178 Previous Re-certification Dates: 12/16/2008; 05/17/2011; 06/25/2013; 05/19/2015; 06/13/2017; 7/31/2019	150084	01/05/2004	11/06/2021	IN	
Montefiore Health System 111 East 210th Street Bronx, NY 10467 Other information: Joint Commission ID # 2514 Previous Re-certification Dates: 09/23/2008; 10/08/2010; 10/23/2012; 09/23/2014; 10/18/2016; 11/07/2018	330059	11/14/2003	10/29/2021	NY	
Mayo Clinic Arizona 5777 East Mayo Boulevard Phoenix, AZ 85054	030103	02/27/2009	10/30/2021	AZ	

Addendum XI: National Oncologic PET Registry (NOPR) (January through March 2022)

Addendum XI includes a listing of National Oncologic Positron Emission Tomography Registry (NOPR) sites. We cover positron emission tomography (PET) scans for particular oncologic indications when they are performed in a facility that participates in the NOPR.

In January 2005, we issued our decision memorandum on **positron emission tomography (PET)** scans, which stated that CMS would cover PET scans for particular oncologic indications, as long as they were performed in the context of a clinical study. We have since recognized the National Oncologic PET Registry as one of these clinical studies.

Therefore, in order for a beneficiary to receive a Medicare-covered PET scan, the beneficiary must receive the scan in a facility that participates in the registry. There were no additions, deletions, or editorial changes to the listing of National Oncologic Positron Emission Tomography Registry (NOPR) in the 3-month period. This information is available at <http://www.cms.gov/MedicareApprovedFacilities/NOPR/list.asp#TopOfPage>. For questions or additional information, contact David Dolan, MBA (410-786-3365).

Addendum XII: Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities (January through March 2022)

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

For the purposes of this quarterly notice, we are providing only the specific updates to the list of Medicare-approved facilities that meet our standards that have occurred in the 3-month period. This information is available at

<http://www.cms.gov/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 facility is new for this quarter.				
Bethesda North Hospital 10500 Montgomery Road Cincinnati, OH 45242	360179	12/16/2021	N/A	OH

Facility	Provider Number	Date of Initial Certification	Date of Re-certification	State
Previous Re-certification Dates: 12/18/2014; 01/24/2017; 03/06/2019				
Aurora Health Care Metro Inc. St. Luke's Medical Center 2900 W Oklahoma Ave Milwaukee, WI, 53215 Other information: DNV ID # 10000509687-MSC-DNV- USA Previous Re-certification Dates: 02/03/2009; 08/09/2011; 07/17/2013; 07/21/2015; 11/14/2017; 2/12/2020	520138	02/03/2009	01/06/2022	WI
UT Southwestern William P. Clements Jr. University Hospital 6201 Harry Hines Boulevard Dallas, TX 75390-9262 Other information: Joint Commission ID # 9013 Previous Re-certification Dates: 12/17/2008; 06/07/2011; 06/04/2013; 06/23/2015; 08/08/2017; 10/11/2019	450044	12/17/2008	02/12/2022	TX
Inova Fairfax Hospital 3300 Gallows Road Falls Church, VA 22042 Other information: Joint Commission ID # 6351 Previous Re-certification Dates: 12/09/2008; 03/22/2011; 05/01/2013; 06/09/2015; 07/25/2017; 9/25/2019	490063	12/09/2008	11/17/2021	VA

Facility	Provider Number	Date of Initial Certification	Date of Re-certification	State
Other information: Joint Commission ID # 261796 Previous Re-certification Dates: 01/27/2009; 04/29/2011; 03/20/2013; 03/24/2015; 05/19/2017; 8/14/2019				
UMass Memorial Medical Center, Inc. 55 Lake Ave North Worcester, MA 01655 Other information: Joint Commission ID # 5640 Previous Re-certification Dates: 02/06/2019	220163	02/06/2019	11/06/2021	MA
TO: North Carolina Baptist Hospital DBA Wake Forest Baptist Medical Center; FROM: North Carolina Baptist Hospital dba Atrium Health Wake Forest Baptist Medical Center Boulevard Winston Salem, NC 27157 Other information: Joint Commission ID # 6571 Previous Re-certification Dates: 06/28/2011; 08/13/2013; 08/04/2015; 08/18/2017; 10/9/2019	340047	06/27/2011	10/16/2021	NC
Temple University Hospital, Inc. 3401 North Broad Street Philadelphia, PA 19140 Other information: Joint Commission ID # 6152 Previous Re-certification Dates: 02/11/2014; 04/07/2016; 04/04/2018	390027	02/08/2012	10/13/2021	PA
St. Luke's University Hospital 801 Ostrum Street Bethlehem, PA 18015 Other information: Joint Commission ID # 6024	390049	12/18/2014	10/30/2021	PA

Facility	Provider Number	Date of Initial Certification	Date of Re-certification	State
Joint Commission ID # 2768 Previous Re-certification Dates: 07/18/2017; 9/11/2019				
Yale New Haven Hospital 20 York Street New Haven, CT 06510-3203 Other information: Joint Commission ID # 5677	070022	01/25/2011	11/24/2021	CT
Previous Re-certification Dates: 01/25/2011; 01/15/2013; 12/16/2014; 02/28/2017; 5/22/2019				
Shands Teaching Hospitals & Clinics, Inc. 1600 SW Archer Rd Gainesville, FL 32608 Other information: Joint Commission ID # 6804	100113	11/26/2003	12/16/2021	FL
Previous Re-certification Dates: 11/18/2008; 02/08/2011; 02/12/2013; 01/27/2015; 02/14/2017; 04/24/2019				
Stanford Health Care 300 Pasteur Drive Stanford, CA 94305 Other information: Joint Commission ID # 10010	050441	12/22/2003	12/15/2021	CA
Previous Re-certification Dates: 11/24/2010; 12/12/2012; 12/09/2014; 03/14/2017; 08/28/2019				
Deborah Heart and Lung Center 200 Trenton Rd Browns Mills, NJ 08015 Other information: DNV ID # C522707	310031	02/05/2019	02/10/2022	NJ
Previous Re-certification Dates: 02/05/2019 Memorial Hermann - Texas Medical Center 6411 Fannin Street	450068	04/10/2013	12/23/2021	TX

Facility	Provider Number	Date of Initial Certification	Date of Re-certification	State
Hartford Hospital 80 Seymour Street Hartford, CT 06102-5037 Other information: Joint Commission ID # 070025	070025	03/31/2009	12/15/2021	CT
Previous Re-certification Dates: 03/31/2009; 11/16/2011; 10/22/2013; 10/20/2015; 11/14/2017; 12/10/2019				
UCSF Medical Center 505 Parnassus Avenue San Francisco, CA 94143 Other information: Joint Commission ID # 10095	050454	09/19/2012	11/18/2021	CA
Previous Re-certification Dates: 09/19/2012; 11/04/2014; 12/06/2016; 1/30/2019 Previous re-certification dates: 10/01/2018				
Loyola University Medical Center 2160 South First Avenue Maywood, IL 60153 Other information: Joint Commission ID # 7288	140276	05/10/2011	11/17/2021	IL
Previous Re-certification Dates: 05/10/2011; 04/16/2013; 03/17/2015; 05/09/2017; 6/26/2019				
Hackensack University Medical Center 30 Prospect Avenue Hackensack, NJ 07601 Other information: Joint Commission ID # 5934	310001	10/20/2015	12/15/2021	NJ
Previous Re-certification Dates: 10/20/2015; 09/19/2017; 10/4/2019				
Baystate Medical Center 759 Chestnut Street Springfield, MA 01199 Other information:	220077	07/18/2017	12/04/2021	MA

Only the first two types are in the list. There were no updates to the listing of facilities for lung volume reduction surgery published in the 3-month period. 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).

Addendum XIV: Medicare-Approved Bariatric Surgery Facilities (January through March 2022)

Addendum XIV includes a listing of Medicare-approved facilities that meet minimum standards for facilities modeled in part on professional society statements on competency. All facilities must meet our standards in order to receive coverage for bariatric surgery procedures. On February 21, 2006, we issued our decision memorandum on bariatric surgery procedures. We determined that bariatric surgical procedures are reasonable and necessary for Medicare beneficiaries who have a body-mass index (BMI) greater than or equal to 3.5, 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 ASBS 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 (January through March 2022)

There were no FDG-PET for Dementia and Neurodegenerative Diseases Clinical Trials published in the 3-month period.

This information is available on our website at www.cms.gov/MedicareApprovedFacilities/PETDT/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
Houston, TX 77030 Other information: Joint Commission ID # 9081 Previous Re-certification Dates: 03/19/2013; 2015-04/14/2015; 05/24/2017; 06/26/2019				
Mayo Clinic Florida 4500 San Pablo Road Jacksonville, FL 32224 Other information: Joint Commission ID # 369946 Previous Re-certification Dates: 03/17/2009; 10/19/2011; 09/24/2013; 09/15/2015; 10/03/2017; 11/6/2019	100151	03/17/2009	01/15/2022	FL
Einstein Medical Center Philadelphia 5501 Old York Road Philadelphia, PA 19141 Other information: Joint Commission ID # 6118 Previous Re-certification Dates: 08/24/2011; 08/20/2013; 08/04/2015; 09/19/2017; 10/23/2019	390142	08/24/2011	01/15/2022	PA

Addendum XIII: Lung Volume Reduction Surgery (LVRS) (January through March 2022)

Addendum XIII includes a listing of Medicare-approved facilities that are eligible to receive coverage for lung volume reduction surgery.

Until May 17, 2007, facilities that participated in the National Emphysema Treatment Trial were also eligible to receive coverage. The following three types of facilities are eligible for reimbursement for Lung Volume Reduction Surgery (LVRS):

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