

transfer occurred in the same clinic or when oocytes were retrieved in an ART clinic that is different from the ART clinic where the current transfer is taking place. Collection of the clinic name in which the previous retrieval took place (if different from the clinic performing the transfer) will allow for more complete linkage of embryo transfers to egg retrievals. This information will allow for a better understanding of the cumulative success rates over multiple ART treatment cycles. CDC therefore proposes adding this information for current fresh embryo transfers or thawed embryo transfers if the retrieval and transfer did not occur in the same clinic.

Addition (if Oocyte Retrieval Was Not Conducted at the Same Clinic as Transfer)

1. Fresh Embryo Transfer

Name of clinic if different from where oocyte retrieval took place.

2. Thawed Embryo Transfer

Name of clinic if different from where oocyte retrieval took place.

Proposed Reporting Requirement Modifications:

Section I. Who Reports

Sub-Section C. Reporting Responsibilities of ART Program

CDC currently requires that, when multiple programs are involved in one cycle, the requirement to report cycles lies with the ART program that accepts responsibility for the embryo culture or thawing the oocytes or embryos. However, when clinics are contracting with external embryo laboratories, these laboratories may not be recognizable to the consumer. Therefore, we are proposing to change the requirement to report cycles to the ART program that directs the clinical management of the

cycle. Both current and modified guidelines are provided below.

Current: Multiple ART programs involved in one cycle—Different ART programs responsible for ovarian stimulation, oocyte retrieval, and/or embryo transfer.

The following guidelines should be used:

a. The requirement to report cycles lies with the ART program that accepts responsibility for the embryo culture. The ART programs involved must have a method in place to ensure that these cycles can be prospectively reported by the ART program required to report them. In addition, all canceled cycles must be reported by the ART program accepting responsibility for the embryo culture.

b. Cycles involving previously cryopreserved oocytes/embryos are to be reported by the ART program that accepts responsibility for thawing the oocytes/embryos.

Modification (to ensure more accurate reporting by modifying reporting responsibilities when more than one program is involved in one cycle): Multiple ART programs involved in one cycle—Different ART programs responsible for ovarian stimulation, oocyte retrieval, and/or embryo transfer.

The following guidelines should be used:

a. The requirement to report cycles lies with the ART program that directs the clinical management of the cycle, which would include (but is not limited to) multiple aspects of the treatment such as patient selection, pre-treatment counseling and selection of the specific treatment protocol. The ART programs involved must have a method in place to ensure that these cycles can be prospectively reported by the ART program required to report them. In addition, all canceled cycles must be reported by the same ART program.

b. Cycles involving previously cryopreserved oocytes/embryos are to be reported by the ART program that accepts responsibility for thawing the oocytes/embryos.

Dated: October 31, 2019.

Sandra Cashman,

Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2019-24174 Filed 11-5-19; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-9119-N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—July Through September 2019

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 July through September 2019, relating to the Medicare and Medicaid programs and other programs administered by CMS.

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

Addenda	Contact	Phone Number
I CMS Manual Instructions	Ismael Torres	(410) 786-1864
II Regulation Documents Published in the Federal Register	Terri Plumb	(410) 786-4481
III CMS Rulings	Tiffany Lafferty	(410) 786-7548
IV Medicare National Coverage Determinations	Wanda Belle, MPA	(410) 786-7491
V FDA-Approved Category B IDEs	John Manlove	(410) 786-6877
VI Collections of Information	William Parham	(410) 786-4669
VII Medicare –Approved Carotid Stent Facilities	Sarah Fulton, MHS	(410) 786-2749
VIII American College of Cardiology-National Cardiovascular Data Registry Sites	Sarah Fulton, MHS	(410) 786-2749
IX Medicare's Active Coverage-Related Guidance Documents	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>.

Dated: October 16, 2019.

Kathleen Cantwell,

Director, Office of Strategic Operations and Regulatory Affairs.

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: November 2, 2018 (83 FR 55174) February 19, 2019 (84 FR 4805), April 29, 2019 (84 FR 18040) and August 9, 2019 (84 FR 39323). We are providing only the specific updates that have occurred in the 3-month period along with a hyperlink to the website to access this information and a contact person for questions or additional information.

Addendum I: Medicare and Medicaid Manual Instructions (July through September 2019)

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

How to Obtain Manuals

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

Those wishing to subscribe to old versions of CMS manuals should contact the National Technical Information Service, Department of Commerce, 5301 Shawnee Road, Alexandria, VA 22312 Telephone (703-605-6050). You can download copies of the listed material free of charge at: <http://cms.gov/manuals>.

How to Review Transmittals or Program Memoranda

Those wishing to review transmittals and program memoranda can access this information at a local Federal Depository Library (FDL). Under the FDL program, government publications are sent to approximately 1,400 designated libraries throughout the United States. Some FDLs may have

arrangements to transfer material to a local library not designated as an FDL. Contact any library to locate the nearest FDL. This information is available at <http://www.gpo.gov/libraries/>

In addition, individuals may contact regional depository libraries that receive and retain at least one copy of most federal government publications, either in printed or microfilm form, for use by the general public. These libraries provide reference services and interlibrary loans; however, they are not sales outlets. Individuals may obtain information about the location of the nearest regional depository library from any library. CMS publication and transmittal numbers are shown in the listing entitled Medicare and Medicaid Manual Instructions. To help FDLs locate the materials, use the CMS publication and transmittal numbers. For example, to find the manual for Updates to Publication (Pub.) 100-04, Changes to the Laboratory National Coverage Determination (NCD) Edit Software for October 2019, use (CMS-Pub. 100-04) Transmittal No. 4330.

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. 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
125	Medicare General Information (CMS-Pub. 100-01)
	Internet Only Manual (IOM) - Update to General Information, Eligibility, and Entitlement, Chapter 7 - Contract Administrative Requirements, Section 40.2 - Shared System Maintainer Responsibilities for Systems Releases,
	Section 40.3.11 Single Testing Contractor (STC) Non-Testable Conditions and Potential Testing Impacts Release Software Single Testing Contractor (STC) Non-Testable Conditions and Potential Testing Impacts
	Medicare Benefit Policy (CMS-Pub. 100-02)
259	Update to Coverage of Intravenous Immune Globulin for Treatment of Primary Immune Deficiency Diseases in the Home Coverage of Intravenous Immune Globulin for Treatment of Primary Immune Deficiency Diseases in the Home
260	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
Medicare National Coverage Determination (CMS-Pub. 100-03)	
	None

Medicare Claims Processing (CMS-Pub. 100-04)	
4329	Quarterly Update for the Temporary Gap Period of the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP) - October 2019
4330	Changes to the Laboratory National Coverage Determination (NCD) Edit Software for October 2019
4331	October 2019 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
4332	Medicare Summary Notice (MSN) Changes to Assist Beneficiaries Enrolled in the Qualified Medicare Beneficiary (QMB) Program Qualified Medicare Beneficiary (QMB) Program
4333	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions
4334	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 25.3 Effective October 1, 2019
4335	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4336	New Waived Tests
4337	Implementation of the Medicare Performance Adjustment (MPA) for the Maryland Total Cost of Care (MD TCOC) Model Outpatient Provider Specific File Provider Specific File Payer Only Codes Utilized by Medicare
4338	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4339	Documentation of Medical Necessity of the Home Visit, and Physician Management Associated with Superficial Radiation Treatment Home Services (Codes 99341 - 99350) Physician Management Associated with Superficial Radiation Treatment
4340	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4341	October Quarterly Update to 2019 Annual Update of HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement
4342	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4343	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4344	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4345	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4346	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
4347	Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment
4348	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4349	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4350	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions
4351	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4352	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4353	Inpatient Rehabilitation Facility (IRF) Annual Update: Prospective Payment System (PPS) Pricer Changes for FY 2020 Payment Provisions Under IRF PPS
4354	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4355	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4356	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
4357	Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Updates for Fiscal Year (FY) 2020 Annual Update Wage Index Determining the Cost-to-Charge Ratio
4358	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4359	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4360	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4361	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions
4362	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - October 2019 Update
4363	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - October 2019 Update
4364	Manual Update to Sections 1.2 and 10.2.1 in Chapter 18 of Publication (Pub.) 100-04
4365	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4366	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4367	Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - October 2019 Update
4368	Inpatient Rehabilitation Facility (IRF) Annual Update: Prospective Payment System (PPS) Pricer Changes for FY 2020
4369	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4370	Combined Common Edits/Enhancements Modules (CEEM) Code Set Update
4371	Healthcare Provider Taxonomy Codes (HPTCs) October 2019 Code Set Update
4372	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions
4373	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4374	2020 Healthcare Common Procedure Coding System (HCPCS) Annual Update Reminder

	Items 14-33 - Provider of Service or Supplier Information Patient's Request for Medical Payment Form CMS-1490S Eligibility Connectivity Workflow October 2019 Update of the Ambulatory Surgical Center (ASC) Payment System Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions
4389	
4390	
4391	Implementation of the Medicare Performance Adjustment (MPA) for the Maryland Total Cost of Care (MD TCOC) Model Outpatient Provider Specific File Provider Specific File Payer Only Codes Utilized by Medicare
4392	Instructions for Retrieving the January 2020 Medicare Physician Fee Schedule Database (MPFSDB) Files through the CMS Mainframe Telecommunications System
4393	Internet Only Manual Update to Add New and Revise Sections of Publication 100-04, Chapter 11 Data Required on the Institutional Claim to A/B MAC (HHH) Input/Output Record Layout Decision Logic Used by the Pricer on Claims
4394	Billing for Hospital Part B Inpatient Services Editing Of Hospital Part B Inpatient Services: Reasonable and Necessary Part A Hospital Inpatient Denials Editing Of Hospital Part B Inpatient Services: Other Circumstances in Which Payment Cannot Be Made under Part
4395	October 2019 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
4396	Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - October 2019 Update
4397	Quarterly Update for the Temporary Gap Period of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) - January 2020
4398	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4399	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions
4400	Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2020
4401	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4402	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
4403	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions
4404	January 2020 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
	Medicare Secondary Payer (CMS-Pub. 100-05)
127	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions

4375	Instructions for Downloading the Medicare ZIP Code File for January 2020
4376	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
4377	Claim Status Category and Claim Status Codes Update
4378	Home Health (HH) Patient-Driven Groupings Model (PDGM) - Revised and Additional Manual Instructions Home Health (HH) Patient-Driven Groupings Model (PDGM) - Revised and Additional Manual Instructions Changes in a Beneficiary's Payment Source Decision Logic Used by the Pricer on Claims HH Grouping Program HH Grouping Input/Output Record Layout HH Grouping Decision Logic and Updates Temporary Suspension of Home Health Services Billing Procedures for an Agency Being Assigned Multiple CCNs or a Change in CCN Payment Procedures for Terminated HHAs
4379	2020 Annual Update for the Health Professional Shortage Area (HPSA) Bonus Payments
4380	Pub. 100-04, Chapter 29 - Appeals Signature Requirement Changes
4381	Updates to Chapter 1 Payer Only Codes in the Medicare Claims Processing Manual
4382	Influenza Vaccine Payment Allowances - Annual Update for 2019-2020 Season
4383	October 2019 Integrated Outpatient Code Editor (IOCE) Specifications Version 20.3
4384	Annual Clotting Factor Furnishing Fee Update 2020
4385	2020 Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Update
4386	October Quarterly Update for 2019 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
4387	October 2019 Update of the Hospital Outpatient Prospective Payment System (OPPS)
4388	Manual Updates to Chapters 1, 22, 24, 26, and 31 in Publication (Pub.) 100-04 Billing Form as Request for Payment Claims Forms CMS-1490S and CMS-1500 Monitoring Claims Submission Violations Handling Incomplete or Invalid Claims ASC X12 835 The Do Not Forward (DNF) Initiative Claim Adjustment Reason Codes ASC X12 Version 4010A1 EDI Enrollment Common Edits and Enhancement Module (CEM) Code Sets Requirements Mail Providers and Full-Time Equivalent Employee Self-Assessments

897	Rejections Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
898	Updates to Provider Enrollment Processing Instructions in Chapter 15 of Publication (Pub.) 100-08, Program Integrity Manual, and to the CMS-855R Processing Guide Final Adverse Actions Practice and Administrative Location Information Independent Diagnostic Testing Facility (IDTF) Standards Interpreting Physicians Supervising Physicians Processing Form CMS-855R Applications Processing Alternatives – Form CMS-855B and Form CMS-855I Processing Alternatives – Form CMS-855A Processing Alternatives – Form CMS-855O Processing Alternatives – Form CMS-855R Electronic Fund Transfers (EFT) Revocation Letter Guidance Deceased Practitioners Change of Information Received Prior to or After the Revalidation Letter is Mailed
899	Revalidation Extension Requests Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
900	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
901	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
902	Updates to Chapters 3, 4, 8, 15, and Exhibits of Publication (Pub.) 100-08 Prepayment Review of Claims Introduction Medicare Program Integrity Examples of Medicare Fraud Unified Program Integrity Contractor Procedural Requirements Investigations MEDIC Requests for Information From Outside Organizations Coordination with the Office of Inspector General UPIC and I-MEDIC Responsibilities Screening Leads Vetting Leads with CMS Conducting Investigations Guidelines for Incentive Reward Program Complaint Tracking Excluded Individuals Unified Program Integrity Contractor Responsibilities Guidelines for Processing Incoming Complaints Guidelines for Incentive Reward Program Complaint Tracking Overpayment Recovery Fraud Alerts

128	Electronic Correspondence Referral System (ECRS) New Consolidated Workload Search ECRS Web User Guide, Software Version 6.2 ECRS Web Quick Reference Card Version 1.0
318	Medicare Financial Management (CMS-Pub. 100-06) Notice of New Interest Rate for Medicare Overpayments and Underpayments -4th Qtr Notification for FY 2019
319	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
320	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions
321	The Fiscal Intermediary Shared System (FIS) Submission of Copybook Files to the Provider and Statistical Reimbursement (PS&R) System PS&R System Data Elements Exhibit II: Medicare Credit Balance Report Detail Page
322	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
323	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
324	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions
325	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
191	Medicare State Operations Manual (CMS-Pub. 100-07) Revisions to the State Operations Manual (SOM) Chapter 5 and Appendix V
192	Revisions to State Operations Manual (SOM), Appendix Q
193	Revisions to Medicare State Operations Manual (SOM) Chapter 2
890	Medicare Program Integrity (CMS-Pub. 100-08) Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
891	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
892	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
893	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
894	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
895	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
896	Updates to Provider Enrollment Processing Instructions in Chapter 15 of Publication (Pub.) 100-0 Receipt/Review of Internet-Based PECOS Applications Paper Applications Internet-Based PECOS Applications General Principles – Paper and Internet-Based PECOS Applications Receiving Missing/Clarifying Data/Documentation Disposition of Registration Application Returns

	Administrative Relief from Program Integrity Review in the Presence of a Disaster Provider/Supplier Contacts by the UPIC Case Coordination with UPICs Referral of Cases to the OIG/OI Immediate Advisements to the OIG/OI Continue to Monitor Provider and Document Case File Take Administrative Action on Cases Referred to and Declined/Returned by OIG/OI Refer to Other Law Enforcement UPICs and QIOs Administrative Sanctions Authority to Exclude Practitioners, Providers, and Suppliers of Services Identification of Potential Exclusion Cases Denial of Payment to an Excluded Party Monthly Notification of Sanction Actions Administrative Actions Generic Civil Monetary Penalty Case Contents Identity Theft Investigations and Victimized Provider Waiver of Liability Process Supplier Proof of Delivery Documentation Requirements Exceptions Proof of Delivery Requirements for Recently Eligible Medicare FFS Beneficiaries Joint Operating Agreement Vulnerabilities CMS Approval Recovery From Provider or Supplier Other Identified Revocations SMRC – UPIC IOA
903	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
904	Provider Enrollment Rebuttal Process Model Revalidation Deactivation Letter Model Deactivation Letter due to Inactive Provider/Supplier Letter Model Deactivation Letter for an Individual Provider Deactivations Rebuttal Process Rebuttal Submissions Rebuttal Model Letters Rebuttal Reporting Requirements
905	Update to Chapter 12 (The Comprehensive Error Rate Testing (CERT) Program) of Publication (Pub.) 100-08 Table of Contents/Chapter 12 Providing Feedback Information to the CERT Review Contractor Handling Overpayments and Underpayments Resulting from the CERT Finding Handling Appeals Resulting from CERT-Initiated Denials
906	Guidance Regarding the Use of Statistical Sampling for Overpayment Estimation
	Use of Statistical Sampling for Overpayment Estimation General Purpose The Purpose of Statistical Sampling Steps for Conducting Statistical Sampling Determining When Statistical Sampling May be Consultation with a Statistical Expert Use of Other Sampling Methodologies Probability Sampling Selection of Period for Review Defining the Universe, the Sampling Unit, and the Sampling Frame Composition of the Universe The Sampling Unit The Sample Frame Sampling Methodology Random Number Selection Determining Sample Size Documentation of Universe and Sample Frame Reserved for Future Use Worksheets Maintenance of Documentation The Point Estimate Calculation of the Estimated Overpayment Amount Actions to be Performed Following Selection of Provider or Supplier and Sample Notification of Provider or Supplier of the Review and Selection of the Review Site Written Notification of Review Determining Review Site Meetings to Start and End the Review Conducting the Review Recovery from Provider or Supplier Informational Copy to Primary GTL, Associate GTL, SME or CMS RO Corrective Actions Changes Resulting From Appeals Sampling Methodology Overturned Revised Initial Determination Resources (Non-Exhaustive List) Additional Discussion of Stratified Sampling and Cluster Sampling Stratified Sampling Cluster Sampling
	Medicare Contractor Beneficiary and Provider Communications (CMS-Pub. 100-09)
	None
	Medicare Quality Improvement Organization (CMS-Pub. 100-10)
	None
	Medicare End Stage Renal Disease Network Organizations (CMS Pub 100-14)
	None
	Medicaid Program Integrity Disease Network Organizations (CMS Pub 100-15)
	None
	Medicare Managed Care (CMS-Pub. 100-16)
	None

	Certificates of Medical Necessity (CMNs) associated with Super-Deleted Initial CMNs
2337	User CR: MCS - Enhance CA Screen to Display Initial Transactions on an Adjustment
2338	Bypassing Payment Window Edits for Donor Post-Kidney Transplant Complication Services
2339	User CR: VIPS Medicare System (VMS) Changes to Provide Cross Copy Functionality for Multiple SuperOp Events and Value Sets
2340	User Change Request: Fiscal Intermediary Standard System (FISS) - SC10 File Fix Utility Enhancement
2341	Shared System Enhancement 2018: Minimize Data Elements on Daily Extracts to Medicare Beneficiary Database (MBD) and Next Generation Desktop (NGD)
2342	Supplemental to Change Request (CR) 10829 Medicare Appeals System (MAS) Data Collection Web Services Pilot (DCP) Additional Appeals Reporting Requirements for the Pilot Jurisdictions (JD and J15)
2343	Expand Other Amounts Indicator to Carry Additional Values
2344	User Change Request: FISS - Bypass 38021 for New Patient Discharge Status Integrated Data Repository (IDR) Weekly Scheduled Full Provider Master File (PMF) Extracts
2346	User Change Request (CR): Fiscal Intermediary Shared System (FISS) - Add Tape Flags W, T, and O to the 6H Status Location (SLOC) Function
2347	User CR: VIPS Medicare System (VMS) to Report Claims Paid Outside of CWF
2348	International Classification of Diseases, 10th Revision (ICD-10) and Other Revisions to National Coverage Determination (NCDs)--January 2020 Update
2349	Solutions to the Medicare Administrative Contractor (MAC) Prepayment Review Reports
2350	User Change Request: Fiscal Intermediary Standard System (FISS) - Autopopulate the Line Item User Action Code for Hard Coded 59XXX Reason Codes
2351	User Change Request: Fiscal Intermediary Standard System (FISS) - Wage Index for End Stage Renal Disease (ESRD) Providers Incorrect on MAPIC15
2352	User Change Request: Fiscal Intermediary Standard System - Online PARM 6L Line Numbers
2353	User CR: MCS - Updates to Beneficiary Deliverable Logic for Internal/Clerk Duplicate Medicare Summary Notices (MSNs) and Temporary Addresses
2354	Utilizing the Blank Page on Odd-Numbered Medicare Summary Notices to Promote CMS Priorities: All MACs - This CR Rescinds and Fully Replaces CR 11140
2355	Implementation to Send Post-Pay Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System
2356	Utilizing Data from the USPS Secure Destruction Program to Suppress Mailing Medicare Summary Notices (MSNs) to Undeliverable Addresses: Implementation by All MACs - This CR Rescinds and Fully Replaces CR 11075
2357	Additional Instructions to Hospitals on the Election of a Medicare-Supplemental Security Income (SSI) Component of the Disproportionate

	Medicare Business Partners Systems Security (CMS-Pub. 100-17)
	None
	Medicare Prescription Drug Benefit (CMS-Pub. 100-18)
	None
	Demonstrations (CMS-Pub. 100-19)
229	Next Generation and Vermont ACO Model - AIPBP Reduction File and BE Modifications
	One Time Notification (CMS-Pub. 100-20)
2318	New Bills Pending Reports to Assist Medicare Administrative Contractors (MACs) with Monthly Status Report (MSR)
2319	Implementation to Send Pre-Pay Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System
2320	Integrated Outpatient Code Editor (IOCE) Claim Return Buffer Interface Changes Related to New Return Code Field Updates
2321	Fee For Service (FFS) Applications Upgrade Customer Information Control System (CICS) to Transaction Server (TS) v5.4 and Liberty Profile Functionality
2322	Possible Use of Session Initiation Protocol (SIP) at Medicare Administrative Contractors (MACs) - Analysis Only
2323	Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging - Educational and Operations Testing Period - Claims Processing Requirements
2324	Implementation to Send Pre-Pay Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System
2325	Implementation to Send Post-Pay Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System
2326	Oxygen Policy Update
2327	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instructions
2328	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instructions
2329	Automation of Part B Underpayment Processing of Recovery Audit Contractor (RAC) Adjustments
2330	Medicare Shared Savings Program (SSP) Skilled Nursing Facility (SNF) Affiliates' Requirement to Include Demonstration Code 77 on SNF Waiver Claims
2331	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process
2332	Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front End Updates for January 2020
2333	Update Encounter Data Version of Combined Common Edit Module (CCEM) to Use Receipt Date
2334	Technical Change: Modification to Durable Medical Equipment (DME) Claims Cancellation Process
2335	Instructions for Use of Informational Remittance Advice Remark Code Alert on Laboratory Service Remittance Advices
2336	User CR: ViPS Medicare System (VMS) changes for Auto-Removal of

	Share (DSH) Payment Adjustment for Cost Reports that Involve SSI Ratios for Fiscal Year (FY) 2004 and Earlier, or SSI Ratios for Hospital Cost-Reporting Periods for Patient Discharges Occurring Before October 1, 2004
2358	Implementation of the Award for the Jurisdiction H Part A and Part B Medicare Administrative Contractor (JH A/B MAC)
2359	User CR: ViPS Medicare System (VMS) Changes to Provide Cross Copy Functionality for Multiple SuperOp Events and Value Sets
2360	Integrated Data Repository (IDR) Weekly Scheduled Full Provider Master File Extracts
2361	Solutions to the Medicare Administrative Contractor (MAC) Prepayment Review Reports
2362	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)-January 2020 Update
2363	Instructions Relating to the Self-Disallowance Requirement for Determining Jurisdiction over Appeals
2364	User Change Request: Fiscal Intermediary Standard System (FISS) – Autopopulate the Line Item User Action Code for Hard Coded 59XXX Reason Codes
2365	Issued to a specific audience, not posted to Internet/ Intranet due to Sensitivity of Instructions
	Medicare Quality Reporting Incentive Programs (CMS-Pub. 100-22)
83	Issued to a specific audience, not posted to Internet/ Intranet due to Confidentiality of Instructions
	Information Security Acceptable Risk Safeguards (CMS-Pub. 100-25)
	None

Addendum II: Regulation Documents Published in the Federal Register (July through September 2019)

Regulations and Notices

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

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

This information is available on our website at: <http://www.cms.gov/quarterlyproviderupdates/downloads/Regs->

3Q19QPU.pdf

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

Addendum III: CMS Rulings (July through September 2019)

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 (July through September 2019)

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 that have occurred in the 3-month period. 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
Next Generation Sequencing (NGS) for Medicare Beneficiaries with Advanced Cancer	NCD 90.2	215	04/10/2019	02/15/2018

Addendum V: FDA-Approved Category B Investigational Device Exemptions (IDEs) (July through September 2019)
(Inclusion of this addenda is under discussion internally.)

Addendum VI: Approval Numbers for Collections of Information (July through September 2019)

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

Addendum VII: Medicare-Approved Carotid Stent Facilities, (July through September 2019)

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	Effective Date	State
The following facilities are new listings for this quarter.			
St. Mary Medical Center – Long Beach 1050 Linden Avenue Long Beach, CA 90813 (Dignity Health)	1194840421	07/16/2019	CA
Barstow Community Hospital 820 E. Mountain View Street Barstow, CA 92311	1780655670	07/16/2019	CA
Fawcett Memorial Hospital 21298 Olean Boulevard Port Charlotte, FL 33952	100236	07/30/2019	FL
Franciscan Health Crown Point 1201 S. Main Street Crown Point, IN 46321	150126	07/30/2019	IN
PIH Health Hospital – Whittier 12401 Washington Blvd Whittier, CA 90602	050169	07/30/2019	CA
HCA Houston Healthcare Southeast 400 Spencer Highway Pasadena TX 77504	1147576698	08/20/2019	TX
The following facilities have editorial changes (in bold).			
Mercy Hospital 3663 South Miami Avenue Miami, FL 33133 (A Campus of Plantation General Hospital)	100167	08/26/2005	FL
TO: Franciscan Health Olympia Fields FROM: St. James Hospital and Health Center 20201 S. Crawford Avenue Olympia Fields, IL 60461	140172	06/27/2007	IL
FROM: Denton Regional Medical Center TO: Medical City Denton 3535 South I-35 East Denton, TX 76210	450634	05/12/2006	TX
FROM: Sutter General Hospital TO: Sutter Valley Hospital 2825 Capitol Avenue Sacramento, CA 95816 (dba Sutter Memorial Hospital)	050108	03/23/2006	CA
FROM: St Edward Mercy Medical Center TO: Mercy Hospital Fort Smith 7301 Rogers Avenue Fort Smith, AR 72917	040062	09/15/2005	AR

Facility	Provider Number	Effective Date	State
FROM: Harton Regional Medical Center TO: Tennova Healthcare Harton 1801 N. Jackson Street Tulahoma, TN 37388	440144	02/28/2007	TN

Addendum VIII:

American College of Cardiology's National Cardiovascular Data Registry Sites (July through September 2019)

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

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

Addendum IX: Active CMS Coverage-Related Guidance Documents (July through September 2019)

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 (July through September 2019)

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

Addendum XI: National Oncologic PET Registry (NOPR) (July through September 2019)

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 (July through September 2019)

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

our standards in order to receive coverage for VADs implanted as destination therapy.

For the purposes of this quarterly notice, we are providing only the specific updates to the list of Medicare-approved facilities that meet our standards that have occurred in the 3-month period. This information is available at <http://www.cms.gov/Medicare/ApprovedFacilities/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 Recertification	State
The following facilities have editorial changes (in bold).				
Old: NYU Medical Center, Tisch Hospital New: NYU Langone Hospitals 550 1ST Avenue New York, NY 10016 Other information: Joint Commission ID # 5820 Previous Re-certification Dates: 2014-01-14; 2016-03-08	330214	02/14/2012	03/28/2018	NY
Sentara Norfolk General Hospital 600 Gresham Drive Norfolk, VA 23507 Other information: Joint Commission ID # 6358 Previous Re-certification Dates: 2008-11-13; 2010-12-21; 2013-02-05; 2015-01-13; 2017-03-14	490007	11/10/2003	04/20/2019	VA
Old: Stony Brook University Hospital Medical Center New: University Hospital (Stony Brook) Health Sciences Center Suny Stony Brook Stony Brook, NY 11794-8503 Other information: Joint Commission ID # 5188	330393	03/02/2011	05/08/2019	NY

Facility	Provider Number	Date of Initial Certification	Date of Recertification	State
Previous Re-certification Dates: 2013-01-30; 2015-01-15; 2017-03-14 Old: Virginia Commonwealth University Medical Center New: Virginia Commonwealth University Health System 1250 East Marshall Street Richmond, VA 23298-0510 Other information: Joint Commission ID # 6381 Previous Re-certification Dates: 2008-12-22; 2010-12-14; 2012-12-21; 2014-12-16; 2017-02-14	490032	04/08/2004	04/10/2019	VA
Old: Palmetto Health Richland New: Palmetto Health Palmetto Health 5 Richland Medical Park Drive Columbia, SC 29203 Other information: Joint Commission ID # 6588 Previous Re-certification Dates: 2015-04-21; 2017-06-06	420018	03/07/2013	06/28/2019	SC
Old: Lubbock County Hospital District New: UMC Health System 602 Indiana Ave. Lubbock, TX 79415 Other information: DNV GL Certificate #: 415087-2019-VAD	450686	06/17/2017	06/19/2019	TX

Facility	Provider Number	Date of Initial Certification	Date of Recertification	State
Old: Massachusetts General Hospital New: The General Hospital Corporation 55 Fruit Street Boston, MA 02114 Other information: Joint Commission ID # 5513 Previous Re-certification Dates: 2008-12-03; 2011-01-19; 2013-02-13; 2015-01-06; 2017-02-28	22071	12/15/2003	05/22/2019	MA
Loyola University Medical Center 2160 South First Avenue Maywood, IL 60153 Other information: Joint Commission ID # 7288 Previous Re-certification Dates: 2011-05-10; 2013-04-16; 2015-03-17; 2017-05-09 Old: Mayo Clinic Hospital New: Mayo Clinic Arizona 5777 East Mayo Boulevard Phoenix, AZ 85054 Other information: Joint Commission ID # 261796 Previous Re-certification Dates: 2011-04-29; 2013-03-20; 2015-03-24; 2017-05-19	140276	01/30/2004	06/26/2019	IL
	030103	02/27/2009	08/14/2019	AZ

Facility	Provider Number	Date of Initial Certification	Date of Recertification	State
Old: Mercy Medical Center New: Catholic Health Initiatives – Iowa, Corp. 1111 6th Avenue Des Moines, IA 50314 Other information: Joint Commission ID # 8248 Previous Re-certification Dates: 2017-02-14 Cleveland Clinic Florida 3100 Weston Road Weston, FL 33331 Other information: Joint Commission ID # 33451 Previous Re-certification Dates: 2017-06-20	160083	01/15/2015	03/27/2019	IA
Old: Mount Sinai Medical Center New: Mount Sinai Hospital One Gustava L. Levy Place New York, NY 10029-6574 Other information: Joint Commission ID # 5829 Previous Re-certification Dates: 2008-11-25; 2011-02-08; 2013-03-20; 2015-03-31; 2017-06-08 Community Health Network, Inc. 1500 N. Ritter Avenue Indianapolis, IN 46219 Other information: Joint Commission ID # 7172 Previous Re-certification Dates: 2015-02-10; 2017-04-18	100289	05/27/2015	07/24/2019	FL
	330024	11/25/2003	08/07/2019	NY
	150074	10/01/2014	06/05/2019	IN

Facility	Provider Number	Date of Initial Certification	Date of Recertification	State
Old: Cedars-Sinai Medical Center New: Cedars-Sinai Health System 8700 Beverly Blvd. Los Angeles, CA 90048 Other information: Joint Commission ID # 9792 Previous Re-certification Dates: 2008-12-12; 2011-06-21; 2013-06-11; 2015-05-29; 2017-07-11	050625	12/29/2003	09/11/2019	CA
Old: Banner-University Medical Center Tucson Campus New: North Campbell Tucson, AZ 85719 Other information: Joint Commission ID # 9514	030064	04/19/2017	07/12/2019	AZ

Addendum XIII: Lung Volume Reduction Surgery (LVRS) (July through September 2019)

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

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

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

Only the first two types are in the list. For the purposes of this quarterly notice, we are providing only the specific 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

Facility	Provider Number	Date of Initial Certification	Date of Recertification	State
Old: Duke University Medical Center New: Duke University Hospital 2301 Erwin Road Durham, NC 27710 Other information: Joint Commission ID # 6490 Previous Re-certification Dates: 2009-01-16; 2011-06-30; 2013-06-04; 2015-05-05; 2017-06-13	340030	10/29/2003	07/03/2019	AL
Old: University of Alabama at Birmingham Health System New: University of Alabama at Birmingham 619 19TH S. South Birmingham, AL 35249-1900 Other information: Joint Commission ID # 2814 Previous Re-certification Dates: 2008-12-09; 2011-04-22; 2013-04-09; 2015-04-07; 2017-05-16	010033	10/29/2003	07/03/2019	AL
Old: Memorial Hermann Hospital New: Memorial Hermann – Texas Medical Center 6411 Fannin Street Houston, TX 77030-1501 Other information: Joint Commission ID # 9081 Previous Re-certification Dates: 2013-03-19; 2015-04-14; 2017-05-24	450068	04/10/2013	06/26/2019	TX

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

Facility	Provider Number	Date Approved	Date De-certified.	State
The following facility has editorial changes (in bold).				
Memorial Medical Center 701 North First Street Springfield, IL 62781-0001	14-0148	07/13/2019		IL
Other information: Joint Commission ID #: 7431				

Addendum XIV: Medicare-Approved Bariatric Surgery Facilities (July through September 2019)

Addendum XIV includes a listing of Medicare-approved facilities that meet minimum standards for facilities modeled in part on professional society statements on competency. All facilities must meet our standards in order to receive coverage for bariatric surgery procedures. On February 21, 2006, we issued our decision memorandum on bariatric surgery procedures. We determined that bariatric surgical procedures are reasonable and necessary for Medicare beneficiaries who have a body-mass index (BMI) greater than or equal to 35, have at least one co-morbidity related to obesity and have been previously unsuccessful with medical treatment for obesity.

This decision also stipulated that covered bariatric surgery procedures are reasonable and necessary only when performed at facilities that are: (1) certified by the American College of Surgeons (ACS) as a Level 1 Bariatric Surgery Center (program standards and requirements in effect on February 15, 2006); or (2) certified by the American Society for Bariatric Surgery (ASBS) as a Bariatric Surgery Center of Excellence (BSCOE) (program standards and requirements in effect on February 15, 2006).

There were no additions, deletions, or editorial changes to Medicare-approved facilities that meet CMS' minimum facility standards for bariatric surgery that have been certified by ACS and/or ASBMS in the 3-month period. This information is available at www.cms.gov/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 (July through September 2019)

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).

[FR Doc. 2019-24235 Filed 11-5-19; 8:45 am]

BILLING CODE 4120-01-C

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Administration for Children and Families****Expedited OMB Review: Proposed Information Collection Activity; National Human Trafficking Training and Technical Assistance Center (NHTTAC) Evaluation Package (OMB #0970-0519)**

AGENCY: Office on Trafficking in Persons; Administration for Children and Families; Department of Health and Human Services.

ACTION: Request for public comment.

SUMMARY: The Office on Trafficking of Persons (OTIP), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is requesting expedited review of an information collection request from OMB for an increase in the number of respondents to the previously approved information collection, National Human Trafficking Training and Technical Assistance Center (NHTTAC) Evaluation Package (OMB #0970-0519, expiration 10/31/2021). This will increase the estimated burden hours from 689 hours to 9,495 hours. In addition, the previously approved SOAR Online participant feedback form has been restructured into a long and a short form to reduce burden for information collected on SOAR Online training participants outside of the NHTTAC learning management system.

There are no changes requested to the items on any forms.

DATES: ACF is requesting that OMB approve this request under procedures for emergency processing by December 20, 2019.

ADDRESSES: Copies of the proposed collection of information can be obtained by emailing infocollection@acf.hhs.gov. All requests should identify the title of the information collection. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: OIRA_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for the Administration for Children and Families.

SUPPLEMENTARY INFORMATION:

Description: ACF is requesting that OMB grant a 180 day approval for this request under procedures for expedited processing by December 20, 2019. A request for review under normal procedures will be submitted within 180 days of the approval for this request. These changes are requested due to the passage of the Stop, Observe, Ask, and Respond to Health and Wellness Act of 2018 (Pub. L. 115-398) which expands the SOAR to Health and Wellness Training Program. To meet the provisions of the SOAR to Health and Wellness Act of 2018, OTIP's NHTTAC must expand the administration of SOAR nationwide.

The NHTTAC delivers training and technical assistance (T/TA) to inform and deliver a public health response to trafficking. In applying a public health approach, NHTTAC holistically builds the capacity of communities to identify and respond to the complex needs of all

individuals who have been trafficked and address the root causes that put individuals, families, and communities at risk of trafficking. This will ultimately help improve the availability and delivery of coordinated and trauma-informed services before, during, and after an individual's trafficking exploitation, regardless of their age, gender, nationality, sexual orientation, or type of exploitation.

NHTTAC hosts a variety of services, programs, and facilitated sessions to improve service provision to individuals who have been trafficked or who are at risk of trafficking, including The Human Trafficking Leadership Academy (HTLA); the Survivor Fellowship Program; the NHTTAC Call Center; both short-term and specialized T/TA requests (requests that take less than 3 hours or 3 or more hours to fulfill, respectively); OTIP-funded grantees; and information through NHTTAC's website, resources, and materials about trafficking.

Respondents: Individuals and organizations such as NHTTAC consultants, training and technical assistance participants, Human Trafficking Leadership Academy program participants, Survivor fellows, OTIP grantees, visitors to the NHTTAC website, NHTTAC-supported conference and meeting attendees, members of the National Advisory Council, and scholarship applicants.

Annual Burden Estimates: The following instruments have an increased number of respondents. The number of respondents for all other previously approved instruments remains the same. The increase in respondents increases the overall burden under OMB #0970-0519 from 689 hours to 9,495 hours.

Instrument	Original estimate—number of respondents	Updated estimate—number of respondents	Number of responses per respondent	Average burden hours per response	Updated annual burden hours
HTLA Fellowship Pre-Program Feedback	24	36	1	0.25	9
HTLA Fellowship Post-Program Feedback	24	36	1	0.25	9
OTIP Grantee Feedback Form	50	100	1	0.167	17
Short-Term T/TA Feedback Form	30	50	1	0.167	8
Specialized T/TA Feedback Form	50	100	1	0.25	25
Focus Group Demographic Survey	25	50	1	0.033	2
Focus Group Guide	25	50	1	0.75	38
Follow-up Feedback Form	300	500	1	0.133	67
Interview Guide	25	65	1	0.75	49
Pilot Feedback Form	25	50	1	0.15	8
SOAR Blended Learning Participant	30	130	1	0.15	20
SOAR Online Participant Feedback Long Form	1,500	5,300	1	0.1	530
SOAR Online Participant Feedback Short Form		1,000,000	1	0.0083	8,300
SOAR Organizational Feedback Form	20	40	1	0.133	5

Comments: The Department specifically requests comments on (a) whether the proposed collection of

information is necessary for the proper performance of the functions of the agency, including whether the

information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection