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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### National Center for Health Statistics (NCHS), ICD-10 Coordination and Maintenance (C&M) Committee Meeting

**AGENCY:** Centers for Disease Control and  
Prevention (CDC), Department of Health  
and Human Services (HHS).

**ACTION:** Notice of virtual meeting.

**SUMMARY:** The CDC, National Center for  
Health Statistics (NCHS), Classifications  
and Public Health Data Standards Staff,  
announces the following meeting of the  
ICD-10 Coordination and Maintenance  
(C&M) Committee meeting. This  
meeting is open to the public, limited  
only by audio lines available. Online  
Registration is not required.

**DATES:** The meeting will be held on  
March 8, 2022, from 9:00 a.m. to 5:00  
p.m., EST, and March 9, 2022, from 9:00  
a.m. to 5:00 p.m., EST.

**ADDRESSES:** This is a virtual meeting.  
Information will be provided on each of  
our respective web pages when it  
becomes available. For CDC/NCHS  
[https://www.cdc.gov/nchs/icd/icd10cm\\_maintenance.htm](https://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm). For CMS <https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings>.

#### FOR FURTHER INFORMATION CONTACT:

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Specialist, CDC, 3311 Toledo Road,  
Hyattsville, Maryland 20782,  
Telephone: (301) 458-4454; Email:  
[TRamirez@cdc.gov](mailto:TRamirez@cdc.gov).

#### SUPPLEMENTARY INFORMATION:

**Purpose:** The ICD-10 Coordination  
and Maintenance (C&M) Committee is a  
public forum for the presentation of  
proposed modifications to the  
International Classification of Diseases,  
Tenth Revision, Clinical Modification  
and ICD-10 Procedure Coding System.

**Matters To Be Considered:** The  
tentative agenda will include  
discussions on ICD-10-CM and ICD-  
10-PCS topics listed below. Agenda  
items are subject to change as priorities  
dictate. Please refer to the posted agenda  
for updates one month prior to the  
meeting.

### ICD-10-PCS Topics

1. Administration of Spesolimab \*
2. Administration of daratumumab and  
hyaluronidase-fihj \*
3. Administration of Defencath \*
4. Administration of Maribavir \*
5. Administration of Teclistamab \*
6. Administration of Mosunetuzumab \*
7. Administration of afamitresgene  
autoleucel \*\*
8. Administration of tabelecleucel \*\*
9. Administration of Treosulfan \*
10. Administration of inebilizumab-cdon \*
11. Administration of Xenon-129 \*
12. Administration of betibeglogene  
autotemcel \*\*
13. Administration of Omidubicel \*\*
14. Implantation of Sphenopalatine Ganglion  
Stimulator for Ischemic Stroke \*
15. Gene Expression Assay \*\*
16. Vertebral Body Tethering \*
17. Percutaneous Femoral-Popliteal Artery  
Bypass \*
18. Computer-Assisted Transcranial Magnetic  
Stimulation \*
19. Computer-Aided Analysis for the  
Detection and Classification of Epileptic  
Events \*
20. Facet Replacement Spinal Stabilization  
Device \*
21. Insertion of Sacropelvic Fixation  
System \*
22. Insertion of an Implantable Vagus Nerve  
Stimulation System \*
23. Insertion of a Paired Vagus Nerve  
Stimulation System \*
24. Percutaneous Venous Thrombectomy for  
Postthrombotic Syndrome \*
25. Quantitative Flow Ratio for Non-invasive  
Intraprocedural Analysis of Cardiac  
Angiography
26. Application of Allogeneic Thymus  
Derived Tissue
27. Supersaturated Oxygen Therapy
28. Assistance with Precision Stimulation  
Software \*
29. Section X Updates
30. Addenda and Key Updates

\* Requestor has submitted a New  
Technology Add-on Payment (NTAP)  
application for FY 2023.

\*\* Requestor intends to submit an  
NTAP application for FY 2024  
consideration.

Presentations for procedure code  
requests are conducted by both the  
requestor and CMS during the  
Coordination & Maintenance Committee  
meeting. Discussion from the requestor  
generally focuses on the clinical issues  
for the procedure or technology,  
followed by the proposed coding  
options from a CMS analyst. Topics  
presented may also include requests for  
new procedure codes that relate to a  
new technology add-on payment  
(NTAP) policy request.

CMS is continuing to modify the  
approach for presenting the new  
technology add-on payment (NTAP)  
related ICD-10-PCS procedure code  
requests that involve the administration

of a therapeutic agent for the March 8-  
9, 2022 ICD-10 Coordination and  
Maintenance Committee meeting.  
Consistent with the requirements of  
section 1886(d)(5)(K)(iii) of the Social  
Security Act, applicants submitted  
requests to create a unique procedure  
code to describe the administration of a  
therapeutic agent, such as the option to  
create a new code in Section X within  
the ICD-10-PCS procedure code  
classification. CMS will initially only  
display those meeting materials  
associated with the NTAP related ICD-  
10-PCS procedure code requests that  
involve the administration of a  
therapeutic agent on the CMS website in  
early February 2022 at: <https://www.cms.gov/Medicare/Coding/ICD10/C-and-M-Meeting-Materials>.

The 13 NTAP related ICD-10-PCS  
procedure code requests that involve the  
administration of a therapeutic agent  
are:

1. Administration of Spesolimab \*
2. Administration of daratumumab and  
hyaluronidase-fihj \*
3. Administration of Defencath \*
4. Administration of Maribavir \*
5. Administration of Teclistamab \*
6. Administration of Mosunetuzumab \*
7. Administration of afamitresgene  
autoleucel \*\*
8. Administration of tabelecleucel \*\*
9. Administration of Treosulfan \*
10. Administration of inebilizumab-cdon \*
11. Administration of Xenon-129 \*
12. Administration of betibeglogene  
autotemcel \*\*
13. Administration of Omidubicel \*\*

These topics will not be presented  
during the March 8-9, 2022 meeting.  
CMS will solicit public comments  
regarding any clinical questions or  
coding options included for these 13  
procedure code topics in advance of the  
meeting continuing through the end of  
the public comment period, April 8,  
2022. Members of the public should  
send any questions or comments to the  
CMS mailbox at: [ICDProcedureCodeRequest@cms.hhs.gov](mailto:ICDProcedureCodeRequest@cms.hhs.gov) by the April  
8, 2022 deadline.

CMS intends to post a question and  
answer document in advance of the  
meeting to address any clinical or  
coding questions that members of the  
public may have submitted. Following  
the conclusion of the meeting, CMS will  
post an updated question and answer  
document to address any additional  
clinical or coding questions that  
members of the public may have  
submitted during the meeting that CMS  
was not able to address or that were  
submitted after the meeting.

The NTAP related ICD-10-PCS  
procedure code requests that do not  
involve the administration of a

therapeutic agent and all non-NTAP related procedure code requests will continue to be presented during the virtual meeting on March 8, 2022, consistent with the standard meeting process.

CMS will make all meeting materials and related documents available at: <https://www.cms.gov/Medicare/Coding/ICD10/C-and-M-Meeting-Materials>. Any inquiries related to the procedure code topics scheduled for the March 8–9, 2022 ICD–10 Coordination and Maintenance Committee meeting that are under consideration for October 1, 2022 implementation should be sent to the CMS mailbox at: [ICDProcedureCodeRequest@cms.hhs.gov](mailto:ICDProcedureCodeRequest@cms.hhs.gov).

#### ICD–10–CM Topics

1. Coma
2. Craniosynostosis
3. Extraocular muscle entrapment
4. Foreign body sensation
5. Impairing Emotional Outbursts
6. Insulin resistant syndrome
7. Leukodystrophies
8. Observation and evaluation of newborn for other specified suspected condition ruled out
9. Problems related to upbringing
10. Addenda

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and

Prevention and the Agency for Toxic Substances and Disease Registry.

**Kalwant Smagh,**

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

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Administration for Children and Families

##### Proposed Information Collection Activity; ORR–1, Cash and Medical Assistance Program Estimates

**AGENCY:** Office of Refugee Resettlement, Administration for Children and Families, HHS.

**ACTION:** Request for public comment.

**SUMMARY:** The Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS) is requesting a 3-year extension of the form ORR–1, Cash and Medical Assistance Program Estimates (OMB #0970–0030, expiration 5/31/2022). There are no changes requested to the form or instructions.

**DATES:** *Comments due within 60 days of publication.* In compliance with the requirements of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

#### ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
ORR–1, Cash and Medical Assistance Program Estimates .....	57	1	0.6	34

*Estimated Total Annual Burden Hours: 34.*

**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 of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques

or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

(Authority: 8 U.S.C. 412(a)(4))

**Mary B. Jones,**

*ACF/OPRE Certifying Officer.*

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Administration for Children and Families

##### Privacy Act of 1974; System of Records

**AGENCY:** Administration for Children and Families, Department of Health and Human Services.

**ACTION:** Notice of modified systems of records.

**SUMMARY:** In accordance with the requirements of the Privacy Act of 1974,

**ADDRESSES:** Copies of the proposed collection of information can be obtained and comments may be forwarded by emailing [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). Identify all requests by the title of the information collection.

#### SUPPLEMENTARY INFORMATION:

**Description:** The ORR–1, Cash and Medical Assistance Program Estimates, is the application for grants under the Cash and Medical Assistance (CMA) program. The application is required by ORR program regulations at 45 CFR 400.11(b). The regulation specifies that states must submit, as their application for this program, estimates of the projected costs they anticipate incurring in providing cash and medical assistance for eligible recipients and the costs of administering the program. Under the CMA program, states are reimbursed for the costs of providing these services and benefits for 8 months after an eligible recipient arrives in this country. The eligible recipients for these services and benefits are refugees, Amerasians, Cuban and Haitian Entrants, asylees, Afghans and Iraqi with Special Immigrant Visas, and victims of a severe form of trafficking. States that provide services for unaccompanied refugee minors also provide an estimate for the cost of these services for the year for which they are applying for grants.

**Respondents:** State Agencies, the District of Columbia, and Replacement Designees under 45 CFR 400.301(c) administering or supervising the administration of programs under Title IV of the Act.