

and dollars, and improve Americans' quality of life. CDC is mandated to provide ongoing administrative, research, and technical support for the operations of the CPSTF. During its meetings, the CPSTF considers the findings of systematic reviews of existing research and practice-based evidence and issues recommendations. CPSTF recommendations are not mandates for compliance or spending. Instead, they provide information about evidence-based options that decision makers and stakeholders can consider when they are determining what best meets the specific needs, preferences, available resources, and constraints of their jurisdictions and constituents. The CPSTF's recommendations, along with the systematic reviews of the evidence on which they are based, are compiled in the *The Community Guide*.

Matters proposed for discussion: The agenda will consist of deliberation on systematic reviews of literature and is open to the public. Topics will include Cancer Screening; HIV Prevention; Nutrition, Physical Activity, and Obesity; Social Determinants of Health, and Violence Prevention. Information

regarding the start and end times for each day, and any updates to agenda topics, will be available on the Community Guide website (www.thecommunityguide.org) closer to the date of the meeting.

The meeting agenda is subject to change without notice.

Dated: August 11, 2021.

Sandra Cashman,

Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2021-17556 Filed 8-16-21; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-9131-N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—April Through June 2021

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 April through June 2021, 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 Lynette Willson, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Dated: August 11, 2021.

Lynette Wilson,

Federal Register Liaison, Centers for Medicare and Medicaid Services.

BILLING CODE 4120-01-P

Publication Dates for the Previous Four Quarterly Notices

We publish this notice at the end of each quarter reflecting information released by CMS during the previous quarter. The publication dates of the previous four Quarterly Listing of Program Issuances notices are: August 12, 2020 (85 FR 48691), November 4, 2020 (85 FR 70168), March 17, 2021 (86 FR 14629) and May 3, 2021 (86 FR 23373). We are providing only the specific updates that have occurred in the 3-month period along with a hyperlink to the website to access this information and a contact person for questions or additional information.

Addendum I: Medicare and Medicaid Manual Instructions (April through June 2021)

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 2021 Durable Medical Equipment Prosthetics, Orthotics, and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List, use (CMS-Pub. 100-04) Transmittal No. 10737.

Addendum I lists a unique CMS transmittal number for each instruction in our manuals or program memoranda and its subject number. A transmittal may consist of a single or multiple instruction(s). Often, it is necessary to use information in a transmittal in conjunction with information currently in the manual.

Fee-For Service Transmittal Numbers

Please Note: Beginning Friday, March 20, 2020, there will be the following change regarding the Advance Notice of Instructions due to a CMS internal process change. Fee-For Service Transmittal Numbers will no longer be determined by Publication. The Transmittal numbers will be issued by a single numerical sequence beginning with Transmittal Number 10000.

For the purposes of this quarterly notice, we list only the specific updates to the list of manual instructions that have occurred in the 3-month period. This information is available on our website at www.cms.gov/Manuals.

Transmittal Number	Manual/Subject/Publication Number
Medicare General Information (CMS-Pub. 100-01)	
10757	Physician Certification and Recertification of Services Manual Update to Incorporate Allowed Practitioners into Home Health Policy Certification and Recertification by Physicians and Allowed Practitioners for Home Health Services Content of the Physician's or Allowed Practitioner's Certification
10783	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10784	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
Medicare Benefit Policy (CMS-Pub. 100-02)	
10729	Updates to Medicare Benefit Policy Manual for Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services (Manual Updates Only) of Acronyms Care Management Services General Care Management Services – Chronic Care
10738	Home Health Manual Update to Implement Calendar Year 2021 Request for Anticipated Payment Policies and Corrections to Certification and Split

	Percentage Payment Approach to the 30-Day Period Unit of Payment Requirements for Submission of “No-Pay” RAPs Who May Sign the Certification or Recertification? Recertification for Home Health Beneficiaries
Medicare National Coverage Determination (CMS-Pub. 100-03)	
10796	National Coverage Determination (NCD 110.24): Chimeric Antigen Receptor (CAR) T-cell Therapy - This CR Rescinds and Fully Replaces CR 11783. Chimeric Antigen Receptor (CAR) T-cell therapy
10797	National Coverage Determination (NCD) Removal Extracorporeal Immunoadsorption (ECI) Using Protein A Columns Electrosleep Therapy Implantation of Gastrointestinal Reflux Devices Abarelix for the Treatment of Prostate Cancer Magnetic Resonance Spectroscopy Positron Emission Tomography (PET) Scans FDG PET for Inflammation and Infection
10818	National Coverage Determination (NCD) 210.3 - Screening for Colorectal Cancer (CRC)-Blood-Based Biomarker Tests Colorectal Cancer Screening Tests
10838	National Coverage Determination (NCD) Removal Extracorporeal Immunoadsorption (ECI) Using Protein A Columns Electrosleep Therapy Implantation of Gastrointestinal Reflux Devices Abarelix for the Treatment of Prostate Cancer Magnetic Resonance Spectroscopy Positron Emission Tomography (PET) Scans FDG PET for Inflammation and Infection
Medicare Claims Processing (CMS-Pub. 100-04)	
10702	April 2021 Update of the Ambulatory Surgical Center (ASC) Payment System
10703	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
10704	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10713	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10716	Common Working File (CWF) Edits for Medicare Telehealth Services and Manual Update Telehealth Consultation Services, Emergency Department or Initial Inpatient versus Inpatient Evaluation and Management (E/M) Visits Payment for Subsequent Hospital Care Services and Subsequent Nursing Facility Care Services as Telehealth Services
10721	New Waived Tests
10722	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
10724	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
10725	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
10728	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
10737	2021 Durable Medical Equipment Prosthetics, Orthotics, and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List
10742	Revisions of Sections 30.6.1(B), 30.6.12, and 30.6.13(H) of Chapter 12 of Selection of Level of Evaluation and Management Service Critical Care Visits

	and Neonatal Intensive Care (Codes 99291 - 99292) Nursing Facility Services
10756	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
10758	Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission (NOA) -- Manual Instructions
10760	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
10762	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
10766	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
10768	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
10771	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
10773	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
10775	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
10782	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
10788	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
10793	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July 2021 Update
10794	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
10796	National Coverage Determination (NCD 110.24): Chimeric Antigen Receptor (CAR) T-cell Therapy - This CR Rescinds and Fully Replaces CR 11783. Chimeric Antigen Receptor (CAR) T-cell therapy Coverage Requirements Billing Requirements Medicare Administrative Contractor (MAC) (A) Bill Types Revenue Codes Billing Healthcare Common Procedural Coding System (HCPCS) Codes Diagnosis Requirements Payment Requirements Claim Adjustment Reason Codes (CARCs), Remittance Advice Remark Codes (RARC), Group Codes, and Medicare Summary Notice (MSN) Messages Claims Editing
10803	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
10809	Annual Updates to the Prior Authorization/Pre-Claim Review Federal Holiday Schedule Tables for Generating Reports
10810	Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment
10811	October 2021 Healthcare Common Procedure Coding System (HCPCS) Quarterly Update Reminder
10812	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
10814	Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update
10815	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
10816	Issued to a specific audience, not posted to Internet/Intranet due to a

	Confidentiality of Instruction
10818	National Coverage Determination (NCD) 210.3 - Screening for Colorectal Cancer (CRC)-Blood-Based Biomarker Tests Preventive and Screening Services Colorectal Cancer (CRC) Screening Payment Deductible and Coinsurance HCPCS Codes, Frequency Requirements, and Age Requirements CWF Edits Ambulatory Surgical Center (ASC) Facility Fee Determining High Risk for Developing CRC Non-Covered Services Billing Requirements for Claims Submitted to A/B MACs (A Medicare Summary Notice (MSN) Messages Remittance Advice Codes
10819	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
10822	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
10823	Combined Common Edits/Enhancements Modules (CCEM) Code Set Update
10824	July 2021 Integrated Outpatient Code Editor (I/OCE) Specifications Version 22.2
10825	July 2021 Update of the Hospital Outpatient Prospective Payment System (OPPS) Clinic Visits
10826	Shared System Support Hours for Application Programming Interfaces (APIs)
10831	Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits
10833	Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) - October 2021
10834	Quarterly Update to Home Health (HH) Grouper
10836	July 2021 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
10837	National Coverage Determination (NCD) 20.9.1 Ventricular Assist Devices (VADs) Artificial Hearts and Related Devices Ventricular Assist Devices (VADs) Post-Cardiotomy VADs for Short-term or Long-term Mechanical Circulatory Support Other Replacement Accessories and Supplies for External VADs or Any VAD
10839	Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission (NOA) -- Manual Instructions Creation of HH PPS and Subsequent Refinements RESERVED The HH PPS Unit of Payment Number, Duration, and Claims Submission of HH PPS Periods of Care More Than One Agency Furnished Home Health Services Effect of Election of Medicare Advantage (MA) Organization and Eligibility Changes on HH PPS RESERVED Basis of Medicare Prospective Payment Systems and Case-Mix Coding of HH PPS Case-Mix Groups on HH PPS Claims: HHRGs and HIPPS Cod Composition of HIPPS Codes for HH PPS Grouper Links Assessment and Payment RESERVED Submission of the Notice of Admission (NOA)

	Claim Submission and Processing Payment, Claim Adjustments and Cancellations RESERVED Transfer Situation - Payment Effects Discharge and Readmission Situation Under HH PPS - Payment Effects Payment Adjustments - Partial Period Payment Adjustment Payment When Death Occurs During an HH PPS Period Payment Adjustments - Low Utilization Payment Adjustments (LUPAs) RESERVED Payment Adjustments - Applying OASIS Assessment Items to Determine HIPPS Codes Payment Adjustments - Outlier Payments RESERVED Changes in a Beneficiary's Payment Source Glossary and Acronym List Home Health Prospective Payment System (HH PPS) Consolidated Billing Responsibilities of Home Health Agencies Responsibilities of Providers/Suppliers of Services Subject to Consolidated Billing Home health Consolidated Billing Edits in Medicare Systems Therapy Editing Other Editing Related to Home Health Consolidated Billing Only Notice of Admission (NOA) Received and Services Fall Within Admission Period No NOA Received and Therapy Services Rendered in the Home Eligibility Query to Determine Status CWF Response to Inquiry Timeliness and Limitations of CWF Responses National Home Health Prospective Payment Episode History File Opening and Length of HH PPS Periods of Care RESERVED RESERVED Exhibit: Chart Summarizing the Effects of NOA/Claim Actions on the HH PPS Episode File Notice of Admission (NOA) HH PPS Claims Beneficiary-Driven Demand Billing Under HH PPS No Payment Billing General Input/Output Record Layout RESERVED Decision Logic Used by the Pricer on Claims Annual Updates to the HH Pricer Medical and Other Health Services Submitted Using Type of Bill 034x Temporary Suspension of Home Health Services Payment Procedures for Terminated HHAs
10840	Updates to the Internet Only Publication 100-04, Chapter 1, Section 10.1 and Chapter 20, Section 10 A/B MACs [Part B] and DME MACs Jurisdiction of Requests for Payment Where to Bill DMEPOS and PEN Items and Services
10844	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
Medicare Secondary Payer (CMS-Pub. 100-05)	
10730	Electronic Correspondence Referral System (ECRS) Updates to the Revised Remote Identity Proofing, Implementation of a New ECRS Web Error Code, and Multi-Factor Authentication (MFA) Process and Requirements for the Transition from Connect Direct to the

	Attachment 2 - ECRS Web Quick Reference Card, Version 2021/5 April Attachment 1 - ECRS Web User Guide, Version 6.6 CMS Electronic File Transfer (EFT) System
10753	Update the Common Working File (CWF) to Accept a Group Health Plan (GHP) and non-GHP (NGHP) Medicare Secondary Payer (MSP) Effective Date 3 Months from the Current Date for Medicare Enrolled and Medicare Entitled Beneficiaries
10786	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
10807	Update the International Classification of Diseases, Tenth Revision (ICD-10) 2022 Tables in the Common Working File (CWF) for Purposes of Processing Non-Group Health Plan (NGHP) Medicare Secondary Payer (MSP) Records and Claims
Medicare Financial Management (CMS-Pub. 100-06)	
10710	The Fiscal Intermediary Shared System (FISS) Submission of Copybook Files to the Provider and Statistical Reimbursement (PS&R) System
10731	Notice of New Interest Rate for Medicare Overpayments and Underpayments -3rd Qtr Notification for FY 2021
10790	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
10806	The Fiscal Intermediary Shared System (FISS) Submission of Copybook Files to the Provider and Statistical Reimbursement (PS&R) System
10821	Pub. 100-06, Chapter 4, Section 10 Revision (New Accounts Receivable (AR) Status Codes for Undeliverable Initial Demand Letters and Terminated/Out of Business Providers) Requirements for Collecting Part A and B Provider Non-MSP Overpayments
10835	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
Medicare State Operations Manual (CMS-Pub. 100-07)	
204	Revisions to the State Operations Manual (SOM) Appendix Z - Emergency Preparedness
Medicare Program Integrity (CMS-Pub. 100-08)	
10709	Update to Chapter 12 (The Comprehensive Error Rate Testing (CERT) Program) of Publication (Pub.) 100-08 Handling Overpayments and Underpayments Resulting from the CERT Findings
10711	Updates to Chapter 4 of Publication (Pub.) 100-08 Organizational Requirements Procedural Requirements Program Integrity Security Requirements Requests for Information From Outside Organizations Screening Leads Vetting Leads with CMS Conducting Investigations Reversed Denials by Administrative Law Judges on Open Cases Production of Medical Records and Documentation for an Appeals Case File Guidelines for Incentive Reward Program Complaint Tracking Fraud Alerts Administrative Relief from Program Integrity Review in the Presence of a Disaster UPIC Hospice Cap Liability Process – Coordination with the MAC Referral of Cases to the OIG/OI Immediate Advisements to the OIG/OI Referral to Other Law Enforcement Agencies Reserved for Future Use Referral to State Agencies or Other Organizations UPICs and QIOs Discounts, Rebates, and Other Reductions in Price Identity Theft Investigations and Victimized Provider Waiver of Liability Procedure

10723	Implementation of Provider Enrollment Provisions in CMS-6058-FC – Phase 1 – Continued Removal/Moving of Instructions from Chapter 15 of Publication (Pub.) 100-08 to Chapter 10 of Pub. 100-08 Medicare Enrollment: Contractor Processing Duties Other Medicare Contractor Duties Development Letters
10727	Chapter 15 of Publication (Pub.) 100-08 Manual Redesign – Additional Release of Chapter 10 of Pub. 100-08, Modification of the Timeliness Standards
10733	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10735	Updates to Medicare Administrative Contractor (MAC) Appeals and Rebuttals Reporting
10736	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10740	Voluntary Terminations of Enrollment Involving Certified Providers and Certified Suppliers Voluntary Terminations Model Letters for Voluntary Terminations Involving Certified Providers and Certified Suppliers
10741	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10743	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10744	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10745	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10749	Updates to Chapter 4 and Chapter 5 of Publication (Pub.) 100-08 Identity Theft Investigations and Victimized Provider Waiver of Liability Certificates of Medical Necessity (CMNs) and DME Information Form (DIFs) Completing a CMN or DIF Cover Letters for CMNs DME MACs and UPICs Authority to Initiate an Overpayment and/or Civil Monetary Penalty (CMP) When Invalid CMNs or DIFs Are Identified Documentation in the Patient's Medical Record Supplier Documentation Evidence of Medical Necessity for the Oxygen Claims Period of Medical Necessity - Home Dialysis Equipment Safeguards in Making Monthly Payments Pick-up Slips Advance Determination of Medicare Coverage (ADMC) of Customized DMEPOS
10750	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10751	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10752	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10776	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10777	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10779	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions

10799	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10800	Second General Update to Chapter 10 of Publication (Pub.) 100-08, Program Integrity Manual Suppliers That Enroll Via the Form CMS-855B Ambulatory Surgical Centers (ASCs) Home Infusion Therapy Suppliers Independent Clinical Laboratory Improvement Act Labs Independent Diagnostic Testing Facilities (IDTFs) Intensive Cardiac Rehabilitation (ICR) Mammography Screening Centers (MSCs) Pharmacies Portable X-Ray Suppliers (PXRSSs) Radiation Therapy Centers (RTCs) Suppliers of Ambulance Services Individual Practitioners Who Enroll Via the Form CMS-855I Anesthesiology Assistants Audiologists Certified Nurse-Midwives Certified Registered Nurse Anesthetists (CRNAs) Clinical Nurse Specialists Clinical Psychologists Clinical Social Workers Nurse Practitioners Occupational Therapists in Private Practice Physical Therapists in Private Practice Physician Physician Assistants Psychologists Practicing Independently Registered Dietitians/Nutrition Professionals Speech Language Pathologists in Private Practice Manufacturers of Replacement Parts/Supplies for Prosthetic Implants or Implantable Durable Medical Equipment (DME) Surgically Inserted at an Ambulatory Surgical Center (ASC) Enrollment Form: Information and Processing CMS-20134 (Section 1 – Basic Information) CMS-20134 (Section 2 – Identifying Information) CMS-20134 (Section 3 – Final Adverse Legal Actions/Convictions) CMS-20134 (Section 4 – MDPP Location Information) CMS-20134 (Sections 5 & 6 – Owning and Managing Organizations and Individuals) Reserved for Future Use CMS-20134 (Section 7 – Coach Roster) CMS-20134 (Section 8 – Billing Agency Information) CMS-20134 (Section 13 - Contact Person) CMS-20134 (Section 14 – Penalties for Falsifying Information) CMS-20134 (Section 15 – Certification Statement and Authorized Officials) CMS-20134 (Section 16 – Delegated Officials) CMS-20134 (Section 17 – Supporting Documents) Additional Form CMS-20134 Processing Information and Alternatives
10805	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10808	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10828	Provider Enrollment Rebuttal Process - Additional Instructions for Returning Applications and Deactivations

10829	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10830	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10841	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10843	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
Medicare Contractor Beneficiary and Provider Communications (CMS-Pub. 100-09)	
10705	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
11772	Updates to Pub. 100-09, Chapter 6 Beneficiary and Provider Communications Manual, Chapter 6, Provider Customer Service Program Quality Assurance Monitoring (QAM) Remote Monitoring Disaster Recovery Guidelines for High Quality Responses to Provider Telephone Inquiries Telephone Response Quality Monitoring Program Telephone Responses to Provider Inquiries -- QCM Program Minimum Requirements Recording Calls QCM Calibration Provider Written Inquiries Controlling Provider Written Inquiries Provider Written Inquiry Storage Duplicate Inquiries Telephone Responses to Provider Written Inquiries Electronic Responses to Provider Written Check Off Letters Guidelines for High Quality Responses to Provider Written Stock Language/Form Letters Provider Written Response Quality Monitoring Program Written Responses to Provider Inquiries – QWCM Program Minimum Requirements QWCM Calibration Replying to Correspondence from Members of Congress Provider Walk-In Inquiries Guidelines for Provider Walk-In Service PRRS Operations Complex Provider Inquiries Complex Beneficiary Inquiries Provider Inquiry Tracking Updates to the CMS Standardized Provider Inquiry Chart MAC Inquiry Tracking Self-Data Review and Self-Validation Process Fraud and Abuse Provider Education Website Satisfaction Survey Staff Development and Education PCC Staff Development and Training Required Training for PCC Staff Provider Notifications of PCC Training Closures PCC Training Documentation Provider Self-Service Technology Interactive Voice Response System Provider Education Website General Requirements Webmaster and Attestation Website Governance

	CMS Feedback
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	Dissemination of Information from CMS to Providers
	Frequently Asked Questions
	Internet-based Provider Educational Offerings
	Provider Education Website Promotion
	Electronic Mailing List (Listserv)
	Targeted Electronic Mailing Lists (Listservs)
	Electronic Mailing List (Listserv) Promotion
	Social Media
	Internet-based Provider Portal Service Interruptions Survey
	Provider Satisfaction Survey
	MAC Survey Participation Requirements
	Continuous Improvement
	Closed-Loop Ticketing
	Survey Response Prohibition
	MCE User Guide
	Third-Party Contractor Platform System Users
	MAC Satisfaction Score
	PCSP Performance Management
	POE - Electronic Mailing List (Listserv) Subscribership
	Telephone Standards
	Call Completion
	Call Acknowledgment
	Average Speed of Answer (ASA) Callback
	QCM Performance Standards
	QAM (Telephone) Performance Standard
	Standards for Written Responses to Provider Inquiries
	QWCM Performance Standards
	Timeliness of Responses to Written Provider Inquiries
	Timeliness of Responses to General Provider Inquiries
	Timeliness of Responses to Complex Provider Inquiries (PRRS)
	Timeliness of Responses to Complex Beneficiary Inquiries
	Timeliness of Responses to Congressional Inquiries
	PCSP Data Reporting
	PIE
	Access to PIES
	Due Date for Data Submission to PIES
	Data to be Reported Monthly in PIES
	PCID
	Access to PCID
	MAC Contract and PCSP Data to be Reported in PCID
	Additional Data to be Reported Monthly in PCID and Reporting Due Dates
	Inquiry Tracking Data to be Reported in PCID
	PCC Training Closure Information to be Reported in PCID
	POE Data to be Reported in PCID
	Provider Electronic Mailing List (Listserv) Subscriber Data to be Reported in PCID
	Special Initiatives Activities to be Reported in PCID
	Special Initiatives Activities to be Reported in PCID
	Emergency and Similar PCC Closure Data to be Reported in PCID
	Telecommunications Service Interruptions to be Reported in PCID
	Provider Internet-based Portal Service Interruptions to be Reported in PCID
	Provider Internet-based Portal Functionality to be Reported in PCID
	Provider Education Website Analytic Data to be Reported in PCID
	Direct Mailing Information to be Reported in PCID
	QCM

	Access to QCM
	QWCM
	Access to QWCM
	Disclosure of Information
10813	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)	
10704	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions
10715	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions
10726	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10746	Primary Care First (PCF) and Serious Illness Patient (SIP) Models: Part 3: IURs and Edits for Non-Sequential Claims
10747	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions
10774	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10787	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions
10791	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10802	Direct Contracting (DC) Model - Professional and Global Options: Total Care Capitation (TCC), Primary Care Capitation (PCC), Advanced Payment Option (APO), Telehealth Expansion, 3-day SNF Rule Waiver, Post-Discharge and Care-Management Home Visits – Implementation
10820	Primary Care First (PCF) and Serious Illness Patient (SIP) Models: Part 3: IURs and Edits for Non-Sequential Claims
One Time Notification (CMS-Pub. 100-20)	
10712	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10717	MAC Participation in Change Requests Developed through Agile Methodology
10718	Cognitive Assessment & Care Plan Services
10732	Addition of the QW Modifier to Healthcare Common Procedure Coding System (HCPCS) Code 87636
10734	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
10739	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions
10748	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions

10780	Update to Rural Health Clinic (RHC) Payment Limits
10781	Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents (NFI) - Updates and Clarifications
10785	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instructions
10789	The Fiscal Intermediary Shared System (FISS) Business Requirement for Rejected Claims Throwing Off the Provider and Statistical Reimbursement (PS&R) System Managed Care Days
10792	Mobile Personal Identity Verification (PIV) Station Installation
10795	Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission (NOA) – Implementation
10801	Additional Payment Edits for DMEPOS Suppliers of Custom Fabricated and Prefabricated (Custom Fitted) Orthotics. Update to Change Request (CR) 3959, CR 8390, and CR 873
10804	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--July 2021
10817	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--October 2021
10827	Addition of the QW Modifier to Healthcare Common Procedure Coding System (HCPCS) Codes 0240U, 0241U, 87637
10832	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--July 2021
10842	Implementation of the Hospital Outpatient Department (HOPD) Prior Authorization (PA) Paired Items of Service for the X12 278 PA Transactions
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

Addendum II: Regulation Documents Published in the Federal Register (April through June 2021)

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: <https://www.cms.gov/files/document/regs2q21qpu.pdf>

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

Addendum III: CMS Rulings (April through June 2021)

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

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

Addendum IV: Medicare National Coverage Determinations (April through June 2021)

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
Chimeric Antigen Receptor (CAR) T-cell Therapy for Cancers	NCD 110.24	12177	05/21/2021	08/07/2019

Artificial Hearts/ Related Devices & VADs for Bridge to Transplant/Destination Therapy	NCD 20.9-20.9.1	10837	06/22/2021	12/01/2020
Screening for Colorectal Cancer - Blood-Based Biomarker Tests	NCD 210.3	10818	05/21/2021	01/19/2021

Addendum V: FDA-Approved Category B Investigational Device Exemptions (IDEs) (April through June 2021)
(Inclusion of this addenda is under discussion internally.)

Addendum VI: Approval Numbers for Collections of Information (April through June 2021)

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

Addendum VII: Medicare-Approved Carotid Stent Facilities (April through June 2021)

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.			
New York Health + Hospitals 462 1 st Street H-Building, Executive Administration New York, NY 10016	330204	03/30/2021	NY
Inova Fair Oaks Hospital	490101	04/26/2021	VA

Facility	Provider Number	Effective Date	State
3600 Joseph Siewick Drive Fairfax, VA 22033			
UPMC Hanover 300 Highland Avenue Hanover, PA 17331	390233	04/13/2021	PA
St. Joseph's Hospital - North 4211 Van Dyke Road Lutz, FL 33558	1881632818	05/18/2021	FL
Kalispell Regional Medical Center 310 Sunnyview Lane Kalispell, MT 59901	1417945627	05/18/2021	MT
Sierra Vista Regional Medical Center 1010 Murray Avenue San Luis Obispo, CA 93405	050506	05/25/2021	CA
Emanate Health-Queen of the Valley Hospital 1115 South Sunset Avenue West Covina, CA 91790	050382	06/08/2021	CA
Carilion New River Valley Medical Center 2900 Lamb Circle Christianburg, VA 24073	1295868792	06/15/2021	VA
The following facilities have editorial changes (in bold).			
Orlando Health Old Address: 52 West Underwood Street Orlando, FL 32806 New Address: 1414 Kuhl Avenue Orlando, FL 32806	100006	05/23/2005	FL
Previous Name: Gwinnett Medical Center New Name: Northside Hospital Gwinnett (For 1000 Medical Center Boulevard Lawrenceville, GA 30045)	110087	08/31/2005	GA
Previous Name: Bay Medical Center New Name: Ascension Sacred Heart Bay 615 North Bonita Avenue Panama City, FL 32402	100026	05/23/2005	FL

**Addendum VIII:
American College of Cardiology's National Cardiovascular Data Registry Sites (April through June 2021)**

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

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

Addendum IX: Active CMS Coverage-Related Guidance Documents

(April through June 2021)

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 (April through June 2021)**

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

Addendum XI: National Oncologic PET Registry (NOPR) (April through June 2021)

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/MedicareApprovedFacilitie/NOPR/list.asp#TopOfPage>. For questions or additional information, contact David Dolan, MBA (410-786-3365).

Addendum XII: Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities (April through June 2021)

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/MedicareApprovedFacilitie/VAD/list.asp#TopOfPage>. For questions or additional information, contact David Dolan, MBA, (410-786-3365).

Facility	Provider Number	Date of Initial Certification	Date of Re-certification	State
The following are new facilities.				
HCA Houston Healthcare Medical Center 1313 Hermann Drive Houston, TX 77004 Other information: DNV ID # 10000432549- MSC-VAD-USA Previous Re-certification Dates: n/a	450659	04/13/2021		TX
Kaiser Foundation Hospital - Santa Clara 700 Lawrence Expressway Santa Clara, CA 95051 Other information Joint Commission ID # 10123 Previous Re-certification Dates: n/a	050071	03/25/2021		CA
The following facilities have editorial changes (in bold).				
The University of Kansas Health System 4000 Cambridge Street Kansas City, KS 66160-7200	170040	03/08/2016	06/01/2021	KS

Facility	Provider Number	Date of Initial Certification	Date of Re-certification	State
Other information: Joint Commission ID # 8567 Previous Re-certification Dates: 03/08/2016; 03/06/2018				
Froedtert Memorial Lutheran Hospital, Inc 9200 West Wisconsin Avenue Milwaukee, WI 53226 Other information: Joint Commission ID # 7718 Previous Re-certification Dates: 07/31/2012; 07/08/2014; 08/09/2016	520177	07/31/2012	01/07/2021	WI
From: Saint Thomas West Hospital To: Ascension Saint Thomas Hospital 4220 Harding Road Nashville, TN 37205 Other information: Joint Commission ID # 7891 Previous Re-certification Dates: 06/22/2010; 06/22/2012; 05/20/2014; 07/13/2016	440082	06/22/2010	01/14/2021	TN
University Hospitals Cleveland Medical Center 11100 Euclid Avenue Cleveland, OH 44106 Other information: Joint Commission ID # 7017 Previous Re-certification Dates: 02/09/2010; 01/24/2012; 01/30/2014; 02/23/2016; 02/09/2018	360137	02/09/2010	01/21/2021	OH

Facility	Provider Number	Date of Initial Certification	Date of Re-certification	State
University of North Carolina Hospitals 101 Manning Drive Chapel Hill, NC 27514 Other information: Joint Commission ID # 6478 Previous Re-certification Dates: 10/16/2008; 10/19/2010; 10/26/2012; 10/16/2014; 11/08/2016; 11/28/2018	340061	10/26/2008	02/17/2021	NC
Mayo Clinic Hospital — Rochester 1216 Second Street SW Rochester, MN 55902-1906 Other information: Joint Commission ID # 8181 Previous Re-certification Dates: 02/26/2008; 02/09/2010; 02/21/2012; 02/21/2014; 04/05/2016; 03/23/2018	240010	02/26/2008	03/20/2021	MN
St. Francis Hospital 100 Port Washington Blvd Roslyn, NY 11576 Other information: Joint Commission ID # 5860 Previous Re-certification Dates: 11/08/2016; 11/14/2018	330182	11/08/2016	05/08/2021	NY
West Virginia University Hospitals, Inc. One Medical Center Drive Morgantown, WV 26506 Other information: Joint Commission ID # 6444 Previous Re-certification Dates: 2018-07-26	510001	07/26/2018	02/25/2021	WV
Christ Hospital 2139 Auburn Avenue Cincinnati, OH 45219 Other information: Joint Commission ID # 6987 Previous Re-certification Dates:	360163	02/17/2012	02/26/2021	OH

Facility	Provider Number	Date of Initial Certification	Date of Re-certification	State
02/17/2012; 02/20/2014; 04/05/2016; 03/20/2018				
Northeast Georgia Medical Center 743 Spring Street Gainesville, GA 30501 Other information: DNV GL-USA ID # 10000464475-MSC-DNV GL- USA Previous Re-certification Dates: 04-26-2018	110029	04/26/2018	05/05/2021	GA
University of Colorado Hospital Authority 12605 E 16th Ave Aurora, CO 80045 Other information: Joint Commission ID # 9384 Previous Re-certification Dates: 07/22/2008; 08/17/2010; 08/10/2012; 07/22/2014; 07/26/2016	060024	07/22/2008	03/10/2021	CO
From: California Pacific Medical Center-Van Ness Campus 1101 Van Ness Avenue San Francisco, CA 94109 To: California Pacific Medical Center-Pacific Campus; Other information: Joint Commission ID # 5152 Previous Re-certification Dates: 12/08/2009; 11/11/2011; 01/07/2014; 02/09/2016; 03/20/2018	050047	12/08/2009	02/20/2021	CA
JFK Medical Center 5301 South Congress Avenue Atlantis, FL 33462 Other information: Joint Commission ID # 6836 Previous Re-certification Dates: 01/24/2017; 3/6/2019	100080	01/24/2017	03/03/2021	FL
Mission Hospital	340002	05/17/2016	04/14/2021	NC

Facility	Provider Number	Date of Initial Certification	Date of Re-certification	State
509 Biltmore Avenue Asheville, NC 28801-4690 Other information: Joint Commission ID # 6468 Previous Re-certification Dates: 05/17/2016; 6/27/2018				

Addendum XIII: Lung Volume Reduction Surgery (LVRS) (April through June 2021)

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. 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 (April through June 2021)

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 ASMBS in the 3-month period. This information is available at www.cms.gov/MedicareApprovedFacilities/BSF/list.asp#TopOfPage. For questions or additional information, contact Sarah Fulton, MHS (410-786-2749).

Addendum XV: FDG-PET for Dementia and Neurodegenerative Diseases Clinical Trials (April through June 2021)

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. 2021-17602 Filed 8-16-21; 8:45 am]

BILLING CODE 4120-01-C

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program; List of Petitions Received

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

ACTION: Notice.

SUMMARY: HRSA is publishing this notice of petitions received under the National Vaccine Injury Compensation Program (the Program), as required by the Public Health Service (PHS) Act, as amended. While the Secretary of HHS is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

FOR FURTHER INFORMATION CONTACT: For information about requirements for filing petitions, and the Program in general, contact Lisa L. Reyes, Clerk of Court, United States Court of Federal Claims, 717 Madison Place NW,

Washington, DC 20005, (202) 357-6400. For information on HRSA's role in the Program, contact the Director, National Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 08N146B, Rockville, Maryland 20857; (301) 443-6593, or visit our website at: <http://www.hrsa.gov/vaccinecompensation/index.html>.

SUPPLEMENTARY INFORMATION: The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of Title XXI of the PHS Act, 42 U.S.C. 300aa-10 *et seq.*, provides that those seeking compensation are to file a petition with the United States Court of Federal Claims and to serve a copy of the petition to the Secretary of HHS, who is named as the respondent in each proceeding. The Secretary has delegated this responsibility under the Program to HRSA. The Court is directed by statute to appoint special masters who take evidence, conduct hearings as appropriate, and make initial decisions as to eligibility for, and amount of, compensation.

A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury Table (the Table) set forth at 42 CFR 100.3. This Table lists for each covered childhood vaccine the conditions that

may lead to compensation and, for each condition, the time period for occurrence of the first symptom or manifestation of onset or of significant aggravation after vaccine administration. Compensation may also be awarded for conditions not listed in the Table and for conditions that are manifested outside the time periods specified in the Table, but only if the petitioner shows that the condition was caused by one of the listed vaccines.

Section 2112(b)(2) of the PHS Act, 42 U.S.C. 300aa-12(b)(2), requires that "[w]ithin 30 days after the Secretary receives service of any petition filed under section 2111 the Secretary shall publish notice of such petition in the **Federal Register**." Set forth below is a list of petitions received by HRSA on July 1, 2021, through July 31, 2021. This list provides the name of petitioner, city and state of vaccination (if unknown then city and state of person or attorney filing claim), and case number. In cases where the Court has redacted the name of a petitioner and/or the case number, the list reflects such redaction.

Section 2112(b)(2) also provides that the special master "shall afford all interested persons an opportunity to submit relevant, written information" relating to the following:

1. The existence of evidence "that there is not a preponderance of the evidence that the illness, disability,