

Genesis Bank, both of Benoit, Mississippi.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Associate Secretary of the Board.

[FR Doc. 2025–20313 Filed 11–18–25; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3448–CN]

Medicare Program; Announcement of the Re-Approval of COLA Under the Clinical Laboratory Improvement Amendments of 1988; Correction

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Notice; correction.

SUMMARY: This document corrects technical errors that appeared in the notice published in the March 6, 2024 *Federal Register* titled “Medicare Program; Announcement of the Re-Approval of COLA Under the Clinical Laboratory Improvement Amendments of 1988.”

DATES:

Effective date: This correction notice is effective November 19, 2025.

Applicability Date: The corrections in this notice are applicable to the re-approval of COLA as an Accreditation Organization for clinical laboratories under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) from March 6, 2024 to March 6, 2030.

FOR FURTHER INFORMATION CONTACT: Sam Cyrus, (443) 896–4827.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 2024–04674 of March 6, 2024 (89 FR 15994 through 15996), there were technical errors that are identified and corrected in this correcting document.

II. Summary of Errors

On page 15994 in the **SUMMARY** section, we inadvertently omitted the subspecialty of Urinalysis from the list of specialties and subspecialties under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) for which COLA was re-approved as an accreditation organization. On pages 15994 and 15995, we also inadvertently

omitted the subspecialty of Urinalysis in two bulleted paragraphs.

III. Correction of Errors

In FR Doc 2024–04674 of March 6, 2024 (89 FR 15994 through 15995), make the following corrections:

1. On page 15994,
a. Second column, first partial paragraph (**SUMMARY** section), lines 5 through 7, the phrase “Chemistry, including Routine Chemistry, Toxicology, and Endocrinology;” is corrected to read “Chemistry, including Routine Chemistry, Toxicology, Endocrinology, and Urinalysis;”.

b. Third column, first bulleted paragraph, lines 1 through 3, the paragraph “• Chemistry, including Routine Chemistry, Toxicology, and Endocrinology.” is corrected to read “• Chemistry, including Routine Chemistry, Toxicology, Endocrinology, and Urinalysis.”.

2. On page 15995, first column, first bulleted paragraph, lines 1 through 3, the paragraph “• Chemistry, including Routine Chemistry, Toxicology, and Endocrinology.” is corrected to read “• Chemistry, including Routine Chemistry, Toxicology, Endocrinology, and Urinalysis.”.

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

Trenesha Fultz-Mimms,

Federal Register Liaison, Centers for Medicare & Medicaid Services.

[FR Doc. 2025–20328 Filed 11–18–25; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1839–N]

Medicare Program; Public Meeting for New Revisions to the Healthcare Common Procedure Coding System (HCPCS) Coding—December 17, 2025, With an Overflow Date of December 18, 2025

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: This notice announces the second biannual virtual Healthcare Common Procedure Coding System (HCPCS) Level II public meeting of 2025 to discuss the Centers for Medicare and Medicaid Services’ preliminary coding, Medicare benefit category, and Medicare payment determinations, if applicable, for new revisions to the HCPCS Level II code set for non-drug and non-biological items and services, as well as how to register for the meeting.

DATES: Primary date: Wednesday, December 17, 2025, 9 a.m. to 5 p.m. Eastern Time (ET). Overflow date: Thursday, December 18, 2025, 9 a.m. to 5 p.m. ET.

ADDRESSES: *Virtual Meeting Location:* The HCPCS Level II public meeting will be held virtually via Microsoft Teams only.

FOR FURTHER INFORMATION CONTACT:

Sundus Ashar, (410) 786–0750, Sundus.ashar1@cms.hhs.gov, or HCPCS@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

On December 21, 2000, Congress enacted the Medicare, Medicaid, and State Children’s Health Insurance Program (SCHIP) Benefits Improvement and Protection Act of 2000 (BIPA) (Pub. L. 106–554). Section 531(b) of BIPA mandated that the Secretary establish procedures that permit public consultation for coding and payment determinations for new durable medical equipment (DME) under Medicare Part B of title XVIII of the Social Security Act (the Act). In the November 23, 2001, *Federal Register* (66 FR 58743), we published a notice providing information regarding the establishment of the annual public meeting process for DME.

In 2020, we implemented changes to our HCPCS Level II coding procedures, including the establishment of quarterly coding cycles for drugs and biological products and biannual coding cycles for non-drug and non-biological items and services.

In the December 28, 2021, *Federal Register* (86 FR 73860), we published a final rule that established procedures for making Medicare benefit category and payment determinations for new items and services that are DME, prosthetic devices, orthotics and prosthetics, therapeutic shoes and inserts, surgical dressings, or splints, casts, and other devices used for reductions of fractures and dislocations under Medicare Part B.

II. Public Meeting Agendas

The list of topics for discussion, which will become available in the