covered aliens is necessary to protect the public health from the serious danger of the introduction of Ebola disease into the United States, pending an ongoing public health assessment of the Ebola disease outbreak.

I consulted with the Department of State, DHS, and other federal departments as needed before I issued this Order and requested that DHS aid in the enforcement of this Order because CDC does not have the capability, resources, or personnel needed to do so.[27] As part of the consultation, DHS developed operational plans for implementing this Order. These plans are consistent with the language of this Order.

Although this Order is not a rule subject to notice and comment under the Administrative Procedure Act (APA) and is issued with immediate effect, in order to ensure that the forthcoming public health risk assessment is informed by public input, the Order is being issued with a simultaneous 15-day comment period.

This Order takes effect at 5:00 p.m. Eastern Daylight Time on Friday, September 11, 2026. For individuals intending to travel to the United States by air, the Order will apply to flights departing after 4:59 p.m. Eastern Daylight Time on Friday, September 11, 2026.

* * * * *

In testimony whereof, the Assistant Secretary for Health, U.S. Department of Health and Human Services, has hereunto set his hand at _____ this 11th day of September, 2026.

Dated:

Admiral Brian Christine, MD, Assistant Secretary for Health (ASH) and Head of the United States Public Health Service (USPHS) Commissioned Corps Department of Health and Human Services.

Public Participation

Interested persons or organizations are invited to participate by submitting written views, recommendations, and data so that the public can provide input that may inform the forthcoming public health risk assessment and whether any subsequent exercise of this authority is necessary.

Please note that comments received, including attachments and other supporting materials, are part of the public record and are subject to public disclosure. Comments will be posted on *https://www.regulations.gov.* Therefore, do not include any information in your comment or supporting materials that you consider confidential or inappropriate for public disclosure. If you include your name, contact information, or other information that identifies you in the body of your comments, that information will be on public display. CDC will review all submissions and may choose to redact, or withhold, submissions containing private or proprietary information such as Social Security numbers, medical information, inappropriate language, or duplicate/near duplicate examples of a mass-mail campaign. Do not submit comments by email. CDC does not accept comment by email.

Authority

The authority for this order is Sections 362 and 365 of the Public Health Service Act (42 U.S.C. 265, 268), as amended.

Brian Christine,

Admiral, Assistant Secretary for Health (ASH) and Head of the United States Public Health Service (USPHS) Commissioned Corps Department of Health and Human Services.

[FR Doc. 2026–18948 Filed 9–15–26; 8:45 am]

BILLING CODE 4163–18–P

[27] 42 U.S.C. 268; 42 CFR 71.40(d).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1864–N]

Medicare Program; Public Meeting for New Revisions to the Healthcare Common Procedure Coding System (HCPCS) Level II Coding

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

ACTION: Notice.

SUMMARY: This notice announces the second biannual Healthcare Common Procedure Coding System (HCPCS) Level II public meeting of 2026 to discuss the CMS 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 meeting date: Monday, November 2, 2026, 9 a.m. to 5 p.m. Eastern Standard Time (EST).

Overflow meeting date: Tuesday, November 3, 2026, 9 a.m. to 5 p.m. EST (virtual only).

Deadline for Registration of Speakers, In-person Attendees, and Requests for Special Accommodations: The deadline to register as a speaker, register for in-person attendee, or request special accommodations is 5 p.m. Eastern Daylight Time (EDT) on Monday, October 19, 2026.

Deadline for Submission of Written Comments: 5:00 p.m. EST on Wednesday, November 4, 2026.

ADDRESSES:

Meeting Location: The HCPCS Level II public meeting will be a hybrid event held as follows:

- *In-person:* The Centers for Medicare & Medicaid Services (CMS), 7500 Security Boulevard, Baltimore, MD 21244.
- *Virtual:* Live stream via Teams (link will be posted on the HCPCS Level II website).

Registration of Speakers, In-person Attendees, and Requests for Special Accommodations: Individuals wishing to speak at the meeting must follow the instructions in sections IV. and V. of this notice by the deadline specified in the **DATES** section of this notice via email to *HCPCS@cms.hhs.gov.* Individuals who need special accommodations should follow the instructions specified in section III.C. of this notice or send an email by the deadline specified in the **DATES** section of this notice to *HCPCS@cms.hhs.gov.*

Submission of Written Comments: Written comments must be submitted via email by the deadline specified in the **DATES** section of this notice to *HCPCS@cms.hhs.gov.*

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. 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 Healthcare Common Procedure Coding System (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 upcoming days on the CMS website at *https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCSPublicMeetings,* will identify the Centers for Medicare & Medicaid Services (CMS) preliminary coding, Medicare benefit category, and Medicare payment determinations, if applicable. In establishing the public meeting agendas, CMS may group multiple related code applications under the same agenda item. While both days will have virtual access via Teams, the public meeting agenda order will be based on prioritizing speakers who attend in person first, followed by agenda items whose speakers are all attending virtually. While the list of topics will already be made available, the public meeting agenda order will become available on the CMS website sometime shortly after the speaker registration deadline. We will only be discussing those topics listed on the CMS website.

A. Overflow Procedures

If all agenda items are not addressed during the primary meeting date specified in the **DATES** section of this notice, CMS will hold a subsequent virtual-only session on the overflow meeting date specified in the **DATES** section of this notice. We will proceed in the order of the HCPCS Level II public meeting agenda, only discussing those that were not addressed, until complete. We will not go back and discuss any prior agenda items. Original registration will apply to the overflow date. The link to the live stream of the public meeting will be posted in the ''Guidelines for Participation in 2026 Second Biannual Healthcare Common Procedure Coding System (HCPCS) Level II Public Meeting'' document on the CMS website.

III. Participation Categories

Every speaker must declare at the beginning of their presentation during the meeting, as well as in their written summary, whether they have any financial involvement with the applicant and manufacturer, if different, of the item that is the subject of the HCPCS Level II application, or with any competitors of that manufacturer with respect to the item. This includes any payment, salary, remuneration, or benefit provided to the speaker by the applicant, manufacturer, or any such competitors.

A. Primary Speakers

Each applicant that submitted a HCPCS Level II code application that will be discussed at the public meeting is permitted to designate a primary speaker. Fifteen minutes is the total time interval for a primary speaker per agenda item. Any unused time from the primary speaker will be forfeited and cannot be delegated to another speaker. Primary speakers must register as a speaker and submit any supporting PowerPoint presentation by the deadline specified in the **DATES** section of this notice. CMS will accept PowerPoint presentations (maximum of 10 slides in PowerPoint presentation format, not PDF) that are emailed to *HCPCS@cms.hhs.gov* by the stated deadline. We will not play videos, transitions, or animations during the public meeting and request the speakers exclude these materials from their PowerPoint presentation and instead submit any relevant video or animation materials along with the written comments. We request that speakers ensure the presentation does not include any inappropriate or confidential content before submission. Due to the timeframe needed for the planning and coordination of the HCPCS Level II public meeting, materials that are not submitted appropriately and in accordance with the stated deadline cannot be accommodated.

B. 5-Minute Speakers

Any individual related to the public meeting agenda item, including but not limited to an employee, competitor, insurer, public consumer, or other interested party, may register as a 5-minute speaker by the deadline specified in the **DATES** section of this notice. Depending on the availability of time, CMS may limit the number of 5-minute speakers. However, we will ensure an array of interested parties are represented if registered by the stated deadline. We will not accept any other written materials, outside of the written comments, from a 5-minute speaker (that is, 5-minutes speakers are not allowed to present a PowerPoint presentation).

C. All Other Attendees

All individuals who plan to attend the public meeting to listen and do not plan to speak may access the public meeting using the live stream link posted on the HCPCS Level II website. Alternatively, attendees can register online by the deadline specified in the **DATES** section of this notice and attend the public meeting in person at CMS.

Individuals who require special assistance must register and request special assistance services by the deadline specified in the **DATES** section of this notice and contact the person specified in the **FOR FURTHER INFORMATION CONTACT** section of this notice.

IV. Registration Requirements

The registration instructions for the HCPCS Level II public meeting will be posted in the ''Guidelines for Participation in 2026 Second Biannual Healthcare Common Procedure Coding System (HCPCS) Level II Public Meeting'' document on the CMS website. All individuals who plan to speak (15 or 5 minutes) at the public meeting or attend the meeting in person must register by the deadline specified in the **DATES** section of this notice. The following information must be provided when registering:

- Name.
- Company name (if applicable).
- Email address.
- Topic item and application number (for speakers only).
- Whether the registrant will be attending in person or virtually.
- Whether the registrant is a foreign national (for in-person attendees only).
- Any special assistance requests.
- Whether the registrant is a primary speaker or a 5-minute speaker for an agenda item.
- Whether the primary speaker will use a PowerPoint presentation.

V. In-Person Information

All in-person attendees should monitor the website at *https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCSPublicMeetings* for additional information about accessing the building, as information is subject to change. Only registered attendees with a valid government-issued photo ID that meets the Real ID standards may enter the building. For reference, visit *https://www.dhs.gov/real-id.* All foreign national attendees must identify themselves at the time of registration, as additional documentation may be required.

Vehicle screening is conducted and all persons in the vehicle must present a valid ID. Visitors may only enter from Security Boulevard, using the far-right entrance lane to the campus. Parking on campus is increasingly limited, and visitors are not guaranteed a parking space with registration. Visitors are encouraged to consider alternate means of arrival, such as public transportation, taxi, or other ride-share arrangements. Visitors will be required to go through x-ray screening similar to screening at a United States airport, or alternate arrangements as instructed and permitted by security.

VI. Written Comments

The primary and 5-minute speaker(s) must email a brief, written summary (one paragraph) of their comments and conclusions. Written comments from anyone, including the primary and 5-minute speaker(s), will only be accepted when emailed to the address specified in the **ADDRESSES** section of this notice by the deadline specified in the **DATES** section of this notice.

VII. Additional Information

All participants should regularly check the CMS website for updates and final agenda information at *https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCSPublicMeetings.*

The HCPCS section of the CMS website also includes details regarding the public meeting process for new revisions to the HCPCS Level II code set, including guidelines for an effective presentation. The HCPCS section of the CMS website also contains a document titled ''HCPCS Level II Coding Procedures (PDF),'' which is a description of the HCPCS Level II coding process, including a detailed explanation of the procedures CMS uses to make HCPCS Level II coding determinations.

When CMS refers to a HCPCS Level II code or HCPCS Level II coding application above, CMS may also be referring to circumstances when a HCPCS Level II code has already been issued, but a Medicare benefit category and/or payment has not been determined.

VIII. Collection of Information Requirements

This document does not impose information collection requirements, that is, reporting, recordkeeping, or third-party disclosure requirements. Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Mehmet Oz, 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. 2026–19015 Filed 9–15–26; 8:45 am]

BILLING CODE 4169–69–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–4213–N]

Medicare Program; Medicare Appeals; Adjustment to the Amount in Controversy Threshold Amounts for Calendar Year 2027

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

ACTION: Notice.

SUMMARY: This notice announces the annual adjustment in the amount in controversy (AIC) threshold amounts for Administrative Law Judge (ALJ) hearings and judicial review under the Medicare appeals process. The adjustment to the AIC threshold amounts will be effective for requests for ALJ hearings and judicial review filed on or after January 1, 2027. The calendar year 2027 AIC threshold amounts are $200 for ALJ hearings and $2,000 for judicial review.

DATES: This annual adjustment takes effect on January 1, 2027.

FOR FURTHER INFORMATION CONTACT: Natasha Franklin, (410) 786–5692.

SUPPLEMENTARY INFORMATION:

I. Background

Section 1869(b)(1)(E) of the Social Security Act (the Act) established the amount in controversy (AIC) threshold amounts for Administrative Law Judge (ALJ) hearings and judicial review at $100 and $1,000, respectively, for Medicare Part A and Part B appeals. Additionally, section 1869(b)(1)(E) of the Act provides that beginning in January 2005, the AIC threshold amounts are to be adjusted annually by the percentage increase in the medical care component of the consumer price index (CPI) for all urban consumers (U.S. city average) for July 2003 to the July preceding the year involved and rounded to the nearest multiple of $10. Sections 1852(g)(5) and 1876(c)(5)(B) of the Act apply the AIC adjustment requirement to Medicare Part C/Medicare Advantage (MA) appeals and certain health maintenance organization and competitive medical plan appeals. Health care prepayment plans are also subject to MA appeals rules, including the AIC adjustment requirement, pursuant to 42 CFR 417.840. Section 1860D–4(h)(1) of the Act, provides that a Medicare Part D plan sponsor shall meet the requirements of paragraphs (4) and (5) of section 1852(g) of the Act with respect to benefits, including appeals and the application of the AIC adjustment requirement to Medicare Part D appeals.

A. Medicare Part A and Part B Appeals

The statutory formula for the annual adjustment to the AIC threshold amounts for ALJ hearings and judicial review of Medicare Part A and Part B appeals, set forth at section 1869(b)(1)(E) of the Act, is included in the applicable implementing regulations, 42 CFR 405.1006(b) and (c). The regulations at § 405.1006(b)(2) require the Secretary of Health and Human Services (the Secretary) to publish changes to the AIC threshold amounts in the **Federal Register**. To be entitled to a hearing before an ALJ, a party to a proceeding must meet the AIC requirements at § 405.1006(b). Similarly, a party must meet the AIC requirements at § 405.1006(c) at the time judicial review is requested for the court to have jurisdiction over the appeal (§ 405.1136(a)).

B. Medicare Part C/MA Appeals

Section 1852(g)(5) of the Act applies the AIC adjustment requirement to Medicare Part C appeals. The implementing regulations for Medicare Part C appeals are found at 42 CFR part 422, subpart M. Specifically, §§ 422.600 and 422.612 discuss the AIC threshold amounts for ALJ hearings and judicial review. Section 422.600 grants any party to the reconsideration (except the MA organization) who is dissatisfied with the reconsideration determination a right to an ALJ hearing as long as the amount remaining in controversy after reconsideration meets the threshold requirement established annually by the Secretary. Section 422.612 states, in part, that any party, including the MA organization, may request judicial review if the AIC meets the threshold requirement established annually by the Secretary.