

**Delegated Provider Website Postings
Weeks of July 1 through 31, 2017**

CMS

The Illinois Department of Healthcare and Family Services (DMAS) has provided guidance regarding the Centers for Medicare and Medicaid Services (CMS) revisions impacting State Medicaid home health programs. Illinois Administrative rule amendments are in process and these changes will be effective for dates of service beginning July 1, 2017.

<http://apps.humana.com/marketing/documents.asp?file=3293225>

The Centers for Medicare & Medicaid Services (CMS) have issued Transmittals 199 and 3805 updating both the National Coverage Determinations and Claims Processing Manuals as it relates to expanded coverage for Percutaneous Image-guided Lumbar Decompression (PILD) under the Coverage with Evidence Development (CED).

<http://apps.humana.com/marketing/documents.asp?file=3293238>

<http://apps.humana.com/marketing/documents.asp?file=3293251>

The Florida Agency for Healthcare Administration (AHCA) released the final rule to Medicaid Regulation 59G-9.070 Administrative Sanctions on Providers, Entities, and Persons. This final rule is effective July 25, 2017.

<http://apps.humana.com/marketing/documents.asp?file=3293264>

The Centers for Medicare & Medicaid Services (CMS) have issued original Medicare instruction regarding the quarterly update to Correct Coding Initiative (CCI) edits effective October 1, 2017.

<http://apps.humana.com/marketing/documents.asp?file=3293277>

The Centers for Medicare & Medicaid Services (CMS) have issued notice, via the Customer Service and Support Center (CSSC), that effective August 18, 2017 new edits will be implemented for Medicare-Medicaid Plans (MMPs) to support the Social Security Number Removal Initiative (SSNRI) to verify that the Medicare Beneficiary Identifier (MBI) and Health Insurance Claim Number (HICN) are formatted correctly.

<http://apps.humana.com/marketing/documents.asp?file=3293290>

The Florida Agency for Healthcare Administration (AHCA) recently issued a policy transmittal providing managed care plans directions on documenting enrollees' requests for voluntary suspension of a service. Plans must document the enrollee's voluntary refusal of services using the Consent for Voluntary Suspension of Authorized Services in the Florida Medicaid Statewide Medicaid Managed Care Program form, no later than August 18, 2017.

<http://apps.humana.com/marketing/documents.asp?file=3293316>

<http://apps.humana.com/marketing/documents.asp?file=3293329>

The Florida Agency for Healthcare Administration (AHCA) released the final rule to Medicaid Regulation 59G-4.295 Therapeutic Group Care Services. This final rule is effective August 6, 2017.

<http://apps.humana.com/marketing/documents.asp?file=3293342>

<http://apps.humana.com/marketing/documents.asp?file=3293368>

Illinois HB 2721 mandates coverage for treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset nueropsychiatric syndrome.



ILHB2721.pdf

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3735	Date: March 10, 2017
	Change Request 10002

SUBJECT: April 2017 Integrated Outpatient Code Editor (I/OCE) Specifications Version 18.1

I. SUMMARY OF CHANGES: This notification provides the Integrated OCE instructions and specifications for the Integrated OCE that will be utilized under the OPSS and Non-OPSS for hospital outpatient departments, community mental health centers, all non-OPSS providers, and for limited services when provided in a home health agency not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a non-terminal illness. The attached Recurring Update Notification applies to 100-04, Chapter 4, section 40.1.

EFFECTIVE DATE: April 1, 2017

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 3, 2017

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification