

## Delegated Provider Portal Postings Effective 7.1.20 – 4.1.21

### CMS Federal Registers:

**[LRR-2021-GOV-5180516](#)**– The Centers for Medicare & Medicaid Services (CMS) issued a final rule that establishes a Medicare coverage pathway to provide Medicare beneficiaries with faster access to new, innovative medical devices designated as breakthrough by the Food and Drug Administration (FDA). CMS also updated regulatory standards to be used in making reasonable and necessary determinations for items and services that are furnished under Part A and Part B.

**CMS Federal Register:** <https://www.federalregister.gov/documents/2021/01/14/2021-00707/medicare-program-medicare-coverage-of-innovative-technology-mcit-and-definition-of-reasonable-and>

**[LRR-2021-GOV-5204006](#)**– The Centers for Medicare & Medicaid Services (CMS) issued the attached final rule which covers a number of proposed rules issued over the past few months. The final rule is effective January 1, 2021 except for certain revisions that will be applicable retroactively to the start of the public health emergency for COVID-19. Parts of this final rule also contain sections in which CMS is taking comments. Comments will only be considered on the "Coding and Payment of Virtual Check-in Services" and "Coding and Payment for Personal Protective Equipment (PPE)".

**CMS Federal Register Pages 84841-84957:** <https://www.govinfo.gov/content/pkg/FR-2020-12-28/pdf/2020-26815.pdf>

### CMS Transmittals:

**[LRR-2021-GOV-5185498](#)**– The Centers for Medicare & Medicaid Services (CMS) have issued Original Medicare instruction regarding the April 2021 quarterly Average Sales Price (ASP) Medicare Part B drug pricing files and revisions to prior quarterly pricing files.

**Transmittal R10562CP:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10562cp>

**EFFECTIVE DATE: April 1, 2021**

**[LRR-2021-GOV-5185497](#)**– The Centers for Medicare & Medicaid Services (CMS) have issued Original Medicare instruction regarding the new Healthcare Common Procedure Coding System (HCPCS) codes for 2021 and how they will be handled by Clinical Laboratory Improvement Amendments (CLIA) edits.

**Transmittal R10564CP:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10564cp>

**EFFECTIVE DATE: April 1, 2021**

### **CMS Notifications:**

**LRR-2021-GOV-5181158**– The Centers for Medicare & Medicaid Services (CMS) posted an updated document on their webpage, List of Telehealth Services.

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

**LRR-2021-COM-5183052**– On January 7, 2021, the Centers for Medicare & Medicaid Services (CMS) issued an update to its "Toolkit on COVID-19 Vaccine for Health Insurance Issuers and Medicare Advantage Plans.

<https://www.cdc.gov/coronavirus/2019-ncov/communication/>

**LRR-2021-GOV-5185496**– The Centers for Medicare & Medicaid Services (CMS) has posted the CY2021 furnishing fee on their webpage, Blood Clotting Factor Furnishing Fee.

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/ClotFactorFurnishFee>

**LRR-2021-GOV-5205058**– The Centers for Medicare & Medicaid Services (CMS) updated their webpage, COVID-19 Vaccines and Monoclonal Antibodies on February 11, 2021.

<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies>

**LRR-2021-GOV-5225267**– CMS updated their website, "COVID-19 Vaccines and Monoclonal Antibodies" on March 1, 2021. See the highlighted areas of the attached document for CMS updates.

CMS updated the following short descriptors:

- SARSCOV2 VAC AD26 .5ML IM
- ADM SARSCOV2 VAC AD26 .5ML

Effective dates of February 27, 2021 have been added.

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The following have also been added to the webpage under Additional Resources:

- Janssen COVID-19 Vaccine Emergency Use Authorization
- Fact Sheet for Healthcare Providers - Emergency Use Authorization of Janssen COVID-19 Vaccine

<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies>

**LRR-2021-GOV-5231762**– The Centers for Medicare & Medicaid Services (CMS) has posted the April 2021 Average Sales Price (ASP) Pricing files on their webpage, 2021 ASP Drug Pricing Files.

<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/2021-asp-drug-pricing-files>

**LRR-2021-GOV-5231694**– The Centers for Medicare & Medicaid Services (CMS) has posted updates to the 2020 Average Sales Price (ASP) Pricing files to their webpage, 2020 ASP Drug Pricing Files.

<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/2020-asp-drug-pricing-files>

## Illinois Medicaid:

**LRR-2021-MCD-5185943**- The Illinois Department of Healthcare and Family Services (HFS) issued a notice to ensure providers had the most recent scheduled individual provider increases under the DRS waivers that are currently in effect.



Scheduled\_DRS\_wag  
e\_increases\_through\_1

**LRR-2021-MCD-5189260**- The Illinois Department of Healthcare and Family Services (HFS) released an Emergency Amendment in the Illinois Register that implements medical assistance program reimbursement rate increases for facilities licensed under ID/DD Community Care Act and the MC/DD Act as required by PA 101-636. This Amendment is effective January 6, 2021 for a maximum of 150 days.

**Illinois Register Volume 45, Issue 4 January 22, 2021, page 1191:**

[https://www.cyberdriveillinois.com/departments/index/register/volume45/register\\_volume45\\_issue\\_4.pdf](https://www.cyberdriveillinois.com/departments/index/register/volume45/register_volume45_issue_4.pdf)

**EFFECTIVE DATE: January 6, 2021**

**LRR-2021-MCD-5192603**- The Illinois Department of Healthcare and Family Services (HFS) posted an updated Virtual Healthcare/Telehealth Expansion code list in the COVID-19 Fee schedule effective January 1, 2021.

**Coronavirus (COVID-19) Updates:** <https://www.illinois.gov/hfs/Pages/coronavirus.aspx>

**EFFECTIVE DATE: January 1, 2021**

**LRR-2021-MCD-5193353**- The Illinois Department of Healthcare and Family Services (HFS) have issued an updated modifier listing.

**Modifier Listing Updated 01/25/2021:**

<https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/Practitioner.aspx>

**LRR-2021-MCD-5193366**- The Illinois Department of Healthcare and Family Services (HFS) recently issued an email to advise they have increased the inpatient acute care per diem rate for La Rabida Children's Hospital effective for dates of service on or after February 1, 2021.



La Rabida Children's  
Hospital Rate Change

**EFFECTIVE DATE: February 1, 2021**

**LRR-2021-MCD-5226333**- The Illinois Department of Healthcare and Family Services (HFS) has provided retroactive rate changes for Long-Term Care Facilities.



Retroactive Rate  
Changes for LTC Facili

**EFFECTIVE DATE: February 1, 2021**

**LRR-2021-MCD-5200706**- The Illinois Department of Healthcare and Family Services (HFS)

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issued a notice to provide clarification on claiming for the procedure code T2003. The procedure code may be billed by transportation providers as well as HCBS Waiver providers.

HFS received a few questions in follow-up to its 2/5 guidance on the procedure code T2003. Please find the questions and responses below.

1. What is the waiver rate for T2003?

The HCBS waiver rate for transportation for both the Aging and DRS waivers is \$10.29 per trip. This rate went into effect July 1, 2019 with other FY 20 budget increases.

2. Is there an effective date for the T2003 code for waivers?

This is not a new code for Waiver participants. T2003 for use as Adult Day Care Transportation has been in place for years, since before Service Package 2 was implemented.

**Illinois Association of Medicaid Health Plans:** <https://iamhp.net/providers>

**LRR-2021-MCD-5217767-** The Illinois Department of Healthcare and Family Services (HFS) has provided a correction to the Rural Health Clinic (RHCs) rates previously sent to MCOs for CY2021. The clinic with the correction is: 371350641001 FAMILY CARE ASSOCIATES OF EFF. Their behavioral health rate was incorrect and has been corrected.

**Illinois Medicaid Reimbursement:**

<https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx>

**EFFECTIVE DATE: January 1, 2021**

**LRR-2021-MCD-5220311-** The Illinois Department of Healthcare and Family Services (HFS) released an email to advise that effective with dates of service March 1, 2021 reimbursement rates for HCPCS codes U0003 and U0004 will be reduced from \$100.00 to \$75.00.

**Coronavirus (COVID-19) Updates:** <https://www.illinois.gov/hfs/Pages/coronavirus.aspx>

**EFFECTIVE DATE: March 1, 2021**

**LRR-2021-MCD-5221916-** The Illinois Department of Healthcare and Family Services (HFS) issued a notice to advise that they have posted an updated Podiatry Fee Schedule.

**Illinois HFS Podiatrist Procedure Code:**

<https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/Podiatrist.aspx>

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**EFFECTIVE DATE: January 1, 2021**

**LRR-2021-MCD-5224139-** The Illinois Department of Healthcare and Family Services (HFS) released a notice to inform providers of an update to coding and reimbursement for COVID-19 diagnostic tests run on high-throughput technology in accordance with guidance from the Centers for Medicare & Medicaid Services (CMS), which is intended to incentivize expedited COVID-19 test results.

**HFS Provider Notice Issues 2/26/2021:**

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210226a.aspx>

**EFFECTIVE DATE: March 1, 2021**

**LRR-2021-MCD-5224303-** The Illinois Department of Healthcare and Family Services (HFS), Office of Inspector General (OIG) issued a new notification on February 26, 2021 to advise that they have updated the Provider Sanctions Database.

**OIG Home:** <https://www.illinois.gov/hfs/oig/Pages/Welcome.aspx>

**New Sanctions:** <https://www.illinois.gov/hfs/oig/Pages/NewSanctions.aspx>

**EFFECTIVE DATE: February 26, 2021**

**LRR-2021-MCD-5225331-** The Illinois Department of Healthcare and Family Services (HFS) posted an updated COVID-19 Fee schedule updated March 1, 2021.

**Coronavirus (COVID-19) Updates:** <https://www.illinois.gov/hfs/Pages/coronavirus.aspx>

**EFFECTIVE DATE: March 1, 2021**

**LRR-2021-MCD-5203245-** The Illinois Department of Healthcare and Family Services (HFS) posted an updated COVID-19 Fee schedule updated February 8, 2021.

**Illinois HFS Coronavirus (COVID-19) Updates:** <https://www.illinois.gov/hfs/Pages/coronavirus.aspx>

**EFFECTIVE DATE: February 8, 2021**

## Kentucky Medicaid:

**LRR-2021-MCD-5188469-** The Cabinet for Health and Family Services (CHFS) released a second notice to advise that the DME changes that will go into effect January 1, 2021.

**Durable Medical Equipment (DME):** <https://chfs.ky.gov/agencies/dms/dpo/bpb/Pages/dme.aspx>

**EFFECTIVE DATE: January 1, 2021**

**LRR-2021-MCD-5192717-** The Cabinet for Health and Family Services (CHFS) recently released updated rates for early periodic screening diagnosis and treatment services.



KY\_Medicaid\_EPSDT\_  
SS\_rates\_-\_CURRENT.

**EFFECTIVE DATE: January 28, 2021**

**LRR-2021-MCD-5199927-** The Cabinet for Health and Family Services (CHFS) recently released information regarding the January Directed Payments to providers and the Kentucky's Hospital Rate Improvement Program (HRIP).



Update on Directed  
and HRIP Payments.doc

**EFFECTIVE DATE: July 1, 2020**

**LRR-2021-MCD-5217475-** The Cabinet for Health and Family Services (CHFS) recently provided a copy of the outpatient rate letter that has been revised to reflect the correct rate of 23% for St. Joseph Mount Sterling Hospital. Effective for dates of service on or after July 20, 2020 that have not been processed.



CHFS Outpatient  
Rate Letter Update.pdf

**EFFECTIVE DATE: January 26, 2021**