

Delegated Provider Portal Postings Effective 1.1.21 – 7.1.21

CMS Transmittals:

LRR-2021-GOV-5234873- The Centers for Medicare & Medicaid Services (CMS) have issued Original Medicare instruction revising the payment of travel allowances, either on a per mileage basis or on a flat rate basis for collection of specimens for calendar year 2021.

Transmittal R10615CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10615cp>

EFFECTIVE DATE: January 1, 2021

LRR-2021-GOV-5234874- The Centers for Medicare & Medicaid Services (CMS) issued Original Medicare instruction for the quarterly update to the clinical laboratory fee schedule.

Transmittal R10656CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10656cp>

EFFECTIVE DATE: April 1, 2021

LRR-2021-GOV-5234357- The Centers for Medicare & Medicaid Services (CMS) issued original Medicare instruction regarding the April 2021 update of the Hospital Outpatient Prospective Payment System (OPPS). This instruction reflects updates to the Healthcare Common Procedure Coding System (HCPCS), Ambulatory Payment Classification (APC), HCPCS Modifier, and Revenue Code additions, changes, and deletions identified in this Change Request.

Transmittal R10666CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10666cp>

EFFECTIVE DATE: April 1, 2021

LRR-2021-GOV-5238179- The Centers for Medicare & Medicaid Services (CMS) issued Original Medicare instruction regarding the April 2021 update to the Medicare Physician Fee Schedule Database (MPFSDB).

Transmittal R10631CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10631cp>

EFFECTIVE DATE: January 1, 2021

LRR-2021-GOV-5238302- The Centers for Medicare & Medicaid Services (CMS) have issued Original Medicare instruction regarding the April quarterly update for 2021 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule.

Transmittal R10681CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10681cp>

EFFECTIVE DATE: April 1, 2021

LRR-2021-GOV-5241118- The Centers for Medicare & Medicaid Services (CMS) issued a reminder to Original Medicare contractors that updates the Medicare Claims Processing Manual, Chapter 23, Section 20. The update includes information regarding existing, new, revised and discontinued Healthcare Common Procedure Coding System (HCPCS) codes for the July 2021 quarter.

Transmittal R10651CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10651cp>

EFFECTIVE DATE: July 1, 2021

LRR-2021-GOV-5241088- The Centers for Medicare & Medicaid Services (CMS) has issued Original Medicare instruction regarding the April quarterly update to 2021 Healthcare Common Procedure Coding System (HCPCS) code used for skilled nursing facility (SNF) consolidated billing enforcement (CB).

Transmittal R10678CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10678cp>

EFFECTIVE DATE: April 1, 2021

LRR-2021-GOV-5239463- The Centers for Medicare & Medicaid Services (CMS) issued Original Medicare instruction to provide Medicare Administrator Contractor (MAC) guidance and claims processing systems instructions necessary to implement new changes for HIT services on or after January 1, 2021.

Transmittal R10621CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10621cp>

EFFECTIVE DATE: January 1, 2021

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LRR-2021-GOV-5239649- The Centers for Medicare & Medicaid Services (CMS) issued a change request (CR) to make system changes to pass new National Uniform Billing Committee (NUBC) Condition Codes "90" and "91" to the Inpatient Prospective Payment System (IPPS) PRICER, when reported on claims.

Transmittal R10597OTN: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10597otn>

EFFECTIVE DATE: July 1, 2021

LRR-2021-GOV-5278411- The Centers for Medicare & Medicaid Services (CMS) have issued original Medicare instruction regarding the quarterly update to the National Correct Coding Initiative (NCCI) edits effective July 1, 2021.

Transmittal R10690CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10690cp>

EFFECTIVE DATE: July 1, 2021

LRR-2021-GOV-5279760- The Centers for Medicare & Medicaid Services (CMS) have issued original Medicare instruction regarding the April 2021 update of the Ambulatory Surgical Center (ASC) Payment System.

Transmittal R10702CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10702cp>

EFFECTIVE DATE: April 1, 2021

LRR-2021-GOV-5288679 and LRR-2021-COM-5291429- The Centers for Medicare & Medicaid Services (CMS) issued the updated interest rate from the Department of the Treasury regarding overpayments and underpayments by the Medicare Program. The rate is 9.50 percent effective April 19, 2021.

Transmittal R10731FM: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10731fm>

EFFECTIVE DATE: April 19, 2021

LRR-2021-GOV-5296113- The Centers for Medicare & Medicaid Services (CMS) issued Original Medicare instruction advising Medicare contractors about the addition of the QW modifier to CMS Healthcare Common Procedure Coding System (HCPCS) code 87636.

Transmittal R10732OTN: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10732otn>

EFFECTIVE DATE: July 1, 2021

LRR-2021-GOV-5297181- The Centers for Medicare & Medicaid Services (CMS) have issued Original Medicare instruction regarding new waived tests, approved by the Food and Drug Administration, under Clinical Laboratory Improvement Amendments (CLIA) of 1988 which will be effective July 1, 2021.

Transmittal R10721CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10721cp>

EFFECTIVE DATE: July 1, 2021

CMS Federal Registers:

LRR-2021-GOV-5203212- 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)".

- Section II.E. - Care Management Services and Remote Physiologic Monitoring Services



II.E. -

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- Section II.F. - Refinements to Values for Certain Services to Reflect Revisions to Payment for Office/Outpatient Evaluation and Management (E/M) Visits and Promote Payment Stability during the PHE for COVID-19- Refinements to Values for Certain Services to Reflect Revisions to Payment for Office/Outpatient Evaluation and Management (E/M) Visits and Promote Payment Stability during the PHE for COVID-19



II.F. -

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- Section II.I. - Modifications related to Medicare Coverage for Opioid Use Disorder (OUD) Services Furnished by Opioid Treatment Programs (OTPs)



II.I -

Modifications_Relatec

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

LRR-2021-GOV-5204005– 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)".

- Section III.C. - Payment for Principal Care Management (PCM) Services in Rural Health Clinics (RHCs) and Federally Qualified Health Clinics (FQHCs)



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CMS Website:

LRR-2021-GOV-5238168- The Centers for Medicare & Medicaid Services (CMS) has posted the Outpatient Code Editor (OCE) quarterly files for April 2021.

April 2021 OCE Files:

<https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/OCEQtrReleaseSpecs>

LRR-2021-GOV-5239465- The Centers for Medicare & Medicaid Services (CMS) updated their webpage, COVID-19 Vaccines and Monoclonal Antibodies, with new coding, effective dates, and payment allowances.

COVID-19 Vaccines and Monoclonal Antibodies: <https://www.cms.gov/medicare/medicare-part-b->

[drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies](#)

LRR-2021-GOV-5261403- In order to ensure the health insurance industry has the necessary tools to respond to the COVID-19 public health emergency (PHE) CMS has updated the "Toolkit on COVID-19 Vaccine: Health Insurance and Medicare Advantage Plans" document and added a new document, "Talking to People with Medicare about the COVID-19 Vaccine."

<https://www.cms.gov/COVIDvax>

LRR-2021-GOV-5247665- The Centers for Medicare & Medicaid Services (CMS) has updated billing instructions on their webpage, Coding for COVID-19 Vaccine Shots. This page provides providers with instructions on how to submit COVID-19 vaccine claims.

<https://www.cms.gov/files/document/covid-19-mac-hotlines.pdf>

LRR-2021-GOV-5279282- The Centers for Medicare & Medicaid Services (CMS) posted an updated zip file on their webpage, List of Telehealth Services on March 31, 2021.

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

LRR-2021-GOV-5290082- The Centers for Medicare and Medicaid Services (CMS) updated their webpage Monoclonal Antibody COVID-19 Infusion on April 14, 2021. This website contains information on products to treat COVID-19.

CMS has updated their website, Monoclonal Antibody COVID-19 Infusion, located at: <https://www.cms.gov/medicare/covid-19/monoclonal-antibody-covid-19-infusion>

The update is as follows:

The EUA effective date (for Eli Lilly and Company's Antibody Bamlanivimab and Etesevimab), shows an update of: February 9, 2021 (reissued on February 25, 2021).

Illinois Medicaid:

LRR-2021-MCD-5234832- The Illinois Department of Healthcare and Family Services (HFS) recently issued a notice to advise that the homemaker rate increase effective date has been changed from January 1, 2021 to April 1, 2021. The 4 HCBS waivers (Persons who are Elderly waiver, Persons with Disabilities waiver, Persons with HIV/AIDS waiver and Persons with Brain Injury waiver) providing homemaker services will have rate increases

from \$21.40 to \$23.40 effective 4/1/21.

EFFECTIVE DATE: April 1, 2021

LRR-2021-MCD-5230793- The Illinois Department of Healthcare and Family Services (HFS) posted an Updated Medicaid Rate List for Nursing Facilities and SMHRF's, effective January 1, 2021.

Illinois HFS Long Term Care:

<https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/Practitioner.aspx>
[X](#)

EFFECTIVE DATE: January 1, 2021

LRR-2021-MCD-5231925- The Illinois Department of Healthcare and Family Services (HFS) posted an update to the county rates effective January 1, 2021.



Updated County
Rates.xlsx

EFFECTIVE DATE: January 1, 2021

LRR-2021-MCD-5243265- The Illinois Department of Healthcare and Family Services (HFS), Office of Inspector General (OIG) issued a new notification on March 16, 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>

LRR-2021-MCD-5251161- The Illinois Department of Healthcare and Family Services (HFS) posted updated provider Medicaid rates for Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/IID) and Medically Complex for the Developmentally Disabled (MC/DD) Facilities effective January 1, 2021.

Illinois HFS Medicaid Reimbursement:

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

EFFECTIVE DATE: January 1, 2021

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LRR-2021-MCD-5283097- The Illinois Department of Healthcare and Family Services (HFS) has provided the updated SLP and NF rates as of April 1, 2021.



SLP_rates_04-01-2021_BLTC.xlsx



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EFFECTIVE DATE: April 1, 2021

LRR-2021-MCD-5288754- The Illinois Department of Healthcare and Family Services (HFS) has issued a notice regarding updated information to Chapter M-200 related to coverage of medical foods for persons from birth through age 20 with inborn errors of metabolism. This coverage policy applies to participants covered under Medicaid fee-for-service as well as participants enrolled in a HealthChoice Illinois managed care plan

Illinois Provider Notice Issued 4/13/2021:

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210413a.aspx>

LRR-2021-MCD-5292035- The Illinois Department of Healthcare and Family Services (HFS), Office of Inspector General (OIG) issued a new notification on April 16, 2021 to advise that they have updated the Provider Sanctions Database.

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

LRR-2021-MCD-5298601- The Illinois Department of Healthcare and Family Services (HFS) released an email to provide revised inpatient psychiatric rates for Lake Behavioral Hospital. HFS advised that Lake Behavioral Hospital has a revised inpatient psychiatric rate of \$460.32, effective retroactively to October 1, 2020.

EFFECTIVE DATE: October 1, 2020

LRR-2021-MCD-5298601- The Illinois Department of Healthcare and Family Services (HFS) has provided ambulance rates for the City of DeKalb effective January 1, 2021. These are expansion areas and will apply in the future following the statewide expansion.

- City of DeKalb A0427 \$1,902.64
- City of DeKalb A0429 \$1,890.67

EFFECTIVE DATE: January 1, 2021

Kentucky Medicaid:

LRR-2021-MCD-5279310- The Cabinet for Health and Family Services (CHFS) released an email to advise that CPT codes D7961 and D7692 will replace D7960 effective January 1, 2021.

CPT codes D7961 and D7692 to replace D7960. These will be added to Provider types 60, 61 and 36 . A CO will be submitted for this as well. Both will pay at 167.60 under 21 and 129.00 over 21.

The following billing rules apply to the coverage of frenulectomy procedures when billed under CDT codes D7961 or D7962:

- Covered areas of the oral cavity for frenulectomy procedures are 01 (maxillary arch) and 02 (mandibular arch). The area of the oral cavity is required to be indicated on the claim.
- Up to two units of service per area of the oral cavity are allowed per DOS (date of service). A total of four units are allowed per DOS.
- CDT codes D7961 and D7962 are defined as separate procedures, meaning that CDT codes D7961 and D7962 should not be separately billed when the frenulectomy is rendered in conjunction with any other surgical procedure in the same surgical area, by the same provider.

EFFECTIVE DATE: January 1, 2021

Commercial:

LRR-2021-COM-5225052- The Department of Labor (DOL) has issued Disaster Relief Notice 2021-01 which provides Guidance on Continuation of Relief for Employee Benefit Plans and Plan Participants and Beneficiaries - COVID-19.

U.S. Department of Labor- Employee Benefits Security Administration:

<https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/disaster-relief/ebsa-disaster-relief-notice-2021-01>