

## Delegated Provider Portal Postings

Posted Sept. 2021: Effective 1.19.21 – 1.1.22

### CMS Transmittals:

**LRR-2021-GOV-5494315**- The Centers for Medicare & Medicaid Services (CMS) issued Original Medicare instruction related to updates to the payment rates used under the Prospective Payment System (PPS) for FY 2022 Skilled Nursing Facilities (SNFs).

**Transmittal R10884CP:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10884cp>

**EFFECTIVE DATE: Oct. 1, 2021**

**LRR-2021-GOV-5494576**- 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 October 1, 2021.

**Transmittal R10897CP:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10897cp>

**EFFECTIVE DATE: Oct. 1, 2021**

**LRR-2021-GOV-5502851**- The Centers for Medicare & Medicaid Services (CMS) have issued Original Medicare instruction regarding the creation of system changes necessary to implement the ESRD PPS add-on payment Capital Related Assets Adjustment (CRA) for the Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies (TPNIES), value code QH– Total TPNIES CRA Amount is to be used to capture the add-on payment. The transmittal also notes, value code QH– Total TPNIES CRA Amount is to be used to capture the add-on payment.

**Transmittal R10933OTN:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10933otn>

**EFFECTIVE DATE: Jan. 1, 2022**

**LRR-2021-GOV-5502849**- The Centers for Medicare & Medicaid Services (CMS) have issued Original Medicare instruction regarding implementation of the GV modifier for both Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) to report

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on claims when billing for hospice attending physician services furnished by certain RHCs or FQHC practitioners when a patient has elected hospice.

**Transmittal R10907CP:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10907cp>

**EFFECTIVE DATE: Jan. 1, 2022**

**LRR-2021-GOV-5502848-** The Centers for Medicare & Medicaid Services (CMS) has issued Original Medicare instruction regarding an update to Chapter 18 - Preventive and Screening Services. HCPCS code G0297 is being replaced with 71271. These codes are listed under Lung Cancer Screening.

**Transmittal R10906CP:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10906cp>

**EFFECTIVE DATE: Jan. 1, 2022- For claims with dates of service on and after Jan. 1, 2021**

**LRR-2021-GOV-5539072-** The Centers for Medicare & Medicaid Services (CMS) has provided a maintenance update to the International Code of Diseases, Tenth Revision (ICD-10) conversions and other coding updates specific to National Coverage Determinations (NCDs).

**Transmittal R10963OTN:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10963otn>

**EFFECTIVE DATE: Jan. 1, 2022**

**LRR-2021-GOV-5578228-** 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 January 2022 quarter.

**Transmittal R10972CP:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10972cp>

**EFFECTIVE DATE: Jan. 1, 2022**

**LRR-2021-GOV-5583710-** The Centers for Medicare & Medicaid Services (CMS) issued Original Medicare instruction for the quarterly update to the clinical laboratory fee schedule.

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**Transmittal R10988CP:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10988cp>

**EFFECTIVE DATE: Oct. 1, 2021**

**LRR-2021-GOV-5578863-** The Centers for Medicare & Medicaid Services (CMS) posted Original Medicare payment allowances for the 2021-2022 influenza virus vaccines which are effective August 1, 2021.

**Transmittal R10983CP:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10983cp>

**EFFECTIVE DATE: Aug. 1, 2021**

**LRR-2021-GOV-5580279-** The Centers for Medicare & Medicaid Services (CMS) has issued the attached communication informing their Medicare Administrative Contractors (MACs) that they have expanded coverage of mitral valve Transcatheter Edge-to-Edge Repair (TEER) procedures.

**Transmittal R10985CP:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10985cp>

**Transmittal R10985NCD:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10985ncd>

**EFFECTIVE DATE: Jan. 19, 2021**

**LRR-2021-GOV-5578866-** The Centers for Medicare & Medicaid Services (CMS) issued Original Medicare instruction regarding the October 2021 update to the Medicare Physician Fee Schedule Database (MPFSDB).

**Transmittal R10969CP:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10969cp>

**EFFECTIVE DATE: Oct. 1, 2021**

**LRR-2021-GOV-5578792-** The Centers for Medicare & Medicaid Services (CMS) issued Original Medicare instruction announcing the clotting factor furnishing fee update for 2022

**Transmittal R10973CP:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10973cp>

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**EFFECTIVE DATE: Jan. 1, 2022**

**LRR-2021-GOV-5297460**- The Centers for Medicare & Medicaid Services (CMS) have issued Original Medicare instruction regarding the July 2021 quarterly Average Sales Price (ASP) Medicare Part B drug pricing files and revisions to prior quarterly pricing files.

**Transmittal R10836CP:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10836cp>

**EFFECTIVE DATE: July 1, 2021**

**LRR-2021-GOV-5578867**- The Centers for Medicare & Medicaid Services (CMS) issued notification to inform their contractors that that effective April 13, 2021, CMS will cover autologous Platelet-Rich Plasma (PRP) for the treatment of chronic non-healing diabetic wounds under specific conditions

**Transmittal R10985NCD:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10985ncd>

**Transmittal R10985CP:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10985cp>

**EFFECTIVE DATE: April 13, 2021**

**LRR-2021-GOV-5594464**- The Centers for Medicare & Medicaid Services (CMS) have issued Original Medicare instruction regarding the October quarterly update for 2021 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule.

**Transmittal R11005CP:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r11005cp>

**EFFECTIVE DATE: Oct. 1, 2021**

**LRR-2021-GOV-5593856**- The Centers for Medicare & Medicaid Services (CMS) issued Original Medicare instruction regarding the October 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.

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**Transmittal R10997CP:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10997cp>

**EFFECTIVE DATE: Oct. 1, 2021**

**LRR-2021-GOV-5594463-** The Centers for Medicare & Medicaid Services (CMS) have issued original Medicare instruction regarding the October 2021 update of the Ambulatory Surgical Center (ASC) Payment System.

**Transmittal R11004CP:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r11004cp>

**EFFECTIVE DATE: Oct. 1, 2021**

**LRR-2021-GOV-5593855-** The Centers for Medicare & Medicaid Services (CMS) issued Original Medicare instruction regarding the October 2021 Integrated Outpatient Code Editor (I/OCE) Specifications.

**Transmittal R10996CP:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10996cp>

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

**EFFECTIVE DATE: Oct. 1, 2021**

**LRR-2021-GOV-5599528-** The Centers for Medicare and Medicaid Services (CMS) is providing Original Medicare instruction regarding the diagnosis codes eligible for the End-Stage Renal Disease Prospective Payment System (ESRD PPS) co-morbidity payment adjustment effective October 1, 2021. There are new ICD-10-CM diagnosis codes eligible under the hereditary hemolytic and sickle cell anemia co-morbidity category.

**Transmittal R10920CP:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r10920cp>

**EFFECTIVE DATE: Oct. 1, 2021**

### **CMS Federal Registers:**

**LRR-2021-GOV-5477404-** The Centers for Medicare & Medicaid Services (CMS) issued final rule CMS-1748-F, CMS-1687-IFC and CMS-1738-F outlining fiscal year (FY) 2022. This rule updates the prospective payment rates for inpatient rehabilitation facilities (IRFs) for Federal fiscal year (FY)

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2021. The rule also includes information for the IRF Quality Reporting Program (QRP) and information on finalization of a Medicare Durable Medical Equipment Prosthetics, Orthotics and Supplies (DMEPOS) payment provision.

**CMS Federal Register:** <https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16310.pdf>

**[LRR-2021-GOV-5474354](#)**– The Centers for Medicare & Medicaid services (CMS) issued final rule CMS-1754-F that provides routine updates to hospice base payments and the aggregate cap amount for FY 2022 in accordance with existing statutory and regulatory requirements.

**CMS Federal Register:** <https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16311.pdf>

**[LRR-2021-GOV-5468858](#)**– The Centers for Medicare & Medicaid Services (CMS) has issued a final rule updating the payment rates used under the prospective payment system (PPS) for skilled nursing facilities (SNFs) for fiscal year (FY) 2022.

**CMS Federal Register:** <https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16309.pdf>

**[LRR-2021-GOV-5468857](#)**– The Centers for Medicare & Medicaid Services (CMS) has issued a final rule that will update Medicare payment policies and rates for the Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) and the IPF Quality Reporting (IPF QR) Program for Fiscal Year (FY) 2022

**CMS Federal Register:** <https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16336.pdf>

**[LRR-2021-GOV-5471262](#)**– The Centers for Medicare & Medicaid Services (CMS) has issued a final rule revising the Medicare hospital inpatient prospective payment systems (IPPS) for operating and capital-related costs of acute care hospitals and to implement recent pieces of legislation.

**CMS Federal Register:** <https://www.federalregister.gov/documents/2021/08/13/2021-16519/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>

### **South Carolina Medicaid:**

**[LRR-2021-MCD-5429979](#)**- The South Carolina Department of Health and Human Services (SCDHHS) recently updated Fee Schedules for various providers and services on their website.

**SC Healthy Connections Medicaid:** <https://www.scdhhs.gov/resource/fee-schedules>

**LRR-2021-MCD-5593747-** The South Carolina Department of Health and Human Services (SCDHHS) recently updated Fee Schedules for various providers and services on their website.

**SC Healthy Connections Medicaid:** <https://www.scdhhs.gov/resource/fee-schedules>

### **Illinois Medicaid:**

**LRR-2021-MCD-5437523-** The Illinois Department of Healthcare and Family Services (HFS), Office of Inspector General (OIG) issued a new notification on July 21, 2021 to advise that they have updated the Provider Sanctions.

**OIG Provider Sanctions:** <https://www.illinois.gov/hfs/oig/Pages/SanctionsList.aspx>

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

**LRR-2021-MCD-5473017-** The Illinois Department of Healthcare and Family Services (HFS) issued a notice to advise that they have recently posted an updated Podiatry Fee Schedule effective July 1, 2021.

### **IL HFS Podiatrist Procedure Code:**

<https://www2.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/Podiatrist.aspx>

**EFFECTIVE DATE: July 1, 2021**

**LRR-2021-MCD-5528098-** The Illinois Department of Healthcare and Family Services has posted a new Provider Notice regarding Confirmation of Coverage for Biomarker Testing. The Act requires the Department to follow the Illinois Insurance Code, which states that biomarker testing must be covered for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's disease or condition when the test is supported by medical and scientific evidence. The Department already covers this testing, no coverage changes are necessary.

<https://ilga.gov/legislation/publicacts/fulltext.asp?name=102-0203&GA=102&SessionId=110&DocTypeId=HB&DocNum=1779&GAID=16&SpecSess=&Session=>

**LRR-2021-COM-5512366-** Illinois SB 1592 prohibits denying or refusing otherwise clinically appropriate covered services for autism or habilitative care for children because of the location where they are provided.

<https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1592&GAID=16&DocTypeID=SB&SessionID=110&GA=102>

**EFFECTIVE DATE: Jan. 1, 2022**

**LRR-2021-COM-5512500**- Illinois HB 1779 mandates coverage for biomarker testing for treatment and disease management purposes when the test is supported by medical and scientific evidence.

<https://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=000503750K6.11>

**EFFECTIVE DATE: Jan. 1, 2022**

**LRR-2021-COM-5549233**- Illinois SB 1854 mandates coverage for pre-diabetes and vitamin D level testing.

<https://www.ilga.gov/legislation/102/SB/10200SB1854.htm>

**EFFECTIVE DATE: Jan. 1, 2022**

**LRR-2021-COM-5549537**- Illinois HB 2653 mandates coverage for colonoscopies.

<https://ilga.gov/legislation/ilcs/documents/005500050K5-1069.3.htm>

**EFFECTIVE DATE: Jan. 1, 2022**

**LRR-2021-COM-5574726**- Illinois HB 2109 mandates coverage for medically necessary comprehensive cancer testing and testing of blood or constitutional tissue for cancer predisposition testing.

<https://www.ilga.gov/legislation/fulltext.asp?DocName=&SessionId=110&GA=102&DocTypeId=HB&DocNum=2109&GAID=16&LegID=&SpecSess=&Session=>

**EFFECTIVE DATE: Jan. 1, 2022**

### **CMS Website:**

**LRR-2021-GOV-5532710**- The Centers for Medicare & Medicaid Services (CMS) has posted Original Medicare payment rates for influenza and pneumococcal vaccines.



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

**LRR-2021-GOV-5583939**- The Centers for Medicare & Medicaid Services (CMS) posted updates to their website, 2021 ASP Drug Pricing Files on September 9, 2021.

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

**LRR-2021-GOV-5583940**- The Centers for Medicare & Medicaid Services (CMS) posted an update to their webpage, 2020 ASP Drug Pricing Files, for October 2020.

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

**LRR-2021-GOV-5527877**- The Centers for Medicare & Medicaid Services (CMS) posted an updated link on their webpage "COVID-19 Vaccine Policies & Guidance" that contains an updated version of the document "Toolkit on COVID-19 Vaccine: Health Insurance Issuers and Medicare Advantage Plans".

<https://www.cms.gov/files/document/covid-19-toolkit-issuers-ma-plans.pdf-0>