

Delegated Provider Portal Postings

Posted Dec. 2021: Effective 7.1.20 – 4.1.22

CMS Transmittals:

LRR-2021-GOV-5609887- The Centers for Medicare & Medicaid Services (CMS) issued Original Medicare instruction regarding the January 2022 quarterly Average Sales Price (ASP) Medicare Part B drug pricing files and revisions to prior quarterly pricing files.

Transmittal R11012CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r11012cp>

EFFECTIVE DATE: Jan. 1, 2022

LRR-2021-GOV-5609789- The Centers for Medicare & Medicaid Services (CMS) issued Original Medicare instruction to provide Medicare Administrative Contractors (MAC) guidance and claims processing systems instructions necessary to implement new changes for HIT services on or after January 1, 2022.

Transmittal R11011CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r11011cp>

EFFECTIVE DATE: Jan. 1, 2022

LRR-2021-GOV-5609788- The Centers for Medicare & Medicaid Services (CMS) issued Original Medicare instruction regarding the January 2022 Quarterly Update and the 2021 Calendar Year-end Release of the of Medicare ZIP Code files.

Transmittal R11024CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r11024cp>

EFFECTIVE DATE: Jan. 1, 2022

LRR-2021-GOV-5609791- The Centers for Medicare & Medicaid Services (CMS) has issued original Medicare instruction regarding the quarterly update to the National Correct Coding Initiative (NCCI) edits effective January 1, 2022.

Transmittal R11016CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r11016cp>

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EFFECTIVE DATE: Jan. 1, 2022

LRR-2021-GOV-5620398- The Centers for Medicare & Medicaid Services (CMS) issued Original Medicare instruction regarding the 2022 ambulance inflation factor for determining the payment limit on ambulance services.

Transmittal R11044CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r11044cp>

EFFECTIVE DATE: Jan. 1, 2022

LRR-2021-GOV-5620097- 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 9.375 percent effective October 19, 2021.

Transmittal R11051FM: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r11051fm>

EFFECTIVE DATE: Oct. 19, 2021

LRR-2021-COM-5621962- 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 9.375 percent effective October 19, 2021.

Transmittal R11051FM: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r11051fm>

EFFECTIVE DATE: Oct. 19, 2021

LRR-2021-GOV-5629349- 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 R11068OTN: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r11068otn>

EFFECTIVE DATE: April 1, 2022

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LRR-2021-GOV-5629445- The Centers for Medicare and Medicaid Services (CMS) issued an update to the Medicare National Coverage Determinations (NCD) Manual regarding Next-Generation Sequencing (NGS). An NCD that expands Original Medicare coverage is also binding on Medicare Advantage organizations.

Transmittal R11055OTN: <https://www.cms.gov/files/document/r11055otn.pdf>

EFFECTIVE DATE: July 1, 2020

LRR-2021-GOV-5637442- The Centers for Medicare & Medicaid Services (CMS) posted Original Medicare instruction that provides instructions to update the Multi-Carrier System (MCS), Common Working File (CWF) and the Fiscal Intermediary Shared System (FISS) to include the new Pneumococcal 20-valent Conjugate vaccine code.

Transmittal R11092CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r11092cp>

EFFECTIVE DATE: Oct. 1, 2021

LRR-2021-GOV-5636608- 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 January 1, 2022.

Transmittal R11082CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r11082cp>

EFFECTIVE DATE: Jan. 1, 2022

LRR-2021-GOV-5643558- The Centers for Medicare & Medicaid Services (CMS) has updated the annual per beneficiary, incurred expenses amounts now called the KX modifier thresholds and related policy for calendar year 2022. These amounts were previously referred to as "Therapy Caps."

Transmittal R11107CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r11107cp>

EFFECTIVE DATE: Jan. 1, 2022

LRR-2021-GOV-5648565- The Centers for Medicare & Medicaid Services (CMS) has issued

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Original Medicare instruction regarding updates to the list of therapy codes for 2022. The additions, changes, and deletions to the therapy code list reflect those made in the Calendar Year (CY) 2022 Healthcare Common Procedure Coding System and Current Procedural Terminology, Fourth Edition (HCPCS/CPT-4).

Transmittal R11118CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r11118cp>

EFFECTIVE DATE: Jan. 1, 2022

LRR-2021-GOV-5651330- 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 April 2022 quarter.

Transmittal R11116CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r11116cp>

EFFECTIVE DATE: Apr. 1, 2022

LRR-2021-GOV-5651331- The Centers for Medicare & Medicaid Services (CMS) has issued Original Medicare instruction regarding the annual update to the various pricing files used by the Medicare Administrative Contractors (MACs) to adjudicate Part B fee schedule paid claims.

Transmittal R11114CP: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Transmittals/r11114cp>

EFFECTIVE DATE: Jan. 1, 2022

CMS Federal Registers:

LRR-2021-GOV-5646411- The Centers for Medicare & Medicaid Services (CMS) issued final rule CMS-1747-F and CMS-5531-F on November 9, 2021. The regulations contained within this rule are effective January 1, 2022.

CMS Federal Register: <https://www.federalregister.gov/documents/2021/11/09/2021-23993/medicare-and-medicaid-programs-cy-2022-home-health-prospective-payment-system-rate-update-home>

LRR-2021-GOV-5646411– The Centers for Medicare & Medicaid Services (CMS) has issued a final rule, CMS-1749-F, that updates and make revisions to the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) for calendar year (CY) 2022. This rule also finalizes updates to the Acute Kidney Injury (AKI) dialysis payment rate for renal dialysis services furnished by ESRD facilities and modifications to the ESRD Treatment Choices (ETC) Model policies.

CMS Federal Register: <https://www.federalregister.gov/documents/2021/11/08/2021-23907/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis>

LRR-2021-GOV-5647396– The Centers for Medicare & Medicaid Services (CMS) has issued an interim final rule with comment period freezing the payment to Opioid Treatment Programs for methadone in CY 2022 at the CY 2021 rate due to substance use and overdose rates exacerbated by the COVID-19 pandemic.

CMS Federal Register: <https://www.federalregister.gov/documents/2021/11/19/2021-23973/medicare-program-opioid-treatment-programs-cy-2022-methadone-payment-exception>

LRR-2021-GOV-5647113– The Centers for Medicare & Medicaid Services (CMS) issued a final rule that includes updates on policy changes for Medicare payments under the Physician Fee Schedule (PFS), and other Medicare Part B issues, on or after January 1, 2022. Also included is an Original Medicare summary of the CY 2022 Medicare Physician Fee Schedule (MPFS) Final Rule.

CMS Federal Register: <https://www.federalregister.gov/documents/2021/11/19/2021-23972/medicare-program-cy-2022-payment-policies-under-the-physician-fee-schedule-and-other-changes-to-part>

Illinois Medicaid:

LRR-2021-MCD-5601142- The Illinois Department of Healthcare and Family Services (HFS), Office of Inspector General (OIG) issued a new notification on September 24, 2021 to advise that they have updated the Provider Sanctions Database.

OIG Provider Sanctions: <https://www2.illinois.gov/hfs/oig/Pages/SanctionsList.aspx>

New Sanctions: <https://www2.illinois.gov/hfs/oig/Pages/NewAdditions.aspx>

LRR-2021-MCD-5610252- The Illinois Department of Health and Family Services (HFS) has released the below list of hospitals that no longer qualify as Safety Net Hospitals effective October 1, 2021.

Healthcare and Family Services No Longer Safety Net Hospitals Or High Volume Adjustment Effective 10/1/2021		
Hospital Old ID	Hospital Name	City
3085	Community First Medical Center	CHICAGO
8019	Harrisburg Medical Center	HARRISBURG
18005	Mercyhealth Hosp-Rockton Ave	ROCKFORD
15010	OSF Saint Elizabeth Med Center	OTTAWA
15001	Pipeline West Suburban Med Ctr	OAK PARK

LRR-2021-MCD-5610294- The Illinois Department of Healthcare and Family Services (HFS) has released revised Medicaid High Volume (MHVA) and Medicaid Percentage (MPA) Adjustment programs rates effective 10/1/2021- 9/30/2022.



HFS_Revised_MPA_and_MHVA_Hospital_R

LRR-2021-MCD-5629446- The Illinois Department of Healthcare and Family Services (HFS) has posted an updated Community Based Behavioral Services fee schedule on their website.

HFS Community Mental Health Providers (CMHP):

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

EFFECTIVE DATE: Oct. 1, 2021

LRR-2021-MCD-5635045- The Illinois Department of Healthcare and Family Services (HFS), Office of Inspector General (OIG) issued a new notification on October 28, 2021 to advise that they have updated the Provider Sanctions Database.

OIG Provider Sanctions: <https://www2.illinois.gov/hfs/oig/Pages/SanctionsList.aspx>

New Sanctions: <https://www2.illinois.gov/hfs/oig/Pages/NewAdditions.aspx>

LRR-2021-MCD-5633882- The Illinois Department of Healthcare and Family Services (HFS) has posted a new provider notice regarding annual updated Medicaid Hospice rates for Fiscal Year 2022.

HFS Hospice CBSA Codes and Wage Indices:

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

South Carolina Medicaid:

LRR-2021-MCD-5610219, LRR-2021-MCD-5622113, LRR-2021-MCD-5651272, and LRR-2021-MCD-5638920 - The South Carolina Department of Health and Human Services (SCDHHS) recently updated Fee Schedules for various providers and services on their website.

South Carolina Medicaid: <https://www.scdhhs.gov/resource/fee-schedules>

LRR-2021-MCD-5612143-

The South Carolina Department of Health and Human Services (SCDHHS) issued a bulletin entitled "Public Notice of Final Action for FFY 2022 DSH Payment Changes, Oct. 1, 2021, Inpatient/Outpatient Hospital Rate Changes, Oct. 1, 2021, PRTF Rate Changes and Oct. 1, 2021, SCDMH Hospital Rate Changes" on September 30, 2021. As a result of this bulletin, plans questioned how it might affect outpatient hospital rates. As such, SCDHHS determined it may affect some rates and advised they would provide updated rates shortly. This communication provides those updated rates.

South Carolina Medicaid:

<https://www.scdhhs.gov/sites/default/files/Public%20Notice%20of%20Proposed%20Action%20for%20FFY%202022%20Hospital%20Changes%20Effective%20October%201%2C%202021.pdf>

LRR-2021-MCD-5605939- The South Carolina Department of Health and Human Services (SCDHHS) is giving notice that they are revising the durable Medical equipment (DME) definition under the State Plan under Title XIX of the Social Security Act Medical Assistance Program (Medicaid).

South Carolina Medicaid: <https://www.scdhhs.gov/public-notice/public-notice-final-action-revision-definition-dme>

LRR-2021-MCD-5610218- The South Carolina Department of Health and Human Services (SCDHHS) recently advised in a provider bulletin that they would amend the definition of durable medical equipment (DME) found in the DME Provider Manual. This revision replaces the "suitable for use in home" language in the definition with "suitable for use in any setting in which normal life activities take place." This provider manual has now been updated with an effective date of October 1, 2021.

In addition, reference the following links specifically mentioned in the provider manual:

- Fee Schedules: <https://www.scdhhs.gov/resource/fee-schedules>
- Provider Administrative and Billing Manual:

<https://www.scdhhs.gov/internet/pdf/manuals/Provider%20Administrative%20and%20Billing%20Guide.pdf>

- Forms: <https://www.scdhhs.gov/internet/pdf/manuals/dme/Forms.pdf>
- Section 4- Procedure Codes:
<https://www.scdhhs.gov/internet/pdf/manuals/dme/Section%204.pdf>
- Home Health Services Provider Manual: <https://www.scdhhs.gov/provider-manual-list>
- KEPRO: <https://scdhhs.kepro.com/>

Reference additional links from the Durable Medical Equipment Services Provider Manual webpage at <https://www.scdhhs.gov/provider-type/durable-medical-equipment-services-manual-070119-editionposted-070119>. These links contain information regarding the following:

- Copayment Schedule
- Appendix 1: Edit Codes, CARCs/RARCs, and Resolutions
- Appendix 2: Carrier Codes
- Third Party Liability Supplement
- Managed Care Supplement
- Change Control Record