

PROVIDER Update



REGULATORY | MARCH 21, 2022 | UPDATE 22-260m | 2 PAGES

Medicare Billing Changes for 2022

Find out about vaccine reimbursements, place of service codes for telehealth, notice of admission change, and skilled nursing facility interim billing

The Centers for Medicare & Medicaid Services (CMS) released several billing changes and updates that were effective on January 1, 2022.

Below are highlights of the changes.

COVID-19 vaccination claims

Starting with January 1, 2022 dates of service, CMS will no longer directly reimburse providers for Medicare Advantage member COVID-19 vaccines including their administration. Vaccine related claims for Medicare Advantage members should be billed like other Medicare covered vaccines, which would typically be the delegated provider group. Providers should submit claims to the correct entity based on the dates of service:

- Prior to January 1, 2022 – Medicare fee-for-service.
- On or after January 1, 2022 – Delegated at-risk provider groups.

Place of service codes for telehealth services

CMS revised the description for place service (POS) code 02 and added a new POS code 10 for telehealth services. This applies to receiving health services, or health related services, through telecommunication technology.

- POS 02: Telehealth provided other than in patient's home.
 - Patient is not located in their home when receiving telehealth services.
- POS 10: Telehealth provided in patient's home.

THIS UPDATE APPLIES TO MEDICARE PROVIDERS:

- Physicians
- Independent Practice Associations
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

866-999-3945

PROVIDER PORTAL

provider.wellcare.com/california

Go to the online COVID-19 alerts page for info about COVID-19 vaccines!

At www.wellcare.com/California/Providers > *Provider Bulletins* > *COVID-19 Provider Alerts*, you will find information about COVID-19 vaccines. This includes COVID-19 vaccine coverage details, how to enroll to administer the COVID-19 vaccine, and COVID-19 vaccine reporting and coding requirements. Also, access key tips you can use to help talk with and answer questions from your patients about the COVID-19 vaccine, especially those who are hesitant to receive it.

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- Patient is located in their home when receiving telehealth services. This would be a location other than a hospital or other facility where the patient receives care in a private residence.
 - The availability to use POS 10 will **begin on April 4, 2022**. Claims submitted before this date with POS 10 will not be reimbursed. Providers will need to resubmit the claims on or after April 4. However, during the Public Health Emergency, providers need to follow CMS telehealth billing guidelines to receive reimbursement parity. Otherwise, POS 10 will reimburse the facility rate the same as POS 02. Information on this can be found on Wellcare's online COVID-19 Resource Center.

For more information, visit CMS' MLN Matters release for New/Modifications to the Place of Service (POS) Codes for Telehealth at www.cms.gov/files/document/mm12427-newmodifications-place-service-pos-codes-telehealth.pdf.

Home health Notice of Admission change

CMS will require home health providers to submit one Notice of Admission (NOA) with type of bill (TOB) 32A form as an initial bill for home health services. This NOA will cover contiguous 30-day periods of care, beginning with admission and ending with patient discharge.

- Per CMS regulation, providers must submit a NOA with TOB 32A within the first five calendar days of a period of care. A penalty is applied using CMS methodology if the NOA is not submitted within five days.
- The NOA is not separately reimbursable. It is required to process and calculate the reimbursement payment for the final claim submission with TOB 329.
- Following the submission of the NOA, providers must submit claims with TOB 329 for the periods of care.

For more information, please see CMS' MLN Matters release for Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission (NOA) at www.cms.gov/files/document/mm12256.pdf.

Skilled nursing facility interim billing update

- Wellcare will accept and adjudicate interim bills from skilled nursing facilities (SNFs).
- No final bill is required.

Additional information

If you have questions regarding the information contained in this update, contact 866-999-3945.