



MEDICARE BILLING UPDATES EFFECTIVE JANUARY 1, 2022

The Centers for Medicare and Medicaid (CMS) have released several billing changes and updates for various Medicare services that take effect on January 1, 2022. As a valued Wellcare By Allwell provider partner, we want to make you aware of how these changes will impact your billing activities with us in 2022.

COVID-19 Vaccination Claims

- Effective January 1, 2022, providers may submit Medicare claims for COVID-19 vaccines and their administration directly to Wellcare for payment.
- Previously, COVID-19 vaccination claims were submitted directly to Medicare Fee-for-Service. For dates of service 1/1/22 and after, Wellcare will now process and adjudicate all COVID-19 vaccination claims for its Medicare members.
- We will employ the reimbursement rates as they are established by CMS and our state regulators in accordance with provider contract terms for COVID-19 vaccine payments.

New/Modifications to the Place of Service (POS) Codes for Telehealth Services

- Effective for dates of service January 1, 2022 and after, CMS is revising the description of POS code 02 and adding POS code 10 for telehealth services to meet the overall industry needs.
 - **POS 02:** Telehealth Provided Other than in Patient's Home
 - Patient is not located in their home when receiving health services or health related services through telecommunication technology.
 - **POS 10:** Telehealth Provided in Patient's Home
 - Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.
- Claims adjudication for POS 10 will begin 4/4/2022.
- Claims submitted before 4/4/2022 for POS 10 will be not reimbursed, and providers will be asked to resubmit those claims on or after 4/4/2022.
- For more information, please see [CMS' MLN Matters release](#).

Home Health Notice of Admission (NOA) Change

- Effective January 1, 2022, CMS will require home health providers to submit one NOA via a 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.



- Providers must then submit a TOB 0329 for the periods of care following the submission of the NOA. The NOA is not separately reimbursable but is required to process and calculate the reimbursement payment via the final bill submission of TOB 0329.
- Per CMS regulation, providers must submit a NOA within the first five (5) calendar days of a period of care using TOB 32A.
- If this is not submitted within 5 days, penalty will be applied following CMS methodology.
- For more information, please see [CMS' MLN Matters release](#).

Skilled Nursing Facility (SNF) Interim Billing Update

- Effective January 1, 2022, Wellcare will accept and adjudicate interim bills from SNFs for our Medicare members.
- No final bill is required.

Thank you for continuing to provide our Medicare members with high quality and compassionate care. If you have questions about any of these billing changes, please contact Provider Services.