

BWC's Provider Billing and Reimbursement Manual

January 2021 Revision Highlights Page

The purpose of the "Highlights Page" is to identify page revisions from the Provider Billing and Reimbursement Manual and provide brief description on those revisions.

HIGHLIGHTS		
Name	Impacted Page Number(s) from March 2020 Revision	Brief Description of Revision(s)
Cover Page		Revised Release Date to January 4, 2021. <i>Mini-release of BRM-29 through BRM-31 2/1/21</i>
Main Table of Contents		Updates to add BRM-28, BRM-29, BRM-30 and BRM-31 to New/Revised/Updated Chapter.
New-Revised-Updated Policies (<i>NEW Section</i>)	BRM-28 Always and Sometimes Therapy Modifier Billing Requirements	New policy.
	BRM-29 Payment for Functional Capacity Evaluation Services	New policy. 2/1/21
	BRM-30 Payment for Hospice Services	New policy. 2/1/21
	BRM-31 Payment for Adult Day Care Services	New policy. 2/1/21
	BRM-01 Skilled Nursing Facility	Policy updates to sections A-C to reflect billing expectations and policy changes with new local level billing codes.
	BRM-02 HBAI	Policy updates to sections D and G for eligible providers.
	BRM-07 Reimbursement for assessment and treatment of dependency on targeted medications used to treat the allowed condition.	Several policy changes to sections A-E and changes to the title of the policy to correspond with rule updates.
	BRM-12 Home Health Agency Services	Removed hospice section IV.B.4. which was moved to new policy BRM-30

POLICY HISTORY KEY: In technical format each policy has a historical designation.

The following key denotes the status.

- 1) **NEW** – a new policy.
- 2) **REVISED** – an existing policy with content changes.
- 3) **REFORMATTED** – an existing policy that has no revisions, but is being placed into the technical format without content changes.
- 4) **REPUBLISHED** – an existing policy that is being reviewed as part of the 5-year review process, but is being republished after review with no changes.