April 1, 2020

THANK YOU to Professional Medical Administrators (Pro-Med) President, Sylvia Toscano for sharing this information and to Noel Neil, Pro-Med audit manager. They received CGS permission to share the information so with her permission, we are sharing with you. We copied and pasted the questions and response for a simpler read. I am sure it will spark more questions, but we can use those questions to seek further guidance.

In addition to the responses below, CGS have not received instructions from CMS for claims processing. All of this is effective as of 3/1/2020, however CGS encourages suppliers to hold their claims until they have finalized instructions from CMS regarding our claims processing systems.

ProMed Question: CMS explicitly states home oxygen should be covered with patients who have been diagnosed with COVID-19. I understand the MACs are working with CMS to revised the NCD/LCD accordingly but I have two patients today who are waiting to be discharged. Would CGS Home Oxygen for COVID-19?

CGS Response: Without our final rule directives, I cannot cite you chapter and verse. However, if it is directly related to a COVID-19 respiratory condition, then with proper documentation you should be fine. Stay tuned.

ProMed Question: "CMS is temporarily eliminating paperwork requirements and allowing clinicians to spend more time with patients. Medicare will now cover respiratory-related devices and equipment for any medical reason determined by clinicians so that patients can get the care they need; previously Medicare only covered them under certain circumstances." Does this mean the LCD requirements are now out the door for oxygen and RAD and it is now the determination of the clinicians?

CGS Response: During the PHE for the COVID-19 pandemic, it is possible that patients receiving services for respiratory related indications will be required to receive care in unexpected settings, including the home. This may be necessary as COVID-19 and other patients are shifted across healthcare settings to accommodate an increase in patient volume. Therefore, we are finalizing on an interim basis that we will not enforce the clinical indications for coverage across respiratory, home anticoagulation management and infusion pump NCDs and LCDs (including articles) allowing for maximum flexibility for practitioners to care for their patients. This enforcement discretion will only apply during the PHE for the COVID-19 pandemic. At the conclusion of the PHE for the COVID-19 pandemic, we will return to enforcement of these clinical indications for coverage.

ProMed Question: Another question to add to the list. I don't expect an answer but a topic I wish to be considered in the decision making. For patient who cannot see their physicians because their physician is closed and their physician does not have the Telehealth capabilities, but they are due for oxygen RECERT, will the 90 days visit requirement be waived?

CGS Response: For the duration of this PHE for the COVID-19 pandemic, it is in the best interest of patients, health care professionals and suppliers to limit face-to-face encounters and avoid exposure of vulnerable Medicare beneficiaries to COVID-19. Therefore, on an interim basis, we are finalizing that to the extent an NCD or LCD (including articles) would otherwise require a face-to-face or in-person encounter for evaluations, assessments, certifications or other implied face-to-face services, those requirements would not apply during the PHE for the COVID-19 pandemic.

ProMed Question: If they do have Telehealth capability, will that telehealth visit meet the requirement? What is the physician doesn't have visual but they have audio so they call the patient, would that meet the requirement for oxygen?

CGS Response: Yes, it is acceptable for providers to evaluate beneficiary via audio phones only

ProMed Question: You're welcome! Just to clarify, I saw a proposal in the CMS IFR for waiver of prior authorization and waiver of face to face for certain products categories mentioned below. I know you cannot comment on what might down the pipe but can you confirm as of this minute (since things change so quickly) CGS hasn't announced any waivers for F2F and they are still requiring prior authorization for all PMD and the group 2 support surface in the states mandated?

1) CMS will not enforce clinical indications for coverage across respiratory, home anticoagulation management and infusion pump National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) (including articles). Enforcement of these clinical indications for coverage will resume once the COVID-19 emergency has ended.

- NCD 240.2 Home Oxygen. NCD 240.4 Continuous Positive Airway Pressure for Obstructive Sleep Apnea.
- LCD L33800 Respiratory Assist Devices (ventilators for home use).

* NCD 240.2 Home Oxygen. NCD 240.4 Continuous Positive Airway Pressure for OSA.

* LCD L33800 Respiratory Assist Devices (ventilators for home use).

* NCD 240.5 Intrapulmonary Percussive Ventilator.

* LCD L33797 Oxygen and Oxygen Equipment (for home use).

* NCD 190.11 Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management.

* NCD 280.14 Infusion Pumps.

* LCD L33794 External Infusion Pumps.

2) Face-to-face exams are not required for items that otherwise require them due to NCD or LCD. This does not apply to Power Mobility Devices (PMD), but PMD is already allowed to use telehealth to meet face-to-face requirements.

CGS Response: **My previous response above addresses the waivers of the F2F requirements. This waiver does not waive the face-to-face encounter for PMDs; however, it does allow these to be accomplished via Medicare's "relaxed" telehealth requirements.**

Per CGS the responses were pulled from information that has already been published by CMS and CGS. For telehealth clarification, this was specifically addressed in the CMS fact sheet https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient and we set to move forward with that. The waivers for F2F and PMD prior auth are addressed in the CMS IFR beginning at page 127-129 and the responses to these questions are excerpts from the IFR.