Home Delivery:

Assess the type of delivery, consider using a shipping service versus direct delivery.

Using a shipping service: Follow proof of delivery requirement (Method 2) outlined in supplier manual which is using shipping service confirmation of delivery along with shipping invoice so that tracking numbers correlate. If it's a refill for request which is for resupply, follow the request for refill requirements.

If it's a new item for the patient, education can be provided virtually using videos from manufacturers, link to video on website, smart phone face/video time, and phone conversation with supplier. Document the education in the patient's file.

Ostomy
Urological supplies
Incontinence
Wound dressings
CPAP machine and CPAP supplies
Walker
Commode
Diabetic supplies
Mastectomy supplies

Direct Delivery to the home: Start with a phone conversation with patient and caregiver explaining the process that will include setting up equipment, education, and signing paperwork. Reassure them of universal precautions in place.

Respiratory equipment – allow the patient or caregiver to apply mask/cannula/tubing

Wheelchairs -limit as much contact with patient as possible

If there are concerns of signing electronic pads, use paper proof of delivery. Hand paper POD to patient for signature (using their own pen) or slip under their door.

Update March 20, 2020 CGS & Noridian:

"CMS is currently reviewing signature guidelines that have been affected by the COVID-19 pandemic. At this time suppliers should do their best to obtain proof of delivery and should notate the file with beneficiary refused to sign, FedEx refused to obtain signature and/or if possible get a picture of the delivery. Suppliers should continue providing the necessary supplies and document the medical record to the best of their ability"

Telehealth Visits for DME suppliers:

EXPANSION OF TELEHEALTH WITH 1135 WAIVER: Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their

patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

Prior to this waiver Medicare could only pay for telehealth on a limited basis: when the person receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service.

Response from medical directors**:**

We have not yet received any implementing instructions from CMS. Moreover, we are not allowed to provide any COVID messaging without going through the central channel at CMS or having it cleared by CMS first. So, would suggest that you continue to check the CMS site frequently – and if/when we are allowed to educate – will do so ASAP.

VGM Direction:

Under the expanded coverage due to the COVID-19 emergency declaration, the telehealth visit (telephone or video) is acceptable for the F2F encounter for all DMEPOS. This replaces the requirement for the in-person visit as long as the expansion remains in effect. Please note, while telehealth replaces the in-person visit, the coverage criteria still must be documented per the medical policy (LCD).

This applies to new referrals, repairs, and continued medical need.

Replacement equipment MLN Article SE 20011

Durable Medical Equipment Where Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) is lost, destroyed, irreparably damaged, or otherwise rendered unusable, contractors have the flexibility to waive replacements requirements such that the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required. Suppliers must still include a narrative description on the claim explaining the reason why the equipment must be replaced and are reminded to maintain documentation indicating that the DMEPOS was lost, destroyed, irreparably damaged or otherwise rendered unusable or unavailable as a result of the emergency.

What this means:
The Medicare Enrolled Supplier **does NOT** need to gather new documentation to prove the medical need such as the order, office visit, etc., for existing patient.
The enrolled supplier is allowed to dispense a **new** (replacement) DME item such as oxygen equipment, CPAP machine, hospital bed, wheelchair, prosthetic limb, etc. **without** having to get a new order and new office visit

<u>Claim Submission Information:</u>

- Need to include a narrative description on the claim that does indicate what happened – natural disaster COVID-19
- Use modifier RA for replacement equipment
- Use CR modifier for catastrophe/disaster related
- And any other necessary modifiers for capped rental claims, IRP claims, oxygen claims, etc.
- New capped rental will begin. New rental period for oxygen will begin.

Update March 19, 2020 from CGS & Noridian:

Billing of Part B Drugs to DME MACs During COVID-19 Pandemic – Dispensing Amounts

Joint DME MAC Article

Under current Medicare rules, for immunosuppressive drugs used after an organ transplant, oral anticancer drugs and intravenous immune globulin (IVIG), utilization requirements generally limit dispensing of drug amounts to a 30-day supply. With the recent COVID-19 pandemic, the Centers for Medicare & Medicaid Services (CMS), under their National Emergency authority, is allowing Medicare beneficiaries to obtain amounts of Part B drugs in excess of the current monthly (30 day) limitation. This change is effective for claims with dates of service on or after March 1, 2020.

In the event that a treating practitioner prescribes more than a monthly (30 day) amount, the CR modifier (CATASTROPHE/DISASTER RELATED) must be added to the HCPCS code billed. In addition, suppliers are instructed to enter "COVID-19" in the NTE 2400 (line note) or NTE 2300 (claim note) segments of the American National Standard Institute (ANSI X12) format or field 498-PP of the National Council for Prescription Drug Program (NCPDP) format. These abbreviations may also be used in Item 19 of the CMS-1500 claim form.

In the event of an audit, review contractors will identify these claims by the "COVID-19" entry and assess if the amount was reasonable and necessary, based on the nature of the particular drug, the patient's diagnosis, the extent and likely duration of disruptions to the drug supply chain during the COVID-19 national emergency, and other relevant factors.

Refer to the applicable Local Coverage Determinations and related Policy Articles for additional coverage, coding and documentation requirements.

https://www.cgsmedicare.com/jb/pubs/news/2020/03/cope16419.html

https://med.noridianmedicare.com/web/jddme/article-detail/-/view/2230715/billing-of-part-b-drugs-to-dme-macs-during-covid-19-pandemic-dispensing-amoun-1

Hours of Operation - DMEPOS

A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848 (j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics. (Standard 30)

Response from NSC:

- We are awaiting official guidance from CMS. Until then, if a supplier determines that they must reduce their hours or close the physical office, they should post a sign and indicate a phone number where someone can be contacted if beneficiaries need assistance.

Waive the following screening requirements:

- Application Fee - 42 C.F.R 424.514
- Criminal background checks associated with FCBC - 42 C.F.R 424.518
- Site visits - 42 C.F.R 424.517
    - Postpone all revalidation actions
- Allow licensed providers to render services outside of their state of enrollment
- Expedite any pending or new applications from providers

Accreditation Information:

Will the Durable Medical Equipment Prosthetics, Orthotics and Supplies (DMEPOS) accreditation and reaccreditation requirements be waived?

CMS is currently postponing the DME accreditation and reaccreditation timetables and deadlines under the 1135 waiver authority. The DME supplier should still comply with accreditation requirements; however, formal accreditation from an accrediting organization will be postponed. CMS will monitor all billing activity during the emergency and continue to reassess this requirement. Aberrant billing practices may be subject to further action.