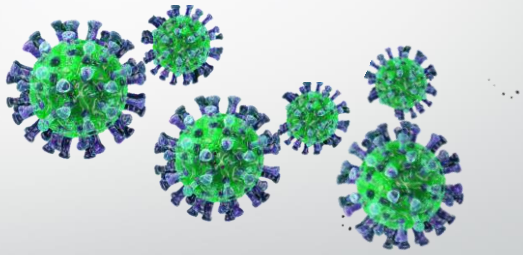
Billing and Documentation Requirements During the COVID-19 Emergency



COVID-19

Accurate as of April 9, 2020

All information below is relevant and valid during the Covid-19 Emergency for Medicare. Other payer such as State Medicaids, Medicare Advantage Plans and Private Insurances may vary. Please verify their Covid-19 Policies prior to providing HME.

Let's be good stewards, this is our time to shine as an industry. Please do not abuse the situation, we do not want any more stringent guidelines as well as audits.

NEW ICD-10 code

U07.1 = confirmed COVID-19 virus (identified)
U07.2 = suspected COVID-19 virus (not identified)

Is Telehealth acceptable in place of In Person Visit (face to face)?

- **YES** - Telehealth has been approved in place of the **in person visit with an approved telehealth provider** during the PHE (must be audio and video)
- **Approved Telehealth Providers - Physicians, Nurse Practitioners, Clinical Nurse Specialists, Physician Assistant**
- Elimination of the 3-year established patient relationship requirement from the telehealth provisions in earlier COVID-19 relief legislation
- Please note regardless if telehealth is used in place of an in person visit ALL coverage criteria are still applicable and medical necessity must be documented in the medical record to justify the items provided **(exception certain respiratory policies)**
- IFR – allows additional practitioners to order home medical equipment and supplies under Medicaid Home Health Benefit as of March 1, 2020
  - Must be within their scope of practice

Is Telehealth Acceptable in Place of the Specialty Evaluation (LMCP) and ATP Assessment?

- ❑ As of April 9 telehealth has NOT been approved for PTs and OTs conducting the required specialty evaluation for complex rehab mobility products as they are not listed as an approved provider of telehealth
- ❑ There has been no guidance specifically on telehealth for the **ATP** assessment, however, if this is the only means to safely conduct the assessment please note the reason and ensure **all required content is documented (trunk and limb measurements**, etc.)

Telehealth Acceptable Format and HIPAA Compliance

Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.

Covered health care providers that seek additional privacy protections for telehealth while using video communication products should provide such services through technology vendors that are HIPAA compliant and will enter into HIPAA business associate agreements (BAAs) in connection with the provision of their video communication products. The list below includes some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA BAA.

- Skype for Business
- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet

Note: OCR has not reviewed the BAAs offered by these vendors, and this list does not constitute an endorsement, certification, or recommendation of specific technology, software, applications, or products. There may be other technology vendors that offer HIPAA-compliant video communication products that will enter into a HIPAA BAA with a covered entity. Further, OCR does not endorse any of the applications that allow for video chats listed above.

Implications of NCDs/LCDs during the Public Health Emergency (PHE)

Level I

- ❑ In person visit/face to face **IS required as it's a statutory requirement**
- ❑ In person visit may be conducted via telehealth (audio **and** video)
- ❑ Clinical indications/coverage criteria must be met

Product Categories

- ❑ Power Mobility Devices (PMDs)
- ❑ Therapeutic Shoes for Diabetes

Implications of NCDs/LCDs during the Public Health Emergency (PHE)

Level II

- ❑ In person visit/face to face IS **NOT required**
- ❑ In person visit may be conducted via telehealth (audio and video)
- ❑ **Clinical indications/coverage criteria must be met**

Product Categories

- ❑ Manual Chairs
- ❑ Hospital Beds
- ❑ Nebs
- ❑ HFCWO
- ❑ NPWT
- ❑ Support Surfaces
- ❑ Prosthetic, Orthotics
- ❑ Supplies and **All Other Policies** not listed in level I and III

Implications of NCDs/LCDs during the Public Health Emergency (PHE)

LEVEL III

- ❑ In person visit/face to face **IS NOT required**
- ❑ In person visit may be conducted via telehealth (audio **and** video)
- ❑ Clinical indications/coverage criteria **suspended temporarily during the PHE**

Product Categories

- ❑ 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 240.5 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
- ❑ NIV

Which Products are included in the Prior Authorization (PA) Suspension (effective 3/1/20)?

- ❑ Manual Wheelchairs – PA was never required for manual chairs but ADMC is optional for K0005 and E1161 and that remains an option
- ❑ Scooters – PA was eliminated as an option for scooter in Aug 2018 therefore they are not impacted by this suspension
- ❑ **Power Wheelchairs**
- ❑ **Group 2 Support Surfaces**
- ❑ **PA process is optional during the PHE for Power Wheelchair and Group 2SS**
- ❑ Lower Limb Prostheses **Delayed** (was scheduled to begin May 4, 2020)

Which Products are included in the Prior Authorization (PA) Suspension (effective 3/1/20)?

- Claims associated with a non-affirmation decision or claims submitted without requesting prior authorization that would normally cause a payment denial **will be processed for payment** for the duration of the COVID-19 PHE **with the CR modifier on the base code and "COVID-19" in the NTE 2400 (line note) or NTE 2300 (claim note)**
- Claims bypassing PA may be selected for post-payment review after the PHE has ended
- VGM recommends getting a PA if possible to avoid the claim being selected for audit after PHE

Based on the CMS Waiver can DME be REPLACED without new documentation? How does this impacted Repairs?

- This WAVIER did NOT change the **replacement** policy. DME CAN only be replaced within 5 years due to loss from a natural disaster, fire, theft or irreparable damage from a one-time incident/accident.
- For a replacement claim (each line) would require the RA & CR modifier with a narrative explaining why it is being replaced. Covid-19 emergency / disaster itself does not cause direct loss or irreparable damage from a one-time accident/incident, therefore, replacement in this situation is not applicable.
- DME items can be **repaired** just as they were able to be prior to the Covid-19 emergency with continued need within 12 month preceding the date of the repair and a technician work order as long as medical necessity has been met for the product being repaired (Medicare paid for it). **Continued need can be established via telehealth during the Covid-19 emergency where clinical indications are required (LEVEL I AND II)**

Has CMS Relaxed Signature Requirements?

- ❑ CMS is **waiving signature** and **proof of delivery requirements** for Part B drugs **and Durable Medical Equipment**
- ❑ When a signature cannot be obtained because of the inability to collect signatures:
  - ➢ Suppliers should document in the medical record the appropriate date of delivery and that a **signature was not able to be obtained because of COVID-19**.
- ❑ Can still ship items to home via shipping service, follow method 2 POD – shipping invoice with tracking #, confirmation of delivery with correlating tracking #
- ❑ Orders: try to get an order signed by treating practitioner (email, fax), if this cannot be done then document the situation COVID-19 – office closed, date time
- ❑ **Also, check your state law requirements**

Can it be Shipped to Patient?

- Before direct delivery to the home, have in-depth conversations with patients/caregivers
- Can this be shipped via shipping service?
  - Ostomy
  - Urological Supplies
  - Incontinence
  - Wound Dressings
  - CPAP Machine/Supplies
  - Enteral Nutrition
  - Walker/Cane
  - Commode
  - Diabetic Supplies
  - Mastectomy Supplies
  - Neb Machine/Supplies
  - Tens Units/Supplies

- What is considered non-emergent, that can be held off for a few weeks, is it non-emergent repairs, titrations?
- Request for Refills ~ follow guidelines for gathering information in patient file

Direct Home Delivery

- Direct delivery to the home, in depth conversations with patients/caregivers before delivery, when scheduling
- Equipment that requires staff in patient home: explain to the patient universal precaution measures in place
  - For direct deliveries, leave the item at the door. However, we need a signature for proof of delivery. May need to print it out on paper, slide under the door, leave outside of the door to sign.
- *Home O2 Delivery* – The patient or caregiver applies the NC/Mask to the patient. YOU do not; YOU provide instruction. This avoids close contact with the patient.
- *Hospital Beds/Support Surface*– Keep distant from patient/family
- *New CPAP Set-Ups* – Can this be shipped and offer education virtually OR have patient come into the store

CPAP Setup – Shipping To Home

- **CAN ship CPAP machine & supplies to the home**
- Set pressures before shipping
- Have your RT record a video with your equipment using a mask, share with patient, or
  - Use the manufacturer video showing the setup and functions of the machine
- Email link to patient
- Once patient receives equipment and watches video, do phone call discussion to review use of machine and mask fit
- If patient doesn't understand via phone, set up telemedicine (live video)
- Document the education ~ you need proof it was done!

ABN, AOB, and other intake documents

Current notice delivery instructions provide flexibilities for delivering notices to beneficiaries in isolation.

- Hard copies of notices may be dropped off by any hospital worker able to safely enter
- Contact phone number provided for beneficiary questions

.When hard copy delivery not possible

- Notices may be delivered via email if beneficiary has email access (use docu-sign)
- Notices should be annotated with circumstances of delivery
  - ❖ Who completed delivery
  - ❖ When and to where was the email sent

May be delivered via telephone or secure email to beneficiary representatives offsite

ABN , AOB, and other intake documents

Notices should be annotated with circumstances of delivery

- Person delivering notice via telephone
- Time of call, or
- Where and when the email was sent

Review the specifics of notice delivery, as set forth in Chapter 30 of the Medicare Claims Processing Manual
https://www.cms.gov/media/137111

Best Practices

- Track patients (setups) during PHE (more than ever!)
  - Flag in billing software, develop excel spreadsheet
- Get as much documentation for medical record and information on the order
- Most will only need equipment temporary
- Equipment will need picked up for acute diagnoses
- Once PHE has ended, may need to requalify or may be grandfathered

How will the Fee Schedule Change during the Covid-19 Emergency?

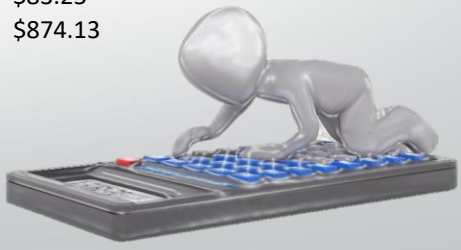
- ❑ The current RURAL RATES will be extended (**50/50 blended rate) for HME** beyond Dec 31, 2020
- ❑ Establishing a **new 75/25 blended rate for all other non-competitively bid areas (non-rural rate)** through the duration of the COVID-19 health emergency which will be effective **retroactively to March 6, 2020.**
- ❑ Calculation – 25% of the 2015 Fee Schedule + 75% of the Jan 2020 Fee Schedule = New Non Rural Allowable from Mar 6 – end of PHE
- ❑ Temporary **elimination of 2 percent Medicare sequester reduction that went into effect in 2013. This relief will be effective for May 1-Dec. 31, 2020.**
- ❑ Recovering these increases from claims submitted prior to the changes being implemented within the Medicare processing system
- ❑ Either through written reopening or an auto mass adjustment but that has yet to be determined

How will the Fee Schedule Change during the Covid-19 Emergency?

			Non-Rural	Rural	
DMEPOS Item	HCPCS	Unadjusted Fee	Rural Fee-Jan	Rural Blended Fee	Sample 25/75 blended rate
Oxygen Concentrator (monthly)	E1390	$ 182.43	$ 72.33	$ 121.46	$99.86
Portable Oxygen Concentrator	E1392	$ 51.63	$ 37.44	$ 41.91	$40.99
Portable Gaseous Oxygen	E0431	$ 30.42	$ 17.29	$ 19.03	$20.57
CPAP (rental)	E0601	$ 103.78	$ 43.95	$ 73.86	$58.91
Hospital Bed (rental)	E0260	$ 136.78	$ 65.40	$ 100.83	$83.25
NPWT (rental)	E2402	$ 1,665.09	$ 703.16	$ 1,184.12	$943.64
Manual Wheelchair (rental)	K0001	$ 57.86	$ 24.50	$ 41.18	$32.84
Power Wheelchair (rental)	K0823	$ 585.51	$ 294.71	$ 440.11	$367.41
Walker (purchase)	E0143	$ 112.47	$ 50.61	$ 81.54	$66.08
Commode Chair (purchase)	E0163	$ 119.27	$ 56.30	$ 87.79	$72.04
TENS (purchase)	E0730	$ 405.26	$ 72.11	$ 238.69	$155.40
Nebulizer (rental)	E0570	$ 18.12	$ 6.12	$ 12.15	$9.12
Powered Mattress (rental)	E0277	$ 671.70	$ 205.41	$ 438.55	$321.98
Enteral Pump (rental)	B9002	$ 123.40	$ 67.64	$ 95.57	$81.58
Enteral Supplies (daily)	B4035	$ 12.12	$ 5.79	$ 8.95	$7.37
Enteral Nutrients (100 calories)	B4150-B4154	$ 1.14	$ 0.70	$ 0.91	$0.81

How will the Fee Schedule Change during the Covid-19 Emergency?

CPAP E0601	**Non Rural**		
Rental Rate	$43.95	increases to	$53.91
Total 13 Months	$461.47	increases to	$566.05
Power Wheelchair K0823			
Rental Rate	$294.71	increases to	$367.41
Total 13 Months	$2062.97	increases to	$2571.87
Hospital Bed E0260			
Rental Rate	$65.40	increases to	$83.25
Total 13 Months	$686.70	increases to	$874.13



Will there be Relief from Audits during the Emergency?

- Suspension of all current TPE reviews and associated edits until further notice. Release of all pending claims for payment, including those in which a response was received, but a decision not yet rendered. Reversal of claims denied for non-response on or after March 1, 2020, unless an appeal has been filed. Appeals will continue as normal.
- SMRC & RAC audits are suspended during PHE
- CERT supposed to be suspending audits
- OIG PMD Repair Audit ARE currently being issued and must be answered

However, CMS may conduct medical reviews during or after the PHE if there is an indication of potential fraud.

How does the Accelerated/Advance Payments Expansion Work?

- In order to increase cash flow to providers impacted by COVID-19, CMS has expanded Accelerated and Advance Payment Program. An accelerated/advance payment is a payment intended to provide necessary funds when there is a disruption in claims submission and/or claims processing.
- CMS is authorized to provide accelerated or advance payments during the period of the **public health emergency to any Medicare provider/supplier** who submits a request to the appropriate Medicare Administrative Contractor (MAC) and meets the required qualifications.
- **Each MAC will work to review requests and issue payments within seven calendar days of receiving the request.**
- Traditionally repayment of these advance/accelerated payments begins at 90 days, however for the purposes of the COVID-19 pandemic, CMS has extended the repayment of these accelerated/advance payments to begin 120 days after the date of issuance of the payment. Providers can get more information on this process here: www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf

Non-Medicare Payer Changes

- Commercial and Medicaid payer changes
- Allow providers to treat patients effectively and efficiently
- Maintain patient and provider safety
- Lessen the spread of COVID-19
- May have different ideas on how to accomplish that goal

What is changing?

- Documentation requirements
- Prior authorization requirements
- Face-to-face requirements (telehealth allowed)
- Coverage policies/criteria (temporary oxygen)
- Additional coverage (PPE)

Potential Roadblocks to "Catching them all"

- Many payers
- Many changes
- Different changes, different timelines
- Different notification methods
- Difficult to track
- May be receiving some notifications from "important payers", but not all

VGM Solution: Resource tool

- Not EVERY change for EVERY payer
- Changes daily
- Multiple changes housed in different areas of website = multiple listings
- Listed alphabetically
- Goal – all changes housed in one comprehensive resource tool

Example - UHC

- To help our members access the critical supplies they need and streamline operations for providers during this national emergency, UnitedHealthcare is making changes to several durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) processes and provisions. The following provisions for prior authorization, reimbursement of disposable supplies and proof of delivery are effective for Medicare Advantage, Medicaid and Individual and Group Market health plan members, with dates of delivery from March 31, 2020, until May 31, 2020. Coverage and payment is subject to member's benefit plan and the provider's contracts.

UHC Example cont'd

- Prior Authorization
- For all COVID-19 discharges to home-based care requiring a respiratory assist device or a ventilator, the vendor can deliver on notification only to UnitedHealthcare for codes E0471, E0465, E0466 and E0467 for up to three months from time of delivery. Notification is requested and the claim must be submitted with the appropriate modifiers and diagnosis code (ICD-10). After the three-month period, a prior authorization will be required.
- For orders involving COVID-19-related oxygen requests, oxygen can be delivered without prior authorization and does not need to meet current clinical criteria.
- Where possible, we're eliminating Face-To-Face evaluation requirements for the ordering provider for DMEPOS:
  - For prior authorizations for services that were completed before Oct. 1, 2019, a new prior authorization is required. Provider may complete a Face-To-Face assessment via telehealth.
  - For prior authorizations for services that were completed on Oct. 1, 2019, or later, UnitedHealthcare is extending prior authorizations through Sept. 30, 2020.
  - For new DMEPOS prior authorizations, providers may complete a Face-To-Face assessment via telehealth.
- DMEPOS evaluation requirements remain in effect for complex rehab technology (CRT) and orthotics and prosthetics. However, vendors may use their own technology, if available, to minimize in-person contact.
- Prior authorization is not required for a DMEPOS repair when the claim uses the repair modifier.
- Consistent with existing policy, prior authorization is not required for breast pumps.

UHC Example Cont'd

- Reimbursement – Disposable Supplies
- The following changes to disposable supply processes for these **disposable supply codes** will help maintain member supplies:
  - For initial orders, we'll reimburse beyond 30 days to cover a 30- to 45-day supply depending on packaging.
  - For second orders, we'll reimburse an additional 15-day supply to allow for overlap.
  - For remaining orders, vendors may manage frequency and duration to help members maintain sufficient product on hand, but it is not to exceed 45 days on hand. Supply limits still apply.

UHC Example Cont'd

- Proof of Delivery
- A physical signature from the patient is not required, but the vendor must note the time and date of delivery and relationship to member, in addition to maintaining required documentation for follow-up requests.

Link to Resource Tool

- https://www.vgm.com/coronavirus/billing-reimbursement/healthplanpolicychanges/

thank you!

for everything
YOU do to take care of your Customers!

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