



As our country continues to respond to the 2019 Novel Coronavirus Disease (COVID-19), CMS has taken aggressive action to ensure Medicare and Medicaid beneficiaries are receiving necessary and prompt care. On March 13, 2020, The Trump Administration announced regulatory flexibilities to help healthcare providers and states respond to and contain the spread of coronavirus. There are several actions that have been implemented that will have an effect on the OPGA community, including the announcement by CMS that they will activate blanket waivers, in an effort to ease certain requirements prevent gaps in access.

First, is the [expansion of telehealth](#). 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.

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.

Medicare beneficiaries will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health counseling and preventive health screenings. This will help ensure Medicare beneficiaries, who are at a higher risk for COVID-19, are able to visit with their doctor from their home, without having to go to a doctor's office or hospital which puts themselves and others at risk.

The van Halem Group and OPGA are collaborating and communicating with other industry stakeholders, the DME MACs, and CMS on how the relaxed telehealth requirements will impact orthotic and prosthetic providers. Currently, DME MACs are encouraging providers to check the CMS.gov web site frequently as CMS updates their guidance as new information becomes available.

Second, CMS has determined it is appropriate to issue a [blanket waiver](#) for instances in which a DMEPOS item has been "lost, destroyed, irreparably damaged, or otherwise rendered unusable." Specifically, "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.

This is consistent guidance that CMS releases after all catastrophic events, but this pandemic is much different from other natural disasters where beneficiaries' equipment might get destroyed. It's important to note that if you provide a Medicare beneficiary with a replacement item under this waiver, that you have appropriate documentation to support the equipment. As stated above, you must include a narrative

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description explaining why the item needs to be replaced when submitting the claim and maintain documentation for the need of the replacement item. CMS has also declared that the documentation waiver is retroactive to dates of service on or after March 1, 2020. Find more information on the waiver [here](#).

There have also been some flexibilities in provider enrollment activities. CMS will temporarily suspend certain Medicare enrollment screening requirements including site visits and fingerprinting for non-certified Part B suppliers, physicians and non-physician practitioners. In addition, CMS will allow licensed providers to render services outside their state of enrollment. CMS will also establish a toll-free hotline for providers to enroll and receive temporary Medicare billing privileges.

Lastly, CMS will temporarily suspend non-emergency survey inspections, allowing providers to focus on the most current serious health and safety threats, like infectious diseases and abuse.

For more details about CMS efforts to ensure beneficiaries receive access to care, check out the following:

- [Press Release: CMS Takes Action Nationwide to Aggressively Respond to Coronavirus National Emergency](#)
- [Medicare Fee-for-Service \(FFS\) Response to the Public Health Emergency on the Coronavirus \(COVID-19\)](#)