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DME MAC Coronavirus (COVID-19) Pandemic

June 11, 2020

Noridian Healthcare Solutions and CGS
Cobranded Education

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The information in this presentation is only applicable for the duration of the COVID-19 Public Health Emergency(PHE)

This presentation may not be recorded for any purpose.

- Noridian Medicare Website (<https://med.noridianmedicare.com>)
- CGS Medicare Website (<https://www.cgsmedicare.com>)
- CMS Website (<https://www.cms.gov>)

Agenda

- Competitive Bidding Implementation Contractor (CBIC) Updates
- COVID-19 DME MAC Updates
 - Interim Final Rules with Comment (CMS-1744-IFC & CMS-5531-IFC) – COVID-19 Public Health Emergency
 - Claim Submission
 - Reimbursement
- CMS guidance review
- Resources

Competitive Bidding Implementation Contractor (CBIC) Updates

Competitive Bidding Implementation Contractor (CBIC) Updates

- Developed specific bid surety bonds further
- Removed the NIV product category from Round 2021
- Continued with the bid evaluation process
- Reminded bidders to maintain enrollment requirements in PECOS
- Maintained timeline target dates to ensure roll-out of single payment amounts, contracts offers, disqualification notices, contract supplier announcements, bid surety bond process, and implementation

COVID-19 DME MAC Updates

DME MAC Bulletin Article

CMS Issues Interim Final Rules with Comment (CMS-1744-IFC & CMS-5531-IFC) – COVID-19 Public Health Emergency

CMS-1744-IFC

Issued April 6, 2020

- Certain Face-to-Face/in-person encounters not applicable during Coronavirus (COVID-19) Public Health Emergency (PHE)
- Established that various clinical indications would not be enforced for specific NCDs, LCDs, Policy Articles
- Effective for claims on or after March 1, 2020
- Extending for duration of PHE
- <https://www.federalregister.gov/documents/2020/04/06/2020-06990/medicare-and-medicaid-programs-policy-and-regulatory-revisions-in-response-to-the-covid-19-public>

CMS-5531-IFC

Issued May 8, 2020

- Clarifies reasonable and necessary statutory requirements not waived
- Services must be reasonable and necessary unless expressly permitted by statute
- Medical records must document medical necessity
 - <https://www.federalregister.gov/documents/2020/05/08/2020-09608/medicare-and-medicaid-programs-basic-health-program-and-exchanges-additional-policy-and-regulatory>

Face-to-Face/In-Person Encounters

Interim basis

- NCD or LCD required F2F or in-person encounter for evaluations, assessments, certifications or other implied F2F services
 - Not applicable during COVID-19 PHE
 - Exceptions
 - PMD requires F2F by statute – will allow use of “relaxed” telehealth guidelines
 - CMS Quality Standards continue to apply during PHE – CMS-1744-IFC only addresses NCDs, LCDs and related articles

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Clinical Indications for Coverage

Effective for claims with dates of service on or after March 1, 2020 and for the duration of this COVID-19 PHE - At the conclusion of the PHE, the DME MACs will return to enforcement of these requirements.

- Clinical indications for coverage found in respiratory, home anticoagulation management, infusion pump, and therapeutic continuous glucose monitor NCDs or LCDs will not be enforced

These NCDs and LCDs include:

- **External Infusion Pumps (L33794);**
- **Infusion Pumps (NCD 280.14)**
- Home Oxygen (NCD 240.2)
- Continuous Positive Airway Pressure for Obstructive Sleep Apnea (NCD 240.4)
- Intrapulmonary Percussive Ventilator (NCD 240.5)
- Oxygen and Oxygen Equipment (L33797);
- Respiratory Assist Devices (L33800);
- Mechanical In-exsufflation Devices (L33795)
- High Frequency Chest Wall Oscillation (L33785)
- Nebulizers (L33370)
- Positive Airway Pressure Devices for the Treatment of Obstructive Sleep Apnea (L33718);
- Oral Appliances for the Treatment of Obstructive Sleep Apnea (L33611)
- Glucose Monitors (L33822) – Only clinical indications for Therapeutic Continuous Glucose Monitors (CGM) are not enforced

Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency

Treating practitioners and suppliers must still:

- Provide a standard written order (SWO) for all items
 - All items (with the exception of PMDs) can be:
 - Can be provided via a verbal order
 - A signature is required prior to submitting claims for payment but the order can be signed electronically
- Ensure the items or services are reasonable and necessary
- Document the medical necessity for all services
 - Documentation must be available upon request

The DME MACs will resume enforcement of clinical indications for coverage at the conclusion of the PHE

Correct Use of the KX Modifier During the COVID-19 PHE (2)

Issued May 14, 2020

- Suppliers should continue to bill the KX and/or CG (for CGM) modifiers for which LCDs' clinical indications of coverage are not being enforced. For those LCDs listed below, application of the KX or CG modifier attests that a Standard Written Order (SWO) is on file for the item and the medical record supports the item is reasonable and necessary:
 - Oxygen and Oxygen Equipment, Positive Airway Pressure Devices for the Treatment of Obstructive Sleep Apnea, Oral Appliances for the Treatment of Obstructive Sleep Apnea, Respiratory Assist Devices, Mechanical In-exsufflation Devices. High Frequency Chest Wall Oscillation, Nebulizers, Glucose Monitors - Only clinical indications for Therapeutic Continuous Glucose Monitors (CGM) are not enforced, **External Infusion Pumps**

Correct Use of the KX Modifier During the COVID-19 PHE (4)

- May 14, 2020 Joint DME MAC Article:
 - Jurisdiction A:
<https://med.noridianmedicare.com/web/jadme/policies/dmd-articles/2020/correct-use-of-the-kx-modifier-during-the-covid-19-phe>
 - Jurisdiction B:
<https://www.cgsmedicare.com/jb/pubs/news/2020/05/cope17220.html>
 - Jurisdiction C:
<https://www.cgsmedicare.com/jc/pubs/news/2020/05/cope17220.html>
 - Jurisdiction D:
<https://med.noridianmedicare.com/web/jadme/policies/dmd-articles/2020/correct-use-of-the-kx-modifier-during-the-covid-19-phe>

Claim instructions

Suppliers should continue to use the appropriate modifiers, including KX where applicable

- Add the CR modifier to all affected HCPCS codes included in the NCDs and LCDs previously addressed
- Enter “COVID-19” in narrative
 - NTE 2400 (line note)
 - NTE 2300 (claim note)
 - Field 390-BM for NCPDP
 - Item 19 CMS-1500 claim form

Claim instructions

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DIF Instructions

External Infusion pumps requiring a DIF similarly impacted

- As a result:
 - Submission of a DIF will not be enforced for EIP claims
 - Append KX modifier if applicable
 - Append CR modifier
 - Utilize “COVID-19 in claim narrative
 - If the external infusion pump is still in the capped rental period, drug(s) administered with the external infusion pump should be billed on the same claim

Duration of COVID-19 PHE ONLY

Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency

ICD-10 Codes

Suppliers and providers should use the following ICD-10 codes on all claims for DMEPOS associated with treatment of **COVID-19-related illness**:

Claims with dates of service on or **before** April 1, 2020

- Two ICD-10 codes required
 - Code 1 represents clinical diagnosis (pneumonia, bronchitis, etc.)
 - Code 2 should be B97.29 (OTHER CORONAVIRUS AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE)

Claims with dates of service on or **after** April 1, 2020

- Two ICD-10 codes required
 - Code 1 represents clinical diagnosis (pneumonia, bronchitis, etc.)
 - Code 2 should be U07.1 (COVID-19)
 - Suppliers should look to the medical record of the treating practitioner for this information to support the prescribed items/services and note that use of **ICD-10 code U07.1 is for confirmed COVID-19**

CMS-1744- IFC & CMS-5531-IFC COVID-19 PHE Article

- May 7, 2020 Joint DME MAC Article:
 - Jurisdiction A:
<https://med.noridianmedicare.com/web/jadme/policies/dmd-articles/2020/cms-issues-interim-final-rules-with-comment-cms-1744-ifc-cms-5531-ifc-covid-19-public-health-emergency>
 - Jurisdiction B:
<https://www.cgsmedicare.com/jb/pubs/news/2020/05/cope17144.html>
 - Jurisdiction C:
<https://www.cgsmedicare.com/jc/pubs/news/2020/05/cope17144.html>
 - Jurisdiction D:
<https://med.noridianmedicare.com/web/jddme/policies/dmd-articles/2020/cms-issues-interim-final-rules-with-comment-cms-1744-ifc-cms-5531-ifc-covid-19-public-health-emergency>

Reimbursement

Revised Fee Schedules and Sequestration

CARES ACT - Revised Fee Schedules

The higher fee schedule amounts required under the CARES Act for dates of service March 6, 2020 through December 31, 2020 or through the duration of the PHE, whichever is later

- CMS is currently working to implement the retroactive payments required by section 3712(b) of CARES for dates of service back to March 6, 2020
- There is no action required by suppliers at this time
 - Extension of Payment for Section 3712 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) :
<https://www.cms.gov/files/document/mm11784.pdf>
 - CARES Fee Schedules: <https://www.cms.gov/medicare/medicare-fee-service-payment/dmeposfeesched/dmepos-fee-schedule/dme20-cares>

Advance Payment During Covid-19 Emergency - Suspended

Effective April 26, 2020

- CMS suspended the Advanced Payment Program to Part B suppliers
- <https://www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf>

Hotline numbers:

- JA - 866-575-4067
 - Hours of operation: Monday – Friday 8 a.m.- 6 p.m. CDT
- JB - 855-769-9920
 - Hours of operation: Monday – Friday 7:00 a.m. - 4:00 p.m. CDT
- JC - 855-769-9920
 - Hours of operation: Monday – Friday 7:00 a.m. - 5:00 p.m. CDT
- JD - 866-575-4067
 - Hours of operation: Monday – Friday 8 a.m.- 6 p.m. CDT

Sequestration Suspended

The CARES Act temporarily suspends the 2% payment adjustment currently applied to all Medicare Fee-For-Service (FFS) claims due to sequestration

- The suspension is effective for claims with dates of service from May 1 through December 31, 2020

CMS Guidance Review

Telehealth and Telemedicine

Telehealth and Telemedicine Tool Kit

<https://www.cms.gov/files/document/covid-19-nursing-home-telehealth-toolkit.pdf>

- Access broadened as a result of COVID-19
- Expanded access on temporary and emergency under 1135 waiver
- DOS starting March 6, 2020
- Three main types of visits
 - Medicare Telehealth visits
 - Only one applicable to DME – treated same as face-to-face for all policies
 - Requires minimum of audio and video capability with real-time communication
 - Applicable to both new and established beneficiaries
 - Virtual Check-In
 - E-visits

Telehealth and Telemedicine (2)

1135 Waiver Information

- Clinical indications for coverage suspended during Coronavirus pandemic
- Allow seniors access to their practitioners while limiting exposure to spread of the coronavirus
- Removes restriction for use in rural areas only (temporarily)
- Allows for use with beneficiary in their “home” (temporarily)
- Allows for “common office visits” without regard to diagnosis
 - Prevents unnecessarily entering health care facilities

Telehealth and Telemedicine (3)

Broadening of telehealth access

- Includes allowance for DMEPOS visits to take place via telehealth
 - Examples: Power Mobility Devices (PMDs) where the face-to-face encounter with the ordering practitioner is mandated by Medicare statute and can be accomplished via telehealth
 - Requirements for documentation of “reasonable and necessary” apply
 - Post-pandemic audits may occur
- Reminder: Must have audio and visual capability

Use good practices in determining appropriate usage

Pre/Post Payment Medical Review

CMS has suspended most Medicare Fee-For-Service (FFS) medical review during the emergency period due to the COVID-19 pandemic.

- This includes pre-payment medical reviews conducted by Medicare Administrative Contractors (MACs) under the Targeted Probe and Educate program, and post-payment reviews conducted by the MACs, Supplemental Medical Review Contractor (SMRC) reviews, and Recovery Audit Contractor (RAC)
- No additional documentation requests will be issued for the duration of the PHE for the COVID-19 pandemic
- Current post payment MAC, SMRC, and RAC reviews will be suspended and released from review for processing
 - This suspension of medical review activities is for the duration of the PHE
 - CMS may conduct medical reviews during or after the PHE if there is an indication of potential fraud
- <https://www.cms.gov/files/document/provider-burden-relief-faqs.pdf>

Targeted Probe and Educate (TPE)

- Contractors directed by CMS to suspend all current TPE reviews
- Current selected claims to be released for processing
- Consideration given for supplier review when normal operations resume
- TPE education sessions for probes completed prior to the TPE suspension will continue to be offered; but, may be rescheduled or postponed at supplier request

Comprehensive Error Rate Testing (CERT)

- Effective immediately, CMS is exercising its enforcement discretion to adopt a temporary policy regarding the CERT Medicare program
 - CERT will not send documentation request letters to or conduct phone calls with suppliers to request medical documentation until further notice
 - Questions:
 - Contact the CERT Review Contractor at: 1-888-779-7477
 - <https://certprovider.admedcorp.com>

ABN Delivery

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 in isolation room
- Notices should be annotated with circumstances of delivery
 - Who completed delivery
 - When and to where was the email sent

Notices may be delivered via telephone or secure email to beneficiary representatives offsite

ABN Delivery (2)

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 at:

<https://www.cms.gov/media/137111> (PDF)

Note: CMS-R-131 (Exp. 3/2020) remains valid until further notice

- <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN>

Proof Of Delivery (POD)

In response to the COVID-19 pandemic CMS is waiving signature requirements on proof of delivery (POD) documentation

- Items of DMEPOS that are delivered directly to the beneficiary by the supplier (Method 1) typically require a beneficiary's (or designee) signature on the delivery document
 - During the PHE, suppliers should document the appropriate date of delivery and that a signature was not able to be obtained because of COVID-19
 - Suppliers are reminded to append a CR modifier and include a narrative of "COVID-19" to all claims that are affected by the COVID-19 PHE, including situations like that described above where a signature is not able to be obtained on a POD document
- Additional clarification - Method 2 POD which is delivery via shipping or delivery service directly to a beneficiary Medicare does not require a signature only evidence of delivery is required

Appeals

Effective immediately, Medicare Administrative Contractors (MACs) that process appeals for beneficiaries, providers, and suppliers affected by COVID-19 shall exercise good cause in accordance with the regulations and follow the guidance in Internet Only Manual (IOM)

- Publication 100-04, Chapter 29, Section 240.4, Good Cause - Administrative Relief Following a Disaster
 - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c29.pdf>

National Supplier Clearinghouse

Questions regarding hours of operation, closures, enrollment, supplier standards, etc.

- These questions should be referred to the National Supplier Clearinghouse (NSC)
 - <https://palmettogba.com/nsc>

Provider Enrollment

2019-Novel Coronavirus (COVID-19) Medicare Provider Enrollment Relief Frequently Asked Questions (FAQs)

- Expedited enrollment allows temporary billing privileges, waives the application fees, site-visits, and postpones revalidation actions
 - National Supplier Clearinghouse (NSC)
 - The Hotline Telephone Number: 1-866-238-9652 9:00 AM - 5:00 PM ET
 - 2019-Novel Coronavirus (COVID-19) Medicare Provider Enrollment Relief Frequently Asked Questions (FAQs)
 - <https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf>

Part B Drugs

Requests for Prescription Drug Refills

- DME MACs allowed to make payment for greater than 30 day supply
 - Immunosuppressive drugs, oral anticancer drugs, intravenous immune globulin (IVIG), and **enteral nutrition**
 - Effective for dates of service on or after March 1, 2020
 - Append the CR modifier to the HCPCS code
 - Enter “COVID-19” in the claim narrative

Part B Drugs (2)

- March 19, 2020 Medical Director Joint Article published
 - Billing of Part B Drugs to DME MACs During COVID-19 Pandemic – Dispensing Amounts - Revised
 - Jurisdiction A:
<https://med.noridianmedicare.com/web/jadme/topics/emergencies-disasters>
 - Jurisdiction B:
<https://cgsmedicare.com/jb/pubs/news/2020/05/cope17170.html>
 - Jurisdiction C:
<https://cgsmedicare.com/jc/pubs/news/2020/05/cope17170.html>
 - Jurisdiction D:
<https://med.noridianmedicare.com/web/jddme/topics/emergencies-disasters>

CR Modifier Usage - Coronavirus (COVID-19) Public Health Emergency (PHE)

For dates of service on and after March 1, 2020 for the duration of the PHE, append a CR modifier and include a narrative of "COVID-19" to all claims that are **affected** by the COVID-19 PHE

- The CR modifier identifies that the claim is **affected** by the COVID-19 PHE
 - Examples include:
 - Method 1 Proof of Delivery (POD) where a signature cannot be obtained due to the PHE
 - More than a 30 day supply of enteral nutrition
 - The clinical indications of coverage are not met due to non-enforcement for the specified NCDs and LCD (External Infusion)
 - ABN Delivery

CR Modifier Usage - Coronavirus (COVID-19) Public Health Emergency (PHE)

MLN SE20011 Revised – Published June 1, 2020

- Advises use of CR and DR modifiers
- Only CR applicable to DMEPOS

Submission of CR modifier not required when not included on list

- DME MACs will not deny due to presence of CR modifier

Previously submitted claims

- No action required unless claim payment affected
 - Resubmit claim with CR modifier
 - Include narrative “COVID-19”

<https://www.cms.gov/files/document/se20011.pdf>

Resources

CMS is your “one stop shop”

COVID-19 CMS Resources

- CMS Current Emergencies: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- Coronavirus Waivers & Flexibilities: <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>
- Telehealth Toolkit for General Practitioners: <https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>
- End-Stage Renal Disease Providers Toolkit : <https://www.cms.gov/files/document/esrd-provider-telehealth-telemedicine-toolkit.pdf>
- CMS FAQ: <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>
- Impact on Appeals: <https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf>
- White House COVID Taskforce updates: <https://www.coronavirus.gov/>
- CMS Press Releases: <https://www.cms.gov/newsroom>

CGS and Noridian Healthcare Solutions COVID-19 Pages

- Includes DME MAC specific information including: Accelerated/Advance Payment, and answer to questions, and additional resources
 - Jurisdiction A:
<https://med.noridianmedicare.com/web/jddme/topics/emergencies-disasters>
 - Jurisdiction B: <https://www.cgsmedicare.com/jb/covid-19.html>
 - Jurisdiction C: <https://www.cgsmedicare.com/jc/covid-19.html>
 - Jurisdiction D:
<https://med.noridianmedicare.com/web/jddme/topics/emergencies-disasters>

Questions

CORRECTION: NHIA followed up with the DME MACs regarding some of the information shared in the Q&A portion of the June 11, 2020 Talk Infusion webinar. The non-enforcement of clinical indication for the External Infusion Pump (EIP) policies only applies to the limited number of drugs specified in the EIP LCD and does not extend coverage for drugs not listed in the policy. Hydration and antibiotics administered via a pump are NOT billable to the DME MACs during the public health emergency (PHE).

