



**COVID-19 CHANGES REFERENCE SHEET  
FOR  
MEDICARE FFS DMEPOS SUPPLIERS  
Updated: October 5, 2020**

*\*This document is subject to change and will be updated as the Public Health Emergency (PHE) continues. All provisions below are for Medicare FFS that impact DMEPOS supplies for the duration of the PHE unless otherwise noted. For more information visit [AAHomecare COVID-19 Resources Page](#).*

**DOCUMENTATION REQUIREMENTS**

- A. Non-physicians such as nurse practitioners, physician assistants, and clinical nurse specialists who are allowed to order DMEPOS for Medicare patients can now order DMEPOS for Medicaid patients, as of March 1, 2020. ([IFR](#), page 158)
  - CMS is required to implement this change on a permanent basis in the next six-months. ([The CARES Act](#), page 138)
- B. Face-to-face (F2F) requirement is waived for all items where the F2F is required by NCDs and LCDs (including articles), except for PMDs. ([IFR](#), page 127)
  - The F2F requirement can be completed for PMDs through a telehealth visit.
- C. Signatures are not required for proof of delivery; suppliers should write “COVID-19” on the signature line. ([CMS Flexibilities Document](#)).
- D. Prior authorization program is put on hold for all items included in the program. The pause is voluntary; suppliers can continue to submit PA requests to the DME MACs.<sup>1</sup> If the supplier chooses not to submit the PA, the claim will be paid, and it will be reviewed after the PHE. ([CMS Flexibilities Document](#))
- E. CMN for oxygen claims are not required effective March 1, 2020. Use KX modifier, CR modifier, and include ‘COVID-19’ in narrative. ([DME MAC Publication- May 7](#))
- F. Suppliers can conduct equipment examinations via a telephone call when patients switch to Medicare during this Public Health Emergency. (DME MAC correspondence)

**POLICY COVERAGE**

- A. Medicare will cover respiratory-related equipment and supplies and will not enforce the clinical requirements outlined in LCDs, NCDs, and articles. ([IFR](#), page 127)
  - The policies include, but not limited to (all referenced in [IFR](#) unless noted otherwise, page 127):
    - NCD 240.2 Home Oxygen.
    - NCD 240.4 Continuous Positive Airway Pressure for Obstructive Sleep Apnea.

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<sup>1</sup> The voluntary nature of the prior authorization program was confirmed verbally to us by CMS.

- 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.
  - LCD L33822 Glucose Monitors ([second IFR](#), page 158)
  - LCD L33370 Nebulizers ([Billing FAQ](#), page 40)
  - LCD 35434 Oximetry services ([Billing FAQ](#), page 40)
  - LCD L33785 High frequency chest wall oscillation ([Billing FAQ](#), page 40)
  - The order must still be “reasonable and necessary.” The medical records have to indicate the item/service is medically necessary. ([second IFR](#), page 157)
  - The prescriber will need to provide a verbal order for the item(s).
  - Diagnosis can be COVID-19, COVID-19 suspected, COVID-19 symptoms, pneumonia, and other acute respiratory conditions.
- B. Suppliers can provide a multi-function ventilator (E0467) as an upgrade to beneficiaries who qualify for a ventilator. ([MLN Matters Article](#))
- Prior to the PHE, beneficiaries were required to qualify for at least one of these additional items: oxygen concentrator, cough stimulator, suction pump, and/or nebulizer.
- C. Suppliers can dispense more than 30-day supply of enteral nutrients and Part B drugs effective March 1, 2020. ([DME MAC Announcement on 5/12](#))

### **USE OF TELEHEALTH**

- A. Medicare is allowing the originating site for a telehealth visit to be the patient’s home as of March 6, 2020. ([Telehealth FAQ](#))
- B. Physical therapists, occupational therapists, and other health care professionals are allowed to conduct telehealth services as of April 21, 2020. ([Blanket Waivers](#), page 1)

### **AUDITS**

- A. CMS suspended FFS audits from DME MACs, SMRC, and RACs until August 3, 2020. ([Provider Burden Relief FAQ](#))
- DME MACs phased-in audits by starting with post-pay reviews on August 17, 2020.
    - Check DME MAC websites for active audits.
  - RAC and SMRC started supplier-specific reviews, but have not started widespread reviews.
- B. CERT suspended reviews until August 11, 2020. ([CERT website](#))

### **PROVIDER ENROLLMENT**

- A. CMS is providing enrollment relief for DMEPOS suppliers ([Provider Enrollment FAQs](#)):
- CMS is expediting pending and new applications.
    - Web applications will be processed within 7 business days.
    - Paper applications will be processed within 14 business days.
  - For applications submitted on or after March 1, 2020, CMS will waive:
    - The application fees.
    - Criminal background checks associated with fingerprint-based criminal background checks (to the extent applicable).

- ~~Site visits.~~ Waiver lifted on July 6, 2020 ([Provider Enrollment FAQ, page 10](#))
  - ~~Postponing all revalidation action.~~ Waiver lifted on July 6, 2020 ([Provider Enrollment FAQ, page 9](#))
- B. NSC waived enforcement of the following supplier standards:
  - Requirement for Primary Business Telephone (Supplier standard #9)
  - Minimum Hours of Operation (Supplier standard #30)
  - ~~Physical Location Access (Supplier standard #7)~~ Waiver lifted on July 6, 2020 ([Provider Enrollment FAQ, page 10](#))

## **PAYMENT**

- A. Non-rural, non-competitive bid areas will receive a 75%/25% blended rate for items included in the competitive bid program, effective for dates of service starting March 6, 2020 ([The CARES Act, page 143](#))
  - CMS will be providing guidance to the DME MACs with updated fee schedules and the methodology for reprocessing claims paid at the lower rates. In the interim suppliers will continue to be paid at 100% of the adjusted rate
- B. Removal of the 2% sequestration cut for all FFS Medicare from May 1, 2020-December 31, 2020. ([The CARES Act, page 141](#))
- C. The current 50/50 blended rates for rural areas will be extended through the end of the PHE. ([The CARES Act, page 143](#))
- D. Suppliers are eligible for a portion of the \$175B CARES Act Provider Relief Fund. ([The CARES Act, page 283](#); [CARES Act Provider Relief Fund](#))
- E. **NO LONGER AVAILABLE:** Expanded accelerated payments for Part B services. ([Accelerated Payments Fact Sheet](#))
  - Qualified suppliers needed to request a specific amount using an Accelerated or Advance Payment Request form provided on each MAC's website. Most suppliers were able to request up to 100% of the Medicare payment amount for a three-month period.