

Question Asked	Answer Given
Regarding face to face requirements: Does this apply to "in person visits"?	If you are asking whether all "in person visit" requirements are waived, if that requirement is part of an NCD or LCD, yes (except for the face to face physician encounter requirement for power mobility devices).
What is the expectation that Medicare Advantage private payors will follow this IFR?	AAHomecare is working on this, and to date, has successfully obtained significant relief from United HealthCare.
Can you perform ATP Reports remotely to meet in person requirement for ATP for Medicare Complex.	The rules around the ATP assessment requirements have not changed. If you are doing anything different, you should document what and why. It would be difficult to do a thorough assessment with trunk and limb measurements to ensure accurate seating without having in person contact.
I understand that new blended rate is retroactive to March... when do we get the bulk retro payment and is it one lump sump payment? Also, the new rate when do we start to see those new rates get adjudicated on remittances?	CMS has not yet issued any information about how they will be implementing this part of the CARES provision.
What about ATP situation? Is there any flexibility on ATP visiting patient's home for seating assessment for complex PMD?	The rules around the ATP assessment requirements have not changed. If you are doing anything different, you should document what and why. It would be difficult to do a thorough assessment with trunk and limb measurements to ensure accurate seating without having in person contact.
Do we need to obtain compliance for PAP patients to bill after month 3?	Per the IFR, all clinical requirements for the PAP LCD, ND and policy article are on hold. It is best practice to try and meet the requirements if you can.
Will we get a notice with an updated revalidation date?	If this is pertaining to NSC revalidations, monitor the NSC website for updated information after the PHE has ended.
Regarding PMD: will Medicare allow PT/OT to do telehealth for LCMP evals for custom pwc & custom mwc's? If so, how to document?	At this point, PTs/OTs are not eligible practitioners to bill for telehealth services.
are all the guidelines for Cpap waived as well. Only thing that is not is the nebulizer	Yes. All NCD/LCD requirements are waived for respiratory items, including CPAPs and nebulizers.
Are we able to ship the second month of supplies on a verbal if we are unable to obtain a Detailed Written Order?	Assuming your are talking about CPAP supplies. If so, yes, since that requirement is in the LCD, and all LCD requirements are waived. If you are referring to LCDs that are not respiratory or infusion pump related, all requirements are still in play.
Looking for clarification regarding the F2F requirement for the 31/90 day compliance in regards to CPAP. Can this be completed by a phone follow-up or does it also have to be video?	These requirements are part of the LCDs and are suspended during the PHE.
The DME MAC sent guidance concerning the signature requirement on Friday. It specifically stated it waived it for patients in "isolation." Is the signature requirement for all deliveries waived or for patients with a COVID-19 dx that are in isolation? Or a patient that the equipment is being delivered to a facility where they are not allowing non hospital staff in?	The CMS Provider Burden and DME document (Q and A) states the following: "Given the nature of the pandemic and the inability to collect signatures during this time, CMS will not be enforcing the signature requirement. 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. "
What about state requirements for prescriptions and such things as settings, duration, route of administration?	The Medicare/IFR does not address state requirements.
I received a RAC audit dated 3/26/20. Do I have to answer it.	The RAC has suspended all audits. I would reach out to them to be sure you do not need to respond.
Do you feel a HST is a requirement for PAP ?	No, not during PHE.
Does IFR also includes waiving CMN and testing requirements for Oxygen? If yes, I presumed CMS will provide guidelines for claim submission without those requirements.	Yes, we are waiting that CMS guidance, as are the DME MACs.
on proof of delivery; if it is written on the delivery ticket is that considered part of DME provider medical record?	That should be part of the DME's patient record and that is where you should document "COVID-19" (make sure to include the date of delivery) in lieu of the signature.
the F2F in person visit has been lifted so does that mean we would still need a tele visit where a F2F would normally be required or has this visit all together been lifted?	Except for physician F2F encounters to order power wheelchairs, the F2F in person visit requirement is completely suspended.
How does this suspension of these NDC policies apply to medical necessity throughout the capped rental For example- would an oxygen patient need to be re-qualified after the PHE is over?	We are working with CMS to obtain guidance about these situations.

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Will the rate changes also be extended to Medicare Advantage	No.
Will the PT evaluation be accepted by Medicare when seen by telehealth for a power chair, manual chair or other DME? Will the DME company be reimbursed for the equipment?	PTs are not eligible practitioners to conduct telehealth visits.
We have a Medicare patient on BIPAP who had nocturnal oximetry done while inpatient on BIPAP and he desaturated less than 88% for 15 minutes. He has respiratory failure and newly diagnosed ALS. He cannot get a titration study now. Do we bill O2 to Medicare with an ABN?	All clinical requirement for respiratory product categories are suspended in the PHE. Patient would qualify for Medicare coverage during the PHE.
Are DMEPOS providers allowed to Virtual Setup of equipment such as a PAP?	All LCD and NCD requirements for PAP have been suspended during the PHE. You will need to review state requirements for PAP set-ups, many states do allow shipping of these products, but not all. If not in person, be sure to document why.
what about PAP patients who were tested and did not qualify by AHI, or because the desat was at 3% and not 4%. Is this requirement waived?	All clinical requirement for respiratory product categories are suspended in the PHE. Patient would qualify for Medicare coverage during the PHE.
what about PAP compliance Face to Face	All clinical requirement for respiratory product categories are suspended in the PHE. Patient would qualify for Medicare coverage during the PHE.
what about a patient who is on a PAP device and a OO shows they need supplemental oxygen. Previously they would need to qualify with a in lab titration is this waived as well?	All clinical requirement for respiratory product categories are suspended in the PHE. Patient would qualify for Medicare coverage during the PHE.
For a replacement PAP device outside the 5 RUL, should just a prescription qualify them to get set up at this time?	All clinical requirement for respiratory product categories are suspended in the PHE. Patient would qualify for Medicare coverage during the PHE.
Is there a resource for Providers to obtain PPE?	CMS does not have any authority over PPE; they recommend contacting your state health department officials.
Is CMS going to come back on PAP pts and want the F2F and the signature requirements met after the PHE is over?	We are working with CMS to obtain guidance about these situations.
confirming that f2f is completely waived? i was under the impression it needs to be replaced by telehealth. Also, how do we handle oxygen testing?	All face to face encounter requirements for DME (except for physicians' F2F for PMDs) are suspended. The physician F2F encounter for PMDs can be completed via telehealth.
Hello, you have mentioned that all CMS audits have been suspended. Does it include CERT audits? We have one that is due in a week. Thank you.	All audits have been suspended including CERT. Since you have received one, I would inquire to make sure they aren't looking for responses on audits that they already sent out.
WHERE DO WE FIND THE FEE SCHEDULES ON CMS?	If you referring to the non-CBA and non-rural rates, these have not been published yet.
So how long is the testing good for 5 years or short term- 3 months?	Not sure what this question is referring to.
Do we believe that the Standard Documentation LCD is still in effect for Respiratory equipment? Are Policy Articles still in effect?	No, these are suspended per the CMS IFR.
Will Medicare accept a qualifying compliance report for continued PAP rental without the f2f during Covid?	All the LCD and Policy Article PAP requirements are suspend during the PHE.
So we can't bill without a CMN of some kind with some test results can we?	We are awaiting guidance from CMS on this.
Do the suspensions only apply to patient who have or are suspected of having COVID-19?	No, the LCD/NCD suspensions apply to all patients, as long as the physician prescribes the therapy.
Do patients suspected of having OSA need to have a sleep study right now? Some patients might need to come home needing to use a RAD.	No, the prescriber must prescribe the equipment.
Do the telehealth need to be HIPAA compliant?	In general, yes, however, CMS has offered some flexibilities for providers to use apps that are not public-facing. See https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html
I have one claim stuck at the ALJ for YEARS. Will they continue? Aren't they virtual?	Yes, they are continuing and ALJs are almost entirely performed via teleconference, which will continue.
To be clear on becoming a Medicare provider. I'm currently waiting on a accreditation site visit so that I may apply for Medicare after. So now I can go directly to Medicare and apply without the accreditation?	Yes, accreditation has been suspended for now.

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If I missed, sorry. Did you address the Home Safety Assessment requirement for ADMC? What about delivery HSA?	AAHomecare has asked CMS for guidance on this.
if no PAR for PMD, what should be entered in the PA field, so claim will be paid vs rejected or denied.	The DME MACs have not yet issued guidance, We suspect you can leave it blank and it will process.
Any expectations on if CMS will require any additional follow up or documentation for those patients, still in their capped rental period, set up without meeting the "normal" coverage criteria after the PHE ends?	We have requested guidance from CMS on this.
Any expectation on managed cares following suit?	AAHomecare is working on this, and to date, has successfully obtained significant relief from United HealthCare.
If a patient is seen in the ER, can the ER doctor order Oxygen during the PHE?	Yes.
Just for clarification, initial O2 CMN for new O2 set up, is not required if we have a standard written order?	Correct.
Regarding slides 6 and 7, does that mean that suppliers do not need to examine medical records before billing? If yes, if the claim for the DOS gets audited later, and we then find out that there are no compliant records on file, will "COVID19 documentation exceptions" be a valid appeal response?	Yes, it will be difficult to obtain medical records. We are working with CMS to obtain that clarification.
Don't we still need a written order prior to billing?	Not for the NCD/LCDs referenced in the IFR.
Just to be clear...does the F2F replacement eval for PMD HAVE to include video and telephone contact by the MD?	The physician must meet the telehealth requirements, which can be done over the phone if video is not available. See this CMS Telehealth Fact Sheet: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
This may have been covered while I had to breakaway for a phone call. If a patient was recently setup on CPAP but can't go to the Dr for their 90 day evaluation due to underlying health issues and should not leave home. Did CMS relax that rule?	That requirement is suspended as it is in the PAP LCD.
It has been stated that there are two exceptions for Telehealth to be audio only can we confirm this is true.	This is true. See this CMS Fact Sheet on Telehealth: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
Do we need to indicate whom we spoke to stating it was ok to deliver and not obtain the signature?	The CMS Provider Burden and DME document (Q and A) states the following: "Given the nature of the pandemic and the inability to collect signatures during this time, CMS will not be enforcing the signature requirement. 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." We always recommend documenting as much information as possible.
Any word on eliminating the need for video for a FTF and the need for an in-home evaluation for wheelchairs?	Telehealth can be performed via phone only, if video is not available. There has been no change to the requirements for the home assessment.
Is the 90 accreditation extension from a companies accreditation expiration date or the date that the IFR was issued?	The FAQ that answers the accreditation question doesn't specify a date but should be effective March 1, 2020. It states the following: "CMS is not requiring accreditation for newly enrolling DMEPOS suppliers and extending any expiring supplier accreditation for a 90-day time period." See https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf
Are nebulizers included as "respiratory equipment"? I know it was briefly mentioned that they are included, but just would like clarification. Thank you!	Yes, we believe nebulizers are included because they are a respiratory item.
OIG has started audits for repairs to PWCs. Do we know if those OIG audits have also been suspended?	The OIG has not officially suspended activities but has published this document. If you currently have a request to respond to, you can reach out and request an extension: https://oig.hhs.gov/coronavirus/letter-grimm-03302020.asp
Also for CRT there is the issue of the ATP involvement.	The rules around the ATP assessment requirements have not changed. If you are doing anything different, you should document what and why. It would be difficult to do a thorough assessment with trunk and limb measurements to ensure accurate seating without having in person contact.
Is this IFR proposed or is this final? A comment period implies the rules might be proposed, but a May 1st effective date on sequester removal implies it is going to be implemented.	It is a final rule, and has an effective date of March 1, 2020. CMS is still taking comments on it though.

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per the IFR PA/NP/CNS clinicians can order DMEPOS. Does this mean that the prescriptions no longer need Physician signatures?	This is applicable to Medicaid home health services, which includes the ordering of medical equipment and supplies for Medicaid recipients. These other non-physician clinicians can now order medical equipment and supplies for Medicaid patients.
DMEPOS accreditation: is it suspended by Medicaid in general or each state determines it?	Accreditation has been suspended for Medicare. Other payers make their own decisions.
The whole LCD for CPAP has been waived as well, or only specific parts of it?	All respiratory DME LCDs and NCDs have been waived.
We have hospitals wanting to order oxygen patients who are in the ER dept. Normally testing done in the ER dept would not be valid as the patient is not in a chronic stable state. Will CMS allow the testing to be acceptable. Also nebulizer without a valid Diag per the LCD's. Will it be paid, example shortness of breath, wheezing	With CMS suspending the LCDs and NCDs, testing requirements are also suspended. You will need a physician order for the respiratory item.
Do you have more information on qualifying a patient for O2 during this pandemic? Doctors are asking to set up patients with O2 but are unable to have them in the office for testing.	The NCD/LCD for oxygen is suspended. You will need a physician order to set up a patient. Testing is not required.
For patients who require 24 hour oxygen, how are we supposed to obtain testing if the patient's visit is through telehealth?	The testing requirements are in the LCD/NCD and are therefore suspended through the PHE.
What about the Face to Face requirement in the Medicare Program Integrity Manual? Seems like the IFR only references NCD & LCD?	The PIM requirements are superseded by the IFR, so if the same requirement is part of an NCD/LCD that is suspended, it does not apply.
Does this mean that the F2F notes are not required at all for the resp. items or that it doesn't have to be in person?	Correct.
Will Medicare be waiving the wheelchair home assessment requirement during pandemic?	We are asking CMS for clarification on this issue.
What about in-home PMD evaluations of the patient's home? Can these be done by our staff via tele-health video?	We don't have the answer to this question yet; we are working with CMS on it.
For Oxygen for any DX including COVID-19... will Medicare still require oxygen sats of 88% or lower? and can this be an acute DX?	Those requirements are suspended; all you need is a physician order.
Has signed prescriptions/CMN's been waived during Covid-19 pandemic?	For the LCDs referenced in the IFR a signed CMN has been waived. You should always have a physician's order for the item prescribed (minimally, a verbal order).
Can you bill Medicare without a signed prescription/CMN?	You will need a physician order. The CMN is suspended, but CMS and the MACs are working on how to operationalize claims submission without a completed CMN.
Since MDs and DOs are being deployed as front liners and most clinics and hospitals are in skeletal staffing, would CRNPs, PA-Cs be authorized to order disposable DME?	The only "ordering" changes are with Medicaid home health services, which includes medical equipment and supplies. See our PowerPoint for those details.
will tpe audits that were in process that are released based on the emergency, will these become effective again once it's back to normal or will they start the process over or pick up where they left off	We have asked CMS to close out all TPEs and reassess when the PHE is over.
would you recommend the use of abn's if we can't obtain the normal justification needed	For the LCDs referenced in the IFR no. All other documentation requirements are in force for other product categories.
will patients be expected to pay copays when there is so much talk of no cost to the patient dx?	Waiving of copays relates to treatment for COVID-19, not other.
wondering if we are at risk if patient is taken under suspicion of covid but later on audit is negative?	The relaxation of the rules applies to all beneficiaries, not just those diagnosed with COVID-19.
Our question regarding PAP criteria beyond the first three months of therapy: "Can we waive the post note requirement? But, we still would need the compliance data." If we waive the post note requirement – what will happen after Covid19? Will we need to track and then require the patient to have this office visit?	All clinical requirement for respiratory product categories are suspended in the PHE. Patient would qualify for Medicare coverage during the PHE. We have asked for clarification for those patients after the PHE. We recommend that you obtain as much information as you can for current patients.

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Documentation on the date of delivery and signature could not be obtained-if we document this on the sales order good enough? It is scanned into the medical record.	Yes, make sure you include COVID-19 in lieu of the signature.
Do we still require oxygen levels when taking a COVID O2 PT?	No, the testing requirements are suspended as part of the LCD/NCD suspension.
How do we get oxygen levels when doing a telehealth for oxygen. The person doing the testing usually is not certified	Testing for oxygen is not required since the LCD/NCD requirements are suspended.
Who can take the verbal order, does it have to be a clinician?	The referral requirements have not changed on who can take an order.
What about OIG power wheelchair repair reviews? Are they suspended?	The OIG has not started an audit on this. It was added to the workplans but not started.
Wanted to ask if there has been any change in the provision of aerosol compressors/ as many dmepos providers will not want to rent them to covid positive patients and then bring them back into inventory	Nebulizers are still considered capped rental.
But has that information been communicated to the DMACs?	Not sure what the question is referencing.
Is LCD still required for other items, hospital beds, nebulizers, etc.?	The LCDs for respiratory items, including nebulizers, are suspended. Beds, wheelchairs etc. LCDs/NCDs are not suspended.
Since CMS-484s are defined in the NCD, does that mean CMS-484s are no longer required for O2 orders / to bill?	Yes, that is correct.
Can orders from now be audited later?	We are working with CMS to obtain guidance about these situations.
Do the F2F flexibilities mean that no F2F notes need to be documented for all DME orders?	Yes as there is no visit to have a note for.
Can clinicians prescribe home O2 and PAPs for ANY diagnosis they deem necessary, e.g. pneumonia?	Yes, the clinician's judgement about the appropriate respiratory item
Do the documentation collection requirements vary by diagnosis? Or is it across all diagnosis codes?	The LCDs for respiratory items, including nebulizers, are suspended. Beds, wheelchairs etc. LCDs/NCDs are not suspended. This would include all diagnoses.
Do the IFR changes apply to Medicaid too, or only Medicare?	The IFR applies only to Medicare, not Medicaid.
Since the CMS484 is defined in the NCD, shouldn't it be suspended too? (For O2)	Yes, but the DME MACs have operational/systems issues to be able to accept claims without a CMN. CMS and the DME MACs are working on this, and we are awaiting their guidance.
Do these rules apply to Medicaid too??	No.
Anyone have any information about doctors telling patients they should not use their CPAP machine due to spreading the virus? Any advise on these patients for compliance?	No
If I have a CPAP resupply patient who has a RX that is over 1 year old, can I go ahead and resupply the patient without a new and current RX under the PHE?	The LCDs for respiratory items, including nebulizers, are suspended. Beds, wheelchairs etc. LCDs/NCDs are not suspended.
Will the advantage plans be required to follow the non competitive bid/non rural fee schedules	If the MA plans based their payment rates off of Medicare fee for service rates, yes. If not, the higher Medicare FFS rates provide you a strong argument for them to raise their rates.
Can we just write "COVID-19" on the signature line of the order?	Yes.
as far as the Respiratory LCD's being waived is that only if the patient has COVID-19?	No, the waiver of the NCDs/LCDs applies to all beneficiaries, not just those diagnosed with COVID 19.
Do you need the Initial O2 CMN completed?	For billing purposes, we are waiting for CMS to clarify claims submission without a completed CMN. For clinical purposes, a CMN is not required, just a physician order is required.
What information should we be asking from a referrals ordering O2? O2 sats not needed at all?	You will need a physician order. You will not need oxygen saturation levels.
How do we know what visits are allowed by phone only? For example- initial visits to assess for osa.	The telephone only visits are allowed for telehealth visits between clinicians and patients.
If the LCD Doesn't apply during the waiver, what about documents that were missing prior to MARCH 1? And delivered after march1.	If you are referring to respiratory LCDs and NCDs, we have posed this question to CMS and do not have an answer.

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So sleep studies are no longer required during PHE? At all? Just a Cpap order?	
I'd also like to know about the January recert now April!! Thank you! So we can bill for dos after 3/1/20? Can't wait to hear the answer!	Yes, you will need a physician order.
The face to face required for ACA requirements? For o2 or pap?	Not sure what this question is referring to.
If home sleep study ahi is 2.0 (inconclusive) Can they still order Cpap if they would normally send them to the lab for another study? But can't	You will just need a physician order for CPAP.
Hello - is qualifying oxygen testing still a requirement or is that still in process of reviewing? thank you!	That is not required because it's part of the oxygen LCD/NCD and is suspended as of March 1, 2020.
If we had any orders prior to 3/1/2020, will the same rules apply?	Yes, the flexibilities and waivers are applicable during the period of the Public Health Emergency declaration only.
Would the 'signature not required' waiver also pertain to Assignment of Benefits documents required for new patients receiving equipment for the first time?	The CARES law provides for a permanent change, allowing non-physician practitioners to order Medicaid home health services, and CMS has 6 months to implement that via regulation. In the interim, in the IFR, CMS is allowing the same practice, as of March 1
Once the PHE is over, will those items that require F2F need to be requalified? Also, I would assume this applies to the compliance F2F after the 90 day initial period for PAP therapy. Will the patient be required to be seen for compliance review after the PHE?	We don't have the answer to this question yet; we are working with CMS on it.
To understand, for PAP & RAD: -No F2F required -No Sleep Study or testing specific to RAD required - No WOPD (verbal or written Rx sufficient) Is this correct?	Correct, the NCD/LCD requirements for respiratory items are suspended. A doctor's order is needed. If you can obtain additional information, it's always wise to do so.
So, what is the advice for an oxygen recertification which was due in January or February 2020, but patient was not able to get in to see physician for F2F, can we now waive the requirement and recert in April?	We have posed this question to CMS and are waiting for a response.
Under the CMS IFR, are nebulizers included in the "respiratory" exclusions?	Yes, it is a respiratory device. The CMS IFR suspends all NCDs/LCDs for all respiratory devices.
Please clarify regarding the waiving of the f-2-f... Does this eliminate the requirement to have an actual f-2-f be completed for all DME (with the exception of PMD)? Or is it just that the f-2-f can be completed by "telehealth"?	All face to face encounter requirements for DME (except for physicians' F2F for PMDs) are suspended. The physician F2F encounter for PMDs can be completed via telehealth.
So to clarify regarding PAP therapy referrals, will be able to set a patient up on a PAP device without a sleep study? Would a doctor's order alone be enough?	Yes, a doctor's order is all you need, but if you have any additional information (e.g., diagnosis), we recommend documenting that as well.
Will patients be required to have a sleep study at a later date, or will they be grandfathered in once the pandemic is over and never require one?	We are working with CMS to obtain guidance about these situations.
Where can I find the spreadsheets that you all presented in relation to fees and pricing?	If you are referring to the non-CBA, non-rural new blended fee schedules, these have not been released by CMS as yet.
If the physician orders oxygen from ER visit- are we required to complete the CMN ? will the claim be allowed in to MAC without the CMN attached ?	AAHomecare has asked CMS for detailed guidance on how suppliers can bill for oxygen without the CMN; we don't have the answer to this question yet.
What are we suppose to do in regards to the CMN for Oxygen? For the virtual visits they do not obtain testing which we know is not required right now. However, we cannot obtain a proper CMN. Also, How will this impact recertification in 12 months?	CMNs are not required, but we are awaiting guidance from CMS and the MACs about how they will process claims without a completed CMN.
Any specific guidance on need (or not) for wound evaluation for wound dressing/supply orders as such is needed in determination of types of allowed dressings and quantities allowed.	The only NCDs/LCDs that have clinical documentation waivers are respiratory related. All other product category documentation requirements are still in play. We have asked CMS for these to be waived as well, we have not had a response.
Did anyone address possible converting PAPS to purchase for COVID Dx with CMS?	The payment categories have not changed for any HCPCS.
What about FtoF requirement visits for PAPs after Data compliance was achieved? Is this waived or covered by Telehealth only.	These face-to-face rules are waived.
With the IFR in place, is a sleep study required to provide a PAP machine to a beneficiary?	No, because the IFR suspends this requirement which is part of the PAP LCD.

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In regards to home health plan of care documentation, can you please advise if all pages on the POC need to be signed if there s a signature & date line or is it acceptable for the signature & date to be on the last page only?	The webinar was in referenced to the DMEPOS industry and cannot comment on HHA requirements.
What about a knee brace - most are not documented patient received the brace	There are no changes to the Medicare rules about the provision of knee braces, except the waiver of any face-to-face requirements.
The F2F requirement would only be waived for a CPAP being prescribed for COVID-19, not for treating OSA, correct? OSA patients would still need a F2F and a sleep study, right?	No, the CPAP LCD/NCD suspension applies to all patients, as long as the physician prescribes the therapy.
Do the re-evaluation requirements apply at all to OSA patient's for PAP's? They don't have to meet usage guidelines or have the F2F?	Yes during the PHE.
What about the competitive bidding. I do not have a Medicare contract as a dme supplier. Can I still provide Medicare Cpap and bipap?	Yes. The Medicare competitive bidding program is suspended right now, through December 31, 2020.
Can you please explain the process how to request money from Medicare based on our previous billing records. What is the website where we request and the form we need to use?	It depends on where you are located. Visit the DME MAC that you bill and search for Accelerated/Advance Payment. Most are on the main page when you go to their site. Example for Jur C - https://cgsmedicare.com/jc/covid-19.html#accel
I want to ask if I can buy some masks and gowns and sell them to hospitals and doctors offices. They are checking with us..what is the guideline for dme suppliers?	Medicare does not regulate these sales; they would be a private transaction between you and the hospital/doctors office.
What about the ATP face to face to do a demo unit with the patient? Can he do that without seeing the patient if the caregiver can help?	The rules around the ATP assessment requirements have not changed. If you are doing anything different, you should document what and why. It would be difficult to do a thorough assessment with trunk and limb measurements to ensure accurate seating without having in person contact.
will there be a webinar, or is CMS relaxing some of the authorizations under NCD 280.6 and LCD L33829?	CMS has not issued any information relaxing the provision of these pneumatic compression items.
I want to confirm CNS, NP, PAs are now allowed to order DMEPOS. The message was a bit confusing that the CARES Act allows it now, but CMS has 6 months to implement it. Does that mean until CMS implements it Medicaid can still deny? Thank you!	The CARES law provides for a permanent change, allowing non-physician practitioners to order Medicaid home health services, and CMS has 6 months to implement that via regulation. In the interim, in the IFR, CMS is allowing the same practice, as of March 1, 2020.
As far as suspension of the LCD for CPAP and oxygen. Does that mean there does not need to be a sleep study for a CPAP to be ordered or O2 qualifications for O2 to be ordered??? This seems very extreme.	This is correct, the sleep study is part of the LCD and that requirement is suspended. You will need a physician order to dispense these items.
What about F2F requirements for non respiratory related LCDs/NCDs? For example, hospital beds, manual wheelchairs, etc.	Non-statutory face-to-face requirements are suspended. That means all F2F requirements are suspended except for the physician F2F for power mobility (PMD F2F can be performed via telehealth).
Are TPEs classified as a program integrity investigation? Please confirm speaker stated that UPICs are a program integrity investigation.	TPEs are conducted by the DME MACs. UPICs are a different contractor focused on fraud investigations.
Can you please go over the F2F and Telehealth for PMD in a little more detail? Is it correct that the Physician F2F for PMD has been waived or is it that it is allowed to be performed via Telehealth now?	The F2F for PMD is not waived, however it can be conducted via telehealth.
Is CMS going to allow the ATP portion of the wheelchair eval to be done by telehealth? Same question for the home assessment attestation for wheelchairs.	We have posed the question to CMS on the home assessment and have not received a response.
Can a CPAP be prescribed without a sleep study?	Yes, you will need a physician order. Sleep studies are part of the LCD requirements and are suspended during the PHE.
Provider enrollment: all info is in to NSC and we were notified of pending Medicare site visit. Since all the site visits are suspended, would it make sense to just re-apply under the new provider enrollment rules so we can start billing immediately?	Please contact the NSC for an answer to this question.
How long do you expect these waivers will last?	We don't know the exact time frame for how long this PHE will last. Previous PHEs (e.g., SARS and H1N1) last over one year.
are all DME company employees exempt from FFCRA regulations, or just Clinical staff?	See responses to Questions 56 and 57 on this document which define exempt employees: https://www.dol.gov/agencies/whd/pandemic/ffcr-questions

Question Asked	Answer Given
Is CMS allowing patients to receive oxygen when they are in the ER, URGENT CARE, OBSERVATION or SURGERY FLOOR? Hospitals are keeping patients in these areas to avoid admitting them due to the COVID-19.	We have posed the question to CMS to allow place of service waivers during the PHE, they have not responded as yet.
To better understand we will be allowed to waive f2f for a wheelchair, hospital bed, low air loss mattress etc.? and do they need to state somewhere that they were not seeing patients during this time?	The F2F requirements are all waived, except for the requirement that physicians conduct a F2F before prescribing power mobility devices - but these can be performed via telehealth.
Will the waiver of F2F apply to those that need to get re-qualified for their O2? Such as 12-month recert or 5yr renewal.	We have posed additional questions on oxygen related to patients started prior to the PHE and now require recertifications and follow-up visits. We have not received a response as yet.
Is there a retro date for CMS suspension of the LCD?	Yes, the LCDs/NCDs are suspended as of March 1, 2020.
Has CMS agreed to cover oxygen for patient who have been diagnosed with covid and if yes how long can the Dr write the need for?	Medicare is providing coverage for home oxygen therapy, as long as the physician orders it. It can be for patients with chronic or acute conditions.
If a PAR is submitted, will CMS expedite?	Not sure what PAR is referring to.
Does this include the resupply requirements for PAP supplies? We have a client that prescription is over 12 months old and cannot get a new one or recent notes	We have requested an extension of an order that has expired for an additional 9 months. However the PAP LCD all clinical documentation requirements are waived.
Also, what about 31-90 follow up requirements for new PAP devices? Is this part of the f2f requirements no longer required? Do we need to still have compliance on file?	All PAP LCD clinical documentation requirements are waived in the PHE.
Question regarding HFNC, this therapy has shown to aid in COVID-19 patients both during the illness and in recovery. This item has no billing code is there any information from Medicare about allowing Miscellaneous Coded devices during the PHE?	We are not aware that Medicare is now providing coverage of these devices that have not traditionally been covered.
No F2F for SEHB or WC correct	Not sure what this question is referring to.
If pt had virtual visit to qualify for oxygen-is there an extension to have pt tested within the 30 days F2F	All oxygen LCD clinical requirements are waived in the PHE.
What about billing orders for PAP and other respiratory devices	Not sure what this question is referring to.
Are there any potential allowable increases being considered or discussed for Competitive Bid areas?	Yes, AAHomecare and other industry leaders are working to obtain some payment relief for HME providers in the next stimulus package that Congress is developing.