

Question Asked	Answer Given
It was mentioned that reaccreditations were being waived. Is this applicable to reaccreditations with organizations like CHAP?	Yes, see CMS' Fact Sheet on Provider Enrollment https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf
What recommendations does AAH have with respect to DMEs supporting patients who are unable to contact their healthcare provider. In some cases when problems occur for the patient they should contact their HCP but either cant or don't know who their HCP is. In these cases they call the DME provider and ask for help. The DME is not allowed to provide clinical advice and in our case refers the patient to their local ER. In current times this may not be the best advice.	AAH and industry consultants do not have an answer to this one. Depending on the patients condition, they would have to decide what is best for their situation.
Do telehealth visits require both audio and video transactions,?	Yes, see CMS' Fact Sheet on Telehealth https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet .
So, are you saying that a telemedicine visit can be used for a face to face for a new order for ventilation. and if so with a DX of CFR and B34.2 (corona virus) will be covered by Medicare even though it does not meet the NCD for ventilation?	The ventilator NCD is very clear on the few requirements that currently exist. The discussion on telehealth was to indicate that CMS will now allow telehealth to meet visit requirements where they exist. See above links to CMS documents.
Or would the patient have to meet the NCD criteria for ventilation and we could accept a telemedicine note would be enough for a F2F?	CMS has not changed any coverage criteria for any DME except for the coverage of oxygen with Corona virus.
Will these slides be available?	Yes and a link should have already been sent to all participants with a link for the recording as well.
For patients who may not have the COVID diagnosis, but have had a telehealth visit with their doctor and the Dr orders oxygen without the appropriate oxygen sat testing. Can they be set up?	At this point, there are no changes in Medicare coverage requirements for home oxygen, except for the addition of COVID-19 as a qualifying diagnosis. Therefore, oxygen saturation levels still need to be tested and documented.
Apologies for the redundancy, but are we also to understand that telehealth visits can also be used for o2 recertification or continued need for PAP?	Telehealth can be used as a substitute for a physician office visit; as long as the various telehealth requirements are met.
Am I understanding that it's ok to accept a F2F via telehealth OR should we wait for additional guidance from CMS? Thank you	Please see the CMS FAQ on Telehealth "Medicare Telehealth FAQ, March 17, 2020" and other CMS Telehealth guidance. Telehealth can be used as a substitute for a physician office visit; as long as the various telehealth requirements are met.
I have received a request from a commercial payer for a copy of our Emergency response plan for Covid19. Has anyone else had these requests?	We have not heard of this happening.
What if the oxygen test is done in the ER or doesn't meet current requirements? Will Medicare pay the claims?	The current coverage criteria for oxygen remain the same. Currently ER tests are not permissible. AAH has requested CMS allow ER testing as well as other emergency treatment facilities that are created.

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For Telehealth...if the e-visit must be initiated by the patient...does that mean we can't be on a conf call with patient and determine need and have patient request the Telehealth consult with DME provider?	Telehealth visits and electronic visits are separate events. See telehealth links from above. For E-visits which occur through a portal to the physician's office, refer to slides in the presentation that Wayne discussed. Also, the "telehealth" referred to in this fact sheet are related to physician telehealth and e-visits that are billed separately. DME suppliers are able to use telehealth to interact with their patients, but there is no reimbursement for these services.
Is only the e-visit qualified as a F2F? Vs a Virtual Check In?	As long as the meet the requirements for reimbursement under the telehealth guidelines outlines in the Fact Sheet, we feel that either would take the place of a face to face, regardless if it is a telehealth, virtual check-in, or e-visit.
We are a complex rehab provider. Access to most our patients has been restricted. As a Medicare supplier, are we allowed to close since we cannot deliver?	Yes, but you should post a sign on your door with a phone number for beneficiaries to call for any assistance they need.
When delivering the supplies, are we allowed to put Covid-19 on the signature line for the patient who is not wanting us to come in the home? Or is this only for patient's who have been diagnosed with Covid-19?	We have asked CMS to respond to this in writing; verbally (and unofficially) CMS staff have indicated this would be appropriate for any DME deliveries.
Will there be an ask for an extension for the 90 day PAP compliance? Most, if not all PAP setup's will be done virtually so we may have issues with getting new patients compliant.	This question is currently on our next waive of asks for CMS. Until they respond on our current higher level issues, we will not pose the question. We also need to vet this out as a real issue to determine if it rises to a need to address with CMS.
Do we know how people will be covered with the high unemployment rate? Cobra be extended?	We would recommend you reach out to your former employer.
We have been skeptical to adopt telehealth for FTF, COVID for o2 diagnosis, etc. since LCDs, etc. are not updated - is it certain CMS will accept?	See above link to CMS guidance on telehealth visits. CMS has published that oxygen will be covered with diagnosis of COVID-19. Both should be covered by Medicare, assuming all other documentation and testing guidelines are met.
Can you tell me which FAQ specifically speaks to site visits across the board being suspended?	See CMS' FAQ on Provider Enrollment: "2019-Novel Coronavirus (COVID-19) Medicare Provider Enrollment Relief FAQ"
How does this relate to the Medicaid MCOs? Will they follow suit?	AAH has been working with the state associations to reach out to managed care payers. They are not required to follow guidance issued by CMS related to Medicare requirements. Suppliers are encouraged to reach out to their state associations for additional guidance.
Is the F2F requirement waived ONLY for COVID-19 patients? Or all patients during this crisis?	As of today, the Face to Face Encounter requirement is not waived. It can, however, be performed via telehealth.
Physicians are complaining that they're trying to do telehealth visits, but system overloads are causing the video portion to fail.	Physicians should reach out to CMS with issues and concerns. Beyond the scope of this webinar.

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We have someone with a pre-Medicare sleep study which does not show how it was scored and does not rule out Cpap but orders bipap. The physician is telling us that a qualifying sleep study is being waived at this time. Can you shed some light on this?	As of today, CMS has not issued any information about waiving sleep studies for CPAP.
Are you aware of any oxygen testing waivers for new home Oxygen orders? We are receiving orders that were established via a telehealth visit, and questions from physicians regarding waived testing guidelines? Thank you!	As of today, CMS has not waived any testing requirements for home oxygen therapy.
What is Section 1135 waivers. What are covered in it?	1135 waivers allow the government to waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available and providers can be reimbursed. States submit an application to CMS, with specific proposals about what requirements they wish to waive under their respective Medicaid programs. Therefore, we suggest you look for your state's particular waiver.
Could the power point be emailed to everyone that's logged on	The presentation and a link to the recording have been sent to all registered participants.
Can a pt. do a F2F with a prov under the virtual check I?	We suggest that the provider use telehealth, under the expanded application/rules, to conduct a face-to-face evaluation. As long as the visit meets the criteria for a virtual check in and the coverage criteria are documented, it should be sufficient.
Can a pt. have a phone call for a CPAP f2f for 31 to 90 day pap follow up	This should be done via telehealth, under CMS' current guidelines.
is the 2% sequester cut based on dates of service 5/1 to 12/31 or claims processed?	H.R.748 indicates May 1 through December 31, 2020, it does not indicate date of service or date of receipt. I would imagine it would be date of receipt. OTHERS?
Will the upcoming change regarding the deleted need for prior authorization only be applicable to patients diagnosed with COVID-19 or will it be applicable all the patients we serve?	CMS has issued no guidance on changes to the prior authorization process. Managed care payers and Medicaid programs may make changes. Suggest you reach out to your state association for more guidance on what is happening with payers in your area. Recently, CMS announced they are pausing the national Medicare Prior Authorization program for certain DMEPOS items, specific to the recently added L codes.
What are the billing codes for the various types of communication? Why would it be billable by a DME when the delivery service is not normally payable?	DMEPOS suppliers cannot bill for telehealth or delivery. Telehealth services can only be billed by the physician performing the service.
Any plan on approaching Medi-Cal to add the 10% back to the allowed amount (10% payment reduction for years now) like Medicare is allowing for the 2%?	Please reach out to the state association in California to express this idea. We will bring this up to Laura Williard at AAH as well.
Can we have a copy of this recorded session and the slides sent to us after the call? I'd like to share with colleagues that couldn't attend.	All attendees received a link to the presentation and recording.

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Are the items in the AAH Letter to CMS specific to oxygen supplies only, or in general for all DME/disposable goods?	Not sure which question you are asking about as included in the AAH letter to CMS. Feel free to email Kim Brummett with more specifics.
Should slide say covid 19 instead of 10	Thank you, it has been updated.
the new rates include the Chicago cba rates if passed?	Please email the speakers with more details on this question.
With some rural patients having very limited access to WIFI or internet, are telephone calls sufficient to meet the needs to telehealth f2f waivers?	At this time, the current expanded telehealth rules apply; Telehealth requires audio and video, but virtual check-ins can be done via telephone and billed as such by the physician. Refer to Wayne's slides on this topic.
What discussions, if any, have begun with CMS to ensure future audits of claims during this period will not be held against suppliers for f2f rules?	We have asked for CMS to suspend all audits during this COVID-19 emergency.
Pt has CPAP unit prior to enrollment in Medicare, now needs a F2F to qualify and physician office is closed. How should we proceed, no way to do telehealth.	Coverage criteria for CPAP have not been changed. If patient cannot meet Medicare coverage criteria, a supplier should handle as they would any patient that presents and does not meet coverage criteria.
Can virtual check in be used for the in-person PAP re-evaluation visit requirement?	A virtual check in, as long as it is documented and meets criteria for the MD to be reimbursed and to establish coverage criteria for the DMEPOS, it can be sufficient.
Is the 75/25 blended rate expected to be from May 1 to December 31 similar to the 2% sequester cut timing?	No, the 75/25 payment rate in non-rural non-bid areas is effective for dates of service March 6, 2020 through the end of the Public Health Emergency.
I'm not seeing the COVID-19 Checklist from slide 35 in the handouts. The one on the slide is backwards. Where can we find this checklist?	The presentation has been updated for the checklist. You can access the checklist on the AAHomecare website on the COVID-19 page.
Do you know what the ICD-10 code is for Covid-19?	The WHO issues an ICD-10 code U07.1 for COVID-19 effective April 1. See link here: https://www.who.int/classifications/icd/covid19/en/ . WHO also has established ICD-10 codes for tested (U07.1) and U07.2 (for diagnosis without test)
Can you clarify the f2f waiver again? Does it apply to meet f2f documentation requirements for new DMEs (PMD?)	As of today, there is no waiver of face to face encounter requirements. The only alternative now is to have the face to face done via a telehealth visit by the physician.
Can you clarify the f2f waiver again? Is telehealth acceptable to meet physician f2f documentation requirements for new DMEs (PMD?)	As of today, telehealth can be used to conduct a face to face encounter, but all other documentation requirements are still required.
In the FDA Enforcement Policy for Ventilators and Accessories during COVID-19 where they relaxed guidance...(https://www.fda.gov/media/136318/download) they mention use of ventilators beyond their indicated shelf life and duration of use. Do you know if this means preventative maintenance on vents can be delayed given the potential for extensive use of ventilators for the public health emergency? Or can you provide more color on that?	The FDA Enforcement Policy applies to manufactures; we don't believe it impacts preventative maintenance.

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On the HIPAA relaxation for telehealth allowing for use of things like FaceTime and Skype, is that piece specific to the physicians only? In other words, are PT/OT or DMEs (when allowed by payer) able to use the alternate technology types with the HIPAA requirements being relaxed?	The restriction applied to all covered healthcare providers according to the notice. https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html
Do you feel these telehealth waivers will allow for LCMP evaluations by PTs and OTs for complex rehab equipment to be done via video conference?	At this time CMS has not released any guidance for telehealth or other means to be used for other types of evaluations specifically, but does allow for other healthcare practitioners, such as PTs and opts to utilize telehealth services. However, requirements for things such as objective measurements, have not been adjusted. See Fact Sheet PT codes https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html
Does the 9 month orders apply to all dme?	AAHomecare has requested a nine month extension of current orders for ongoing rentals and supplies, but CMS has not yet responded.
Can you provide an example/estimate of what E1390 reimbursement will be bumped up to? An example of the blended E1390 rate?	AAHomecare has recently completed an analysis of the top 25 codes and the impact of the new 75/25 blended allowables for non-CBA, non-rural areas. Watch publications from AAH this week.