DJO® | Healthcare Solutions

Medicare Telehealth DMEPOS Fact Sheet

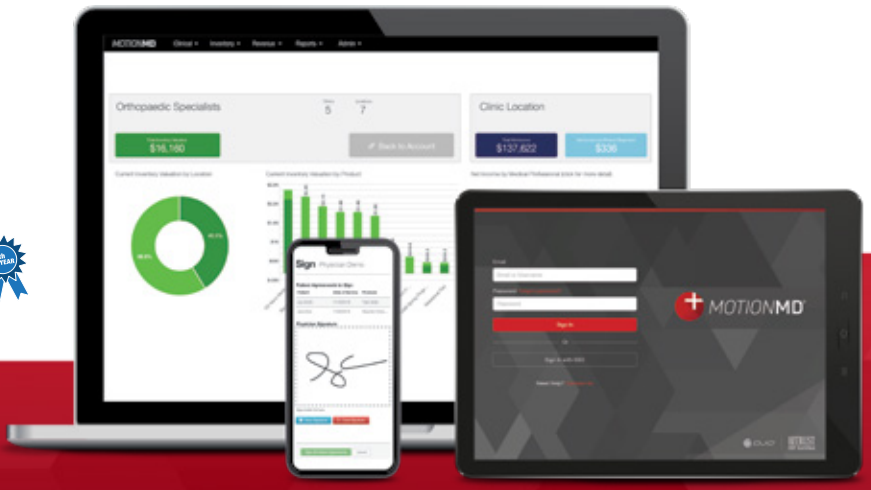
MOTIONMD®

Recent Changes with Telehealth

Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. These policy changes build on the regulatory flexibilities granted under the President's emergency declaration. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act.

Expansion of Telehealth with 1135 Waiver

- **Starting March 6, 2020**, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence,
- These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.
- **Face-to-Face visit/encounter:** As of March 6th, and later, CMS has expanded a health care provider's ability to use a telehealth encounter in place of face to face visit for Medicare beneficiaries
- **Signature Requirements:** CMS is waiving signature and proof of delivery requirements for Part B drugs and Durable Medical Equipment when a signature cannot be obtained because of the inability to collect signatures. 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.
- **Prior Authorization in DMEPOS:** CMS is pausing the national Medicare Prior Authorization program for certain DMEPOS items.
- **Lost, destroyed, irreparably damaged, or otherwise rendered unusable,** DME Medicare Administrative Contractors have the flexibility to waive replacements requirements under Medicare such that the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required
- **Local Coverage Determinations /National Coverage Determinations have not been waived**
- If documentation of the testing & the related results already exist in a patient's medical record, and these records are within the last 6 months, that information can be used to establish medical necessity for a DME item ordered today



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Medicare Appeals in Fee for Service, Medicare Advantage (MA) and Part D

- CMS is allowing extensions to file an appeal
- CMS is allowing waiver requirements for timeliness for requests for additional information to adjudicate appeals; MA plans may extend the timeframe by up to 14 calendar days
- CMS is allowing the processing of an appeal even with incomplete Appointment of Representation forms. However, any communications will only be sent to the beneficiary;
- CMS is allowing the processing of requests for appeal that don't meet the required elements using information that is available
- CMS is allowing all flexibilities available in the appeal process as if good cause requirements are satisfied.

CMS Links

- https://www.cms.gov/files/document/covid-dme.pdf
- https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

DJO® Telehealth Support - Contactless, Virtual, Secure

MotionMD® automates DME program operations and enhances the clinic's telehealth strategy. MotionMD Telehealth ensures that products are delivered to patients remotely, compliantly and securely while helping to provide a virtual continuum of care.

For More Details on DJO Telehealth Support

https://www.djoglobal.com/healthcare-solutions

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