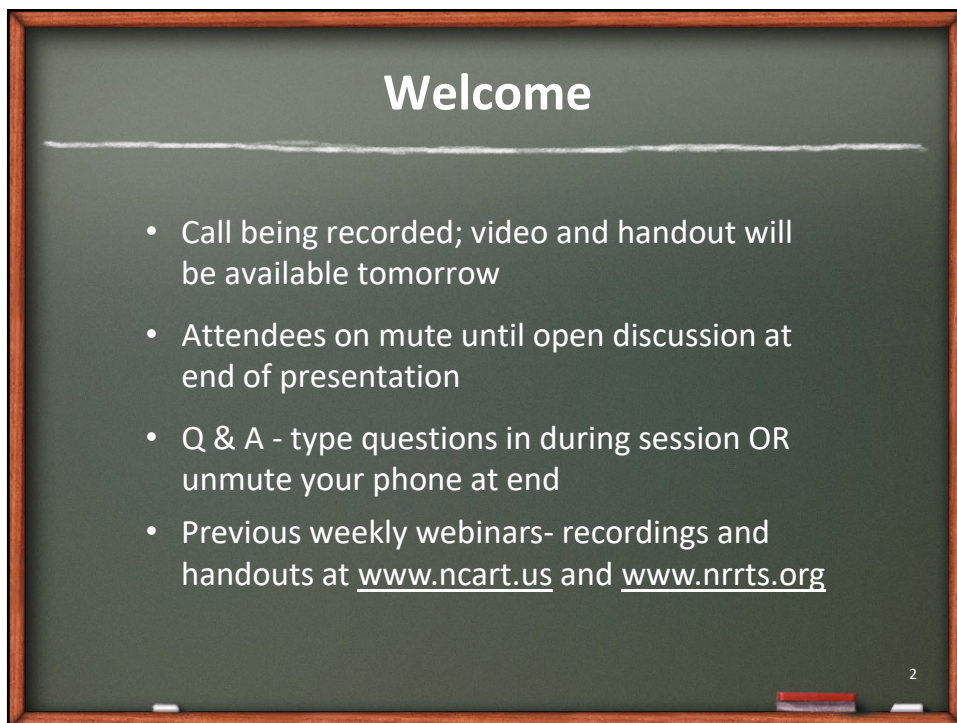


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Today's Topics

1. CRT Industry Self-Care
2. CRT Issues and Needs
3. Legislative Update
4. Remote Services/Telehealth
5. Billing Information
6. Q & A
7. Next Webinar- Thurs June, 25 at 4:00 PM ET

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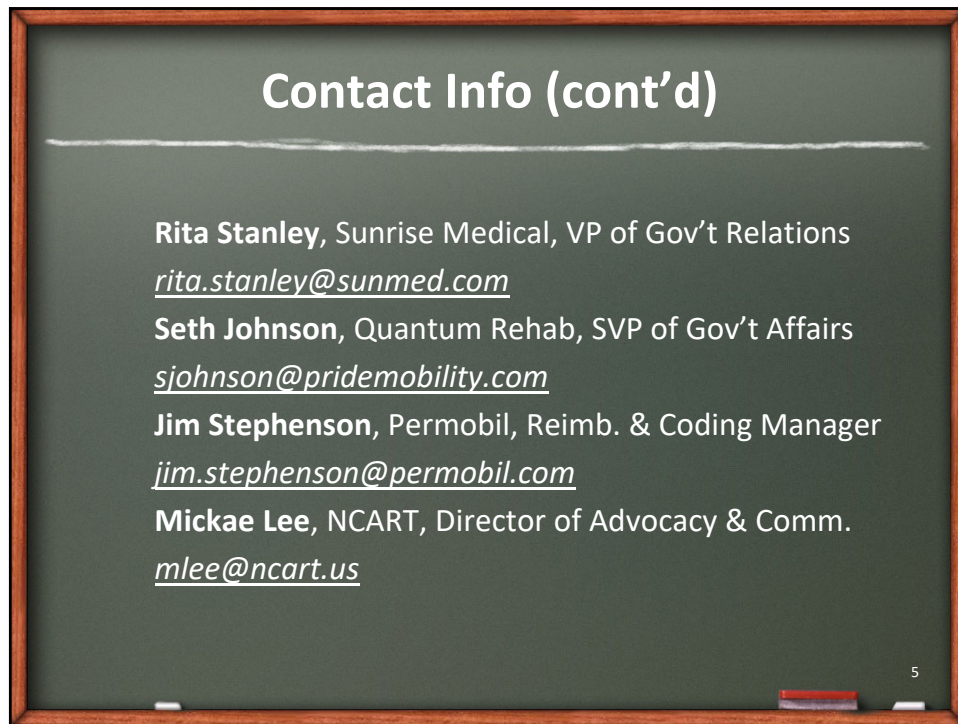
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**CRT Industry –
Self Care in COVID-19**

Kathy Cromwell, CT, MSW, LCSW
Executive Director, Counseling & Support Services
Hinds Hospice Fresno, California
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Identified team stressors

- Change of work location
- Feelings of isolation/disconnection
- Concerns over job security
- Concerns for self and loved one's well-being
- Uncertainties
- Work/life balance
- Lack of motivation
- Increased anxiety
- Difficulty as "Helper" asking for help

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Exploration of strategies of wellness

Your journey; What do I need right now?

Nurturing your brain

"Best friend barometer"

Identifying what you can control

What is positive right now?



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CRT COVID-19 Issues

- Limited access to evals/deliveries- closure of schools, facilities, workshops; health concerns
- COVID-19 business models contain higher costs and lower productivity
- Ongoing use of PPE raises costs in decreased revenue / increased cost environment
- Potential state Medicaid budget cuts
- CRT manufacturers/providers expect significant revenue downturn summer/fall

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CRT Assistance Needed

- CMS should make Medicare “temporary” CRT Manual WC Accessory policy permanent
- Medicare DME competitive bidding program should be paused for one year
- Congress/CMS should make COVID-19 telehealth policy for PTs and OTs permanent
- Increase Federal support to state Medicaid programs- FMAP increase
- CRT/DME Provider Relief Fund payments based on Medicaid services

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Protecting State Access

- Targeted state advocacy will be needed
- Templates and tools are available to highlight need to preserve Medicaid CRT payment levels
- Report if you hear discussions around Medicaid cuts being discussed or reported
- Contact Mickae Lee at NCART at mlee@ncart.us with information or requests for assistance

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Legislative Update

House – Out of Session until at least June 29

Senate – In Session

Hearings

COVID 5 Bill?

- House and Senate have had some discussions but no real progress or guarantee another bill will pass
- Senate indicated they are unlikely to support a bill over \$1 Trillion
- House bill passed last month was \$3 Trillion

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PPP Flexibility Act

Senate voted to approve House Bill 7010. The Bill:

- Lowers the amount business are required to spend on payroll from 75% to 60% for loan forgiveness
- Expands timeframe for businesses to use the loan from 8-24 weeks
- Extends timeframe which businesses can rehire furloughed employees through end of year

Vote in both House and Senate was nearly unanimous

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HHS Provider Relief Fund

HHS is distributing an additional \$15B in relief for State Medicaid and CHIP providers

Eligibility requirements:

- Have not received HHS relief payments from two initial rounds of provider relief
- Directly billed their State Medicaid/CHIP or Medicaid Managed Care plans for services between 1/1/18 and 5/31/20

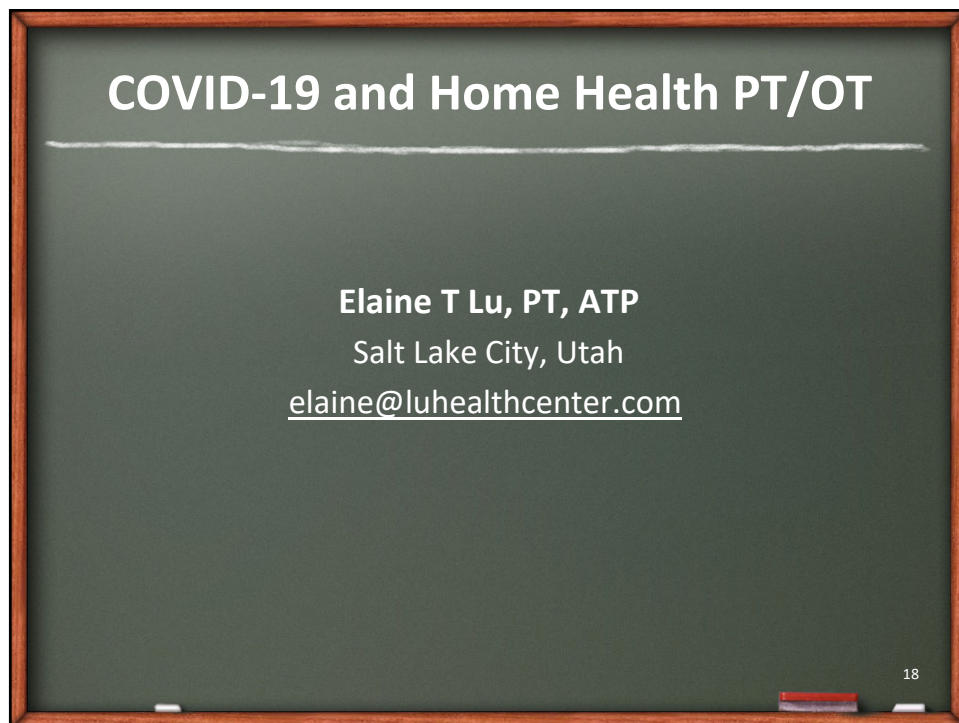
Lawmakers sent letter to HHS requesting more funding on top of the \$15B

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Home Health PT/OT Tips

1. Safety for patient, therapist, and ATP are always of primary importance
2. The need to provide the appropriate possible evaluation for CRT even if the situation may not be "prime" due to Covid-19 restrictions
3. Be inventive and flexible with patient, technology, and ATP; these are challenging times
4. Recommend follow-up visits and/or referral to a clinic if needed and feasible for patient to access

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Waivers and the KX / CR Modifiers

- DME MACs issued an article titled "Correct Use of the KX Modifier During the Public Health Emergency (PHE)"
- To use the KX modifier even if 100% of the policy is not met due to relaxed enforcement / waivers
- Under normal circumstances, the KX should only be used when 100% of the policy requirements have been met
- The KX is an attestation by the supplier that 100% of the policy has been met and documentation (proof) is available upon request (in audit)
- Policies are placed into three groups based how much is relaxed / waived during the PHE XXX

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Waivers and the KX / CR Modifiers

- The first and most relaxed group states the clinical indications of coverage are not being enforced. This includes oxygen, CPAP, nebulizers, etc.
- The second group states the Face-to-Face evaluation or other services with an implied Face-to-Face evaluation such as a home assessment are waived. This group includes PMDs, manual wheelchairs, etc.
- The third group includes the policies not in group 1 or 2 and for this group there is NO relaxation or waiver of policy requirements (100% must be met to use the KX)
- For today's webinar we are just going to discuss group 2 as that one impacts mobility items (PMDs and manual wheelchairs)

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Waivers and the KX / CR Modifiers

- Face to face for PMDs can't be waived as it's a statutory requirement
- Telehealth IS acceptable for the face to face exam with the treating
- LCMP specialty evaluation may be completed via telehealth as well
- Home assessment in-person requirement waived, however supplier still required to ensure product works in home
- ATP assessment in-person requirement is waived however the ATP still must have involved in the wheelchair selection
- These may be completed via virtual means

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Waivers and the KX / CR Modifiers

- Use the KX and CR with "COVID-19" in the narrative field IF any part of the policy is not met as noted
- Example, if there is not an in-person / on-site home assessment for a manual wheelchair or power wheelchair during the PHE, then use KX and CR with "COVID-19" in the narrative NTE 2400 (line note) or NTE 2300 (claim note)
- However, if there is an on-site home assessment and 100% of the policy has been met, then ONLY use the KX
- CMS issued further clarification on this subject with an FAQ (included in handout)

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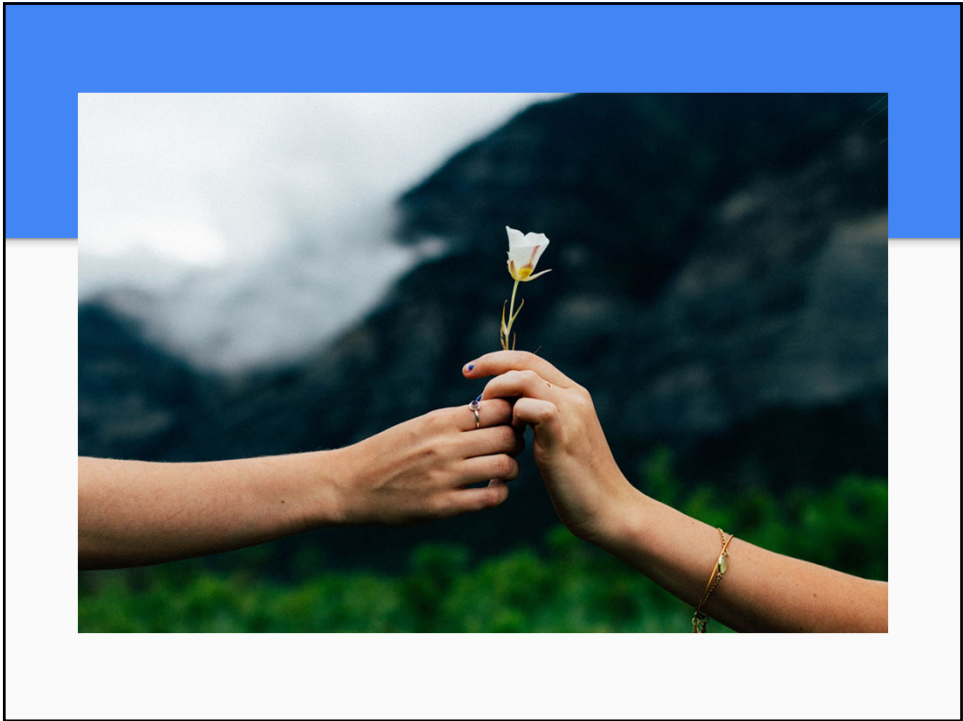
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Webinar Wrap Up

- Thanks for your commitment!
- Next CRT COVID-19 webinar on Thursday June 25 at 4:00 PM ET
- Questions, Answers, Discussion

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