

# ALPHA-1 FOUNDATION

Patients and Providers Fact Sheet: Infusions of Alpha-1  
Augmentation Therapy Infusions During The COVID-19 Pandemic



## MEDICARE CHANGES

On Monday March 30, 2020, the Centers for Medicare & Medicaid Services (CMS) announced sweeping changes for Medicare beneficiaries in recognition of COVID-19 circumstances. These changes include pathways to enable Medicare patients to receive in-home administration of the infusions or injections typically administered at a medical facility or physician office.

For the duration of the COVID-19 public health emergency, patients who suffer from Alpha-1 Antitrypsin Deficiency, a genetic condition that is treated with weekly intravenous infusions of alpha-1 antitrypsin protein, will be able to work with their doctors to receive much-needed treatments while remaining in the safety of their home.

**The Alpha-1 Foundation strongly recommends patients talk with their physicians about their risk of serious health consequences during the COVID-19 pandemic, availability of home infusions, and whether receiving their treatments at home might increase their out-of-pocket costs.** Patients need to be their own best advocate for their health care treatments by having transparent conversations with their health care providers so they can understand the risks and costs associated with each option. In order to receive infusions at home, patients and their physicians need to understand the options and nuances of billing Medicare correctly.

## Patients treated with Prolastin-C®, Prolastin-C® Liquid, Aralast NP™, Zemaira®, Glassia® infusions

### ASK YOUR DOCTOR WHICH OF TWO TEMPORARY WAYS YOU CAN RECEIVE THESE TREATMENTS AT HOME

1. Your physician or the medical professional in his/her office that used to administer the treatment outside the home can now provide it to the patient in their home. They can do this directly or augment their staff by contracting with other staff. Your physician would continue to file a claim under Medicare Part B for both the medication and injection/infusion service.
2. Citing CDC guidelines on social distancing, your physician can certify you as “homebound,” thereby making you eligible to get your treatment from a home health provider. The home health provider would bill Medicare, but your out-of-pocket costs may increase since drugs administered by a home health provider would fall under Medicare Part D.

**The following Part B medications patients typically get outside the home that can now temporarily be administered at home:**

HCPCS J0256 Prolastin-C® and Prolastin-C Liquid® (10 mg)  
HCPCS J0256 Aralast NP™ (10 mg)  
HCPCS J0256 Zemaira® (10 mg)  
HCPCS J0257 Glassia® (10 mg)

# ALPHA-1 FOUNDATION

Physicians and Other Practitioners Temporary Telemedicine Office  
Visits and Remote Patient Monitoring (RPM)



## PHYSICIANS AND OTHER PRACTITIONERS TEMPORARY TELEMEDICINE OFFICE VISITS AND REMOTE PATIENT MONITORING (RPM)

Medicare will temporarily pay for **any telehealth services** provided to patients that otherwise would have been provided in a physician's office, clinic, or hospital. This flexibility, provided in recognition of COVID-19 distancing requirements, will be retroactive to March 6, 2020 and will continue until the end of the public health emergency.

Medicare will simply assign the same payment rate that ordinarily would have been paid under Medicare Part B for services furnished in-person, with practitioners reporting **Telehealth Modifier 95 on claims**. The Medicare program will also permit physicians to provide telehealth services using a cellphone, and will not enforce any related HIPAA compliance regulations.

Physicians and other practitioners can bill **Telehealth Modifier 95** for new and established patients as well as those from other states, even if not licensed in those other states. Providers will be able to conduct an office visit via cell phone and bill the Medicare program as if they were in-state treating a patient in-person. Providers can bill for **CPT codes 98966-98968 and CPT codes 99441-99443**.

Clinicians can provide **remote patient monitoring** services to both new and established patients. These services can be provided for both acute and chronic conditions and can now be provided for patients with only one disease. For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry. **Providers can bill for CPT codes 99091, 99457-99458, 99473-99474, 99493-99494**.

Physicians and other practitioners will not be subject to administrative sanctions for reducing or waiving any cost-sharing obligations for telehealth services, virtual check-in services, e-visits, monthly remote care management, and monthly remote patient monitoring.

On an interim basis, Home Health Agencies (HHAs) can report the costs of telecommunications technology as allowable administrative and general (A&G) cost.

During the pandemic, physicians and other practitioners can provide care to:

- New patients as well as established patients
- Patients in other states
- Patients over 'cell phones' without risking HIPAA violations
- Patients without regard to the usual frequency limitations

## PHYSICIANS AND OTHER PRACTITIONERS NATIONAL COVERAGE DETERMINATION (NCD) AND LOCAL COVERAGE DETERMINATIONS (LCD)

Medicare will temporarily waive the NCD or LCD requirements for face-to-face or in-person encounter for evaluations, assessments, certifications or other implied face-to-face services during the public health emergency. In addition, CMS will not enforce the clinical indications for coverage across respiratory and infusion pump NCDs and LCDs (including articles):

- NCD 240.2 Home Oxygen.
- NCD 240.4 Continuous Positive Airway Pressure for Obstructive Sleep Apnea.
- 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 280.14 Infusion Pumps.
- LCD L33794 External Infusion Pumps.

These are all temporary provisions, and once the public health emergency is over, CMS will return to enforcement of the clinical indications for coverage of these NCDs and LCDs(including articles).

# ALPHA-1 FOUNDATION

Physicians and Other Practitioners Temporary Telemedicine Office  
Visits and Remote Patient Monitoring (RPM)



For more information on the CMS COVID-19 waivers and guidance, and the Interim Final Rule, please visit the CMS COVID-19 flexibilities webpage: <https://www.cms.gov/aboutcms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>.

CMS provided a list of telehealth services payable during the COVID-19 public health emergency, effective March 1, 2020: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

These actions, and earlier CMS actions in response to COVID-19, are part of the ongoing White House Coronavirus Task Force efforts. To keep updated on work the Task Force is doing in response to COVID-19, visit [www.coronavirus.gov](http://www.coronavirus.gov).

For a complete and updated list of CMS actions, and other information specific to CMS, please visit the Current Emergencies Website.

Important terms used in this fact sheet regarding Medicare: There are four parts of Medicare: Part A, Part B, Part C, and Part D. Part A provides inpatient/hospital coverage. Part B provides outpatient/medical coverage. Part C offers an alternate way to receive your Medicare benefits (see below for more information). Part D provides prescription drug coverage. If you're not sure if you have Part A or Part B, look on your red, white, and blue Medicare card. If you have Part A, "Hospital (Part A)" is printed on the lower left corner of your card. If you have Part B, "Medical (Part B)" is printed on the lower left corner of your card.