

NATIONAL OSTEOPOROSIS FOUNDATION

Patients and Providers Fact Sheet: Injections or Infusions of Osteoporosis Medications During the COVID-19 Pandemic



MEDICARE CHANGES

On Monday March 30, 2020, the Centers for Medicare and 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 osteoporosis, a chronic disease that weakens bones and increases a person's risk for debilitating and deadly fractures, will be able to work with their doctors to receive much needed treatments while remaining in the safety of their home.

Example: Patients who skip doses of Denosumab can may risk repeated, painful broken bones in their spine. Since it is essential that Medicare patients do not skip scheduled injections or infusions, Medicare now allows patients to receive their treatment in the home.

The National Osteoporosis Foundation strongly recommends patients talk with their physicians about any increase in out-of-pocket costs and the options they and their physicians have to provide treatments in the home. Patients need to be their own best advocate for their health care treatments by having transparent conversations with their health care providers about this choice and its cost.

In order to receive infusions at home, patients and their physicians need to understand the choice and nuances of billing Medicare correctly. NOF encourages patients to understand the costs associated with switching from Medicare Part B to Medicare Part D if this is being recommended. Patients should talk to their provider, specialty pharmacy and/or home care infusion company and have a transparent conversation about the costs.

Patients treated with Prolia™, Evenity®, Reclast®, or Boniva® injections or infusions

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

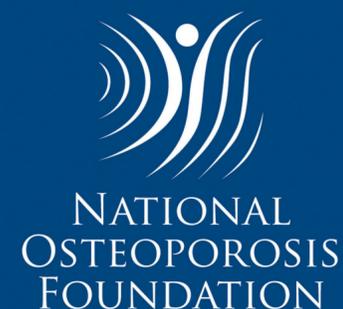
1. Your physician or the medical professional in his/her office that used to administer the treatment outside the home can now provide it to the patient in their home. They can do this directly or augment their staff by contracting with other practitioners or entities. Your physician would continue to file a claim under Medicare Part B for both the medication and injection/infusion.
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 can now temporarily be administered at home:

Prolia™(denosumab) injection
Evenity® (romosozumab-aqqg) injection
Reclast® (zoledronic acid) infusion
Boniva® (ibandronate) injection

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PHYSICIAN AND OTHER PRACTITIONERS TEMPORARY TELEMEDICINE OFFICE VISITS

Medicare will temporarily pay for Fracture Liaison Service (“FLS”) 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.

Providers will simply assign the same payment rate that ordinarily would have been paid under Medicare Part B for services furnished in-person, using Telehealth Modifier 95. The Medicare program will permit use of cellphones to deliver telehealth services and will not enforce any related HIPAA compliance regulations.

FLS programs can bill **Telehealth Modifier 95** for new patients as well as those from other states, even if not licensed in those other states. If patients do not have an FLS program in their state, they can now contact a program in another state. That program will be able to conduct an office visit via cell phone and bill the Medicare program as if they were in-state treating an existing patient.

Telephone only CPT codes:

For non-physician providers 98967-98968

For physician providers 99441-99443

Telehealth (video chat) CPT codes:

Established patients 99211-99215

New patients 99201-99205

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 and existing patients
- Patients in other states
- Patients over ‘cell phones’ without risking HIPAA violations
- Patients without regard to the usual frequency limitations on telemedicine services

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>.

A complete list of telehealth services payable under during the COVID-19 public health emergency, effective March 1, 2020, is available from CMS:

<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.

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.