



## **CMS Must Continue Beneficiary Access to Oxygen Post-PHE**

During the COVID-19 Public Health Emergency (PHE), the Centers for Medicare & Medicaid Services (CMS) implemented waivers and flexibilities for certain Durable Medical Equipment, Prosthetics, Orthotics, & Supplies (DMEPOS) items and services. DMEPOS such as oxygen were in high need during the PHE in keeping patients safe and at home. CMS allowed for the following flexibilities for at-home oxygen during the PHE:

- Removed the Face-to-Face (F2F) requirement
- Waived requirement for supplier to obtain clinical records documenting the current Medicare coverage criteria—allowing for beneficiaries to receive oxygen therapy when a prescriber ordered it and documented medical need
- Waived the Certificate of Medical Necessity (CMN) requirement
- Waived the physical signature requirement on a proof of delivery
- Waived the in-person equipment check in instances where a payer change occurred
- Allowed for patient's home to be the originating site for telehealth

With the end of the PHE closer in sight, the DMEPOS industry is concerned that once the PHE ends, oxygen patients that were set-up during the PHE or received on-going services during the PHE may not meet the required Medicare clinical indications for coverage. **CMS needs to ensure oxygen patients that received services during the PHE will continue to have access to their oxygen therapy.**

Oxygen patients set-up or receiving therapy during the PHE may never meet the standard Medicare oxygen requirements; however, their prescribers have determined their need for continued oxygen therapy. **CMS needs to ensure Medicare beneficiaries can continue their oxygen therapy by not requiring requalification under current Medicare requirements.**