**FAQs Related to Medicare Billing
in the Long-term Oxygen Treatment Trial (LOTT)**

1. **Can Medicare+Choice (HMO, Advantage, PPO) patients participate in LOTT?**
   **Do Medicare+Choice (HMO, Advantage, PPO) patients require referral from their
       Medicare+Choice organization to participate in the LOTT?**
   How are the bills for Medicare+Choice patients handled?
   Yes, Medicare+Choice (HMO, Advantage, PPO) patients can participate in LOTT and do not
   require prior approval from the HMO or PPO organization to participate in LOTT. Such patients
   have Medicare Part A and Part B coverage through their purchase of their Medicare+Choice
   (HMO , Advantage, PPO) policy. Medicare regulations require Medicare+Choice programs to
   follow CMS' national coverage decisions (NCD). CMS issued a NCD to cover the LOTT
   clinical trial services. If a Medicare+Choice patient comes to a LOTT site for a LOTT visit
   (screening or followup), the bill should be submitted by the LOTT site as a Medicare fee for
   service bill. All bills for LOTT clinical services should be submitted to Medicare as fee for
   service bills.

2. **Which Medigap policies cover copays and deductibles for Part B services?**
   Many, but not all, Medigap policies cover copays for Part B services and several cover Part B
   deductible amounts. Medigap policy coverage is described in general at
   http://www.medicare.gov/medigap/Default.asp. Coverage of Part B copays and deductibles by
   type of policy is summarized on page 9 of the 2008 CMS guide to choosing a Medigap policy
   (http://www.medicare.gov/Publications/Pubs/pdf/02110.pdf).

3. **Will Medigap policies cover the copays and deductible amounts for LOTT services
   (covered by Medicare under the NCD)?**
   Yes, if the Medigap policy covers Part B copays and deductibles, then the policy will cover Part
   B copays and deductibles for LOTT services. It does not matter that the LOTT services are
   covered by a Medicare NCD – if the Medigap policy covers Medicare Part B copays and
   deductibles, then the policy will cover copays and deductibles for Medicare Part B services
   provided under a NCD.

4. **How do we bill for patients who receive Medicare through the Railroad Retirement Board
   (Railroad Medicare)?**
   If a beneficiary receives health coverage through the Railroad Retirement Board, the Part A
   claims are processed by the same Medicare Administrative Contractor as for traditional Medicare
   beneficiaries, while the Part B claims are processed through Palmetto.

5. **Is prescription of oxygen by a LOTT Study Physician to beneficiaries in either group who
   deteriorate during LOTT and qualify for oxygen under the current coverage policy (i.e.,
   become severely hypoxemic at rest [SpO$_2$ below 89%]) considered a LOTT Protocol
   service?**
   Yes, prescription of oxygen by a LOTT Study Physician to beneficiaries in LOTT who become
   severely hypoxemic at rest during LOTT is considered a LOTT Protocol service, and their
   oxygen should be billed with the Q1 modifier.

6. **How do we fill out the Certificate of Medical Necessity for LOTT oxygen group patients?**
   LOTT patients randomized to supplemental oxygen will need to have the Medicare Certificate of Medical Necessity completed **once** during the trial. This form is set up for prescription of oxygen per conventional Medicare guidelines, and LOTT is prescribing oxygen outside of these guidelines. Staff should answer questions on the form truthfully and include the narrative below in Section C of the form:

   > This patient is enrolled in an approved clinical trial (Long-term Oxygen Treatment Trial (LOTT), NCT00692198) as specified in the CMS national coverage determination No. 240.2.1 (CMS National Coverage Determination Manual, Publication 100-03). Claims processing instructions for the Certificate of Medical Necessity may be found in the CMS Claims Processing Manual, Publication 100-04, Transmittal # 961, Change Request # 4389, dated May 26, 2006, in business requirements 4389.7 and 4389.7.1.

   FYI, the claims processing business requirements noted above state:

4389.7	Contractors shall require the use of the Certificate of Medical Necessity (CMN) for initial claims submitted for approved clinical trials for home use of oxygen that contain a HCPCS code from 4389.4 and modifier QR. *(now Q0)*
4389.7.1	Contractors shall pay subsequent claims submitted for approved clinical trials for home use of oxygen that contain a HCPCS code from 4389.4 based on the initial date and status of the initial CMN.

   The CMS link for the transmittal describing this is:
   http://www.cms.hhs.gov/Transmittals/downloads/R961cp.pdf

   The CMS link for the Certificate of Medical Necessity for Home Oxygen is:
   http://www.cms.hhs.gov/cmsforms/downloads/cms484.pdf

7. **Can patients with Medicaid participate in LOTT?**
   Medicaid is a state-administered program and is not the same as Medicare. Medicaid does not cover LOTT.

8. **What if the patient has Medicare as secondary insurance – can the patient participate in LOTT?**
    As long as the patient has Medicare Part A and Part B somewhere in their hierarchy of insurance coverage, Medicare will cover the LOTT clinical services. The billing office must go through the usual process of submitting the patient's bills to the primary insurer first, obtaining the rejection, and then submitting to the secondary insurer. This link may be helpful:

    http://www.cms.hhs.gov/medicaresecondpayerandyou

9. **The oxygen claim for a LOTT patient has been denied and I believe the claim was prepared properly with the correct codes and modifiers and supporting material. What do I do?**
    Denials sometimes happen, but they can be resolved. Have the oxygen company send you a copy of the denial letter and forward the letter to Alice at the DCC (asternbe@jhsph.edu, 410-955-0932 fax). She will forward it to CMS. CMS will also need to know which site enrolled the patient.

    Tell your oxygen companies to inform you of denials when they occur and tell them not to proceed to adjudication – the company should let you try to get it resolved first.