

March 13, 2020



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FOLEY

“In general, except in the limited circumstances described elsewhere in this Bulletin, affirmative reporting to the media or the public at large about an identifiable patient, or the disclosure to the public or media of specific information about treatment of an identifiable patient, such as specific tests, test results or details of a patient’s illness, may not be done without the patient’s written authorization[.]” (Department of Health and Human Services, commenting on HIPAA’s limitations on disclosing COVID-19 related patient information)

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[Prior Authorization Process for Certain Durable Medical Equipment, Prosthetic, Orthotics, Supplies \(DMEPOS\) Items](#)



CMS

Update March 10, 2020: CMS will host a Special Open Door Forum call to discuss the addition of six lower limb prosthetic HCPCS codes to the Required Prior Authorization List on Wednesday, March 11, from 2:00 p.m. to 3:30 p.m. Eastern Time (ET). Slides will be posted in the Downloads section below in advance of the call. For more information, please visit the Special Open Door Forums webpage.

[Medicare CMS — Required Prior Authorization — DME More Lower Extremity Devices Will Need Prior Authorization as of May 1, 2020](#)

[A New Game In Town: Concepts and Opportunities in Direct-to-Provider Contracts](#)



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UnitedHealthcare ("United"), the nation’s largest health insurer, is using a dual strategy to put downward pressure on provider reimbursement rates: (1) strategic contract terminations, combined with (2) heavy investment in its own physician practice operations to allow it to directly compete in the market and drive down rates. [READ MORE](#)

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