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# Standard Elements for DMEPOS Order, and Master List of DMEPOS Items Potentially Subject to a Face-to-Face Encounter and Written Orders Prior to Delivery and, or Prior Authorization Requirements

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**Note: We revised the Article to add a link to the latest master list and information on related requirements on page 2.**

## Provider Types Affected

This Special Edition Article is for providers and suppliers who bill Medicare Administrative Contractors (MACs) for Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) they provide to Medicare patients.

## Provider Action Needed

In this Article, you'll learn about:

- Parts of the Calendar Year (CY) 2020 End Stage Renal Disease (ESRD) Prospective Payment System (PPS) Final Rule CMS-1713-F (84 Fed. Reg Vol 217)
- A standard set of elements to include in a written order/prescription for DMEPOS items
- A new Master List of DMEPOS items potentially subject to a face-to-face encounter

## Background

In an April 2006 final rule (71 FR 17021), CMS set face-to-face examination and written order prior to delivery requirements for power mobility devices. In a November 2012 final rule (77 FR 68892), we separately made a list of Specified Covered Items subject to a face-to-face encounter and written order prior to delivery requirements. In a December 2015 final rule (80 FR 81674), we created a Master List of items that are potentially subject to prior authorization.



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Final Rule CMS-1713-F (84 Fed. Reg Vol 217) harmonizes these lists into 1 Master List from which items may be selected for face-to-face encounter and written order prior to delivery and or prior authorization requirements.

Find the latest master list and information on related requirements.

## Key Points

**Required Elements of a Standard Written Order/Prescription for all DMEPOS items**

- The standard written order/prescription must include the following elements:

  A. Beneficiary name or Medicare Beneficiary Identifier (MBI)

  B. Description of the item

  C. Quantity, if applicable

  D. Order date

  E. Treating practitioner name or National Provider Identifier (NPI)

  F. Treating practitioner signature

**Standard Written Order/Prescription Definitions and General Requirements**

- A written order/prescription is a written communication from a treating practitioner to a supplier of the DMEPOS item(s).

- Treating practitioner means a physician, as defined in Section 1861(r)(1) of the Social Security Act (the Act), or physician assistant, nurse practitioner, or clinical nurse specialist, as Section 1861(aa)(5) of the Act defines those terms.

- All DMEPOS items require a written order/prescription from the treating practitioner to be communicated to the supplier before submitting a claim for Medicare payment.

- We'll publish items subject to the face-to-face encounter and written order prior to delivery requirements, as a condition of payment, with no less than a 60-day Federal Register Notice. We'll include them on the Required Face-to-Face Encounter and Written Order Prior to Delivery List, on the CMS and DME MAC websites.

- Items on the Required Face-to-Face Encounter and Written Order Prior to Delivery List (such as, Power Mobility Devices (PMDs) and any other items selected from the Master List and published via Federal Register Notice require the written order/prescription to be

communicated to the supplier prior to delivery.

- Items requiring a face-to face encounter and written order per statute will always require such conditions of payment, and will remain on the Required Face-to-Face Encounter and Written Order Prior to Delivery List (such as, PMD).

**Master List of items requiring a face-to-face encounter and written order prior to delivery and, or prior authorization**

- The Master List serves as a library of DMEPOS items. From this Master List, you may select items for inclusion on the Required Face-to-Face Encounter and Written Order Prior to Delivery List or the Required Prior Authorization List or you may include items on both Required Lists. Items included in either Required List are subject to the requirements of the list as a condition of payment.

- We'll publish items we select and include in the Required Prior Authorization List in the Federal Register with no less than 60 days' notice and post these on CMS and MAC websites.

**The Face-to-Face Encounter - Definition, Timeframes and Documentation**

- For DMEPOS items appearing on the Required Face-to-Face and Written Order Prior to Delivery List, the treating practitioner must document and communicate to the DMEPOS supplier that they had a face-to-face encounter with the patient within the 6 months before the date on the written order/prescription.

    - **Note:** The 6-month timing requirement doesn't replace other CMS policies. For example, in the National Coverage Determination Manual, Section 240.2 Home Use of Oxygen requires a face-to-face examination within a month of starting home oxygen therapy.

- A face-to-face encounter means an in-person or telehealth encounter between the treating practitioner and the patient. Use the face-to-face encounter for gathering subjective and objective information associated with diagnosing, treating, or managing a clinical condition for which you order the DMEPOS.

- If you use a telehealth encounter to satisfy the face-to-face encounter requirement for a DMEPOS item(s), it also must meet the requirements of 42 CFR 410.78 and 42 CFR 414.65.

- Suppliers must maintain the written order/prescription, and the supporting documentation provided by the treating practitioner to support payment for the item(s) of DMEPOS and make them available to CMS or its contractors upon request.

- Document the face-to-face encounter in the medical record to support payment for the item(s). For example:
    - History
    - Physical examination
    - Diagnostic tests
    - Summary of findings
    - Progress notes
    - Treatment plans
    - Other sources of information that may be appropriate
- The supporting documentation includes subjective and objective patient-specific information you used for diagnosing, treating, or managing a clinical condition for which you ordered the DMEPOS.

**Prior Authorization**

The final rule CMS-1713-F also updates the prior authorization process to allow us to respond to billing concerns in our selection of items subject to prior authorization. This lets us update the list in a timely manner, accounts for lower dollar but high-volume items that pose vulnerabilities, and adjusts the cost thresholds for recent changes in policy that lowered their prior costs.

The rule doesn't affect the supplier process for submitting prior authorization requests, or receiving contractor feedback, for those items subject to prior authorization.

In response to industry feedback on the prior authorization process, we're working on systems changes to allow you to voluntarily add accessories that don't appear on the Required Prior Authorization List to their request for prior authorization of the base device. This will be a voluntary process and won't impose prior authorization of these accessories as a condition of payment.

## More Information

See the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Order Requirements webpage.

Also, see the Prior Authorization Process for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Items webpage.

For more information, find your MAC's website.

## Document History

| Date of Change | Description |
|---|---|
| January 12, 2022 | We revised the Article to add a link to the latest master list and information on related requirements on page 2. |
| February 24, 2020 | Initial article released. |