

Probationary Prior Authorization Process for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Items

Frequently Asked Questions

Background

1. What is prior authorization (PA)?

PA is a process that allows Medicare to review a request for provisional affirmation of coverage before a supplier furnishes a durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) item to a beneficiary and submits a claim for payment. PA helps ensure that the item meets applicable Medicare coverage, payment, and coding requirements before it is furnished.

2. What is probationary prior authorization (PPA)?

PPA provides temporary enhanced oversight of newly enrolled DMEPOS suppliers and suppliers that undergo certain changes of ownership. PPA requires these suppliers to obtain prior authorization for designated DMEPOS items during their one-year probationary period.

3. Why is CMS implementing PPA?

CMS is implementing PPA as a program integrity measure to help prevent fraud, waste, and abuse among newly enrolled DMEPOS suppliers and suppliers that undergo certain changes of ownership. Under section 1866(j)(3) of the Social Security Act and 42 CFR §424.527, CMS may apply enhanced oversight to these suppliers. PPA requires prior authorization for designated high-risk DMEPOS items and helps ensure that applicable Medicare coverage, coding, and payment requirements are met before claims are paid.

4. Does PPA change Medicare coverage requirements?

PPA does not change any medical necessity or documentation requirements. PPA requires the same information that is currently necessary to support Medicare payment, just earlier in the process.

5. How does PPA help Medicare suppliers, physicians, and other practitioners?

PPA provides greater certainty for suppliers, physicians, and other Medicare practitioners by allowing Medicare coverage requirements to be reviewed before a supplier furnishes a designated DMEPOS item. An affirmed prior authorization decision gives suppliers, physicians, and other practitioners greater confidence that Medicare will cover and pay for the item if the claim meets all applicable Medicare requirements and is consistent with the affirmed decision. In addition, paid claims associated with an affirmed prior authorization decision receive certain protections from future medical review, consistent with CMS policy.

Probationary Prior Authorization Process

1. Who is subject to the requirements of PPA?

PPA applies to newly enrolled Medicare DMEPOS suppliers and suppliers that undergo certain changes of ownership and receive Medicare enrollment approval on or after October 15, 2026. PPA does not apply to existing Medicare-enrolled suppliers unless they complete a new enrollment or undergo an applicable change of ownership.

2. What is considered a change of ownership?

A change of ownership generally occurs when a Medicare supplier is purchased, acquired, merged with, consolidated, leased, or transferred to another entity. It may also include certain changes in a supplier's business structure that creates a legal entity, changes in owners, or tax identification number changes, or the sale or transfer of assets associated with the supplier's Medicare business. CMS determines whether a transaction qualifies as a change of ownership through the Medicare enrollment process. If the Medicare enrollment process identified a supplier as having undergone an applicable change of ownership, the supplier is subject to PPA requirements. For more information on changes of ownership please see 42 C.F.R. [§489.18 \(a\)](#), [§424.550\(b\)](#), and [§424.527](#).

3. When does PPA begin?

PPA begins on October 15, 2026. A supplier's one-year probationary period begins when the supplier submits its first claim.

4. How long is a supplier subject to PPA, and when does the one-year probationary period end?

A supplier's one-year probationary period begins when the supplier submits its first claim and ends one year from that date. Because suppliers may submit their first claims on different dates, each supplier's probationary period may begin and end on different dates.

5. If an existing supplier opens a new location with a new Medicare Provider Transaction Access Number (PTAN), is that considered a newly enrolled supplier?

Yes, if an existing supplier opens an additional location, the new location must enroll separately and meet all enrollment requirements. Generally, the enrollment and PTAN history of the existing enrollments do not carry over to the newly enrolled location. Therefore, PPA treats the new location as newly enrolled even if the legal entity or parent company is already enrolled.

6. What codes are subject to PPA?

Currently, the PPA List includes 40 codes: 38 orthoses and 2 osteogenesis stimulators. CMS may add codes if additional vulnerabilities arise. The complete list of codes and descriptions is available [here](#).

7. Is PPA considered a condition of payment?

Yes, PPA is a condition of payment for newly enrolled DMEPOS suppliers and suppliers undergoing certain changes of ownership, for items on the PPA List. Suppliers must submit a prior authorization request (PAR) and receive a provisional affirmation decision before submitting a claim for payment. The claim must also include the Unique Tracking Number (UTN) issued in response to the PAR. The DME MAC will deny the claim for failure to meet the prior authorization requirements when:

- The supplier did not submit a required PAR before submitting the claim; or

- The UTN is associated with a non-affirmation prior authorization decision.

If a UTN is on file but the supplier does not include the UTN on the claim, the DME MAC will return the claim to the provider (RTP) for correction.

8. Does the PPA process replace the existing Prior Authorization Process for Certain DMEPOS Items?

No, the PPA process does not replace the existing Prior Authorization Process for Certain DMEPOS Items. All DMEPOS suppliers, including newly enrolled suppliers and those suppliers that have undergone certain changes of ownership remain subject to the requirements of the existing PA process.

9. How does PPA interact with existing prior authorization requirements for DMEPOS items?

PPA and the existing PA process follow the same prior authorization procedures but apply to different lists of DMEPOS items.

10. What are the timeframes for receiving a prior authorization decision?

The DME MACs will complete their review of initial and resubmitted PAR and send detailed decision letters postmarked, faxed, or delivered electronically by the 5th business day (not to exceed 7 calendar days) after receiving the PAR.

11. How long is a prior authorization decision valid?

A prior authorization decision remains valid for sixty (60) calendar days following the provisional affirmation review decision. For example: If the PAR is affirmed on April 13, the supplier has until June 12, 11:59 pm to furnish the DMEPOS item. If the supplier does not furnish the item within that period, the supplier must submit a new PAR to begin a new 60-day period.

Special Considerations

1. Can PARs be reviewed on an expedited time frame?

Yes, if waiting for a PA decision could jeopardize the beneficiary's life or health, the requestor should ask the DME MAC to expedite the PAR. The submitted documentation should include evidence supporting the need for expedited review. If the DME MAC determines that the request qualifies for expedited review, it will make reasonable efforts to communicate a written decision within 2 business days after receiving the PAR.

2. What if a beneficiary needs an orthoses that is on the PPA List sooner than the expedited timeframe?

Under limited circumstances, CMS suspends the prior authorization requirement when waiting for the two-business-day expedited review could delay urgently needed care and jeopardize the beneficiary's life or health. Suppliers must bill claims for items furnished under these circumstances with the ST modifier. These claims are subject to 100% prepayment review.

Additional Resources

1. To see the full list of codes on the PPA List, please click [here](#).
2. To see the full list of codes on the Required PA List, please click [here](#).
3. To access the DMEPOS PPA webpage, please click [here](#).
4. To access the DMEPOS Required PA webpage, please click [here](#).