



Standard Elements for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (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

MLN Matters Number: SE20007

Related Change Request (CR) Number: N/A

Article Release Date: February 24, 2020

Effective Date: January 1, 2020

Related CR Transmittal Number: N/A

Implementation Date: January 1, 2020

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) provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

SE20007 informs providers that the Calendar Year (CY) 2020 End Stage Renal Disease (ESRD) Prospective Payment System (PPS) Final Rule CMS-1713-F (84 Fed. Reg Vol 217) (<https://www.federalregister.gov/documents/2019/11/08/2019-24063/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis>) goes into effect January 1, 2020.

This rule, in part, streamlines the requirements for ordering DMEPOS items through the identification of a standard set of elements to be included in a written order/prescription. It also develops a new Master List of DMEPOS items potentially subject to a face-to-face encounter, written orders prior to delivery and, or prior authorization requirements as a condition of payment (thereby harmonizing prior lists). This standard written order and Master list will simplify the ordering of DMEPOS items and eliminate multiple lists of DMEPOS items potentially subject to conditions of payment.

BACKGROUND

In an April 2006 final rule (71 FR 17021), the Centers for Medicare & Medicaid Services (CMS) established face-to-face examination and written order prior to delivery requirements for power mobility devices. In a November 2012 final rule (77 FR 68892), CMS separately created a list of

Specified Covered Items to be subject to a face-to-face encounter and written order prior to delivery requirements. In a December 2015 final rule (80 FR 81674), CMS created a “Master List” of items that are potentially subject to prior authorization. Final Rule CMS-1713-F (84 Fed. Reg Vol 217) harmonizes these lists created by the former rules and developed one “Master List” which serves as a library of items from which items may be selected to be subject to face-to-face encounter and written order prior to delivery and/or prior authorization requirements.

Similarly, while written order/prescription requirements aim to create uniformity and exactness in healthcare delivery, over time the implementation of overlapping instructions created various requirements for written orders/prescriptions, depending upon the type of DMEPOS being ordered. Final Rule CMS-1713-F (84 Fed. Reg Vol 217) creates one standard set of required elements for all DMEPOS orders.

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. General Description of the item
 - C. Quantity to be dispensed, 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 those terms are defined in Section 1861(aa)(5) of the Act.
- All DMEPOS items require a written order/prescription from the treating practitioner to be communicated to the supplier prior to submitting a claim for Medicare payment.

- Items selected to be subject to the face-to-face encounter and written order prior to delivery requirements, as a condition of payment, will be published via no less than a 60-day Federal Register Notice and included on the Required Face-to-Face Encounter and Written Order Prior to Delivery List, which will be posted on the CMS and DME MAC websites.
 - Items on the Required Face-to-Face Encounter and Written Order Prior to Delivery List (i.e., 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 (i.e., PMD).

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

- The November 2019 Final Rule CMS-1713-F created one DMEPOS list titled *Master List of DMEPOS Items Potentially Subject to Face-To-Face Encounter and Written Order Prior to Delivery and/or Prior Authorization Requirements*.
 - The master list of DMEPOS items potentially subject to face-to-face encounter and written order prior to delivery and, or prior authorization requirements, is available in the Final Rule CMS-1713-F (84 Fed. Reg Vol 217) on page 60756.
- The Master List will serve as a library of DMEPOS items. From this Master List, items may be selected for inclusion on the Required Face-to-Face Encounter and Written Order Prior to Delivery List or the Required Prior Authorization List or items may be included on both Required Lists. Items included in either Required List are subject to the requirements of the list as a condition of payment.
 - Items selected and included in the Required Face-To-Face Encounter and Written Order Prior to Delivery List will be published in the *Federal Register* with no less than 60 days' notice and posted on CMS' and its contractors' websites.
 - Items selected and included in the Required Prior Authorization List will be published in the *Federal Register* with no less than 60 days' notice and posted on CMS' and its contractors' 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 the treating practitioner has conducted a face-to-face encounter with the beneficiary within the 6 months preceding the date on the written order/prescription.

- **Note:** The 6-month timing requirement does not supplant other CMS policies. For example, 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 beneficiary. The face-to-face encounter shall be used for the purpose of gathering subjective and objective information associated with diagnosing, treating, or managing a clinical condition for which the DMEPOS is ordered.
- If a telehealth encounter is used 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 414.65.
- Suppliers must maintain, and upon request by CMS or its contractors, provide the face-to-face documentation, as well as the written order/prescription, and the supporting documentation provided by the treating practitioner to support payment for the item(s) of DMEPOS.
- The face-to-face encounter shall be documented in the pertinent portion of the medical record and supports 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 beneficiary-specific information used for diagnosing, treating, or managing a clinical condition for which the DMEPOS is ordered.

Prior Authorization

The final rule CMS-1713-F also updates the prior authorization process to allow CMS to more nimbly respond to billing concerns in its selection of items subject to prior authorization. This is because the list may be updated in a timelier manner, accounts for lower dollar but high volume items that pose vulnerabilities, and adjusts the cost thresholds to account for recent changes in policy that lowered their prior costs.

The rule does not impact 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, CMS is working on systems changes to allow suppliers to voluntarily add accessories that do not appear on the Required Prior Authorization List to their request for prior authorization of the base device, if they so wish. This will be a voluntary process and would not impose prior authorization of these accessories as a condition of payment.

ADDITIONAL INFORMATION

CMS Final Rule 1713-F, (84 Fed.Reg Vol 217), titled: Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule Amounts, DMEPOS Competitive Bidding Program (CBP) Amendments, Standard Elements for a DMEPOS Order, and Master List of DMEPOS Items Potentially Subject to a Face-to-Face Encounter and Written Order Prior to Delivery and/or Prior Authorization Requirements, is available at <https://www.federalregister.gov/documents/2019/11/08/2019-24063/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
February 24, 2020	Initial article released.

Disclaimer: Paid for by the Department of Health & Human Services. This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2019 American Medical Association. All rights reserved.

Copyright © 2013-2020, the American Hospital Association, Chicago, Illinois. Reproduced by CMS with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816. You may also contact us at

ub04@healthforum.com

The American Hospital Association (the "AHA") has not reviewed, and is not responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the AHA. CMS and its products and services are not endorsed by the AHA or any of its affiliates.