DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard,

Baltimore, Maryland 21244-1850

Dear Medicare Supplier:

The purpose of this letter is to inform you that for dates of service beginning on or after March 20, 2017 the Centers for Medicare & Medicaid Services (CMS) will implement **a prior authorization program for certain durable medical equipment, prosthetic, orthotics, and supplies (DMEPOS) items** in Illinois, Missouri, New York, and West Virginia.

Durable Medical Equipment Medicare Administrative Contractors (DME MACs) began accepting prior authorization requests in these four states for the two codes listed below on March 6, 2017 for items furnished on or after March 20, 2017. The first two codes that will require prior authorization are:

- K0856: Power wheelchair, group 3 std., single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds

- K0861: Power wheelchair, group 3 std., multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds

What You Need to Know

The prior authorization program does not change Medicare DMEPOS benefit and coverage requirements nor does it create new documentation requirements. The documentation required to be included with a prior authorization request is information that physicians and suppliers are regularly required to maintain. Under the prior authorization process, the requester must submit the request with the required documentation before the claims payment process so that Medicare can make sure all relevant Medicare requirements are met.

As a Medicare supplier, you (or the Medicare patient), referred to as a "requester," must submit the prior authorization request. The requester must submit the prior authorization request with accompanying relevant documentation to the appropriate DME MAC through fax or mail. Requests through Electronic Submission of Medical Documentation (esMD) will be available in late 2017.

You must include within the prior authorization request all relevant documentation to support Medicare coverage of the DMEPOS item; in this case, certain power mobility devices (PMDs). This includes the following documentation from the ordering Physician/Practitioner:

1. The seven element written order for the PMD;
2. Documentation of the face-to-face examination where the physician/practitioner evaluated the patient's need for the PMD;
3. Specialty Evaluation performed by Licensed/Certified Medical Professional (LCMP);
4. The detailed product description; and
5. Other documentation in the medical record that may be required by the DME MAC to support medical need.

As a Medicare supplier, your request must also include the following documents:

6. Attestation Statement showing no financial relationship between the supplier and LCMP;
7. Evidence of RESNA Assistive Technology Practitioner (ATP) Certification and involvement;
8. Home Assessment/Visit, if available at the time of the request; and
9. Other documentation in the medical record that may be required by the DME MAC to support medical need.

A review checklist with specific items suppliers need to provide is available on the website below.

After receipt of all relevant documentation from the requester, the respective DME MAC will review and communicate within 10 business days a decision on whether the prior authorization request meets all Medicare coverage requirements and is provisionally affirmed, or is non-affirmed. In emergency situations, the requester may seek an expedited review of the prior authorization request. If the DME MAC substantiates the need for an expedited review, the DME MAC will make reasonable efforts to communicate a decision within 2 business days of receipt of relevant documentation.

The DME MAC will send decision letters with the unique tracking number (UTN) to the requester and, upon request, to the Medicare patient (if they were not the requester). The UTN must be on all claims submitted for payment.

If the prior authorization request is non-affirmed by the DME MAC, the requester may revise and resubmit the prior authorization request an unlimited number of times. The DME MAC will make every effort to conduct a review and communicate a decision within 20 business days on each resubmitted prior authorization request. The DME MAC will deny claims submitted with a non-affirmative prior authorization decision or claims submitted without a prior authorization determination (i.e., no UTN listed on the claim). If a claim is denied, the Medicare patient or supplier may appeal the denial; however, a prior authorization request that is non-affirmed is not appealable.

Suppliers can refer to the operational guide for detailed instructions on the process for requesting and receiving a prior authorization decision, as well as the process for including such information on subsequent claim submissions. The operational guide and other relevant information is posted on the individual DME MAC websites and is also posted on the CMS website available at: https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-

FFS-Compliance-Programs/DMEPOS/Prior-Authorization-Process-for-Certain-Durable-Medical-Equipment-Prosthetic-Orthotics-Supplies-Items.html.

Additional Resources

DMEPOS suppliers are vital partners in the Medicare program, and CMS is preparing a wide range of resources to give you the information you need. To facilitate open and ongoing dialogue with both patients and providers, and to support program transparency, CMS has established a dedicated website for DMEPOS Prior Authorization with comprehensive information for patients, suppliers, and physicians.

You may request an individual education session if you have concerns about the program. More information is available online. Details will also be posted regarding an upcoming Open Door Forum specific to the needs of suppliers under the program.

CMS Welcomes Feedback

CMS is committed to launching the DMEPOS Prior Authorization Program in an open and transparent manner that serves and protects patients and the health care providers that care for them. Your feedback will be a critical part of the process. Suppliers who have additional questions can call the appropriate DME MAC for individualized education. Suppliers can also provide feedback to CMS at DMEPOSPA@cms.hhs.gov.