CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 812	**Date: July 27, 2018**
	Change Request 10345

Transmittal 806, dated July 6, 2018, is being rescinded and replaced by Transmittal 812, dated July 27, 2018 to-- (1) Delay the effective/implementation dates by 3 weeks; (2) Clarify the requisite Detailed Written Orders date by updating the manual language in 5.2.3; (3) More closely align the language regarding the physician's 'completion' of the order for Power Mobility Devices to the regulation by updating the manual language in 5.2.4(B); and (4) Highlight the purpose of removing the word 'received' in the background section. All other information remains the same.

SUBJECT: Clarify Detailed Written Orders For Durable Medical Equipment, Prosthetics, Orthotics, And Supplies (DMEPOS)

I. SUMMARY OF CHANGES: This CR will clarify the instructions for conducting medical reviews of written orders provided for most items of DMEPOS. Previously, detailed written orders were required to have a start date. Now, the order is required to contain the date that the order was written. This also clarifies the items which require a written order prior to delivery to include 42 CFR 410.38(d). Finally, it omits the word “received” to clarify that so long as the written order is dated the day of or prior to delivery there’s no need for affirmative documentation of its being “received” (e.g., fax stamp date).

EFFECTIVE DATE: August 28, 2018
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: August 28, 2018

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	5/5.2/5.2.2/Verbal and Preliminary Written Orders
R	5/5.2/5.2.3/Detailed Written Orders
R	5/5.2/5.2.4/Written Orders Prior to Delivery

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Attachment - Business Requirements

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SUBJECT: Clarify Detailed Written Orders For Durable Medical Equipment, Prosthetics, Orthotics, And Supplies (DMEPOS)

EFFECTIVE DATE: August 28, 2018
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I. GENERAL INFORMATION

A. Background: This CR will clarify the instructions for conducting medical reviews of written orders provided for most items of DMEPOS. Previously, detailed written orders were required to have a start date. Now, the order is required to contain the date that the order was written. This also clarifies the items which require a written order prior to delivery to include 42 CFR 410.38(d). Finally, it omits the word “received” to clarify that so long as the written order is dated the day of or prior to delivery there’s no need for affirmative documentation of its being “received” (e.g., fax stamp date).

B. Policy: There are no regulatory, legislative, or statutory requirements related to this CR.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
10345.1	Contractors shall, when reviewing dispensing/preliminary and detailed written orders, follow the requirements for reviewing claims for certain DMEPOS items, as outlined in Pub. 100-08, sections 5.2.2 and 5.2.3.				X					CERT, RACs, SMRC, ZPICs
10345.2	Contractors shall, during the course of medical reviews of orders, confirm that the date the order was written was provided.				X					CERT, RACs, SMRC, ZPICs

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Ashley Stedding, 410-786-4250 or ashley.stedding@cms.hhs.gov , Lisa Sullivan, 410-786-2841 or lisa.sullivan@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

5.2.2 - Verbal and Preliminary Written Orders

(Rev.812, Issued: 07-27-18, Effective: 08-28-18, Implementation: 08-28-18)

Except as noted in *S*ection 5.2.4 *of this chapter,* suppliers may dispense most items of DMEPOS based on a verbal order or preliminary written order from the treating physician.

5.2.3 – Detailed Written Orders

(Rev.812, Issued: 07-27-18, Effective: 08-28-18, Implementation: 08-28-18)

A. General

All DMEPOS items other than those referenced in 42 CFR *§§* 410.38(c)(4)*, 410.38(d), 410.38(e), 410.38(f),* and 410.38(g)(2) require detailed written orders *(DWO)* prior to billing. Detailed written orders may take the form of a photocopy, facsimile image, electronically maintained, or original "pen-and-ink" document. (See *C*hapter 3, *S*ection 3.3.2.4).

Someone other than the physician may complete the detailed description of the item. However, the treating physician/practitioner must review the detailed description and personally sign and date the order to indicate agreement.

The supplier *shall* have a detailed written order prior to submitting a claim. If a supplier does not have a faxed, photocopied, electronic or pen and ink *dated* detailed written order signed by the treating physician/practitioner in their records before they submit a claim to Medicare (i.e., if there is no order or only a verbal order), the claim will be denied. If the claim is for an item for which an order is required by statute (e.g., therapeutic shoes for diabetics, oral anticancer drugs, oral antiemetic drugs which are a replacement for intravenous antiemetic drugs), the claim will be denied as not meeting the benefit category and if the error cannot be cured, or where it can be cured it is not cured within the prescribed timeframe, there may be financial implications for the beneficiary (see Pub. 100-04, *C*hapter 30, for more information on limitation on liability). For all other items (except those listed in *S*ection 5.2.4), if the supplier does not have a *dated* order that has been signed by the treating physician before billing the Medicare program, the item *shall* be denied as not reasonable and necessary.

B. Mandatory Documentation Requirements

1. Equipment and Supplies (other than drugs)

The detailed written order for non-drug DMEPOS shall include:

- *Beneficiary name;*
- *A* description *of the item to include all items, options or additional features that are separately billed or require an upgraded code. The description can be either a general description (*e.g., wheelchair *or hospital bed),* a brand name/model number*, a HCPCS code, or a HCPCS code narrative;*
  - *For equipment - All options or accessories that will be separately billed or that will require an upgraded code (List each separately);*
  - *For supplies – All supplies that will be separately billed (List each separately), and for each include:*
    - *Frequency of use, if applicable*
    - *Quantity to be dispensed*
- *Date of the order;*
- *Physician/practitioner signature;*

2. All Drugs Under DME Benefit

If the supply is a *DME* drug, the *detailed written* order *shall include:*

- *Beneficiary name;*
- *T*he name of the drug*;*
- *Dosage or C*oncentration (if applicable)*;*
- *F*requency of administration *(if applicable);*
- *D*uration of infusion (if applicable)*;*
- *Quantity to be dispensed;*
- *Number of refills;*
- *Date of the order;*
- *Physician/practitioner signature;*

For "Date of the order", use the dispensing order date, i.e., the date the supplier was contacted by the prescribing physician (for verbal orders) or the date entered by the prescribing physician (for written dispensing orders).

C. Other Suggested Documentation

Other additional documentation, though not required, that may support medical necessity of the item billed:

- Appropriate information on the quantity;
- Frequency of change;
- *Route of administration;*
- Duration of need.

5.2.4 – Written Orders Prior to Delivery

(Rev.812, Issued: 07-27-18, Effective: 08-28-18, Implementation: 08-28-18)

A. General

A written order prior to delivery is required for certain DMEPOS items as specified in 42 CFR *§§* 410.38(c)(4)*, 410.38(d) 410.38(e), 410.38(f)* and 410.38(g)(2). For these items, there *shall* be a written order that has been both signed and dated by the treating physician/practitioner before dispensing the item.

If a supplier bills for an item without a written order prior to delivery, the item will be denied.

B. Written Orders Prior to Delivery for Power Operated Vehicles and Power Wheelchairs

For power operated vehicles and power wheelchairs, the supplier *shall* have a written order that has been both signed and dated by the treating physician/practitioner and meets the requirements in 42 CFR 410.38(c)(1)and (2) before dispensing the item. This order referred to as the "7-element order" *shall* include*:*

- *T*he beneficiary's name*;*
- *T*he date of the face-to-face examination*;*
- *T*he diagnoses and conditions *that relate to the need* for the PMD*;*
- *A* description of the item (for example, a narrative description of the specific type of PMD)*;*
- *T*he length of need*;*
- *T*he date the prescription was written*;*
- *T*he treating physician/practitioner's signature.

For power operated vehicles and power wheelchairs, the treating physician/practitioner completing the face-to-face requirements *shall complete* the 7-element order.

C. Written Orders for Certain Covered Durable Medical Equipment (DME) Items

For items outlined in 42 CFR 410.38(g), the treating physician/ practitioner who conducted the face-to-face examination does not need to be the prescribing practitioner who writes the written order prior to delivery of the DME item. However, the prescribing physician/practitioner *shall* have knowledge and documentation of the face-to-face examination that was conducted.

For a covered DME item, outlined in 42 CFR 410.38(g), the contractor shall ensure that the written order is consistent with requirements in 42 CFR 410.38(g)(4). This order, referred to as the "5-element order", shall include:

- *T*he beneficiary's name*;*
- *T*he item of DME ordered - *The description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number;*
- *T*he NPI of the prescribing physician/practitioner*;*
- *T*he signature of the prescribing physician/practitioner*;*
- *T*he date of the order.

If this information is not included on the *5-element* order, the claim will be denied. Medicare requires that the *5-element* order is completed after the face-to-face encounter. If the date of the *5-element* order is prior to the date of the face-to-face encounter, the contractor shall deny the claim.