CMS Announces Significant Changes to Requirements for Physician Orders

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As part of their overall effort to reduce provider burden, the Centers for Medicare and Medicaid Services (CMS) recently announced a significant change to the requirements for physician orders for Durable Medical Equipment, Orthotics, Prosthetics, and Supplies (DMEPOS). The change is effective for claims with a date of service on or after January 1, 2020 and eliminates the need for an initial/dispensing order for Medicare DMEPOS services.

Going forward, Medicare claims will only require a "standard written order" (SWO) which must be received prior to claim submission and contain essentially the same elements as the traditional "detailed written order" that has been part of the longstanding Medicare requirements for compliant DMEPOS claims. Required elements of the new SWO include the following:

- Beneficiary name or Medicare Beneficiary Identifier (MBI)
- Order date
- General description of the item
- Can be either a general description, a HCPCS code, a HCPCS code narrative, or a brand name/model number
- All separately billable features, additions, options, or accessories must be listed separately on the SWO
- All separately billable supplies must be listed separately on the SWO
- Quantity to be dispensed, if applicable
- Treating/Ordering practitioner's name or NPI
- Treating/Ordering practitioner's signature

While initial/dispensing orders are no longer required for services to be reimbursed, medical records must continue to support the medical need for O&P services that are provided. It is important to remember that medical need must clearly be established prior to the provision of O&P care. O&P providers should confirm that adequate documentation of medical need is well documented before providing care to Medicare beneficiaries. It is also important to remember that for any claims with a date of service prior to January 1, 2020, the former rules remain in effect and, in most cases, an initial/dispensing order and a detailed written order must be received in order to maintain compliance with Medicare regulations.

AOPA believes the changes in order requirements will significantly reduce instances of unnecessary claim denials and supports the recently announced change. CMS efforts to reduce unnecessary administrative burdens on legitimate providers will allow providers to focus on providing efficient, clinically appropriate care to Medicare beneficiaries without getting caught up in unnecessary and unreasonable administrative requirements.

AOPA will continue to pursue opportunities to work collaboratively with CMS and other agencies to ensure that Medicare beneficiaries continue to have access to high quality, clinically appropriate O&P care delivered by properly qualified and credentialed O&P providers.