



Replacement Orthotics for Change in Condition During the Reasonable Useful Lifetime

REQUIRED DOCUMENTATION

All claims for Replacement Orthotics

Standard Written Order (SWO)

The SWO contains all of the following elements:

Beneficiary's name or Medicare Beneficiary Identifier (MBI)

General description of the item - 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

For supplies – In addition to the description of the base item, the DMEPOS order/ prescription may include all concurrently ordered supplies that are separately billed (List each separately)

For equipment - In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories or additional features that are separately billed or require an upgraded code (List each separately). Quantity to be dispensed, if applicable

Order Date

Treating Practitioner Name or NPI

Treating Practitioner's signature

The practitioner's signature on the standard written order meets **CMS Signature**

Requirements: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf>

Delivery Documentation – Note custom fitted/fabricated items must have a fitting at delivery and must be delivered via direct delivery.

Direct Delivery	Shipped/Mail Order Tracking Slip	Shipped/Mail Order Return Post-Paid Delivery Invoice
Beneficiary's name Delivery address Quantity delivered A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. Delivery date Signature of person accepting delivery Relationship to beneficiary	Shipping invoice Beneficiary's name Delivery address A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/ model number. Quantity shipped Tracking slip References each individual package Date delivered Delivery address Package I.D. #number Date shipped A common reference number (package ID #, PO #, etc.) links the invoice and tracking slip (may be handwritten on one or both forms by the supplier)	Shipping invoice Beneficiary's name Delivery address A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/ model number. Quantity shipped Date shipped Signature of person accepting delivery Relationship to beneficiary Delivery date

Physician Medical Records

Records that support a change in condition that necessitates a new or different orthosis

Records that support coverage criteria for the item being provided are met



Orthotists Medicals Records

Records that support the reason the current item is not sufficient to meet the beneficiary's medical need

Records that support the coverage criteria for the item being provided are met

Records that support the method of fabrication and/or fitting (if applicable)

REMINDERS

- Confirm there is documentation from the physician/treating practitioner to substantiate a change in condition that necessitates a different orthosis
- Confirm there is documentation to substantiate the coverage criteria for the new orthosis are met

ONLINE RESOURCES

- **Local Coverage Determinations (LCD) and Policy Articles**
 - **JB:** <https://www.cgsmedicare.com/jb/coverage/lcdinfo.html>
 - **JC:** <https://www.cgsmedicare.com/jc/coverage/lcdinfo.html>
- **DME MAC Supplier Manual**
 - **JB:** <https://www.cgsmedicare.com/jb/pubs/supman/index.html>
 - **JC:** <https://www.cgsmedicare.com/jc/pubs/supman/index.html>
- **DMEPOS Quality Standards:** <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/DMEPOSQuality/DMEPOSQualBooklet-905709.html>

NOTE: It is expected that the beneficiary's medical records will reflect the need for the care provided. These records are not routinely submitted to the DME MAC but must be available upon request. Therefore, while it is not a requirement, it is a recommendation that suppliers obtain and review the appropriate medical records and maintain a copy in the beneficiary's file.

DISCLAIMER

This document was prepared as an educational tool and is not intended to grant rights or impose obligations. This checklist 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 written law or regulations. Suppliers are encouraged to consult the *DME MAC Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.