



Standard Written Orders – Final Rule 1713

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Hello and welcome to another edition of Medicare Minute. I'm Dr. Robert Hoover, medical director at CGS Administrators, the Jurisdictions B & C DME MACs. Today I'm going to talk about order requirements, face-to-face encounters, and the new Standard Written Order created by CMS and announced in the Federal Register in November 2019. The requirements were finalized in Rule 1713, effective January 1, 2020 and I'll be providing details in this edition of Medicare Minute.

We've all experienced the task of figuring out orders and what elements need to be included on an order. CMS' Program Integrity Manual in Chapter 5 contains guidance on detailed written orders, the 5 Element Order from the Affordable Care Act or ACA and the 7 Element Order for Power Mobility Devices. Final Rule 1713 did away with those different orders and created one, unified, standard order or prescription for all DME, prosthetics, orthotics and supplies, or DMEPOS for short. CMS will be revising Chapter 5 of the Program Integrity Manual after January 1, 2020 to reflect the changes in the Final Rule 1713.

So with the implementation of Final Rule 1713, there is now one Standard Written Order or SWO for all DMEPOS.

Let's talk for a minute about the elements of the SWO.

Slide 1: On your screen now you'll find the elements required in the new SWO. Pretty simple. All orders or prescriptions require:

- The Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- The Order Date
- A description of the items ordered. The order for the base item can include all separately billed accessories and supplies;
- The quantity to be dispensed, if applicable. So for things like wheelchairs where you typically dispense only one, quantity is not necessary. However, for things like dressings, drugs and supplies where dispensing quantity is important, the quantity must be documented.
- The Treating practitioner's name or National Provider Identifier or NPI; and,
- The Treating practitioner's signature.

CMS and the DME MACs believe the basic order requirements imposed by this Final Rule are typical to good clinical practice. However, the Final Rule does provide reviewers with the authority to consider the totality of the medical record when a missing or flawed element is clearly documented elsewhere in the record.

What about timing of this SWO? There are now only two timing elements related to the SWO. For most things, the supplier must have the completed SWO prior to submitting a claim.

For certain items, a completed SWO prior to delivery is required. For those items, the order date must be on or prior to the date of delivery. I'll discuss written orders prior to delivery in more detail in a few minutes.

That's it. Standard written order, standard elements. For everything. Done. No more keeping up with detailed written orders, 7 element orders for PMDs, 5 element orders for ACA items or detailed written orders.

So now let's turn to that subset of SWOs that the supplier must have prior to delivery. CMS and the DME MACs still refer to this type of order as a Written Order Prior to Delivery or WOPD; however, the standard elements of the order do not change. Let me say that again: There is a standard written order that applies to all DMEPOS. Some items require a SWO prior to billing and the order date must be on or before claim submission. Some items require a SWO prior to delivery and for those, the order date must be on or prior to the date of delivery.

So what things require a WOPD? There are two subsets of DMEPOS items that require a WOPD.

Final Rule 1713 created a "Master List" of items potentially subject to a WOPD, face-to-face encounter and or inclusion on the Prior Authorization List. From this "Master List", CMS will designate certain items that require a WOPD and face-to-face encounter. CMS calls this list the "Required List." CMS will publish the Required List in the Federal Register. The items on this Required List will be broken down into 2 subsets:

The first subset is for power mobility devices, Final Rule 1713 didn't change the WOPD requirement for PMDs. The treating practitioner must still prepare a WOPD for PMDs and conduct the accompanying face-to-face encounter so PMDs will always be included on the Required List.

The second subset of DMEPOS items requiring a WOPD and a face-to-face encounter will be any additional items added to the Required List that CMS will publish in the Federal Register in the near future.

At this time, until CMS publishes the Required List, the only items subject to WOPD and the face-to-face encounter requirements are power mobility devices.

Let's go over timing again. As I mentioned, most DMEPOS items require that the supplier must have the completed SWO prior to submitting the claim. PMDs and those items on the upcoming Required List, the supplier must have the completed SWO prior to delivery of the item.

Finally, let me talk about face-to-face encounters. Very little changes with Final Rule 1713, with respect to the actual face-to-face encounter.

As a condition for payment, 42 CFR 410.38 and Final Rule 1713 require that a treating practitioner have a face-to-face encounter with a beneficiary within the six (6) months prior to prescribing PMDs and any other items that will appear on the Required List.

The face-to-face encounter must support payment for the item(s) ordered/prescribed and be documented in the pertinent portion of the medical record (for example, history, physical examination, diagnostic tests, summary of findings, progress notes, treatment plans or other sources of information that may be appropriate).

The supporting documentation must include subjective and objective beneficiary specific information used for diagnosing, treating, or managing a clinical condition for which the DMEPOS is ordered.

This face-to-face encounter may also be conducted via the CMS-approved use of telehealth examinations, which

must meet the requirements of 42 CFR §§ 410.78 and 414.65 for purposes of DMEPOS coverage.

Once the qualifying face-to-face encounter is complete, the WOPD must be dated within six (6) months.

Note that this 6-month timing requirement does not apply when there are already existing coverage or documentation requirements. For example, the National Coverage Determination § 240.2 “Home use of Oxygen” requires a face-to-face examination within a month prior to prescribing home oxygen therapy.

One caveat to remember about the qualifying face-to-face encounter and preparation of the WOPD - PMDs require that the treating practitioner conduct the qualifying face-to-face encounter AND prepare the SWO. Recall this is a statutory requirement for PMDs.

For items other than PMDs that will appear on the Required List, the treating practitioner who conducts the face-to-face encounter does not need to be the prescriber of the DMEPOS items; however, the prescriber must:

- Verify that a qualifying face-to-face encounter occurred within the 6-months prior to the date of their prescription; and,
- Have documentation of the qualifying face-to-face encounter that was conducted.

Finally, a qualifying face-to-face encounter is required each time a new order/prescription is provided, for one of the specified items on the Required List. In other words, a single face-to-face encounter may document the clinical conditions necessitating multiple DMEPOS items. In this situation, regardless of whether the DMEPOS items are prescribed on different dates, the single face-to-face encounter may be utilized in support of the multiple items, so long as long as the encounter date is within 6 months of the orders.

CMS and the DME MAC recognize that this shift to a SWO and other simplifications are a big change for the DMPOS industry. It's a big change for the DME MACs, as well. Over the next couple of months, the DME MACs will be revising bulletin articles, web presentations and other educational materials.

The Final Rule 1713 is effective January 1, 2020 so the DME MACs will first publish a revised Standard Documentation Requirements policy article to meet the January 1 implementation date. Recall that the SDR is attached to all LCDs and details guidance that applies to all DMEPOS claims.

In addition, any Local Coverage Determinations or LCDs and their related Policy Articles, that require updating to reflect the new guidance, will be published in the near future. If you're not already subscribed, sign up for the CGS listserv at www.cgsmedicare.com to receive the latest updated information.

Finally, the DME MACs are working on revising the Supplier Manuals and other publications. We ask for your patience as we update these documents and educational resources located on our websites.

That does it for this edition of Medicare Minute. As with all of CGS' educational offerings, this is only a summary of certain policy requirements. I encourage you to read the applicable LCDs and related Policy Articles for a complete description of coverage, coding and documentation requirements.

Thank you for watching and have a nice day.