

# Order Requirements When Prescribing Practitioner is Also the Supplier and is Permitted to Furnish Specific Items of DMEPOS

---

**October 17, 2018**

**EFFECTIVE DATE: November 13, 2018**

**Background:** This clarifies CMS requirements for a written order when the prescribing practitioner is also the supplier, and is permitted to furnish specific items of DMEPOS. In those limited instances, a separate order is not required, but the medical record must still contain all of the required order elements.

**Detailed Written Orders (Effective: 11-13-18; Implementation: 11-13-18)**

## **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 Chapter 3, Section 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. An exception to the requirement for a written order applies in those limited instances in which the prescribing practitioner is also the supplier and is permitted to furnish specific items of DMEPOS and fulfill the role of the supplier in accordance with any applicable laws and policies. In such cases, a separate order is not required, but the medical record must still contain all of the required order elements.

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, Chapter 30, for more information on limitation on liability). For all other items (except those listed in Section 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.

# Order Requirements When Prescribing Practitioner is Also the Supplier and is Permitted to Furnish Specific Items of DMEPOS

---

## Cont'd

### **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;

### **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.