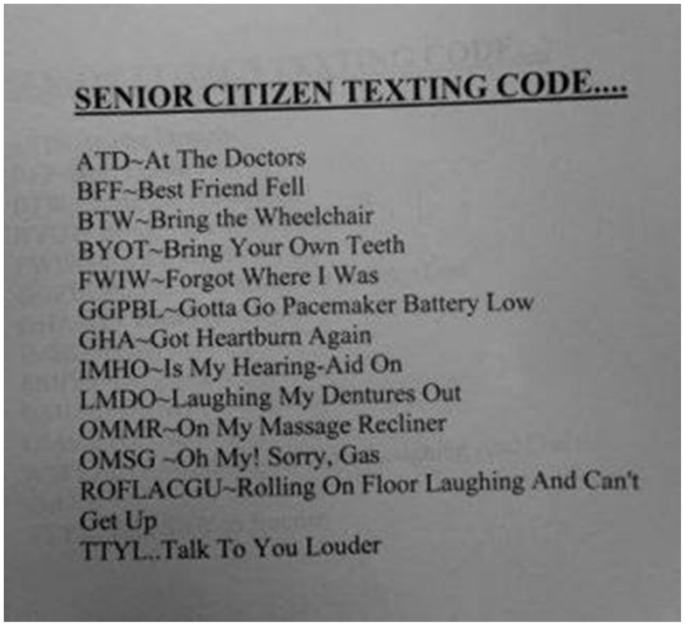
Change in Orders- Means New Acronym SWO

01/23/2020



Learning Objectives:

- ✓ Review changes to the order requirements
- ✓ Identify the elements required on a Standard Written Order (SWO)
- ✓ Discuss which products require an order prior to delivery and which require an order prior to claim submission

Release from the DMACs on January 2nd, 2020

New DMEPOS Order Requirements as of January 1, 2020

Only one type of order is needed for DMEPOS claims with dates of service January 1, 2020 or after.

To help reduce supplier and provider burden, the preliminary/dispensing order, Detailed Written Order (DWO), Five Element Order (5EO)/Written Order Prior to Delivery (WOPD), Seven Element Order (7EO), and Detailed Product Description (DPD) will no longer be needed for DMEPOS.
Refer to the new Standard Written Order (SWO) requirements page and Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426)
This link will take you to an external website. for details on the new order elements. Noridian supports this significant change and improvement for our suppliers and the ordering/referring providers with whom they partner for their beneficiary's care.
We are focused on updating the outreach and resources surrounding required documentation. We will work on website page updates, tutorials, and new presentations to best communicate the current information and requirements.

Remember – Goes by Date of Service

Still **valid** for DOS on or prior to 12-31-2019

- Dispensing Order
- 5 Element Order/WOPD (ACA 6407 codes)
- Detailed Written Order
- 7 Element Order
- Detailed Product Description

The Lists

- ACA 6407 = Face to Face Ruling
  - States when an order is written, an in person office within the preceding 6 months
- Prior Authorization = Master List and Required List
  - All PMD K codes (except POV)
  - All 5 codes Group 2 Support Surface
- ESRD final rule 1713 = New Master List (412 HCPCS codes)
  - Create a Required List from Master List
  - DMEPOS Items Potentially Subject to F2F Encounter & WOPD and/or PA Requirements

What happened to the verbal order?

- Supplier can still take a verbal order
- Follow standard guidelines
- Follow your state law
- Keep information in patients file

Remember there are rules about suppliers soliciting and/or initiating orders. Do not break these rules!

Can the referral still send a dispensing order (3x5)?

- Yes, these orders are acceptable
- Follow state law
- Keep in patients file
- Don't forget about other payers & their requirements

Best Practice – Still get!

Standard Written Order = SWO

- Eliminates the following orders:
  - Detailed Written Order
  - 5 Element Order
  - 7 Element Order
  - Detailed Product Description
- Required prior to submitting a claim for payment for all DMEPOS
  - Date on SWO must on or prior to billing date
- True CMNs (5 left) are still required: O2, Tens, Seat Lifts, Bone Stimulators, PCD

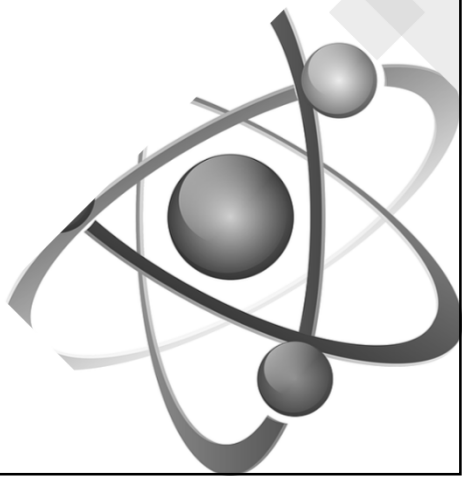
SWO Required Elements

- ❑ Beneficiary's name **OR** MBI (new)
- ❑ Order date
- ❑ General Description of the item
- ❑ Quantity to be dispensed, if applicable
- ❑ Treating practitioner's name **OR** NPI (new)
- ❑ Treating practitioner's signature

Supplier can still complete SWO, have practitioner sign order (except PMD – discussion later)

Order good for 12 months unless a policy specifies otherwise (surgical dressings)

Any item billed to Medicare MUST have a completed SWO prior to the claim being submitted for payment



Let's Talk About: "Order Date"

- Date on the order is the date the referral was communicated to the supplier
- Only 1 date required on order

What does "quantity to be dispensed, if applicable" mean?

- Quantity is required for certain items
- Wheelchairs, hospital beds, CPAP machine, oxygen concentrator, etc. does NOT need a quantity (items typically dispense one)
- Dressings, ostomy, drugs, supplies/accessories dispensing quantity IS required (120/month, 2 boxes, 31 units/month, 2/month)
- Can be the monthly quantity or 3 month quantity (if policy allows 90 day) on order

Let's Talk About: "General Description of the Item"

SDR language states the following:

The description can either be a general description (e.g. wheelchair or hospital bed), a HCPCS code, a HCPCS code description, or a brand name/model number.

- It actually has been in the SDR language for a couple of years now.
- We have educated to be as descriptive as possible (reduce risks in audits/appeals)
- General description – is CPAP mask acceptable on the SWO or does it have to be specific (nasal mask, full face mask)?

  Answer: It is acceptable, HOWEVER please note that the medical records will need to be detailed enough that the items provided and billed are supported in those records.

  Best practice: Don't change anything!

Let's Continue Discussion: "General Description of the Item"

We have established the following for general description

The description can either be a general description (e.g. wheelchair or hospital bed), a HCPCS code, a HCPCS code description, or a brand name/model number.

- SDR language also states the following under general description:

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)

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)

Best practice: Don't change anything!

Where did "Frequency of Use" go?

- Means "how often is usage"?
- Examples: use every 4 hours, 4 per day, or at night use
- Few examples: oxygen, nebulizer treatments, dressing changes, catheter changes

While it's not required on the SWO, if audited the medical records must support the frequency provided and billed.

Best practice – get on the order!

Ordering Practitioners

Practitioner	Orders	Criteria
Physician	All	MD or DO treating beneficiary
Nurse Practitioner	• Give dispensing order • Sign the SWO • Complete CMN Section B • Sign CMN Section D	• Treating beneficiary for condition for which the item is needed • Practicing independently of a physician • Billing Medicare using their own provider number • Permitted in the state where services rendered
Clinical Nurse Specialist	• Give dispensing order • Sign the SWO • Complete CMN Section B • Sign CMN Section D	• Treating beneficiary for condition for which the item is needed • Practicing independently of a physician • Billing Medicare using their own provider number • Permitted in the state where services rendered
Physician Assistant (PA)	• Give dispensing order • Sign the SWO • Complete CMN Section B • Sign CMN Section D	• Meet the definition of physician assistant found in §1861(aa)(5)(A) of the Act • Treating beneficiary for condition for which the item is needed • Practicing under the supervision of a Doctor of Medicine or Doctor of Osteopathy • Have their own NPI • Permitted in accordance with state law.

DWO vs. SWO

DETAILED WRITTEN ORDER **{dates of service prior 1/1/20}**	**STANDARD WRITTEN ORDER** **{dates of service 1/1/20 and after}**
Beneficiary's name	Beneficiary's name ***OR*** MBI
Date of the order (one or two dates depending on who created DWO)	Order date
A description of all items, options, accessories or additional features that are separately billed or require an upgraded code. One of the following: ▪ General description (e.g., "wheelchair" or "hospital bed"), or ▪ HCPCS code, or ▪ HCPCS code narrative, or ▪ Brand name/model number	• 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 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). • 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)
Frequency of use and the quantity dispensed	Quantity to be dispensed (*if applicable*)
Treating physician's signature	Treating physician's name ***OR*** NPI
Treating physician's signature date	Treating physician's signature

What about orders prior to delivery?

- In 2019 and prior, these where called 5EO, WOPD, 7EO, DPD
  - This was referred to as the ACA 6407 items such as E0601, E0260, K0001, E0570, E0443, etc.
  - PMDs, Group 2 Support Surfaces ~ Prior Auth still applicable
- As of January 1, 2020, only applies to PMD category
- Master List already exists – waiting on required list (Spring)
- What are we recommending: Still get a detailed order prior to delivery for those ACA items until required list is published
  - Some items removed from ACA/PA list – next slide

What codes have been removed and not on the NEW Master List?

About 94 codes removed, few examples:

E0627 (seat lift)

E0570 (neb)

E0443, E0444 (gas & liquid content)

K0001 (standard manual w/c)

Have any codes been added to the "new" master list?

Yes, about 221 new codes added, few examples are:

- Oxygen: E1392, K0738 (E1390 & E0431 already existed on list)
- Urological: A4351
- O&P: Most L codes
- Vents: E0465 (NIV E0466 already existed on list)
- Patient Lifts: E0630, E0635

Remember, Master List can be updated annually ~ From the master list a REQUIRED List is developed – this list will be released in Spring

How do HCPCS codes make the new Master List?

CMS Final Rule 1713 states for any DMEPOS items included in the DMEPOS fee schedule that have:

- An average purchase fee of $500
- An average monthly rental fee schedule of $50
- Identified as accounting for at least 1.5% of Medicare expenditures for all DMEPOS items over 12 month period are:
  - Identified as having a high rate of potential fraud or unnecessary utilization in an OIG or GAO report that is national in scope & published 2015 or later
  - Listed in the CERT 2018 or later Medicare FFS supplemental improper payment data report as having a high improper payment rate

The annual list updates shall include any items with at least 1,000 claim & 1 million dollars in payments during a recent 12 month period that are determined to have aberrant billing patterns and lack explanatory contributing factors (like new cover polices) ~ basically an increase in error rates.

Once codes are on Required List, what does this mean?

- ✓ Codes will require a written order prior to delivery
- ✓ Order date must be on or prior to delivery
- ✓ Face to Face (F2F) within 6 months prior to order being written
- ✓ F2F must support payment for item ordered
- ✓ Supporting documentation must be patient specific
- ✓ Supporting documentation must include subjective and objective assessment

Reminder: Industry awaiting the list from CMS (Spring)

Power Mobility Devices – What's Up?

- Face to Face requirements still apply (medical policy still applies)
- Treating practitioner must complete SWO, and required prior to deliver
- May still provide a template to physician (base code –PWC/POV)
- Prior authorization still applies and delivery must be within 6 months of PA affirmation notice

So, what is new?

- Once order is written, F2F must be within 6 months prior to order being written (no longer 45 days!)
- Date stamps no longer required (best practice is to continue date stamping)
- May need 2 orders now
  - One order for the PWC/scooter (supplier cannot complete); similar to 7E0
  - Second order for accessories to order – physician will not know accessories; similar to DPD
- Follow SWO order guidelines for elements
- 7EO required "date of face to face" – not required on SWO
- Scooters (POVs) no longer have to be delivered within 120 days from completion of F2F

This applies to DOS 1/1/2020 and beyond

Review

- DOS **prior** to 1/1/2020
  - DWO required prior to billing for all DMEPOS
  - 5EO required prior to delivery for ACA items
  - 7EO required prior to delivery for power mobility
  - DPD required for power mobility
  - F2F required within 45 days of order for power mobility
  - F2F required within six months of order for ACA items
- DOS **after** 1/1/2020
  - SWO required prior to billing for all DMEPOS
  - SWO required prior to delivery for PMD
  - SWO required prior to delivery for items listed on "Required List" – when published
  - F2F required within 6 months of SWO prior to delivery for PMD
  - F2F required within 6 months of SWO for items on "Required List" – when published

Review of Face to Face Encounter

- Must support payment for items ordered
- Must be documented in the medical record
- Can be H&P, hospital discharge, progress note
- Supporting documentation to F2F encounter still recommended
  - This is in addition to F2F encounter with treating practitioner that will help support medical necessity of the item being ordered
  - ➢ Nurses notes
  - ➢ PT/OT notes
  - ➢ RT notes
  - ➢ Lab, XRAY, blood work

Requirements of New Orders

New order is required when:

- For all claims for purchases or initial rentals;
- If there is a change in the DMEPOS order/prescription e.g. quantity;
- On a regular basis (even if there is no change in the order/prescription) only if it is so specified in the documentation section of a particular medical policy;
- When an item is replaced;
- When there is a change in the supplier, and the new supplier is unable to obtain a copy of a valid order/prescription for the DMEPOS item from the transferring supplier.

Signature Requirements

Medicare requires a legible identifier for services ordered/provided

- Handwritten or electronic signatures
- No signature on the order or medical record means it's invalid
- Stamped signatures and signature dates are NOT acceptable
- Signature log will be required for any signature that is illegible
  - Printed name, initials, signature, and credentials

- Electronic signature protocols must be available and provided upon request for electronic signatures.
- Some examples of acceptable notations of electronic signatures (not all inclusive list):
  - Electronically signed by
  - Authenticated by
  - Approved by
  - Completed by
  - Finalized by
  - Signed by
  - Validated by
  - Sealed by

Continued Use and Continued Medical Need

Continued Use –comes from the supplier

- Describes ongoing utilization of suppliers or rented equipment
- Suppliers are responsible for monitoring use of rented equipment and utilization of supplies
- Suppliers must discontinue billing Medicare when rented equipment or ongoing supply is not being used by patient
- Examples of proving continued use:
  - Requests for refill of supplies
  - Delivery ticket showing supplies
  - Documentation in patient file discussing use
  - Medical record from treating practitioner that discusses usage
- Timely documentation is within the preceding 12 months

Continued Use and Continued Medical Need

Continued Medical Need: comes from the treating practitioner

- For ongoing supplies and rented DME, in addition to meeting initial coverage criteria outlined in an LCD, there must be information in the patient's medical record to support that the item continues to remain reasonable and necessary.

Any of the following may serve as documentation justifying continued medical need:

- A recent order by the treating practitioner for refills, or
- A recent change in prescription/order, or
- A properly completed CMN/DIF with appropriate length of need, or
- Timely documentation in the medical record showing usage

Timely documentation is a record in the preceding 12 months

What have we learned from this change?

Be prepared for any change at anytime!

Best practice – to keep format of orders (don't change yet)

Continue to follow medical policy (LCD)

Medical records are still key in documenting medical necessity

Remember other payers that follow Medicare guidelines – meaning do they still require a 5E0, 7E0, DWO, DPD?

Upcoming Webinars:

January 30 @ 11am CST
The Art of Entering Medicare FFS – What Is Needed For The Puzzle

February 28th @ 11am CST
Protect Your Supplier Number

February 28th @ 1pm CST
Negative Pressure Wound Therapy -What Are the Medical Necessity Requirements

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