

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10861	Date: July 13, 2021
	Change Request 12267

SUBJECT: Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Prior Authorization Coversheet Requirements

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to instruct the Medicare Administrative Contractors (MACs) to update the prior authorization cover sheets to include common elements based on the provided template and then use the updated prior authorization request coversheets for future prior authorization activities related to the Prior Authorization (PA) Program for DMEPOS Items.

EFFECTIVE DATE: August 12, 2021

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: August 12, 2021

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revise information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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I. GENERAL INFORMATION

A. Background: Previously, Medicare Administrative Contractors (MACs) each developed their own cover sheet that providers and suppliers were encouraged to use when submitting prior authorization requests. This has led to inconsistency between the MACs. Creating a consistent format with shared elements will improve the prior authorization request experience for providers and suppliers while reducing burden and potential submission errors.

B. Policy: 42 Code of Federal Regulations (CFR) 405 Federal Health Insurance for the Aged and Disabled and 42 CFR 414 Payment for Part B Medical and Other Health Services

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
12267.1	The MACs shall use the attached template to create their updated prior authorization request coversheet.				X						
12267.1.1	The MAC shall ensure their cover sheet maintains the overall design and includes all data elements on the attached template.				X						
12267.1.2	The MACs shall have the option to incorporate additional contractor-specific language and links, as necessary.				X						
12267.2	The MACs shall submit their finalized templates to CMS via DMEPOSPA@cms.hhs.gov for approval prior to implementation.				X						

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
12267.3	The MACs shall make their CMS-approved prior authorization coversheet available for use for future prior authorization requests, upon approval.				X					
12267.4	The MACs shall have the option to provide education about the new coversheets to providers and suppliers.				X					
12267.5	The MACs shall make their coversheet 508 compliant.				X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Justin Carlisle, justin.carlisle@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

Contractor Name

Prior Authorization Request for Durable Medical Equipment Coversheet

Request Date

Number of Pages Including Coversheet

HCPCS Code

Submission Type

Initial

Resubmission

Expedited Review

If an expedited review is requested please provide rationale

Beneficiary Information

Name

Medicare ID

Date of Birth

State of Residence

Supplier Information

Name

NPI

PTAN

Address

Phone

Fax

Point of Contact

Treating Practitioner Information

Name

NPI

Phone

Fax

Address

Documentation Requirements

(Provide links to the documentation requirements for each DME PA policy group)

Decision Letter Request:

Beneficiary Letter

Treating Practitioner (Must include [decision letter request](#) form with PAR submission)

(MAC information such as fax numbers, portal links, address)