



REQUIRED DOCUMENTATION

Standard Written Order that includes:

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)

Quantity to dispense, if applicable

Treating Practitioner Name or NPI

Treating practitioner's signature

Order Date

Treating Practitioner's signature on the written order meets CMS Signature Requirements

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

NOTE: Suppliers should not submit claims to the DME MAC prior to obtaining a standard written order. Items billed to the DME MAC before a signed and dated standard written order has been received must be submitted with modifier EY.

Refill Request

Table with 2 columns: Items Were Obtained In Person at a Retail Store, Delivered Refill Communications. Includes a note: *For dates of service on and after January 1, 2024*



Delivery Documentation

| 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 Delivery address Package I.D. #number Date shipped Date delivered 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 |

NOTE: If a supplier utilizes a shipping service or mail order, suppliers have two options for the DOS to use on the claim:

- Suppliers may use the shipping date as the DOS. The shipping date is defined as the date the delivery/shipping service label is created or the date the item is retrieved by the shipping service for delivery. However, such dates should not demonstrate significant variation.
- Suppliers may use the date of delivery as the DOS on the claim.

Medical Records for all HCPCS codes

Medical records verify the beneficiary has a surgically created opening (stoma) to divert urine or fecal contents outside the body. Ostomy supplies are appropriately used for colostomies, ileostomies, or urinary ostomies.

Clinician signature(s) on medical records meets **CMS Signature Requirements**
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf>

For quantities of supplies that exceed the usual maximum amount listed in the Ostomy Supplies - LCD (<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33828&ContrID=140>) there must be information in the medical record that explains the need for the increased amount.

REMINDERS

- When codes A4450, A4452, and A5120 are used with ostomy supplies, they must be billed with the AU modifier. Claim lines for codes A4450, A4452, and A5120 billed for ostomy supplies without an AU modifier will be rejected as missing information.
- Medical records contain adequate, clear documentation that corroborates the medical necessity of the amount ordered and billed.
- Ostomy supplies are limited to a one-month supply for a beneficiary in a nursing facility.
- Ostomy supplies are limited to a three-month supply for a beneficiary at home.

ONLINE RESOURCES

- Ostomy Supplies 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>

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.