Advancing High Performance Health

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DMEPOS Written Order and Prescription Requirements: Reduce Documentation Burdens

Overview

Medicare's requirements governing physician ordering and documentation for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), principally set forth at 42 C.F.R. § 410.38(d), impose substantial administrative burden without proportional benefit to program integrity. Although the Centers for Medicare & Medicaid Services (CMS) has taken important steps to reduce paperwork, including eliminating Certificates of Medical Necessity (CMNs) and DME Information Forms (DIFs), significant inefficiencies persist due to ambiguous terminology, inconsistent downstream enforcement, and misalignment with modern clinical workflows.

Physicians, suppliers, and beneficiaries continue to face unclear expectations regarding documentation content, signature requirements, timing, and order transmission. These uncertainties result in repeated documentation requests, claim denials unrelated to clinical appropriateness, and delayed delivery of medically necessary equipment. The cumulative effect is an unfunded administrative mandate that diverts clinical and staff resources away from patient care, increases operational costs, and impedes timely beneficiary access—without meaningfully improving fraud prevention.

AMGA's Policy Recommendations

To preserve program integrity safeguards while reducing administrative burden, AMGA recommends that CMS:

1. Clarify and consolidate DMEPOS written order and documentation requirements under 42 C.F.R. § 410.38(d) into a single, unified standard that clearly identifies required elements and eliminates duplicative paperwork.
2. Reduce regional variation in enforcement by issuing centralized CMS guidance to limit inconsistent Medicare Administrative Contractor (MAC) interpretation of documentation sufficiency.

3. Provide additional guidance with explicit, equipment-specific standards, including detailed examples, to assist providers.
4. Explicitly permit clinical documentation in the medical record to serve as the written order when all elements required under 42 C.F.R. § 410.38(d)(1) are present, without requiring a separate Medicare-specific order.
5. Modernize timing and encounter rules, including continued recognition of telehealth encounters that meet Medicare telehealth requirements and clinically appropriate validity periods for orders and refills.
6. Mandate electronic health record (EHR) interoperability for DMEPOS ordering workflows, ensuring orders can be transmitted electronically to suppliers without reliance on fax-based processes.

Together, these reforms would maintain program integrity safeguards while substantially improving care timeliness, reducing administrative waste, and enhancing consistency across Medicare jurisdictions.

Background

Face-to-Face Requirements

Under 42 CFR § 410.38(d)(2), physicians, physician assistants, nurse practitioners, and other clinicians must conduct a face-to-face encounter within six months prior to ordering certain DMEPOS items. While intended to support fraud prevention, implementation imposes unnecessary burdens which ultimately leave patients waiting for needed care:

- **Timing Rigidity:** The six-month limitation creates artificial visit needs for patients with stable chronic conditions requiring routine equipment replacement.
- **Scheduling Bottlenecks:** Practices with limited availability face bottlenecks that delay urgent needs, such as post-surgical mobility devices or oxygen equipment.
- **Inconsistent Interpretation:** Wide variation of what constitutes encounter adequacy contributes to avoidable denials.

Written Order and Documentation Requirements

Medicare's written order and documentation requirements for DMEPOS are governed by 42 C.F.R. § 410.38(d), with written order standards specifically addressed at § 410.38(d)(1). These provisions require that DMEPOS be ordered by a treating practitioner and that documentation supports medical necessity, signatures, and refills.

Although CMS eliminated CMNs and DIFs to reduce burden, ambiguity remains regarding:

- When existing clinical documentation is sufficient versus when a separate written order is required
- What level of detail constitutes adequate documentation of medical necessity
- How refill and signature requirements should be operationalized in routine clinical

practice

As a result, physicians often produce multiple documents conveying the same information, including clinical notes, prescriptions, and supplier-requested order forms, despite no regulatory requirement for duplicative documentation. This uncertainty incentivizes defensive over-documentation and contributes to repetitive claim denials and resubmission cycles that delay equipment delivery without improving program integrity.

Critically, inefficiency throughout the system coupled with excessive burden on providers results in significant delays or inappropriate denials of needed DME, leaving patients without timely, evidence-based treatment.

Supplier Requirements and Upstream Burden Shifting

Supplier enrollment and compliance obligations under 42 C.F.R. § 424.57, including record-keeping requirements at § 424.57(c)(12), require suppliers to maintain written orders and medical records supporting medical necessity and to produce such documentation upon request.

Although these requirements apply directly to suppliers, they drive documentation demands upstream to physicians, as suppliers seek to mitigate audit and revocation risk. In practice, this dynamic recreates a Certificate of Medical Necessity (CMN)-like documentation regimen—despite CMS' deliberate elimination of those forms—through informal and inconsistent documentation requests that vary by supplier and jurisdiction.

Electronic Health Record Limitations and Workflow Disruption

Medicare's DMEPOS medical records program requirements are poorly aligned with the current reality of EHR capabilities in the marketplace:

- Standard EHR prescription modules lack Medicare-required elements.
- Most EHRs cannot electronically transmit compliant orders to suppliers, forcing providers to rely on faxing and manual workarounds. Medicare e-signature standards, detailed in subregulatory guidance, sometimes conflict with EHR authentication methods.

Human and Financial Costs

These administrative friction points translate into real-world harm:

- Delayed access to medically necessary equipment, resulting in functional decline, delayed recovery, and reduced independence.
- Higher patient costs, including additional visits for compliance, denied claims, and interim rental equipment.
- Increased provider and supplier expenses, including dedicated staff time, training resources, and processing delays.

The current system increases total healthcare spending without improving quality or preventing fraud.

Conclusion

Medicare's DMEPOS face-to-face and written order requirements illustrate how overly complex rules and poorly defined terminology and standards can undermine both patient care and administrative efficiency. While program integrity remains important, CMS' current approach imposes significant burden and inconsistency, slows care delivery, and forces providers and suppliers into redundant workflows that offer little clinical value.

CMS has a clear opportunity to modernize these requirements by adopting standardized templates, clarifying documentation rules, enabling improved EHR interoperability, and providing flexibility for clinically appropriate telehealth encounters and order validity periods. These improvements would reduce administrative waste, ensure national consistency, and accelerate access to medically necessary equipment—without compromising program integrity.

AMGA urges CMS to implement a streamlined, technology-enabled regulatory approach that supports both effective oversight and the timely delivery of DMEPOS to beneficiaries who depend on it.

Key Regulatory Citations:

- 42 C.F.R. § 410.38(d) DMEPOS documentation requirements
- 42 C.F.R. § 410.38(d)(1) Written order standards
- 42 C.F.R. § 410.38(d)(2) Face-to-face encounter requirement
- 42 C.F.R. § 424.57(c)(12) Supplier record-keeping requirements
- 42 C.F.R. § 424.57 Supplier enrollment and compliance requirements