CMS Issues Second Delay for Proposed Medicare DME Policy Change

Reacting to the serious concerns expressed by AAPA and other healthcare organizations and individuals, the Centers for Medicare and Medicaid Services (CMS) announced a second and indefinite delay in the implementation of a regulation that would have required a physician signature when PAs (and NPs) ordered certain durable medical equipment (DME). Currently, PAs are able to order virtually all covered DME with no requirement for a physician signature.

The rule, mandated by the Affordable Care Act, targets specific DME items that cost more than $1,000, or are deemed by CMS to be particularly at risk for fraud, waste and abuse. In addition to requiring a face-to-face visit with the patient within six months of ordering DME, the regulation required that a physician document, by signature to the DME supplier, the fact that a face-to-face encounter with the Medicare beneficiary had occurred. The rule authorizes PAs to perform the face-to-face visit.

AAPA understands the intent of the regulation and fully supports reasonable efforts and activities that seek to reduce fraud and abuse in the Medicare program. However, it is essential that those efforts not harm beneficiary access to timely medical care or become overly burdensome for PAs providing medically necessary care to patients.

AAPA will continue to work with CMS, HHS and other stakeholders to change this rule.

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