CMS Ends the 6-Month Moratorium on New DMEPOS Enrollments

Today The Centers for Medicare and Medicaid Services (CMS) announced the end of their six-month temporary moratorium on new DMEPOS enrollments. This was put in place to try to stop criminal actors from posing as legitimate providers and causing Medicare and taxpayers to incur costs from fraudulent billing. NCART supports removing unscrupulous providers, but we must protect NCART members and ensure they can expand their services to care for CRT consumers.

K0005 Prior Authorization Reminder

For dates of service on or after **October 28, 2026** CMS will require an affirmed prior authorization (PA) for K0005 nationwide as a condition for payment. CMS has updated the Operational Guide to remind providers that the following documentation is required to be included in the prior authorization package:

1. Written Order Prior to Delivery (WOPD)
2. Face-to-Face Examination
3. Documentation from the medical record to support medical necessity

The DME MACs will begin accepting prior authorization requests for K0005 CRT manual wheelchairs on **October 14, 2026**.

Please note – The DME MACs informed the provider community that PA will be for the wheelchair base only and will not include a review of medical necessity for any options, accessories, seating or positioning items used with the wheelchair. However, wheelchair seat cushions (E2601 – E2608 and E2622 – E2625) as well as wheelchair back cushions (E2611 – E2616 and E2620 & E2621) may be submitted voluntarily through the prior authorization process.

Top PMD Non-Affirmation Reasons

The DME MACs have communicated the top reasons why a prior authorization request (PAR) for a power mobility device (PMD) were not affirmed. While this does not specify that these are CRT power wheelchairs, it is a good reminder of what is required. The top denial reasons include:

1. The face-to-face does not paint a clear picture of the beneficiary's functional abilities and limitations as it does not contain sufficient objective data.
2. The face-to-face examination does not demonstrate the beneficiary's upper extremity function is insufficient to self-propel an optimally configured manual wheelchair in the home.
3. The documentation demonstrates that the beneficiary does not have special skin protection or positioning needs to support a sling/solid seat/back wheelchair.
4. The standard written order (SWO) required prior to delivery was not completed by the treating practitioner that performed the face-to-face encounter.

If you have experienced same or similar denial reasons and have a question you would like NCART to submit to the DME MACs on your behalf, please let Julie Piriano know at julie.piriano@ncart.us.

Joint DME MAC Publication – Equipment Retained from a Primary Payor

The DME MACs updated the Standard Documentation Policy Article for all claims submitted to the DME MACs, which now states, "Unless otherwise specified in an LCD or NCD, the original documentation (including but not limited to an original order and practitioner records) completed prior to the beneficiary entering FFS Medicare may be used to support that all Medicare requirements are met (such as the SWO, WOPD, and face-to-face encounter requirements). As a reminder, for items on the Required Face-to-Face Encounter and Written Order Prior to Delivery List, documentation used to satisfy the face-to-face encounter requirements must have been conducted within six months prior to the date on the WOPD."