



**MassHealth**  
**Prosthetics Provider Bulletin 11**  
**July 2019**

**TO:** All Prosthetic Providers Participating in MassHealth  
**FROM:** Daniel Tsai, Assistant Secretary for MassHealth   
**RE:** **Updates to MassHealth Policy for Prescription Requirements:  
Implementation of Detailed Written Order Process**

### Summary

Effective for dates of service on or after July 12, 2019, MassHealth is implementing policy changes for the MassHealth Prosthetics program regarding definitions and prescription requirements for the Prosthetics (PRT) program administered under 130 CMR 428.000: *Prosthetics Services*. The agency plans to promulgate amendments to 130 CMR 428.000 to align with the recently adopted amendments to the Orthotics (ORT) program regulations, 130 CMR 442.000, to provide consistency in administration of the PRT and ORT programs.

For dates of service on or after July 12, 2019, providers may continue to submit prescriptions consistent with the existing provisions at 130 CMR 428.409: *Prescription Requirements* or may provide prescriptions and documentation consistent with the policy outlined below for Detailed Written Orders (DWO).

### Detailed Written Orders

A Detailed Written Order is the written prescription and statement of medical necessity justification for the specified prosthetic services from the member's prescribing provider.

Under the DWO process, providers may initiate service with an Initial Order (IO), a written, electronically submitted or documented verbal communication from the member's prescribing provider to the provider of prosthetics to assess and evaluate the member for the specified prosthetic service. IOs and DWOs must meet the requirements set forth below.

- A. **Initial Orders:** The IO may be written, verbally, or electronically transmitted (in accordance the applicable federal and state laws, rules and guidance) by the member's prescriber. A verbal initial order must be simultaneously documented in writing by an employee of the provider of prosthetics.
  1. The verbal, written, or electronically transmitted initial order must include:
    - a. the date the provider of prosthetics obtains or receives the initial order from the prescribing provider;
    - b. a general description of the prosthetic service that is the subject of the initial order;
    - c. the member's name;
    - d. the name of prescribing provider giving the initial order; and
    - e. the name and title of the employee of the provider of prosthetics who obtained or received the initial order, and in the case of a verbal initial order, documented the initial order in writing.
  2. Prosthetic providers must maintain a copy of the initial order (or written documentation of a verbal initial order) in the member's record and make this information available to MassHealth upon request.

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**B. Detailed Written Order.** The provider of prosthetics must obtain a detailed written order signed and dated by the member's prescribing provider for all prosthetic services provided to a member prior to the date the claim is submitted to MassHealth for the prosthetic services, or in the case of prosthetic services requiring prior authorization, prior to the date that the prior authorization request is submitted to the MassHealth agency or its designee.

1. The detailed written order must comply with the requirements for a legal prescription under all applicable federal and state laws and regulations, and also contain a statement of medical necessity. If the detailed written order is prepared by the prosthetic provider, the detailed written order must be reviewed, signed and dated by the prescribing provider. The detailed written order must contain an attestation whereby the prescribing provider certifies under pains and penalties of perjury, that he/she is the prescribing provider identified on the detailed written order; that the medical necessity information on and attached to the detailed written order is true, accurate, and complete to the best of his/her knowledge, and that the prescribing provider may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact pertaining there to.

The detailed written order may be prepared by the provider of prosthetics but must be reviewed, signed and dated by the member's prescribing provider. MassHealth medical necessity guidelines for specific prosthetics require that the prescription/detailed written order be signed by specified medical professionals. The detailed written order must be maintained in the member's record.

2. In addition to meeting the requirements in the first paragraph in B. above, the detailed written order must include, at minimum, the following information:
  - a. the member's name and address;
  - b. the member's MassHealth identification number;
  - c. specific identification of the prescribed item, including all options or additional features that will be separately billed;
  - d. the member's diagnosis;
  - e. a statement of medical necessity;
  - f. the prescribing provider's address and telephone number; and
  - g. the date on which the prescribing provider signed the detailed written order.

### **MassHealth Website**

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### **Questions**

The MassHealth LTSS Provider Service Center is open, 8 a.m. to 6 p.m. ET, Monday through Friday, excluding holidays. ADH providers should direct their questions about this bulletin or other MassHealth LTSS provider questions to the LTSS Provider Service Center.

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