

DME Face-to-Face Rule

Face-to-Face Documentation Requirements

For Any New Order On Or After July 1, 2013

- The patient's medical record must contain sufficient documentation of the patient's medical condition to substantiate the necessity for the type and quantity of the items ordered.
- A **Practitioner** must have a Face-to-Face Evaluation with the beneficiary prior to the written DME order and document the Face-to-Face Evaluation in the patient's medical record. A **Practitioner** is:
 - Medical Doctor
 - Doctor of Osteopathic Medicine
 - Doctor of Podiatric Medicine
 - Physician Assistant
 - Nurse Practitioner
 - Clinical Nurse Specialist
- Every item subject to Face-to-Face requirements is also subject to mandatory Specific Written Orders **prior** to delivery. A complete Specific Written Order must be received before the item may be delivered to the patient.
- The Face-to-Face Evaluation must be signed by the Prescribing Practitioner
- Medicare beneficiaries discharged from a hospital do not need to receive a separate Face-to-Face Evaluation, so long as the Prescribing Practitioner who performed the Face-to-Face encounter in the hospital issues the DME order within six months after the patient's discharge from the hospital.
- The Face-to-Face Evaluation must occur during the six months prior to the written order for each item.
- Every item subject to Face-to-Face requirements is also subject to mandatory Specific Written Orders **prior** to delivery. A complete Specific Written Order must be received before the item may be delivered to the patient.

A Written Order for the item must be received before the delivery of the item can take place. A Written Order prior to delivery has five (5) mandatory elements, also referred to as a Five Element Order (5EO).

1. Beneficiary's name
2. Item of DME ordered - this may be general – e.g., "hospital bed"– or may be more specific.
3. Signature of the prescribing practitioner and date signed
4. Prescribing practitioner's National Practitioner Identifier (NPI)
5. The date of the order

A date stamp or equivalent must be used to document the date that the order was received.

John Doe, MD
Any Town, USA
Phone:(555)555-5555
NPI# 1234567890

1 Name: **William Smith** Date: **07/01/2013**

Address: 555 My Street Any Town, USA Start Date: **07/02/2013**

Rx 2 **Semi-electric hospital bed with side rails & mattress**

Refills: _____ Signature of Prescriber: *John Doe, M.D.*

Signature Date: **07/01/2013** Name (Printed): **John Doe, M.D.** 3

Additional requirements, if applicable:

- Dosage or concentration
- Route of administration
- Frequency of use
- Duration of infusion
- Quantity to be dispensed

Documentation in Medical Records Required by CMS

Documentation Requirements

- Duration of patient's condition
- Clinical course
- Prognosis
- Nature and extent of functional limitations
- Other therapeutic interventions and results

Key Items to Address

- Why does the patient require the item?
- Do the physical examination findings support the need for the item?
- Signs and symptoms that indicate the need for the item
- Diagnoses that are responsible for these signs and symptoms
- Other diagnoses that may relate to the need for the item

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Important Facts

CMS expects that the patient's medical records will reflect the need for the item ordered. The patient's medical records include:

- Physician's office records
- Hospital records
- Nursing home records
- Home health agency records
- Records from other healthcare professionals
- Test results

Each time that a new prescription is written for a specified item, a new Face-to-Face evaluation is required. Medicare requires new prescriptions:

- For any purchase or initial rental of a specified item
- If there is a change in accessory, supply, drug, etc.
- If the LCD (Local Coverage Determination) requires renewal
- If an item is replaced
- If the supplier is changed
- If required by state law

Other Stipulations of the Rule Include:

- A prescription is not considered a part of the medical record.
- Supplier-produced records, even if signed by the ordering physician, and attestation letters are not considered by Medicare as part of the medical record.
- Templates and forms, including CMNs, are subject to corroboration with information documented in the patient's medical record.
- Signature and date stamps are not allowed
- Multiple items can be supported by a single face-to-face encounter, so long as each item's medical necessity is documented in the patient's medical record.

Specific Date and Timing Requirements

- The date of the Face-to-Face Examination must be on or before the date of the 5EO and may be no older than 6 months prior to the 5EO date.
- The date of the Face-to-Face Examination must be on or before the date of delivery for the item(s) prescribed.
- The date of the 5EO must be on or before the date of delivery.
- The DMEPOS supplier must have documentation of the completed 5EO in their file prior to the delivery of these items.