DME Face-to-Face Rule

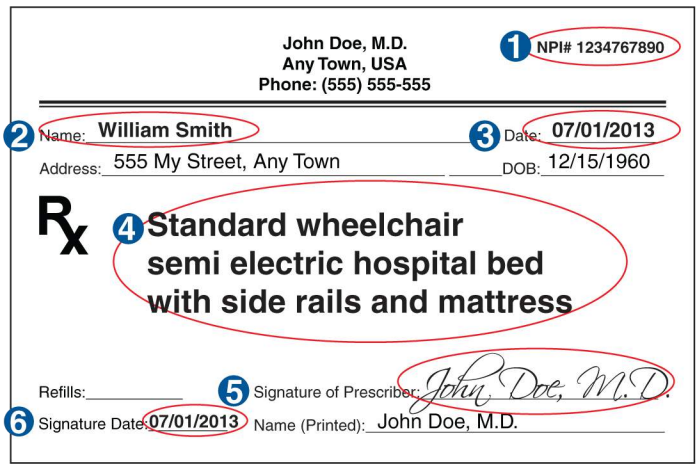
Face-to-Face Documentation Requirements

Effective 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 items ordered.
- A Physician, Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS) 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 records.
- **Every item subject to Face-to-Face requirement will also be subject to mandatory detailed written orders prior to delivery. This means NO MORE VERBAL ORDERS can be accepted on these products.**
- ***THE FACE-TO-FACE EVALUATION MUST BE SIGNED OR CO-SIGNED BY A PHYSICIAN.***
- Medicare beneficiaries discharged from a hospital do not need to receive a separate Face-to-Face evaluation. If a physician needs to order a Specified Covered Item for a beneficiary after an in-patient stay, the physician may use a Face-to-Face evaluation (done by a hospitalist or in-house physician), if the evaluation occurred within the 6 months prior to prescribing the equipment.
- The Face-to-Face evaluation must occur during the six months prior to the written order for each item.

A detailed written order for the item must be received before the delivery of the item can take place and must include minimally the following information:

1. **Prescriber's NPI**
2. **Beneficiary name**
3. **Date of order**
4. **DME item ordered**
5. **Signature of prescriber**
6. **Date of prescriber's Signature**



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

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.
- The Physician is required to sign/co-sign the pertinent portion of the medical record to attest that a Face-to-Face evaluation was performed by a NP, PA, or CNS, thereby documenting that the beneficiary was evaluated or treated for a condition relevant to an item of DME on that date of service. **Only a Physician can attest that the Face-to-Face evaluation occurred, regardless of whether it was performed by the Physician, PA, NP, or CNS.**
- While typically PTs, OTs, and Speech Language Pathologists (SLPs) participate in the assessment and evaluation of Medicare Beneficiaries, for the purpose of ordering DME items, they cannot independently document the Face-to-Face visit.
- Signature and date stamps are not allowed.
- Multiple items can be supported by a single Face-to-Face evaluation, so long as each item's medical necessity is documented in the patient's medical record.

Physician Compensation

CMS has established a G-Code (G0454) to compensate Physicians who document that a PA, NP, or CNS performed the Face-to-Face evaluation.

The G-Codes may only be used when the Physician documents a Face-to-Face evaluation that is performed by a PA, NP, or CNS.

If the Physician performed the Face-to-Face evaluation him/herself, the G-Code does not apply when the Physician bills an evaluation and management code.

If multiple orders for covered items originate from one Face-to-Face evaluation, the Physician is only eligible for the G-Code payment once.