



The New Medicare DME Face-To-Face Rule:

What Referral Sources Need to Know

What is the “Face-to-Face” Rule?

Section 6407(b) of the 2009 Health Care Reform law (Affordable Care Act) mandates that there must be documentation in the medical record by the physician or other prescribing practitioner of an in-person evaluation of the patient prior to prescribing durable medical equipment (DME)

- Similar provision for home health has already been implemented by CMS

“Face-to-Face” Rule Cliffs Notes:

- Adds to the written order prior to delivery rule
- Adds many DME items to the list
- Requires physician or other practitioner to conduct a Face-to-Face exam as a condition of payment
- Physician must document and communicate to supplier; must sign/co-sign medical record documentation
- New written order criteria
- Supplier must have documentation available

Federal Regulation

Medicare issued the final rule on the Face-to-Face requirement for physicians prescribing durable medical equipment (DME) as part of Medicare Physician Payment Final Rule

– November 16, 2012, *77 Federal Register* 68891

- *New*: 42 Code of Federal Regulations (CFR) 410.38(g)

CMS objective: reduce fraud, waste and abuse by forcing more involvement by physicians in the ordering of DME

Covered DME Items

CMS criteria for inclusion on list:

- Items currently subject to written order prior to delivery requirement
- Items over \$1000 (Medicare fee schedule)
- Items CMS believes are prone to fraud, waste and abuse
- Items OIG, GAO etc. believes are prone to fraud, waste & abuse
- No items on list where regulations state that a Face-to-Face encounter is not necessary: e.g, power wheelchair accessories
- CMS will update list annually in Federal Register

Covered DME Items

List includes 166 HCPCS codes, including:

- Oxygen and respiratory equipment
- Note: Official list omits E1390, E1392 & K0738
- Includes E0439, E0424 liquid and compressed stationary
- E0434, E0431, Liquid and cylinder portable and contents
- Manual wheelchairs & accessories
- Hospital beds & accessories
- TENS units
- Rollabout chairs
- Blood glucose monitors
- Traction-cervical

Face-to-Face Rule Requirements

Effective for new orders July 1, 2013,

-but not being "enforced" until sometime in 2014

- Supply items
- Transitioning beneficiaries
- New supplier = new order

- “Enforcement Delay” ?? No one really knows what this means

- Requires physician or other practitioner to conduct a “Face-to-Face” (F-2-F) exam prior to ordering certain DME
- Final rule lists covered DME by HCPCS code
- Doctor, Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS) can conduct F-2-F
 - Doctor must document and communicate to the DME supplier that the Doctor, PA, NP or CNS had a F-2-F
- F-2-F must occur within 6 months *prior* to the order

Documenting the Exam

- Medical record must support need for the DME ordered
 - Relevant parts of the medical record include: history, physician examination, diagnostic tests, summary of findings, diagnoses, treatment plans or other information
- Medical record should contain:
 - Exam occurrence
 - Evaluation of beneficiary
 - Needs assessment
 - Treatment
 - Relevant diagnoses

Keys to Sufficient Documentation

- The medical record must contain enough pertinent clinical and other information to substantiate that the beneficiary meets the Medicare program's requirements for the specific DME item ordered
- Ordering physician must provide that component of the patient's medical record to the DME supplier
- CMS "discourages" the use of templates

Additional Physician Obligations

- If non-physician practitioner (NP, CNS, PA) conducts the Face-to-Face exam, the physician must still document in the medical record that the encounter occurred
- The physician must co-sign the relevant part of the medical record to document that the NP, PA or CNS performed the exam
 - The signed DME item order is not sufficient
- After exam occurs, physician must provide the medical record documentation to the DME supplier, as well as the written order and any supporting documentation
 - CMS does not prescribe any particular mode of transmission
 - CMS may request this documentation up to 7 years

A Valid Written Order for DME

- Medicare requires that 5 elements be met for a DME order to be considered valid:
 1. Date of the order, and
 2. Beneficiary name, and
 3. Item of DME ordered (i.e, standard wheelchair), and
 4. The prescribing physician's NPI (national provider identifier), and
 5. Signature of prescribing practitioner

Hospital Discharges

- Beneficiaries discharged from hospital do not require separate Face-to-Face encounter, as long as physician or treating practitioner who performed Face-to-Face in hospital issues the DME order within 6 months after the date of discharge

Face-to-Face Rule

- For items that do not require a written order prior to delivery, suppliers are allowed to dispense DME to the beneficiary based upon a verbal order
 - BUT the supplier must have the written order before submitting claim
- For items that do require written order prior to delivery, supplier must have the written order, with Face-to-Face documentation, prior to delivery and when submitting claim

Physician Billing

- G0454 – Medicare billing code for physicians
 - Intended to compensate physicians who co-sign and document that a PA, NP or CNS practitioner performed a face-to-face encounter for DME equipment
- The G-code does not apply if the physician bills an evaluation and management (E&M) code when the physician does the Face-to-Face exam him/herself
- If physician co-signs and documents that a PA, NP or CNS practitioner orders multiple items of DME, the physician is only eligible to bill for the G-code payment once

Resources/More Information

- Regulation is at 42 C.F.R. 410.38(g)
- CMS Final Rule: 77 Federal Register 68891 (November 16, 2012), Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Complex Medical Review and Other Revisions to Part B for CY 2013
 - Relevant preamble: pp. 69147-69160
- CR8304 & MLN Matter MM8304 (revised) released May 31, 2013

Physician Payment

- G0454, estimated at \$10, to compensate physicians who document that a PA, NP or CNS practitioner performed the Face-to-Face encounter
- G-code does not apply when a physician bills an evaluation and management (E&M) code when the physician performs the Face-to-Face encounter himself/herself.
- Existing E&M codes are “sufficient” for practitioners doing F-2-F exams
- Multiple DME orders from one office visit: physician is only eligible for the G-code payment once

Key Points to Take Away

- Face to Face is a condition of DME payment
- F2F documentation is now required.
- Medical record must specify what DME is needed, why it's needed, and how long will it be needed.
- Medical Record Documentation must “paint a clear picture” of medical necessity for required DME per CMS LCD criteria.
- Must provide F2F documentation with order.
- Must provide detailed order (5 elements)
- Template forms not acceptable
- Medical necessity on prescription pad not acceptable