

DMERC Changes to CDC Medical Request Letters

Recently, DMERC representatives suggested the following changes to Medical Request Letters. CMS has concurred with these changes.

The following is a list of medical record documents that serve to support and meet the noted requirements in support of the adjudication of claims for reimbursement:

- Physician's written order/Prescription (with date and signature or start date prior to Date of service on the claim)
- Physician history and physicals, medical evaluations, and progress notes from all places of service where the services were rendered
- Non-physician clinician assessments for certification, re-certification evaluations, and progress notes - e.g., nurse, PT, OT, etc. (if applicable)
- Other pertinent documentation such as diagnostic tests including functional testing (e.g., lab tests, sleep studies, cardiac stress tests, pulmonary function tests, etc.) which would provide evidence in support the medical necessity for the item billed
-  Supplier's notes - supplier generated forms are not considered clinical documentation but do provide information for review
- Certificate of Medical Necessity or DME Information Form (if applicable)- these must be applicable for the dates of services being billed
- Manufacturer's name and model name/number of item provided, whether the device is new or used, if this is required by the policy for coverage
- Home Assessment for Motorized/Non-Motorized Wheelchairs (when applicable)
- Physician progress notes of face-to-face visit with beneficiary to support medical necessity for Motorized/Non-Motorized Wheelchairs (when applicable)