DME Face-to-Face Rule
2014 Implementation Date

- Physicians ordering certain Durable Medical Equipment (DME) must provide documentation in the patient’s medical record that a Face-to-Face encounter occurred with the patient.
- This encounter must take place during the 6 months prior to the Written Order for the item.
- For many items of Durable Medical Equipment (DME), a Physician must document that a Physician, a Physician Assistant (PA), a Nurse Practitioner (NP), or a Clinical Nurse Specialist (CNS) has had a Face-to-Face encounter with the beneficiary pursuant to that DME order.
- 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 and must be signed by the ordering Physician.
- Every item subject to Face-to-Face requirement will also be subject to mandatory Written Orders prior to delivery. This means NO MORE VERBAL ORDERS can be accepted on these products.
- Medicare beneficiaries DISCHARGED FROM A HOSPITAL do not need to receive a separate Face-to-Face encounter, as long as the Physician or treating PRACTITIONER WHO PERFORMED the Face-to-Face encounter in the hospital issues the DME order within 6 months after the date of discharge.

- This information would be part of the beneficiary’s medical record and include the identity of the practitioner who provided the Face-to-Face assessment and must fulfill previously stated document requirement pursuant to equipment being provided.

- Written Orders MUST INCLUDE the following information (sample below):
  1. Beneficiary’s name
  2. Specific DME item ordered and/or accessories
  3. Prescribing practitioner’s National Provider Identifier (NPI#)
  4. Prescribing practitioner’s signature — legible
  5. Date of order

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
Quick Reference Sheet

**Documentation Requirements**

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

**Documentation Tips**

- The information must not be recorded in vague and subjective terms.
- The information must provide objective measures, tests or observations.
- Each medical record is expected to be individualized to the unique patient.

**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 document that a Face-to-Face encounter 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 document that the Face-to-Face encounter 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 encounter, 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 Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist performed the Face-to-Face encounter.

This G-Code does not apply when a Physician bills an evaluation and management code when the Physician performs the Face-to-Face encounter himself/herself.

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

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

**Home Care Medical Bottom Line**

Home Care Medical will NOT deliver or ship any Durable Medical Equipment to Medicare beneficiaries (with all Traditional and Advantage Plans) without receiving the required Face-to-Face documentation and the Written Order. If you have questions, please contact Coleen Zinda, Director of Sales at 262.786.9870 or coleen.zinda@hcmedical.com.