

## PROVIDER BULLETIN

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### Durable Medical Equipment (DME) Program

- **DME Face-to-Face Requirements**
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#### **DME Face-to-Face Requirements**

Effective items of DME ordered on or after September 1, 2019, a face-to-face encounter is required in both the Fee-for-Service and Managed Care programs. The Centers for Medicare and Medicaid Services (CMS) revised federal regulation at 42 CFR 440.70 to require that no Medicaid payment items of DME, for which a face-to-face encounter is required, shall be made unless there is documentation of a face-to-face encounter that meets the following criteria:

- The encounter is related to the primary reason the beneficiary requires medical equipment;
- It occurs no more than 6 months prior to the written order;
- It occurs prior to the date of service delivery; and
- It is conducted by a physician (M.D. or D.O.) or one of the following non-physician practitioners (NPP):
  - a nurse practitioner working in collaboration with a physician;
  - a clinical nurse specialist working in collaboration with a physician;
  - or
  - a physician assistant, under the supervision of a physician.

If an allowed NPP performs the face-to-face encounter, the clinical findings of that face-to-face encounter must be communicated to the enrolled ordering physician and be incorporated into the ordering physician's medical record for the participant.

#### **DME Subject to the Face-to-Face Requirement**

For certain items of DME, a face-to-face encounter is required, as indicated in 42 CFR 440.70(g)(1). A list of DME items and corresponding HCPCS codes that are subject to face-to-face encounter requirements may be found at: <https://www.cms.gov/Research-Statistics-Dataand-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/MedicalReview/FacetoFaceEncounterRequirementforCertainDurableMedicalEquipment.html>.

**Documentation Requirements**

The physician responsible for ordering the DME service must document the face-to-face encounter that is related to the primary reason the patient requires DME. The DME provider must ensure that it has received this documentation for each item of DME and for each participant for whom it is required. The DME provider must maintain the documentation in the participant's record or files at their own location.

The documentation must, at a minimum, include the following:

- the clinical findings of the face-to-face encounter substantiating the need for the DME;
- the primary reason that the DME is required;
- the name, signature and credentials of the practitioner who conducted the face-to-face encounter; electronic signatures must meet requirements of electronic signatures for the MO HealthNet Program, in accordance with [13 CSR 65-3.050](#); and  the date of the face-to-face encounter.

The MO HealthNet Division (MHD) is researching the *possibility* of a future enhancement that may incorporate the face-to-face requirement into the pre-certification process. The documentation requirements listed above may be met if/when incorporated into the precertification process, as approved by the MHD. Providers will be notified if/when that change is made.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) website at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD website at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the MO HealthNet ID card.

**Provider Communications Hotline  
573-751-2896**