CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-08 Medicare Program Integrity	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 468	**Date: May 31. 2013**
	Change Request 8304

SUBJECT: Detailed Written Orders and Face-to-Face Encounters

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to implement changes to Pub. 100-08, Medicare Program Integrity Manual to support 42 CFR 410.38(g) which is effective July 1, 2013.

EFFECTIVE DATE: July 1, 2013
IMPLEMENTATION DATE: July 1, 2013

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	5/Table of Contents
N	5/5.2.3.2/ Detailed Written Orders for Face-to-Face Encounter
N	5/5.2.3.2.1/ Face-to-Face Encounter Conducted by the Physician
N	5/5.2.3.2.2 /Face-to-Face Encounter Conducted by a Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist
N	5/5.2.3.2.3 /Detailed Written Orders for Covered Items

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
Not Applicable.

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:
Business Requirements
Manual Instruction
**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

Pub. 100-08	Transmittal: 468	Date: May 31, 2013	Change Request: 8304

SUBJECT: Detailed Written Orders and Face-to-Face Encounters

EFFECTIVE DATE: July 1, 2013
IMPLEMENTATION DATE: July 1, 2013

I. GENERAL INFORMATION

A. Background: As a condition for payment, section 6407 of the Affordable Care Act requires a physician to document that the physician, physician assistant (PA), nurse practitioner (NP) or clinical nurse specialist (CNS) has had a face-to-face encounter examination with a beneficiary in the six (6) months prior to the written order for certain items of Durable Medical Equipment (DME). This section does not apply to Power Mobility Devices (PMDs) as these items are covered under a separate requirement.

Physicians will be provided an additional payment, using G0454, for signing/co-signing the face-to-face encounter of the PA/NP/CNS. The physician should not bill the G-code when he/she does the face-to-face encounter. **NOTE:** The G-code may only be paid to the physician one time per beneficiary per encounter, regardless of the number of covered items documented in the face-to-face encounter.

B. Policy: Section 6407 of the Affordable Care Act establishes a face-to-face encounter with a physician or PA/NP/CNS and the Medicare beneficiary as a condition of payment for certain DME items. This includes encounters conducted via CMS-approved telehealth (as described by CMS Pub 100-02, Medicare Benefit Policy Manual, Chapter 15 and Pub. 100-04 Medicare Claims Processing Manual, Chapter 12).

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility											
		A/B MAC			DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		A	B	HHH					FISS	MCS	VMS	CWF	
8304.1	When an applicable claim is selected for review, contractors shall deny the claim if there is no face-to-face encounter for covered items as defined in 42 CFR 410.38(g).				X								CERT, RA
8304.2	Contractors shall not apply this requirement to PMDs.				X								CERT, RA
8304.3	When an applicable claim is selected for review, contractors shall verify that the physician, PA/NP/CNS, has conducted a face-to-face encounter with the beneficiary.				X								CERT, RA
8304.4	When an applicable claim where a PA/NP/CNS conducted the face-to-face encounter is selected for review, the contractor shall verify that a physician has signed/co-signed the face-to-face				X								CERT, RA

Number	Requirement	Responsibility											
		A/B MAC			DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		A	B	HHH					FISS	MCS	VMS	CWF	
	encounter to document the occurrence of the face-to-face encounter.												
8304.5	When an applicable claim is selected for review, the contractor shall verify that the face-to-face encounter documentation includes information supporting that the beneficiary was evaluated and/or treated for a condition that supports the item(s) of DME ordered.				X								CERT, RA
8304.6	When an applicable claim is selected for review, contractors shall deny the claim if supporting information is not included and/or the detailed written order was completed before the face-to-face encounter.				X								CERT, RA
8304.7	When an applicable claim is selected for review, contractors shall ensure, for covered items, that the detail written order is consistent with instructions in section 5.2.3 of the Program Integrity Manual (IOM 100-08).				X								CERT, RA
8304.8	When an applicable claim is selected for review, contractors shall deny the claim if the beneficiary's name, the item of DME ordered, the ordering practitioner's NPI, the signature of the ordering practitioner and the date of the order, are not included on the detailed written order.				X								CERT, RA

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC			DME MAC	FI	CARRIER	RHHI	Other
		A	B	HHH					
8304.9	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.				X				

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Amanda Burd, 410-786-2074 or amanda.burd@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:
Not Applicable.

Section B: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Medicare Program Integrity Manual

Chapter 5 – Items and Services Having Special DME Review Considerations

Table of Contents
(Rev.468, Issued: 05-31-13)

Transmittals for Chapter 5

5.2.3.2- Detailed Written Orders for Face-to-Face Encounter

5.2.3.2.1 – Face-to-Face Encounter Conducted by the Physician

5.2.3.2.2 – Face-to-Face Encounter Conducted by a Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist

5.2.3.2.3 – Detailed Written Orders for Covered Items

5.2.3.2 – Detailed Written Orders for Face-to-Face Encounter
(Rev.468; Issued: 05-31-13; Effective: 07-01-13; Implementation: 07-01-13)

This section only applies to covered items as defined in 42 CFR 410.38(g). CMS will notify contractors of any annual updates to the list of covered items. CMS will notify the public of any updates in the list of covered items via the Federal Register. Contractors shall not apply this section to PMDs.

For covered items as defined in 42 CFR 410.38(g) a physician must document that the 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 within six (6) months prior to completing the detailed written order. On claims selected for review if there is no face-to-face encounter, contractors shall deny the claim.

5.2.3.2.1 – Face-to-Face Encounter Conducted by the Physician
(Rev.468; Issued: 05-31-13; Effective: 07-01-13; Implementation: 07-01-13)

When conducting a review of a covered DME item, outlined in 42 CFR 410.38(g) ordered by a physician (MD or DO), the contractor shall ensure that the physician saw the beneficiary (including through the appropriate use of telehealth (see Pub 100-02, the Medicare Benefit Policy Manual, Chapter 15 and Pub 100-04, the Medicare Claims Processing Manual, Chapter 12) and conducted a face-to-face assessment. The contractor shall verify that the face-to-face documentation includes information supporting that the beneficiary was evaluated or treated for a condition that supports the item(s) of DME ordered. If this information is not included, the contractor shall deny the claim. If the physician completed the detailed written order before the face-to-face encounter, the contractor shall deny the claim.

5.2.3.2.2 – Face-to-Face Encounter Conducted by a Nurse Practitioner, Physician Assistant or Clinical Nurse Specialist
(Rev.468; Issued: 05-31-13; Effective: 07-01-13; Implementation: 07-01-13)

When conducting a review of a covered DME item, outlined in 42 CFR 410.38(g) ordered by a PA, NP, or CNS, the contractor must ensure that the practitioner who conducted the face-to-face assessment saw the beneficiary (including through the appropriate use of telehealth (see Pub 100-02, the Medicare Benefit Policy Manual, Chapter 15 and Pub 100-04, the Medicare Claims Processing Manual, Chapter 12). If the face-to-face encounter documentation does not include information supporting that the beneficiary was evaluated or treated for a condition that supports the item(s) of DME ordered the contractor shall deny the claim.
When conducting a review of a covered DME item, outlined in 42 CFR 410.38(g) ordered by a PA, NP, or CNS, the contractor shall verify that a physician (MD or DO) documented the occurrence of a face-to-face encounter by signing/co-signing and dating (consistent with the signature requirement in PIM Chapter 3, Section 3.3.2.4) the pertinent portion of the medical record indicating the occurrence of a face-to-face. If this information is not included, the contractor shall deny the claim.
***NOTE**: A single confirming signature and date is sufficient in a situation where there are several pertinent portions of the medical record.*

5.2.3.2.3 – Detailed Written Order for Covered Items
(Rev.468; Issued: 05-31-13; Effective: 07-01-13; Implementation: 07-01-13)

For a covered DME item, outlined in 42 CFR 410.38(g), the contractor shall ensure that the detailed written order is consistent with PIM Chapter 5 § 5.2.3. Consistent with 42 CFR 410.38(g) the order must include, at a minimum; the beneficiary's name, the item of DME ordered, the prescribing practitioner's NPI, the signature of the ordering practitioner (physician, PA, NP, or CNS) and the date of the order. If this information is not included on the detailed written order, the claim will be denied. Medicare requires that the detailed written order is completed after the face-to-face encounter. If the date of the detailed written order is prior to the date of the face-to-face encounter, the contractor shall deny the claim.