noridian
Healthcare Solutions

General Documentation Requirements

References: Supplier Manual Chapter 3 Documentation Requirements

A Standard Written Order (SWO) is required before your supplier can bill Medicare.
It must contain all of the following:

- ☐ Beneficiary's Name or Medicare Beneficiary Identifier (MBI)
- ☐ Order Date
- ☐ General Description of the item
    - ☐ The description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number
    - ☐ For equipment – In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories or additional features that are separately billed or require an upgraded code (List each separately).
    - ☐ For supplies – In addition to the description of the base item, the DMEPOS order prescription may include all concurrently ordered supplies that are separately billed (List each separately).
- ☐ Quantity to be dispensed, if applicable
- ☐ Treating practitioner name or National Provider Identifier (NPI)
- ☐ Treating practitioner's signature
- ☐ Beneficiary Authorization

  A beneficiary signed CMS 1500 claim form or a supplier generated document whereby the beneficiary requests payment of authorized Medicare benefits for any services furnished by or in (name of supplier) and authorizes any holder of medical or other information to release to Medicare and its agents any information needed to determine these benefits or benefits for related services.
- ☐ Refill Requirements
    - ☐ For items obtained in-person at a retail store, the signed delivery/sales receipt is sufficient documentation of a request for refill
    - ☐ For items that are delivered to the beneficiary, documentation of a request for refill is required. The refill request must occur and be documented before shipment. A retrospective attestation statement by the supplier or beneficiary is not sufficient. The refill record must include:

- ☐ Beneficiary's name or authorized representative if different than the beneficiary
- ☐ Description of each item being requested
- ☐ Date of refill request
- ☐ For consumable supplies, the quantity of each item that the beneficiary still has remaining
- ☐ For non-consumable supplies, the functional condition of the item(s) being refilled in sufficient detail to demonstrate the cause of the dysfunction that necessitates replacement (refill)
- ☐ Contact was made with the beneficiary/designee within 14 days prior to the delivery/shipping date
- ☐ The item(s) were delivered no sooner than 10 days prior to the end of usage

☐ Proof of Delivery (POD)

- ☐ Method 1 – Direct Delivery to the Beneficiary by the Supplier

  The date the beneficiary/designee signs for the supplies is to be the date of service of the claim.

  - ☐ Beneficiary name
  - ☐ Delivery address
  - ☐ Detailed description of item(s) delivered
  - ☐ Quantity delivered
  - ☐ Date delivered
  - ☐ Beneficiary/designee signature

- ☐ Method 2 – Delivery via Shipping or Delivery Service

  If a supplier utilizes a shipping service or mail order, suppliers have two options for the DOS to use on the claim:

  1. **Suppliers may use the shipping date as the DOS. The shipping date is defined as the date the delivery/shipping service label is created or the date the item is retrieved by the shipping service for delivery. However, such dates should not demonstrate significant variation.**
  2. **Suppliers may use the date of delivery as the DOS on the claim.**

  - ☐ Beneficiary name
  - ☐ Delivery address
  - ☐ Package ID number/Invoice number or alternative method that links delivery documents to delivery service records
  - ☐ Detailed description of item(s) delivered
  - ☐ Quantity delivered
  - ☐ Date delivered
  - ☐ Evidence of delivery

- ☐ Method 3 – Delivery to Nursing Facility on Behalf of a Beneficiary
  - ☐ When a supplier delivers items directly to a nursing facility, the documentation described for Method 1 is required
  - ☐ When a delivery service or mail order is used to deliver the item to a nursing facility, the documentation described for Method 2 is required

- ☐ Regardless the method of delivery, for those beneficiaries that are residents of a nursing facility, information from the nursing facility showing that the item(s) delivered for the beneficiary's use were actually provided to and used by the beneficiary must be available upon request

☐ Continued Need

- ☐ A recent order by the treating physician for refills **or**
- ☐ A recent change in prescription **or**
- ☐ A properly completed CMN or DIF with an appropriate length of need specified **or**
- ☐ Timely documentation in the beneficiary's medical record showing usage of the item

☐ Continued Use

- ☐ Timely documentation in the beneficiary's medical record showing usage of the item, related option/accessories and supplies **or**
- ☐ Supplier records documenting the request for refill/replacement of supplies in compliance with the Refill Documentation Requirements (This is deemed to be sufficient to document continued use for the base item, as well) **or**
- ☐ Supplier records documenting beneficiary confirmation of continued use of a rental item
- ☐ Timely documentation is defined as a record in the preceding 12 months unless otherwise specified elsewhere in this policy.

☐ Medical records documenting that all the coverage criteria are met

The beneficiary's medical records must reflect the need for the item provided and can include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. These records are not routinely submitted but must be available upon request. Therefore, while it is not a requirement, it is a recommendation that suppliers obtain and review the appropriate medical records and maintain a copy in the beneficiary's file.

Print Form

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