STANDARD DOCUMENTATION REQUIREMENTS

Refer to the Standard Documentation Requirements Policy Article (A55426) for complete information.

Standard Written Order

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

- [ ] Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- [ ] Order date
- [ ] General description of the item
  - [ ] 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

- [ ] In-Person: Signed delivery/sales receipt is sufficient documentation of a request for refill.

- [ ] Delivered: Refill request must occur and be documented before shipment. A retrospective attestation statement by the supplier or beneficiary is not sufficient. Refill request must include:
  - [ ] Beneficiary's name or authorized representative if different than the beneficiary
  - [ ] Description of each item being requested
  - [ ] Documentation of affirmative response indicating a need for refill
  - [ ] Date of refill request

The refill request communication may be performed via automated text messaging or email as long as each required aspect of the refill request is captured.

Proof of Delivery (POD)

Method 1 - Direct Delivery to Beneficiary by Supplier

- [ ] Beneficiary's name
- [ ] Delivery address
- [ ] Description of the item(s) delivered: Can be either a narrative (e.g., lightweight wheelchair base), a HCPCS code, long description of HCPCS code, or brand name/model number
- [ ] Quantity delivered
- [ ] Date delivered
- [ ] Beneficiary/designee signature

The date delivered on the POD must be the date that the DMEPOS was received by the beneficiary/designee. The date of delivery may be entered by the beneficiary, designee, or the supplier. When the supplier's delivery documents have both a supplier-entered date and a beneficiary or beneficiary's designee signature date on the POD document, the beneficiary (or designee) entered date is the date of service.

When supplies are delivered directly by the supplier, the date the beneficiary received the DMEPOS must be the date of service on the claim.

Method 2 - Delivery via Shipping or Delivery Service

- [ ] Beneficiary's name
- [ ] Delivery address
- [ ] Package ID number/invoice number or alternative method that links delivery documents to delivery service records

- [ ] Description of item(s) delivered: Can be either a narrative (e.g., lightweight wheelchair base), a HCPCS code, long description of HCPCS code, or brand name/model number
- [ ] Quantity delivered
- [ ] Date delivered
- [ ] Evidence of delivery

Two options for date of service on the claim:

1. Suppliers may use the shipping date as the date of service. 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 date of service on the claim.

Method 3 - Delivery to Nursing Facility on Behalf of Beneficiary

For items directly delivered by the supplier to a nursing facility or when a delivery service or mail order is used to deliver the item(s) to a nursing facility, the supplier must have:

- [ ] Documentation demonstrating delivery of the item(s) to the facility by the supplier or delivery entity; and
- [ ] Documentation from the nursing facility demonstrating receipt and/or usage of the item(s) by the beneficiary. The quantities delivered and used by the beneficiary must justify the quantity billed.

Continued Need

- [ ] Recent order/prescription by the treating practitioner for refills of supplies;
- [ ] Recent order/prescription by the treating practitioner for repairs;
- [ ] Recent change in an order/prescription;
- [ ] Timely documentation in the beneficiary's medical record showing usage of the item.

Timely documentation is defined as a record in the preceding 12 months unless otherwise specified elsewhere in the policy.

For some items, the initial justification for medical need establishes that the condition necessitating the item is permanent. As a result, once the benefit category is met (or continues to be met), ongoing documentation of medical need is not required. Refer to the LCD-related Policy Articles for clarification regarding exceptions to ongoing justification for continued medical need.

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 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 the policy.

Medical Records

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.