**Medicare Face to Face &**

**Detailed Written Order (DWO) Requirements**

**Policy effective July 1, 2013**

**DWOPD enforceable as of January 1, 2014**

Medicare implemented new requirements stating a face to face encounter as well as a DWO be obtained prior to dispensing certain DME items effective July 1, 2013. **Failure to meet these requirements will result in non-payment from Medicare and patient financial responsibility.**

**DOCUMENTATION REQUIREMENTS:**

* It must be documented that a physician, PA, NP or CNS has had a face to face encounter examination with the patient in the 6 months prior to the DWO. All documented encounters must have appropriate facility and patient identifiers, be dated, and all signatures must meet Medicare requirements. Additionally, a face to face encounter cannot happen after an order for DME is written.
* The face to face must document that the patient was evaluated and/or treated for a condition that supports the need for the DME ordered. The plan of care should clearly identify the item ordered.

**DETAILED WRITTEN ORDER REQUIREMENTS:**

* The DWO must include the following:
	+ Patient name
	+ Date of the order
	+ Description of each DME ordered
	+ The length of need
	+ Route of administration/dosage when applicable (ex: 2 LPM O2 continuous via NC)
	+ The prescribing practitioner’s NPI
	+ The signature **and** signature date of the ordering practitioner

**OUR AFFECTED HCPC’S:**

|  |  |
| --- | --- |
| **E0185** | gel pressure mattress pad |
| **E0250** | fixed height hospital bed |
| **E0260** | semi-electric hospital bed |
| **E0261** | semi-electric hospital bed without mattress |
| **E0265** | fully electric hospital bed |
| **E0301** | heavy duty hospital bed weight capacity 350-600 lbs without mattress |
| **E0302** | heavy duty hospital bed weight capacity greater than 600 lbs without mattress |
| **E0303** | heavy duty hospital bed weight capacity 350-600 lbs with mattress |
| **E0431** | portable gas oxygen system |
| **E0424** | stationary compressed gas system |
| **E0434** | portable liquid oxygen system |
| **E0439** | stationary liquid system |
| **E0442** | stationary liquid contents |
| **E0443** | portable gas oxygen contents |
| **E0444** | portable liquid oxygen contents |
| **E0450** | volume control ventilator without pressure support |
| **E0461** | volume control ventilator without pressure support – noninvasive |
| **E0463** | pressure support ventilator with volume control |
| **E0464** | pressure support vent with volume control – noninvasive |
| **E0470** | respiratory assist device bi-level pressure |
| **E0471** | respiratory assist device bi-level pressure with back up rate |
| **E0480** | percussor electric/pneumatic home model |
| **E0482** | cough stimulating device |
| **E0484** | oscillatory positive expiratory device, non-electric (Acapella) |
| **E0570** | nebulizer with compressor |
| **E0575** | nebulizer, ultrasonic, large volume |
| **E0580** | nebulizer, durable, glass or autoclavable plastic, bottle type used with regulator or flowmeter |
| **E0585** | nebulizer with compressor and heater |
| **E0601** | continuous airway pressure device |
| **E1031** | rollabout chair |
| **E1038** | transport wheelchair |
| **K0001-K0009** | manual wheelchair bases |

Please take note that portable oxygen as well as refills are on this list (refills are billed between month 37 and 60); orders must list all of the equipment: oxygen @ 2 LPM continuous via NC with portability/refills.