

Medicare Patient

The number one reason for a delay in dispensing equipment to a Medicare patient is missing or incomplete documentation. This checklist covers most requirements for durable medical equipment.

Complete this checklist to ensure that your patient receives his/her equipment in as timely a manner as possible.

Did you order a:

- | | | | |
|---|--|---------------------------------|----------------------------------|
| <input type="radio"/> Pressure reducing pad | <input type="radio"/> Mattress overlay or Mattress | <input type="radio"/> Bed | <input type="radio"/> Wheelchair |
| <input type="radio"/> Seat lift mechanism | <input type="radio"/> Wheelchair cushion | <input type="radio"/> Nebulizer | <input type="radio"/> Oxygen |
| <input type="radio"/> CPAP | <input type="radio"/> BIPAP | | |

Have you completed a *detailed written order* that includes:

- The beneficiary's name and secondary identification (DOB or address)
- The item of DME ordered
- The prescribing practitioner's NPI
- The signature of the ordering practitioner
- The date of the order
- Signed/dated by a physician, physician assistant (PA), nurse practitioner (NP) **or** clinical nurse specialist (CNS)
- Diagnosis
- Length of need (99=lifetime)

*Note : If the physician orders equipment and puts a Length of Need = 99 months, it does not mean that the patient must keep the equipment for a lifetime. The patient can have the rental equipment picked up or return it at any time, as long as a) the physician states that the patient no longer requires the equipment or b) the patient signs an Against Medical Advice form. Items that are purchase items MUST have a Length of Need = 99 months, but may also be returned or picked up according to company policy or warranty information.

Have you included the *face to face encounter* that includes:

- Detailed information supporting that the Pt was evaluated & treated for a condition that supports the item
- Any documentation/testing that supports the need for the item. (Sats/Sleep Study/etc)
- Signature and date of the practitioner or physician who conducted the face to face encounter

OR

- If seen by a PA, NP, or CNS the co-signature and date of the physician (MD or DO)