



Medicare DMEPOS Patient File Compliance Requirements

This document outlines the essential requirements for maintaining a Medicare patient file that complies with CMS (Centers for Medicare & Medicaid Services) standards when a patient receives Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). A complete and accurate patient file is critical for ensuring compliance, proper billing, and high-quality patient care.

Please note: This document is intended as a general guide. BOC strongly recommends that you review the relevant regulations and Medicare requirements for the DMEPOS product categories you intend to dispense.

PATIENT PROFILE

Patient Information

- **Full Name:** Complete legal name.
- **Medicare ID Number:** Unique identification number assigned to the patient by Medicare.
- **Contact Information:** Current address, phone number, and email address (if available).
- **Date of Birth:** Patient's birth-date for identification and verification purposes.

Beneficiary Authorization

Signed Authorization:

Document signed by the patient agreeing to receive the DMEPOS item(s) and acknowledging understanding of their rights and responsibilities.

Advanced Beneficiary Notice (ABN)

ABN Form:

Signed ABN form confirming the patient is informed of potential out-of-pocket costs due to the possibility of Medicare denial of the claim.

Proof of Delivery

- **Signed Delivery Ticket:** Documentation signed by the patient or an authorized representative confirming the receipt of the DMEPOS item.
- **Delivery Date and Item Description:** The exact date of delivery and a clear description of the item(s) delivered.

Patient Education and Documentation Checklist

(Patient should sign off that they received the items below)

- **HIPAA Policy:** Patient-signed documentation confirming receipt of the HIPAA policy.
- **Patient's Rights and Responsibilities:** Evidence that the patient was informed of their rights and responsibilities.
- **Written Instructions:** Confirmation that the patient received written instructions on how to use the DMEPOS item.
- **Medicare Supplier Standards:** Acknowledgment that the patient received a copy of the 30 Medicare Supplier Standards.
- **Satisfaction/Quality Survey:** Documentation of a satisfaction or quality survey provided to the patient.

Accreditation. Certification. Confidence for All.



Standardized DMEPOS Written Order or Prescription

Written Order or Prescription/Electronic Prescribing Order:

- Beneficiary Name or Medicare Beneficiary Identifier (MBI) Number
- General Description of the item
- Quantity to Be Dispensed, if applicable
- Order Date
- Treating Practitioner Name or National Provider Identifier (NPI)
- Treating Practitioner Signature

Note: While the SWO has a limited number of required order elements, suppliers/providers are permitted to add elements that provide clarity on issues such as length of need (LON), frequency of use, dosage form/strength, refills frequency, etc.

Diagnosis and Medical Necessity:

- Explanation of the patient's medical condition necessitating the use of the DMEPOS item.
- Justification of the item's medical necessity.

Clinical Documentation

Physician's Notes

- Detailed clinical documentation supporting the medical necessity of the DMEPOS item.
- Patient's relevant medical history and clinical findings.

Functional Assessment (based on product category)

- Assessment of the patient's functional limitations and how the DMEPOS item addresses these needs.
- Face-to-Face Encounter Documentation (if required): [CMS Requires Documented](#) proof of a face-to-face encounter between the patient and the physician within six months before the order is written.

Follow-Up and Monitoring

- **Patient Follow-Up:** Documentation of any follow-up visits or communications regarding the effectiveness of the DMEPOS item.
- **Adjustments and Additional Services:** Records of any adjustments made to the DMEPOS item or additional services provided.



Supplier Documentation

- **Supplier Records:**
All records from the DMEPOS supplier, including any relevant correspondence related to the order, delivery, and follow-up care.
- **Patient Instructions:**
Copies of any written instructions provided to the patient regarding the use and care of the DMEPOS item.

Billing Records

- **Billing Information:**
Detailed billing records, including HCPCS codes, dates of service, and any other relevant billing data.
- **Prior Authorization Documentation:**
Proof of prior authorization from Medicare, if required for the specific DMEPOS item.

Compliance Documentation

- **Medicare Compliance:**
Documentation demonstrating compliance with Medicare policies, including adherence to Local Coverage Determinations (LCDs) and/or National Coverage Determinations (NCDs).
- **CMS Regulations:**
Any additional documentation required to meet CMS regulations, including audits and review records.

NEW FACILITIES are required to present five patient charts that demonstrate this outlined level of documentation. However, these patients do not need to be actual Medicare beneficiaries. Acceptable examples include private payers, cash patients, or patients from donations.

REACCREDITING FACILITIES must present five patient charts from Medicare beneficiaries at the time of the survey.