Frequently Asked Questions

Medicare Reimbursement for Durable Medical Equipment

* All criteria for prescribed equipment must be documented in the progress note/ F2F visit. Criteria will not be accepted on the script or letterhead.
* F2F encounters for all DME (except oxygen)must be within 6 months of order. For oxygen orders from the physician office, the F2F visit must be within 30 days. • The face-to-face requirements can be further reviewed in the MLN Matters article (MM8304) published by CMS. There is also a Dear Physician letter published by CGS that further discusses the 6 month time-frame.
  + <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-CompliancePrograms/Medical-Review/Downloads/DetailedWrittenOrdersandFacetoFaceEncounters.pdf>
  + <http://www.cgsmedicare.com/pdf/f2f_wo_requirements_highcostdme.pdf>
* Completed criteria (signed by physician) must accompany the written order prior to equipment delivery. Script must be signed and dated on or after the F2F encounter. If an addendum is added to the F2F note for additional criteria, a new script must also be written.
  + An addendum should not be dated more than two weeks after a F2F encounter with the patient.
* Orders for oxygen equipment must include the prescribed liter flow and duration.
* Qualifying exertion/ambulation SATS must include all 3 steps:
  + Room Air at Rest
  + Ambulating on room air
  + Ambulating on O2 (document liter flow) n Medicare beneficiaries are only eligible for new equipment after 5 years