

THE PROVIDER 360 PROGRAM

PERSONALIZED EDUCATION | Standard Documentation Requirements Checklist

REQUIRED DOCUMENTATION

Standard Written Order that includes:

Beneficiary's name or Medicare Beneficiary Identifier (MBI)

General description of the item

The 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 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 dispense, if applicable

Treating Practitioner Name or NPI

Treating practitioner's signature

Order Date

Treating Practitioner's signature on the written order meets **CMS Signature Requirements**

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf>

NOTE: Suppliers should not submit claims to the DME MAC prior to obtaining a standard written order. Items billed to the DME MAC before a signed and dated standard written order has been received must be submitted with modifier EY.

Refill Request

Items Were Obtained In Person at a Retail Store		
Signed Delivery Slip	OR	Itemized Sales Receipt
Beneficiary's name		Beneficiary's name
Date		Date
List of items purchased		Detailed list of items purchased
Quantity received		Quantity received
Signature of person receiving the items		
Written Refill Request Received from the Beneficiary		
Name of beneficiary or authorized rep (indicate relationship)	Request was not received any sooner than 14 calendar days prior to the delivery/shipping date	
Description of each item being requested	Shipment/delivery occurred no sooner than 10 calendar days prior to the end of usage for the current product	
Date of request		
Quantity of each item beneficiary still has remaining		
Telephone Conversation Between Supplier and Beneficiary		
Beneficiary's name	Date of contact	
Name of person contacted (if someone other than the beneficiary include this person's relationship to the beneficiary)	Quantity of each item beneficiary still has remaining	
Description of each item being requested	Contact was not made any sooner than 14 calendar days prior to the delivery/shipping date	
	Shipment/delivery occurred no sooner than 10 calendar days prior to the end of usage for the current product	

Delivery Documentation

Direct Delivery	
Beneficiary's name	
Delivery address	
Quantity delivered	
A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number.	
Delivery date	
Signature of person accepting delivery	
Relationship to beneficiary	

Shipped/Mail Order Tracking Slip	
Shipping invoice	Tracking slip
Beneficiary's name	References each individual package
Delivery address	Delivery address
A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number.	Package I.D. #number
Quantity shipped	Date shipped
	Date delivered
	A common reference number (package ID #, PO #, etc.) links the invoice and tracking slip (may be handwritten on one or both forms by the supplier)

Shipped/Mail Order Return Post-Paid Delivery Invoice	
Shipping invoice	Quantity shipped
Beneficiary's name	Date shipped
Delivery address	Signature of person accepting delivery
A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number.	Relationship to beneficiary
	Delivery date

NOTE: If a supplier utilizes a shipping service or mail order, suppliers have two options for the DOS to use on the claim:

1. Suppliers may use the shipping date as the DOS. 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 DOS on the claim.

ONLINE RESOURCES

- **Local Coverage Determinations and Policy Articles**
 - JB: <https://www.cgsmedicare.com/jb/coverage/lcdinfo.html>
 - JC: <https://www.cgsmedicare.com/jc/coverage/lcdinfo.html>
- **DME MAC Supplier Manual**
 - JB: <https://www.cgsmedicare.com/jb/pubs/supman/index.html>
 - JC: <https://www.cgsmedicare.com/jc/pubs/supman/index.html>

NOTE: It is expected that the beneficiary's medical records will reflect the need for the care provided. These records are not routinely submitted to the DME MAC 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.

DISCLAIMER

This document was prepared as an educational tool and is not intended to grant rights or impose obligations. This checklist may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulations. Suppliers are encouraged to consult the *DME MAC Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.