

**References: [Supplier Manual Chapter 3 Documentation Requirements](#)**

- [Face-to-Face Examination \(F2F\)](#)
    - Treating physician must have in-person exam with beneficiary within six months prior to WOPD
    - Exam documents that the beneficiary was evaluated/treated for a condition that supports need for item
    - Date of F2F must be on or before date of written order and no more than six months prior to written order
    - Date of F2F must be on or before date of delivery
    - Date stamp indicating supplier's date of receipt of F2F on or before date of delivery
  - Written Order Prior to Delivery (WOPD)
    - Beneficiary name
    - Physician name
    - Date of the order and the start date (if applicable)
    - Detailed description of the item(s)
    - Prescribing practitioner's NPI
    - Physician signature
    - Signature date
    - Date stamp indicating supplier's date of receipt for WOPD on or before date of delivery
  - Dispensing Order
    - Description of item(s)
    - Beneficiary name
    - Physician name
    - Date of order and start date (if applicable)
    - Physician signature (if written order) or supplier signature (if verbal order)
  - Detailed Written Order (DWO)
    - Beneficiary name
    - Physician name
    - Date of order and start date (if different from date of order)
    - Detailed description of item(s)
    - Physician signature and signature date
- Items Provided on a Periodic Basis

- Item(s) to be dispensed
- Dosage or concentration (if applicable)
- Route of administration (if applicable)
- Frequency of use
- Duration of infusion (if applicable)
- Quantity to be dispensed
- Number of refills (if applicable)

Beneficiary Authorization

A beneficiary signed CMS 1500 claim form or a supplier generated document whereby the beneficiary requests payment of authorized Medicare benefits for any services furnished by or in (name of supplier) and authorizes any holder of medical or other information to release to Medicare and its agents any information needed to determine these benefits or benefits for related services.

Refill Requirements

- For items obtained in-person at a retail store, the signed delivery/sales receipt is sufficient documentation of a request for refill
- For items that are delivered to the beneficiary, documentation of a request for refill is required. The refill request must occur and be documented before shipment. A retrospective attestation statement by the supplier or beneficiary is not sufficient. The refill record must include:
  - Beneficiary's name or authorized representative if different than the beneficiary
  - Description of each item being requested
  - Date of refill request
  - For consumable supplies, the quantity of each item that the beneficiary still has remaining
  - For non-consumable supplies, the functional condition of the item(s) being refilled in sufficient detail to demonstrate the cause of the dysfunction that necessitates replacement (refill)
  - Contact was made with the beneficiary/designee within 14 days prior to the delivery/shipping date
  - The item(s) were delivered no sooner than 10 days prior to the end of usage

Proof of Delivery (POD)

- Method 1 – Direct Delivery to the Beneficiary by the Supplier

**The date the beneficiary/designee signs for the supplies is to be the date of service of the claim.**

- Beneficiary name
- Delivery address
- Detailed description of item(s) delivered
- Quantity delivered
- Date delivered
- Beneficiary/designee signature

- Method 2 – Delivery via Shipping or Delivery Service

**The shipping date is to be the date of service of the claim.**

- Beneficiary name
- Delivery address
- Package ID number/Invoice number or alternative method that links delivery documents to delivery service records
- Detailed description of item(s) delivered
- Quantity delivered
- Date delivered
- Evidence of delivery

- Method 3 – Delivery to Nursing Facility on Behalf of a Beneficiary

- When a supplier delivers items directly to a nursing facility, the documentation described for Method 1 is required
- When a delivery service or mail order is used to deliver the item to a nursing facility, the documentation described for Method 2 is required
- Regardless the method of delivery, for those beneficiaries that are residents of a nursing facility, information from the nursing facility showing that the item(s) delivered for the beneficiary's use were actually provided to and used by the beneficiary must be available upon request

- Continued Need

- A recent order by the treating physician for refills **or**
- A recent change in prescription **or**
- A properly completed CMN or DIF with an appropriate length of need specified **or**
- Timely documentation in the beneficiary's medical record showing usage of the item

- Continued Use

- Timely documentation in the beneficiary's medical record showing usage of the item, related option/accessories and supplies **or**
- Supplier records documenting the request for refill/replacement of supplies in compliance with the Refill Documentation Requirements (This is deemed to be sufficient to document continued use for the base item, as well) **or**
- Supplier records documenting beneficiary confirmation of continued use of a rental item

- [Medical records](#) documenting that all the coverage criteria are met

The beneficiary's medical records must reflect the need for the item provided and can include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. These records are not routinely submitted 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.

[Print Form](#)

[Go Back to Front Page](#)