

DME Follow-up Questions October 2018

1. Is the Face-to-Face (F2F) for just new Power and Manual Wheelchairs only for Adults and EPSDT? Will we need one for Modifications for Adults and EPSDT? Is there going to be an additional Documentation requirements.

The F2F requirement applies to the covered items subject to this requirement under the Medicare DME program and found at this link, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/FacetoFaceEncounterRequirementforCertainDurableMedicalEquipment.html>

This applies to equipment for adults and children.

Subsequent written prescriptions/orders for refills, ancillary supplies, repairs or services, or re-certifications do not require the ordering physician's signature or an additional face-to-face visit.

DME providers are also required to maintain all such written or electronic documentation in the recipient's medical records. The documentation is not required to be submitted with supporting documentation for a PA.

2. Is the Repairs under \$1000.00 still valid for Adults with RB modifier as long as it is under the benefit limits?

Yes.

3. Can New Wheelchair evaluations be done with any Physical Therapist that is a Licensed PT in the State of Alabama without going through a Facility? For Example School Physical Therapist, etc? Rumor has it they are going to change it where they will have to go through licensed facility only?

There is no change to the policy documented in Ch. 14, DME, of the Provider Manual on page 36: "The evaluation must be performed by an Alabama licensed Physical Therapist (PT) or Occupational Therapist (OT) who has experience and training in mobility evaluations and is employed by a Medicaid enrolled hospital outpatient department." This policy applies to adults.

4. Is it acceptable to have the F2F performed at the same time as the annual Medicaid assessment, or will it be required that the member schedule and complete a separate visit for the F2F?

Yes, the F2F may be done at the same time as the annual assessment, so long as the visit occurs no more than six months prior to the start of services.

5. Regarding the implementation timeframe for the F2F and the 8/1 effective date; will there be any kind of grandfathering period for those orders?

The F2F requirement is for prescriptions dated August 1, 2018 and after.

6. Is the DME provider required to keep a copy of the recipient's Medicaid card?

The DME provider would need to provide, upon request, recipient eligibility verification documentation that meets the Agency's applicable policy requirements. One example of this policy is Administrative Code Chapter 1, General under Rule No. 560-X-1-.11 Medicaid Eligibility Card.

- (1) The recipient is required to present his/her plastic Medicaid card and proper identification to a provider of medical care or services. The provider must verify eligibility through web portal, AVRS, or the Provider Inquiry Unit.*
- (3) When a recipient loses or fails to receive a plastic eligibility card he/she should write or call the Alabama Medicaid Agency.*
- (a) Should the recipient require Medicaid services before receiving a replacement card he/she is responsible for furnishing his/her Medicaid number to the provider at a later time.*
- (b) Providers of Medicaid services shall obtain the Medicaid eligibility number directly from the recipient to verify eligibility or submit claims for services furnished the recipient. Where the Medicaid number is not available from the recipient, it may be obtained from the Medicaid Agency by sending a completed inquiry form. Providers must state in their request that they have provided authorized services, supplies, or equipment to the individual whose Medicaid number is being verified.*

7. A Medicaid-assigned PMP must see a client for the Medicaid Referral: Pt. 1st/EPST screening Correct?

This is correct. However, per Chapter 39, Patient 1st, in the Provider Manual, "PMPs serving this population who do not provide EPST services are required to sign an agreement with another provider to provide EPST services." The EPST screening provider completes the right side of the Form 362 (Alabama Medicaid Referral Form).

8. For a DME prescription (specifically for an augmentative communication device) does that same assigned PMP have to sign the DME prescription or can ANY physician sign the DME prescription?

Any physician enrolled with Alabama Medicaid may sign a prescription for DME. For the affected codes requiring a F2F, the physician must be the provider who develops the recipient's written plan of care after the required face-to-face visit is conducted and documented by an authorized practitioner.

9. A prescription is dated May 31 – and we get the submission to Medicaid by 8/15 -- the prescription is less than 90 days old but the Face to Face requirement was implemented on 8/1. Will Medicaid accept this prescription after the 8/1 Face to Face implementation date?

Yes, please see no. 5.

10. Does the F2F have to occur before a recipient can have the wheelchair seating and evaluation by a PT/OT?

No, the CFR specifies the initial written prescription/order for certain medical supplies, equipment, and appliances must be signed and placed by the physician who develops the recipient's written plan of care ("the ordering physician"). The ordering physician may only place the initial written prescription/order after the required face-to-face visit is conducted and documented by an authorized practitioner. It does not address a seating evaluation.

11. For ancillary items, e.g. anti-tippers, or a pelvic belt, requested as a repair or replacement, is a F2F required if these are the only codes on the PA? For example, the recipient received the wheelchair and accessories in 2017, the DME provider submits a PA in August 2018 for a new pelvic belt, which is included one of the codes listed as requiring a F2F.

If this is a repair/replacement, a new F2F should NOT be required. If this the first wheelchair PA did not include a pelvic belt, then yes, a F2F would be required. The ALERT states: Subsequent written prescriptions/orders for refills, ancillary supplies, repairs or services, or re-certifications do not require the ordering physician's signature or an additional face-to-face visit.