



**Connecticut Medical Assistance Program**  
Policy Transmittal 2017-05

Provider Bulletin 2017-19  
June 2017

Roderick L. Bremby, Commissioner

Effective Date: July 1, 2017  
Contact: Ginny Mahoney @ 860-424-5145

**TO: Physicians, Physician Assistants, Advanced Practice Registered Nurses (APRNs), Pharmacies and Medical Equipment, Devices and Supplies (MEDS) Providers**

**RE: New Face-to-Face Requirements for Certain Durable Medical Equipment (DME)**

Federal law requires a face-to-face visit with an enrolled physician, physician assistant or advanced practice registered nurse (APRN) in addition to the prescription order, for certain durable medical equipment (DME) ordered on or after July 1, 2017, for HUSKY Health Medicaid members (HUSKY A, C, and D).

**Durable Medical Equipment (DME) Face-to-Face Requirements**

The Centers for Medicare and Medicaid Services (CMS) revised the federal regulation at 42 C.F.R. § 440.70 to require that no Medicaid payment for certain DME shall be made unless a face-to-face encounter with an enrolled physician, physician assistant, or APRN occurs.

This face-to-face encounter **must**:

- be related to the primary reason the HUSKY Health member requires the DME;
- occur between the HUSKY Health member and a Connecticut Medical Assistance Program (CMAP), enrolled physician, physician assistant, or APRN;
- take place on or before the date of the prescription/order;
- not be older than 6 months prior to the date on the prescription/order; and
- be on or before the date of delivery.

The list of DME that requires the face-to-face encounter can be found by accessing the following Web site link:

[https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/DME\\_List\\_of\\_Specified\\_Covered\\_Items\\_updated\\_March\\_26\\_2015.pdf](https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/DME_List_of_Specified_Covered_Items_updated_March_26_2015.pdf)

Since this list is maintained by Medicare, there may be DME procedure codes listed that are not currently included on the CMAP DME Fee Schedule. For information pertaining to whether a specific DME related procedure code is payable or requires prior authorization (PA) under CMAP, the provider must refer to the various Medical Equipment, Devices and Supplies (MEDS) fee schedules, which are posted on the CMAP Web site at [www.ctdssmap.com](http://www.ctdssmap.com), select "Provider", then select "Provider Fee Schedule Download".

**Documentation Requirements**

In order to demonstrate compliance with the face-to-face requirements as described above, the ordering physician, physician assistant, or APRN must maintain documentation in the HUSKY Health members' medical record **and** also provide documentation to the DME provider substantiating that the face-to-face requirements have been met. The DME provider must ensure that it has received this documentation for each HUSKY Health member for whom it is required. **The DME provider must also maintain the documentation in the HUSKY Health member's record or files at their own location.**

This documentation must, at a minimum, include all of the following:

- the clinical findings of the face-to-face encounter substantiating the need for the DME;
- the primary reason that the DME is required;
- the name (including either hard copy or digital signature) and credentials of the physician, physician assistant, or APRN who conducted the face-to-face encounter; and
- the date of the face-to-face encounter.

The documentation can either be in hard copy and/or electronic format, but it must be maintained in the HUSKY Health member's medical record **as well as** submitted and maintained by the DME provider.

For the DME items that require PA, if the face-to-face encounter documentation does not include information supporting that the member was evaluated and/or treated for a condition that supports the item(s) of DME ordered, **the PA request will be denied.**

### **DME Prescription Requirements**

Per Section 17b-262-681(f) of the Regulations of Connecticut State Agencies, all DME prescriptions/orders shall include the following:

1. Member's name, address and date of birth;
2. Diagnosis for which the DME is required;
3. Detailed description of the DME item(s), including quantities and any special option or add-ons;
4. Length of need for the DME use;
5. Prescribing practitioner's name and address; and
6. Prescribing practitioner's signature and signature date.

**In addition, the National Provider Identifier (NPI) number of the prescribing practitioner is required on the prescription.**

Please note: The physician, physician assistant, or APRN who conducts the face-to-face encounter

does not have to be the same physician, physician assistant, or APRN who signs the prescription. **However, as required by federal law at 42 U.S. C. § 1396a(kk)(7), both practitioners must be enrolled with the Connecticut Medical Assistance Program.** Additionally, the prescription/order must be produced by a qualifying prescriber, who must verify that a face-to-face encounter visit took place within 6 months prior to the date of the prescription/order and that the clinical findings support the need for the DME item that he or she has ordered. The prescriber must also have documentation (as listed above under documentation requirements) of the qualifying face-to-face encounter that was conducted.

### **A new face-to-face encounter is required for the following:**

- for all **initial** orders for the purchase or rental of specified DME items and/or related supplies;
- when a member has not had a face-to-face encounter within 6 months of an initial order for the involved DME items; and
- when there is a change in DME provider.

A new face-to-face encounter is **not** required for repairs or service of DME equipment. Note, however, as outlined in PB2009-19, that a new prescription/order is required.

In addition, if the source of payment for DME changes from Medicare to Medicaid, and the face-to-face encounter was fulfilled and documented as part of the Medicare-authorized services, a new face-to-face encounter under Medicaid is not required. If requested by the Department, a copy of the documentation used to fulfill the Medicare face-to-face requirement must be made available for review during a post-payment audit of DME services reimbursed under CMAP.

**Posting Instructions:** Policy transmittals can be downloaded from the CMAP Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:** This policy transmittal is being distributed by DXC Technology to providers enrolled in the Connecticut Medical Assistance Program.

**Responsible Unit:** DSS, Division of Health Services, Medical Policy Section; Ginny Mahoney, Policy Consultant (860) 424-5145.

**Date Issued:** June 2017