



The Medicare Patients and Providers Act (MIPPA) of 2008 section 154(b) provides that eligible professionals and other persons are exempt from meeting the **September 30, 2009** accreditation deadline that generally applies to other DMEPOS suppliers unless the Centers for Medicare & Medicaid Services (CMS) determines that the quality standards are specifically designed to apply to such professionals and persons. The eligible professionals to whom this exemption applies includes Physicians, Physical Therapists, Occupational Therapists, Qualified Speech-Language Pathologists, Physician Assistants, and Nurse Practitioners. Additionally, section 154(b) of MIPPA allows the Secretary to specify "other persons" that, like the eligible professionals described above, are exempt from meeting the accreditation requirements unless CMS determines that the quality standards are specifically designed to apply to such other persons. At this time, Medicare is defining "such other persons" as Orthotists, Prosthetists, Opticians, and Audiologists.

MLN Matters Number: MM6261

Related Change Request (CR) #: 6261

Related CR Release Date: December 31, 2008

Effective Date: February 2, 2009

Related CR Transmittal #: R281PI

Implementation Date: February 2, 2009

## Signature and Date Stamps for DME Supplies-Certificates of Medical Necessity (CMNs) and DME MAC Information Forms (DIFs)

**Note:** This article was revised on July 6, 2013 to add a reference to MM8219 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8219.pdf>) to inform you of an exception to the prohibition on use of rubber signature stamps. All other information is unchanged.

### Provider Types Affected

Providers and suppliers submitting claims, CMNs, or DIFs to Medicare contractors (carriers, DME Medicare Administrative Contractors (DME MACs), Fiscal Intermediaries (FIs), Part A/B Medicare Administrative Contractors (A/B MACs), and/or Regional Home Health Intermediaries (RHHIs)) related to durable medical equipment, prosthetic, and orthotic supplies (DMPEOS) provided to Medicare beneficiaries.

### Provider Action Needed

This article is based on Change Request (CR) 6261 and alerts providers that the Centers for Medicare & Medicaid Services (CMS) has issued instructions regarding signature requirements for CMNs and DIFs. **Signature and date stamps are not acceptable** for use on CMNs and DIFs.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article 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 the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Be sure your billing staffs are aware of this change. Your Medicare contractors will accept only hand written, facsimiles of original written and electronic signatures and dates on medical record documentation for medical review purposes on CMNs and DIFs.

## Background

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CMNs and DIFs are forms used to determine if the medical necessity and applicable coverage criteria for durable medical equipment, prosthetic, and orthotic supplies (DMPEOS) have been met. "The Program Integrity Manual (PIM)", Chapter 3, Section 3.4.1.1, which may be reviewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf> on the CMS website, states that Medicare requires a legible identifier for services provided/ordered. The method used should be hand written including facsimiles of original written or an electronic signature in accordance with Chapter 3, Section 3.4.1.1 to sign an order or other medical record documentation for medical review purposes. Signature and date stamps are not acceptable for use on CMNs and DIFs.

## Additional Information

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If you have questions, please contact your Medicare contractor at their toll-free number which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

For complete details regarding this Change Request (CR) please see the official instruction (CR6261) issued to your Medicare A/B MAC, DME/MAC, Carrier, FI or RHHI. That instruction may be viewed by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R281PI.pdf> on the CMS website.

**News Flash - It's Not Too Late to Get the Flu Shot.** We are in the midst of flu season and a flu vaccine is still the best way to prevent infection and the complications associated with the flu. Re-vaccination is necessary each year because flu viruses change each year. So please encourage your Medicare patients who haven't already done so to get their annual flu shot--and don't forget to immunize yourself and your staff. Protect yourself, your patients, and your family and friends. **Get Your Flu Shot – Not the Flu!** **Remember** - Influenza vaccine plus its administration are covered Part B benefits. Note that influenza vaccine is NOT a Part D covered drug. Health care professionals and their staff can learn more about Medicare's coverage of the influenza vaccine and other Medicare Part B covered vaccines and related provider education resources created by the CMS Medicare Learning Network (MLN), by reviewing Special Edition *MLN Matters* article SE0838 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE0838.pdf> on the CMS website.

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