

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



REVISED product from the Medicare Learning Network®

- [“The DMEPOS Competitive Bidding Program - A Better Way for Medicare to Pay for Medical Equipment”](#) Fact Sheet, ICN 903624, downloadable

MLN Matters® Number: MM9112

Change Request (CR) #: CR 9112

Related CR Release Date: April 17, 2015

Implementation Date: July 20, 2015

Related Transmittal #: R587PI

Effective Date: July 20, 2015

Clarification of Ordering and Certifying Documentation Maintenance Requirements

Provider Types Affected

This MLN Matters® Article is intended for providers or suppliers who furnish covered ordered items of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS), clinical laboratory services, imaging services, or covered ordered/certified home health services to Medicare beneficiaries.

Provider Action Needed

This MLN Matters® Article is based on Change Request (CR 9112) which clarifies the term "access to documentation" in Chapter 15, Section 15.18 of the [“Program Integrity Manual” \(PIM\)](#). Make sure that your billing staffs are aware of this change.

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Background

Under [42 CFR § 424.516\(f\)\(1\)](#), a provider or supplier that furnishes covered ordered DMEPOS items, clinical laboratory services, imaging services, or covered ordered/certified home health services is required to:

- Maintain documentation for 7 years from the date of service, and
- Upon the request of CMS or a Medicare contractor, provide access to that documentation.

The documentation to be maintained includes written and electronic documents (including the National Provider Identifier (NPI) of the physician who ordered/certified the home health services and the NPI of the physician - or, when permitted, other eligible professional - who ordered items of DMEPOS or clinical laboratory or imaging services) relating to written orders and certifications and requests for payments for DMEPOS items and clinical laboratory, imaging, and home health services.

Key Points in CR 9112

Maintaining and Providing Access to Documentation

CMS or a Medicare contractor may request access to documentation as described in [42 CFR § 424.516\(f\)](#). The term “access to documentation” means that the documentation is actually provided or made available in the manner requested by CMS or a Medicare contractor.

All providers and suppliers who either furnish, order, or certify DMEPOS items, clinical laboratory services, imaging services, or covered ordered/certified home health services are subject to this requirement and are individually responsible for maintaining these records and providing them upon request.

CMS recognizes that providers and suppliers often rely upon an employer or another entity to maintain these records on their behalf. However, it remains the responsibility of the individual or entity upon whom/which the request has been made to provide documentation.

All individuals and entities subject to this documentation requirement are responsible for ensuring that documents are provided upon request and may ultimately be subject to the revocation basis associated with not complying with the documentation request.

Examples

To illustrate, if a Medicare contractor requests copies of all orders for wheelchairs from an ordering physician for all beneficiaries with dates of service from November 1, 2014, through November 10, 2014, the ordering physician must provide the copies, in full, according to the specific request. If copies cannot be provided because the physician or eligible professional did not personally maintain the records or can only be partially provided, then the requirement to maintain this documentation and provide access to it will

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not have been met and the provider, supplier, physician, or eligible professional may be subject to the revocation basis set forth in [42 CFR § 424.535\(a\)\(10\)](#).

Table 1: Examples of Sufficient and Deficient Access

Sufficient Access	Deficient Access
All documentation requested	Providing none of the requested documentation
Documentation specific to the order(s) or certification(s), as requested	Providing only a portion of the requested documentation
Documentation for the dates of service or billing periods requested	Providing similar documentation that does not contain the order or certification requested
	Providing other documents NOT requested by CMS or a Medicare contractor and/or not specifically directing attention to the requested documentation

Additional Information

The official instruction, CR 9112 issued to your MAC regarding this change is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R587PI.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Net-work-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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