

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13689	Date: March 19, 2026
	Change Request 14395

SUBJECT: Face-to-Face Encounter Requirements for Replacements Occurring After the Reasonable Use Lifetime (RUL)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to advise the documentation necessary to support the replacement of durable medical equipment, prosthetic, orthotic and supply (DMEPOS) items occurring after the RUL expiration.

EFFECTIVE DATE: April 20, 2026

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 20, 2026

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	5/5.4/5.4.1/Timing of the Face-to-Face Encounter

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

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I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to advise the documentation necessary to support the replacement of durable medical equipment, prosthetic, orthotic and supply (DMEPOS) items occurring after the RUL expiration.

II. GENERAL INFORMATION

A. Background: For certain items, the regulation at 42 Code of Federal Regulations § 410.38 requires that the treating practitioner must document and communicate to the DMEPOS supplier that the treating practitioner has had a face-to-face encounter with the beneficiary within the six (6) months preceding the date of the written order/prescription. For some items, the beneficiary's long term use of the item may necessitate the practitioner write an order for a replacement of the item after the expiration of the RUL. When replacing an item with an identical item, we typically do not believe it necessary to require an additional in-depth beneficiary examination to “gather(s) subjective and objective information associated with diagnosing, treating, or managing a clinical condition for which the DMEPOS is ordered”.

B. Policy: This CR does not arise from legislative or regulatory policies.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
14395.1	MACs shall, when the replacement item ordered at the expiration of the RUL is identical (i.e., there is no change in Healthcare Common Procedure Coding System (HCPCS) or additional accessories):				X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	<ul style="list-style-type: none"> Review for a new order to support payment; Review for other information explicitly required by coverage determination (s) (e.g., a visit is required every 6 months for a continuous glucose monitor). <p>NOTE: At this time, we do not expect the DME MACs to routinely require a new face-to-face encounter for all DMEPOS items being replaced after the expiration of the RUL. However, MACs should exercise their discretion and work with CMS per their normal processes if they identify any concerning trends or potential vulnerabilities.</p>									

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0

Medicare Program Integrity Manual

Chapter 5 – Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Items and Services Having Special DME Review Considerations

Table of Contents

(Rev.: 13689; Issued: 03-19-26)

Transmittals for Chapter 5

5.4.1 – Timing of the Face-to-Face Encounter

(Rev.: 13689; Issued: 03-19-26; Effective: 04-20-26; Implementation: 04-20-26)

For DMEPOS items appearing on the Required Face-to-Face and Written Order Prior to Delivery List, the treating practitioner must document and communicate to the DMEPOS supplier that the treating practitioner has had a face-to-face encounter with the beneficiary within the 6 months preceding the date of the written order/prescription.

A qualifying face-to-face encounter is required each time there is a new order/prescription for a DMEPOS items on the Required Face-to-Face and Written Order Prior to Delivery List. A single face-to-face encounter may document the clinical conditions necessitating multiple DMEPOS items. In this situation, regardless of whether the DMEPOS items are prescribed on different dates, the single face-to-face encounter may be utilized in support of the multiple items, so long as the encounter date is within 6 months prior to the date of the orders. As always, the supplier is responsible for submitting documentation to support each claim upon request. *The exception to this requirement is for items replaced with an identical item (same Healthcare Common Procedure Coding System (HCPCS) code) following the expiration of the five-year reasonable useful lifetime. In this circumstance, a new Face-to-Face evaluation would not be required unless specifically required by a Local Coverage Determination or National Coverage Determination.*

The face-to-face requirement codified at 42 CFR 410.38 does not supplant other CMS coverage policies.