

FACE TO FACE (F2F) and WRITTEN ORDERS PRIOR TO DELIVERY (WOPD or 5 Element Order 5EO)
All information in the document was found on the CMS website ([click here](#))

FACE-TO-FACE

As a condition for payment, 42 CFR 410.38(g) requires that a treating physician/practitioner has had a face-to-face examination with a beneficiary within the six (6) months prior to the written order for certain items of DME.

For the treating physician/practitioner prescribing a specified DME item:

1. The face-to-face examination with the beneficiary must be conducted within the six (6) months prior to the date of the prescription.
2. The face-to-face examination must document that the beneficiary was evaluated and/or treated for a **condition** that supports the need for the item(s) of DME ordered.
3. Remember that all other Medicare coverage and documentation requirements for DMEPOS also apply. There must be sufficient medical information included in the medical record to demonstrate that all other applicable coverage criteria are met. Refer to the applicable Local Coverage Determination for information about the medical necessity criteria for the item(s) being ordered.
4. The treating physician/practitioner that conducted the face-to-face examination does not need to be the prescriber for the DME item; however, the prescriber must:
5. Verify that the qualifying in-person visit occurred within the 6-months prior to the date of their prescription; and,
6. Have documentation of the qualifying face-to-face examination that was conducted.

WOPD

As a condition of payment pursuant to 42 CFR 410.38(g), certain specified covered items of DME require a **WOPD** for the item (5 Element Order or 5EO).

Someone other than the prescribing physician/practitioner may complete the **WOPD** for the item unless statute, manual instructions, the contractor's LCD or policy articles specify otherwise. However, the WOPD must be both signed and dated by the prescribing physician/practitioner before the item is dispensed.

The **WOPD** must include all of the following elements:

1. Beneficiary's name
2. A description of the item of DME ordered - the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number.
(Each billable item that goes with the base equipment does not need to be on the WOPD)
3. Signature of the prescribing physician/practitioner
4. Prescribing physician/practitioner's NPI
5. The date of the order ***(can not be before to the F2F)***

For base items that require a WOPD, the supplier must also obtain a DWO before submitting a claim for any associated options, accessories, and/or supplies that are separately billed.

A list of items (HCPCS) That require **F2F** and **WOPD** can be found by clicking this ([link](#)).
Common items that we supply that need a **F2F** and **WOPD** include the following:

APP	OXYGEN
BED	PAP'S
COUGH	
ASSIST	PATIENT LIFT
GEL	
MATTRESS	TENS UNIT
LOW AIR	
LOSS	VENTILATOR
NEBULIZER	WHEELCHAIR

Orders that only state "PRN" or "as needed" utilization estimates for replacement frequency, use, or consumption are not sufficient to justify payment.

Medi-Rents must:

1. Make sure the date of the **F2F** is **on** or **before** the date of the **WOPD** but **within 6 months** of the physician **order date**.
2. Make sure that the **F2F** documents that the beneficiary was evaluated and/or treated for a condition that supports the need for the item(s) of DME ordered.
3. Make sure there is sufficient medical information included in the medical record to demonstrate that all other applicable coverage criteria are met.
4. **Receive** the **WOPD** before **dispensing** the item.
5. Make sure the date of **WOPD** is **on or before** the date of delivery.
6. **Make sure the WOPD is signed and dated** by the **prescribing physician/practitioner** before the item is **dispensed**.

DETAILED WRITTEN ORDERS (DWO) (REQUIRED BEFORE CONFIRMATION/BILLING)**DETAILED WRITTEN ORDERS (DWO) This is the Physicians Order that is Printed out of Fastrack**

A **DWO** is required before billing. Someone other than the physician/practitioner may complete the DWO of the item unless statute, manual instructions, the contractor's LCD or policy articles specify otherwise. However, the prescribing physician/practitioner must review the content and sign and date the document. It must contain:

1. Beneficiary's name
2. Date of the order (***Date the Physician contacted us***)
3. A description of all items, options, accessories or additional features that are separately billed or require an upgraded code. The description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number.
4. Length of Need
5. Route of administration (if applicable)
6. For supplies:
 - a. list all supplies that are separately billable
 - b. and for each include the frequency of use (if applicable),
 - c. and the quantity dispensed
7. Number of refills
8. Prescribing physician/practitioner's NPI
9. Prescribing physician/practitioner's signature & date (date can be after date of the order above)

For the "Date of the order" described above, use the date the supplier was contacted by the prescribing physician/practitioner (for verbal orders) or the date entered by the prescribing physician/practitioner (for written dispensing orders).

Frequency of use information on orders must contain detailed instructions for use and specific amounts to be dispensed. Reimbursement shall be based on the specific utilization amount only.

Orders that only state "PRN" or "as needed" utilization estimates for replacement frequency, use, or consumption are not sufficient to justify payment.

Acceptable Electronic Signatures

- Chart 'Accepted By' with provider's name
- 'Electronically signed by' with provider's name
- 'Verified by' with provider's name
- 'Reviewed by' with provider's name
- 'Released by' with provider's name
- 'Signed by' with provider's name
- 'Signed before import by' with provider's name
- 'Signed: John Smith, M.D.' with provider's name
- Digitalized signature: Handwritten and scanned into the computer
- This is an electronically verified report by John Smith, M.D.'
- Authenticated by John Smith, M.D.'

Note: 'Signed but not read' is not acceptable