VITAL DOCTORS
MEDICAL EQUIPMENT

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FACE-TO-FACE ENCOUNTER DOCUMENTATION REQUIREMENTS FOR MEDICARE / MEDICAID

This form is to be completed by the treating practitioner during a face-to-face encounter with the patient prior to ordering Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). Documentation must support the medical necessity of the item(s) ordered.

PATIENT INFORMATION

PATIENT NAME:	DATE OF BIRTH:	
PATIENT ADDRESS:		
CITY:	STATE:	ZIP:
DATE OF FACE-TO-FACE ENCOUNTER:	PLACE OF ENCOUNTER: ☐ Office ☐ Home ☐ Other: _____	

FACE-TO-FACE ENCOUNTER REQUIREMENTS (Per CMS Guidelines)

- ☐ The patient was seen in a face-to-face encounter by the treating practitioner.
- ☐ The encounter occurred no more than 6 months prior to the written order for the DMEPOS (or sooner if the patient's condition changes).
- ☐ The treating practitioner made a clinical determination that the beneficiary is in need of the DMEPOS.
- ☐ The supporting documentation of the medical record includes the following elements:
  - Description of the patient's condition and the related symptoms that support the need for the DMEPOS.
  - Diagnosis (if applicable).
  - The medical necessity for the DMEPOS (why the item is needed).
  - How the DMEPOS will benefit the patient and is reasonable and necessary for the treatment of the condition.
  - The duration of need (length of time the DMEPOS is needed).
- ☐ If applicable, the documentation supports that less costly alternatives have been considered and ruled out.

CLINICAL INFORMATION

(Provide a summary of the patient's condition, related symptoms, and how the ordered item will benefit the patient.)

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ITEM(S) ORDERED

HCPCS CODE	ITEM DESCRIPTION	QTY	LENGTH OF NEED	DIAGNOSIS (ICD-10)

TREATING PRACTITIONER ATTESTATION

I certify that I had a face-to-face encounter with the patient's named above and that the information documented in this record is true, accurate, and complete. I made a clinical determination that the patient is in need of the DMEPOS listed above, and the item(s) ordered are medically necessary.

PRACTITIONER NAME (PRINT):	NPI#:
PRACTITIONER SIGNATURE:	DATE:
PRACTITIONER TITLE:	PHONE:

Note: This documentation must be maintained in the patient's medical record and available upon request.
Reference: CMS DMEPOS Order Requirements – https://www.cms.gov/medicare/coverage/durable-medical-equipment-dmepos

Thank you for choosing Vital Doctors Medical Equipment.

If you have any questions or concerns, please contact us at (833) 432-4247.