VITAL DOCTORS
MEDICAL EQUIPMENT

(833) 432-4247 | 9523 I-35 Frontage Rd, Suite #2, San Antonio, TX 78233 | (833) 542-2009

# FACE-TOFACE ENCOUNTER DOCUMENTATION REQUIREMENTS FOR INSURANCE

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.)*

_____

_____

_____

_____

_____

## 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.