LMN Hints and Tips

* Make sure to add in any patient specific details – diagnoses, living arrangements
* Include current device use and why it is not appropriate
* Safest patient functional status should be included
* If you are ordering a lightweight wheelchair make sure you include that it is required for the patient to be able to self -propel
* Most DME companies are requiring a LMN for any piece of equipment that Medicare will be paying for.

**Just an FYI:** On November 1, 2012, the Centers for Medicare and Medicaid (CMS) published a final rule requiring, as a condition of payment for specified covered items of DME (Specified Covered Items), a face-to-face evaluation between the beneficiary and a physician or physician assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS). This encounter must be documented by the physician and communicated to the DME provider. For Specified Covered Items, the DME provider must also have a written order prior to delivery (WOPD). The face-to-face encounter must occur within six months of the date of the order. The face-to-face and WOPD requirements are effective for Specified Covered Items ordered on or after July 1, 2013.