

SCREEN	APPLICATION OF SCREEN
D1. Specific provider documentation, as outlined in the respective criteria set, must be maintained as required by DOM.	If the prior authorization request (to include original prescription, certificate of medical necessity and required supporting documentation) is not found and / or is not an exact duplicate as that submitted to HSM for certification, this screen is failed.
D2. The delivery date for requested DME, Orthotics and Prosthetics or Medical Supplies corresponds with certification dates of service.	If the delivery ticket (of certified DME, Orthotics and Prosthetics and Medical Supplies) has a date other than that certified by HSM, this screen is failed.
D3. DME, Orthotics and Prosthetics and Medical Supplies delivered for patient use must meet physician specifications.	If the delivery ticket documents provision of any DME, Orthotics and Prosthetics and Medical Supplies that do not correlate with the physician's order, this screen is failed. *
D4. For all Medical Supplies delivered, provider documentation must include: A. A direct patient request, B. The patient's need continues to exist	Medical Supplies must be requested by the beneficiary, or their representative, as evidenced by their signature on the delivery ticket. This screen is failed if there is an absence of a signature on the delivery ticket. *
D5. Certification requests for the provision of DME, Orthotics and Medical Supplies must contain verification of: A. The illness or condition requiring services, B. The date of the delivery, and C. The name of the discharging hospital, if applicable.	This screen is failed if the required documentation is not provided. *
D6. The patient-provider relationship is maintained until the patient requests discontinuance of service or the physician validates no further medical need exist.	Any discontinuance of service must be authorized by the patient or the patient's physician. *
D7. The DME Provider must document that: A. The DME was properly prepared for patient use (set-up), and B. The patient was educated in the proper use and maintenance of equipment by appropriate provider staff.	This screen is failed if the DME is not setup by trained personnel and documentation of patient education is not found in provider records. The patient's verbal feedback and return demonstration should be included in the documentation. *
D8. For Orthotics and Prosthetics the DME provider must documentation that: A. The Orthotic / Prosthetic was properly fitted / adjusted B. The patient was educated, by the appropriate provider staff, in the proper use, care and maintenance of the Orthotic / Prosthetic	This screen is failed if the required documentation is not provided. *Note: Documentation must include return demonstration by the patient in the use, care and maintenance of the Orthotic and/or Prosthetic.
D9. The DME provider ensures equipment is maintained in a safe working condition.	This screen is failed if the provider is unable to produce records that specify routine maintenance and a minimum of a one-year warranty. *

* A direct mail beneficiary survey will be used, in addition to the documentation submitted by the DME provider, to assess the quality of care/services received.