



DOCUMENTATION NEEDS OVERVIEW MEDICAL EQUIPMENT

Face to face visit must be conducted for designated ACA (Affordable care act) equipment.

- Must be conducted for the following equipment - Power mobility and wheelchair seating (this is not an all-inclusive list)
- Must be conducted by a Physician, Physician Assistant, Nurse practitioner or Clinical Nurse Specialist.

The face to face visit documentation must contain the following

- Must discuss the medical condition and/or diagnosis that supports the need for the prescribed equipment
- Must be documented in notes, signed and dated.
- Valid for six months prior to delivery, Except Oxygen, face to face is only valid for 30 days prior to delivery

Supporting documentation is needed for all Medical Equipment

The supporting documentation must contain the following and can include documentation from PT, OT, RT, RN, LPN, Nursing home and all other clinical notes. Documentation must support the need for the equipment, Explain why the equipment is needed, what is causing the need and what the equipment will assist them with (**Document the obvious**).

- Must be documented, signed, credentialed and dated
- Must be documented in the patients' medical record. Letters of medical necessity are not acceptable.

Testing Data (Examples: Oximetry testing, Sleep study, etc.)

- Oxygen testing (all tests must be conducted in the same testing session and documented)
 - Room air at rest – 88% or below qualifies a patient for continuous oxygen
 - Room air with activity – if patient qualifies the third test must be completed
 - On oxygen with activity – to show improvement
 - If the qualified patient needs 4 liters or more of oxygen – patient must be tested at the 4 or above prescribed liter flow
- Valid for
 - Inpatient testing valid for 48 hours
 - Outpatient testing valid for 30 days
- Must be signed, dated and credentialed by person performing the test
- Providers will need a copy of the test or physician signed and dated medical record containing the test results.

Note: Oxygen bleed into a pap device can only be qualified during a sleep study.

Standard Written Order (SWO)

- Patients name
- Order Date
- General description of ordered DME item(s) Examples: Hospital bed, wheelchair, Nebulizer, Stationary and Portable Oxygen, etc.). The SWO may include accessories, supplies and quantity needed, if applicable.
- Prescribing practitioner's name or National provider number (NPI)
- Prescribing practitioner's signature

Our Locations

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DWOPD (Detailed Written Order Prior to Dispensing) Prescription/order must contain the following. Must have for the following equipment – Power mobility and Wheelchair seating.

- Patients name
- Physicians name
- Date of order and start date
- Detailed description of item being ordered – i.e. stationary concentrator, Portable gaseous system, etc.
- Physician signature and signature date

For Items used on a periodic basis the following must be included.

Examples = Oxygen, Nebulizer, etc.

- Item to be dispensed
- Dosage or concentration, if applicable
- Route of administration
- Frequency of use
- Quantity to be dispensed
- Number of refills

Note: Prescriptions must be renewed annually for supplies and continued rentals (Wisconsin state law).

The medial equipment company must receive a copy of all documentation and testing prior to set up.