



## MOBILITY DEVICE DOCUMENTATION REQUIREMENTS

- **Standard Written Order (SWO) must include the following information to be processed:**

***NOTE:** Power Mobility Devices (PMDs) require a standard written prior to delivery (WOPD) for the base item. The WOPD for the base item may only be written after the completion of the face-to-face encounter requirements. The treating practitioner who completes the face-to-face requirements must be the same practitioner who writes the order/prescription for the PMD (base item).*

- Beneficiary's name
  - Date of face-to-face examination
  - General description of the item to be ordered
    - The description can be either a general description (e.g., "power wheelchair, "power operated vehicle", or "power mobility device"), a HCPCS code, a HCPCS code narrative, and a brand name/model number.
    - The SWO must include all concurrently ordered options, accessories or additional features SEPARATELY.
  - Quantity to be dispensed, if applicable
  - Treating Practitioner Name or NPI
  - Treating Practitioner's signature and date
    - Practitioner's signature meets CMS Signature Requirements for a legible Identifier.
  - Length of need
  - The SWO for the power mobility device must be written by the treating practitioner who conducted the face-to-face encounter.
  - The SWO for the power mobility device must be written after the completion of the face-to-face encounter.
- **PHYSICIAN'S NOTES detailing the major reason for PMD and history (medical record can be provided) of the present condition that is relevant to mobility needs.**

The information that the supplier must obtain before submitting a claim to the DME contractor is described in detail in the [Power Mobility Devices LCD and Policy Article](#) . However, if the DME MAC or other Medicare Contractor asks for documentation on individual claims, additional documents (e.g., notes from prior visits, test reports, etc.) shall also be obtained from the treating practitioner to provide a historical perspective that reflects the beneficiary's condition in the continuum of care, corroborating the information in the face-to-face examination, painting a picture of the beneficiary's condition and progression of disease over time.