



Scooter Order and Documentation Requirements

Medicare, and other insurance providers who follow Medicare guidelines, will cover Power Operated Vehicles (POVs) – also known as scooters – as long as the following requirements are met:

- There must be an in-person visit with the treating physician (MD, DO, PA, NP or CNS) specifically addressing the patient's mobility needs.
- There must be a history and physical examination by the physician or other licensed/certified medical professional (LCMP), such as an OT or PT, focusing on an assessment of the patient's mobility limitations and needs. The results of this evaluation must be recorded in the patient medical record. The in-person visit and mobility evaluation together are referred to as the Face-to-Face (F2F) examination.
- A prescription (7-Element Order) must be written AFTER the F2F has occurred and the medical evaluation is completed. The order must be personally completed by the physician.
- The prescription and medical records documenting the in-person visit and mobility evaluation must be sent to the equipment supplier within 45 days after completion of the F2F evaluation. Once this is received, the supplier will complete a Detailed Product Description of the equipment ordered and forward to the physician for signature.

A POV is covered if all of the basic coverage criteria 1-9, along with the bulleted documentation requirements, are met AND DOCUMENTED IN THE PATIENT MEDICAL RECORD. They must be in a detailed narrative note in the format used for other entries.

In-Person Physician Visit medical record must include the following:

- The reason for the visit must be listed as a mobility examination
 - The symptoms that limit ambulation
 - The diagnoses responsible for these symptoms, and medications or other treatment for these symptoms
 - Onset of the condition affecting mobility and progression of ambulation difficulty
 - Routine physical exam (including height, weight, vitals)
1. Identify which specific Mobility-Related Activities of Daily Living (MRADLs) are affected by the mobility limitation, i.e. toileting, feeding, dressing, grooming, or bathing in customary locations in the home

Mobility Evaluation medical record must include the following:

- Musculoskeletal examination (muscle strength and tone, range of motion, posture)
 - Neurological examination (gait, balance and coordination)
 - What ambulatory assistance (cane, walker) is currently used
 - Distance and pace the patient can ambulate without stopping and with what assistive device
 - If cardiopulmonary conditions are factors, measure vital signs prior to ambulation and what happens after ambulating a specific distance
2. Reasons the patient should not or could not use a cane or walker in the home to satisfy their needs
 3. Reasons the patient cannot use an optimally configured manual wheelchair; this may include limited upper body strength, range of motion deficits, abnormal tone, cardiopulmonary compromise or pain (quantitative measurements)
 4. The patient must be able to:
 - A. Safely transfer to and from a POV;
 - B. Operate the tiller steering system; and
 - C. Maintain postural stability and position while operating the POV in the home
 5. The patient's mental and physical capabilities are sufficient for safe mobility using a POV in the home
 6. The patient's weight is less than, or equal to, the weight capacity of the POV that is provided
 7. Patient's home provides adequate access between rooms, maneuvering space, and surfaces for operation of the POV
 - A. Description of the home setting, including ability to perform activities of daily living and use the POV in the home
 8. Using a POV will improve the patient's ability to participate in MRADLs and the patient will use the POV in the home
 9. The patient has not expressed an unwillingness to use a POV in the home
- If the physician completes both elements of the F2F exam, the visit date is the date the F2F was completed.
 - If patient is referred to a PT/OT for mobility evaluation, **the ordering practitioner must co-sign, date and state concurrence on the PT/OT evaluation** in order for it to be accepted as part of the F2F examination. It is recommended that the ordering practitioner and the therapist print their names below their signature lines. **The date that the physician signs concurrence with the mobility evaluation is considered to be the date the F2F exam was completed.**

Thank you for making Rice Home Medical part of your healthcare team. Please call 320-235-8434 with questions.