



The checklist below is derived from Medicare's Coverage criteria for a Scooter (POV). Without the below criteria being fully and legibly documented in the physician's chart notes and Rx, Medical justification has not been met.

Checklist for Face-to-Face Examination Chart Notes for a Scooter (POV)

Do the Medical records relevant to mobility needs 1) indicate and 2) support:

- **Reason:** 'Mobility evaluation for a: Powered Mobility Device, PMD, Scooter or POV
 - Any other reason, or "follow-up" is not acceptable
- **History** of present condition and relevant past medical history:
 - Symptoms that limit ambulation
 - Diagnoses that are responsible for symptoms
 - Medications or other treatment for symptoms
 - Progression of ambulation difficulty over time
 - Distance beneficiary can walk without stopping
 - Pace of ambulation
 - History of falls, including frequency, circumstances leading to falls
- **Physical** examination relevant to mobility needs:
 - Height and weight
 - Cardiopulmonary examination
 - Arm and leg strength tests and range of motion tests.
- **Neurological** examination:
 - Gait
 - Balance and coordination
- **Mobility Assessment:**
 - Description of the mobility limitations and how it impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home.
 - **AND** -
 - prevents the beneficiary from accomplishing an MRADL entirely; - or -
 - places beneficiary at a reasonably determined risk secondary to the attempts to perform an MRADL; - or -
 - prevents beneficiary from completing an MRADL within a reasonable amount of time
 - Beneficiary's mobility limitation cannot be sufficiently and safely resolved by use of appropriately fitted cane or walker; -
 - **AND** -
 - Beneficiary does not have sufficient upper extremity function to self-propel an optimally configured manual wheelchair in the home

- AND -

□ Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities;

- AND -

□ Beneficiary's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility; -- Beneficiary's weight is less than or equal to weight capacity of scooter provided;

- AND -

□ Beneficiary's home provides adequate access; or differ to Provider's Home Assessment

- AND -

□ Use of a Scooter POV will significantly improve the beneficiary's ability to participate in MRADLs and beneficiary will use it in the home.;

- AND -

□ Beneficiary has not expressed an unwillingness to use a PWC in the home.

□ **7 Element Order -**

- beneficiary's name,
- item of DME ordered "SCooter", "POV", or Power Mobility Device
- Length of Need.
- Date of the Face to Face Examination
- Date of the order
- Diagnosis or Dx Code
- Legible Signature of the ordering practitioner, or signed over printed name.

□ **Statutory Timing Requirements**

- Did the Supplier Receive within 45 days the 7 Element Order.
- Did the Supplier Receive within 45 days the F2F Examination Report.
- Will Delivery of the Power Wheelchair be before 120 days after the F2F

Please fax your referrals and documentation to 561-290-1434
