



The checklist below is derived from Medicare's Coverage criteria for a Scooter (POV). Without the below criteria being fully and legible 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

**Physicians:** We invite you to create the Face to Face Chart note through **DMEevalumate.com** -

**Medicare Compliant paperwork the first time!**

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