

Mobility Scooter Requirements for Insurance Coverage

It all starts with a face to face visit with the doctor or nurse practitioner.

The visit must end with an 8 element script described below and the notes from the face to face with all of the required information.

Remember the primary purpose of the face to face visit is to evaluate the need for Scooter (Insurance does not allow any forms for you to used).

- **Doctor or Nurse Practitioner's Notes from the Face to Face Visit Must Include:**
 - **Primary purpose of the doctor visit is: SCOOTER (POV)** (Insurance will NOT accept office visits for any other reason.
 - **The Purpose of the Scooter is for MRADL's** (mobility related activities to daily living) **in the home ONLY!** Use outside the home is NOT justification for the equipment.
 - The user's **physical mobility defined in a quantitative manner** (i.e. do not use phrases like: "weak", "limited") A number scale is needed to define upper and lower extremity strength (i.e. upper body strength is 3/5). *NOTE: If your patient's upper extremity strength is 5/5, Insurance will only authorize a manual wheelchair.*
 - **Upper & Lower body mobility** and strength must be addressed in the notes.
 - **Justification for why the user cannot use the following equipment** for mobility: cane, walker, walker with wheelchair, any type of manual wheelchair **IN THE HOME.**
 - **The user can operate the tiller of the scooter.**
 - **The user is alert and oriented** and is able to safely drive,
 - **The user is able to Maintain postural stability and position** while operating the equipment.
 - **The user can safely transfer** to and from the scooter.
 - **The Doctor or Nurse Practitioner MUST physically or electronically sign and date each page of the notes.**
 - **Date of the Notes and the Date on the Script for the Face to Face Visit MUST Match**

- **Once the Face to Face visit is complete, a Doctor or Nurse Practitioner must write a script with the following information:**
 1. **Name of Patient**
 2. Write: **"Scooter"** as prescribed item
 3. Write : **"Date of Face to Face Visit: XX/XX/XX"**the word Face to Face must appear on the script
 4. Write: **"Length of Need: 99"** Meaning the length of need is for lifetime
 5. **Diagnosis Codes** pertaining to receiving a scooter
 6. Doctor's or Nurse Practitioner's **Signature** (no rubber stamps)
 7. The **Signature has to be dated** (Yes, there are two dates on the script)
 8. Doctor's or Nurse Practitioner's **NPI number**

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- This is for educational purposes only. -

We are not doctors, therapist or nurse practitioners or do we play one on TV.