

CLINICIAN CHECKLIST FOR POWER OPERATED VEHICLE (POV)

Policy References:

- [Local Coverage Determination \(LCD\) \(L33789\)](#)
- [Policy Article \(A52498\)](#)

Documentation References: [Standard Documentation Requirements Policy Article \(A55426\)](#)

The treating clinician must complete the following items:

Conduct and document a face-to-face (F2F) evaluation

[Written Order Prior to Delivery](#)

Medical records as noted below

Medical Documentation

Meet general coverage criteria for a power mobility device:

Beneficiary has mobility limitation significantly impairing ability to participate in one or more mobility-related activities of daily living (MRADLs) in their home:

Prevents beneficiary from accomplishing an MRADL entirely; **or**

Places beneficiary at a reasonably determined risk secondary to 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.

Beneficiary doesn't have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair in the home (Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities).

Beneficiary is able to safely transfer to and from a POV, and operate the tiller steering system, and maintain postural stability and position while operating the POV in the home.

Beneficiary's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a POV in the home.

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

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