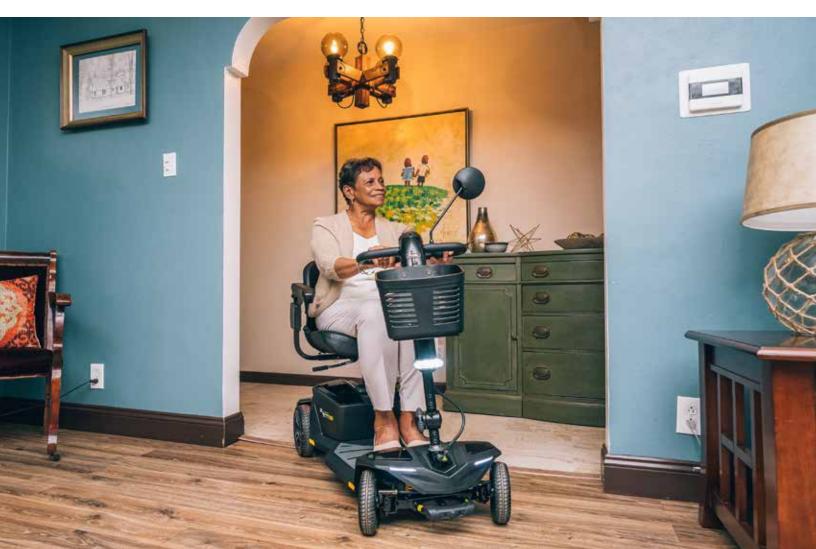


Scooter. Physician's ordering guide.





How to order a power mobility device.

Steps for ordering – provider's standpoint	
Steps	Information
Step 1	When a patient needs a power mobility device, submit the QuickStart Referral form so that we may verify insurance eligibility and coverage. We will review with you the complete insurance
	verification findings.
Step 2	If the order request is approved, a power mobility evaluation must be conducted between the patient and the ordering provider.
	Fax the completed Mobility Exam Office Visit Note which addresses the guidelines mentioned on
Step 3	the facing page. A Lincare Powered Mobility documentation specialist will review the submitted documentation and contact you to assist in the completion of the order.

From this point forward, your facility has met their responsibilities. Lincare Powered Mobility will continue processing the request with the client's insurance(s) and process the delivery of approved power mobility equipment.

Thank you for working with Lincare Powered Mobility. Our hope is to build a long-term relationship with you and, as your preferred supplier, provide a better understanding of the documentation required for your clients who need power mobility devices. Please contact us at **1.866.387.2668** for assistance.

Regards,

Lincare Powered Mobility Documentation Team



Please address the following in your chart note:

Scooter (POV)

- 1. Document if the reason for today's visit was to conduct a mobility evaluation.
- 2. Document mobility-related ADLs that the power mobility device will significantly improve in the home. Example: PMD is required to mobilize to the restroom for toileting in a timely fashion.
- 3. Document why the cane/walker will not allow for in-home MRADLs. Example: Patient cannot use cane/walker due to poor balance and 3/5 LE strength.
- Document two objective reasons why a manual wheelchair will not allow for in-home MRADLs.
 Example: Patient cannot use the MWC due to 3/5 UE strength.
 Example: Patient cannot self-propel the MWC more than 15 feet.
- 5. If you have determined the patient is not a fall risk during independent transfers on and off the scooter, then address the following:
- The patient's ability to safely transfer on and off the scooter
- The patient's ability to operate the tiller handlebar steering system on the scooter
- The patient's ability to maintain postural stability and positioning on the scooter
- If the patient possesses the mental ability to safely operate the scooter
- 6. Document the following with your physical exam, noting that 4/5 and 5/5 are generally considered within normal limits and are not supportive of lesser equipment elimination:
 - UE and LE strength scale (e.g.: 3/5)
 - UE and LE ROM scale (e.g.: 3/5)
 - Oxygen SAT levels (e.g.: 87% w/ambulation
 - Overall pain scale (e.g.: 0-10, with 10 being extreme)
 - Patient's weight (today's or last recorded)

Do not write on this page. This is a reference regarding what needs to be addressed in the office note from the mobility exam.



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