



Gammie HomeCare
Compassionate. Knowledgeable. Solutions.

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SCOOTERS / POWER OPERATED VEHICLE (POV) Insurance Coverage Criteria

1

Prescription of Ordered Item – Scooter

2

Medical Record Documenting:

1. Patient has a mobility limitation that impairs his/her ability to participate in mobility related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, etc.
2. The patient cannot resolve the mobility limitation with a cane or walker
3. The patient does not have sufficient upper extremity function to self-propel an optimally configured manual wheelchair to perform MRADLs
4. The patient is able to safely transfer to and from the POV
5. The patient can safely operate a tiller steer system
6. The patient can maintain postural stability while operating the POV in the home
7. The patient can safely use the POV
8. The POV will significantly improve the beneficiary's ability to participate in MRADLs in the home.
9. The patient has not expressed an unwillingness to use a POV in the home.
10. The patient's height and weight

3

Letter of Medical Necessity

(Form supplied by Gammie HomeCare if documentation qualifies for coverage)

Special Notes:

- a. The typical scooter/POV covered under insurance is a small 3-wheel scooter designed for in home use. These scooters are not designed to be driven long distances on a roadway.
- b. For patient's weighing 285-400 lbs. a larger scooter can be provided based on weight so long as all coverage criteria is met.
- c. Patient's must have a home assessment completed with measurements of the doorways, hallways, etc. to ensure the scooter/POV can be used in the home.