

Face-to-face appointment for a scooter.

MedStar Health provides this document to assist you in the process of obtaining a scooter. MedStar Health Seating and Mobility Clinic is NOT a part of this evaluation process. The parties involved are your doctor, insurance(s), and a durable medical company.

For patients:

Please contact your doctor and schedule an appointment for a “mobility face-to-face evaluation” (a scooter evaluation must be the sole purpose of the appointment). Bring this document with you to your doctor’s appointment. **DO NOT** drop off, you must see your doctor in the office.

Durable medical equipment companies that are accepting scooter orders within the DMV:

Family Medical: P: 240-685-1965; F: 202-849-3441

Nations Home Medical: P: 443-915-6858; F: 844-734-2292

Note: Please call the company prior to your face-to-face appointment to ensure they accept your insurance(s).

For physicians:

We are providing this resource to assist you in the prescription process of a scooter for your patient. **Please use the following as a guide for documenting essential information for the face-to-face evaluation in the patient’s medical record.**

Face-to-face evaluation (in-person) by a MD, DO, DPM, PA, NP, or CNS. A NP, PA, or CNS face-to-face **must be co-signed** by a MD or DO (unless PECOS enrolled). Please include **ALL** the following information within the face-to-face.

Note: Payers will deny patients’ needs for a scooter if information is missing.

1. State reason for visit: “Mobility examination.”
2. Current condition, past medical history, and pertinent physical examination that clearly describes the patients’ mobility needs in their home (Note: Face-to-face documentation must be separate and distinct for scooter needs).
3. Height/weight
4. Cardiopulmonary exam
5. State type of equipment you are recommending (i.e. Scooter) and why a walker or manual wheelchair will not meet the patient’s in-home mobility needs.
6. Documentation must support significant mobility impairment within the home only and identify how your client’s ADL’s are impacted. Be specific.
7. Report any history of falls.
8. Manual muscle testing for upper body/lower body, balance and coordination.
9. Include a prescription for a scooter along with the medical record from face-to-face evaluation.

Note: Signature and date stamps are not allowed.