

Medicare Coverage Checklist for Power Scooters & Wheelchairs

Follow these steps to ensure you're eligible for Medicare reimbursement on your mobility equipment:

Step 1: Face-to-Face Exam

- Schedule an appointment with your treating practitioner
- Discuss your mobility limitations (walking, standing, daily activities)
- Practitioner evaluates if a cane, walker, or manual wheelchair is sufficient
- If not, a scooter or power wheelchair is recommended
- Ensure documentation is included in your medical records
- Practitioner writes a prescription for your mobility device

Step 2: Documentation Sent to Mobility Supplier

- Ask your practitioner to send:
 - Written prescription
 - Medical records supporting medical necessity
- Confirm the supplier is Medicare-approved

Step 3: Home Assessment

- Supplier performs a home assessment
 - Verifies you have space to safely use the equipment indoors
 - May be done before or during delivery

Step 4: Delivery & Setup

- Supplier orders the mobility device that matches your needs
- Equipment is delivered to your home
- You are instructed on safe usage and maintenance

Reminders

- This process is required for Medicare reimbursement
- Only medically necessary equipment for in-home use is eligible
- Medicare will not approve the purchase if steps are skipped or documentation is incomplete

Need help?

Call Med Mart at 888-413-8994 for support.