



Health & Human Services

**POWER OPERATED VEHICLE (POV)**  
Service Authorization: None

**DURABLE MEDICAL EQUIPMENT MANUAL**

COVERAGE AND LIMITATION CRITERIA AND POLICY

EFFECTIVE: March 2007

REVISED: December 2025

**POWER OPERATED VEHICLE (POV)**

Powered-operated vehicles (POVs) are not covered.

<b>Date Revised</b>	<b>Revisions</b>
May 2017	Reviewed and reformatted.
November 2019	Reviewed and no changes. Updated header with new logo.
November 23, 2022	Reviewed and no changes. Header logo updated with new logo.
November 29, 2023	Reviewed and reformatted. No changes made.
December 17, 2025	Reviewed and reformatted. Removed “CMN” verbiage from the header section.