



Health & Human Services

POWER OPERATED VEHICLE (POV)

Service Authorization: None

CMN: None

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICY

EFFECTIVE: March 2007

REVISED: November 2023

POWER OPERATED VEHICLE (POV)

Non-covered/no exception.

Date Revised

Revisions

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.