



360 DEGREE Patient Care

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U Step Walker with Seat Script

Patient Name: _____ DOB: _____ Date: _____

Diagnosis Code: _____ Length Of Need: _____ (99months=lifetime)

Please answer the following questions to determine medical necessity for insurance coverage

- 1. Does the patient have a severe walking problem that places them at heightened risk of morbidity or mortality without a walking-aid? YES/ NO
2. Will a cane or crutch be sufficient for preventing your patient from falling and injuring themselves? YES/ NO
3. Will a standard walker be sufficient for preventing your patient from falling and injuring themselves? YES/ NO
4. Are you prescribing the U-Step 2 Walking Stabilizer (HCPCS Code E0147, produced by In-Step Mobility), because your patient has a severe neurological condition or limited use of a hand, and requires this product to safely ambulate and prevent serious injury due to risk of falling? YES/ NO
5. Will your patient's mobility deficit be sufficiently resolved by using a U-Step 2 (HCPCS #E0147)? YES/ NO

What products are you prescribing for your patient?

- ___ E0147 - U-Step Walking Stabilizer (DMERC MODEL #US-PC-2)
___ E0156 - Accessory seat for walker
___ Cueing Module (Laser and Auditory cue for Parkinson's freezing)

By signing below, I authorize the use of this document as a legal prescription, and I certify that the above prescribed equipment is medically necessary, reasonable, accurate and complete and is not being prescribed for convenience. I will maintain an original signed copy of this order in my medical records and make it available to Medicare, their authorized agents or other insurer, if required.

Physician Signature _____ Date: _____

Printed Name: _____ NPI: _____

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jayhawk patient supply
2620 SW 6th Ave.
Topeka, KS 66606
Phone: 785-235-9700
Fax: 785-235-9703

jayhawk pharmacy & patient supply
2860 SW Mission Woods Drive
Topeka, KS 66614
Phone: 785-228-9700
Fax: 785-288-1375

jayhawk custom pharmacy
6730 SW 29th Street
Topeka, KS 66614
Phone: 785-228-9740
Fax: 785-288-9745

www.jayhawkpharmacy.com



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I hope you find this example of a Parkinson's Walker Face-to-Face Encounter helpful:

Date of Face-to-Face Encounter: _____

My patient, _____, DOB (_____), has a severe neurological condition of Parkinson's disease (ICD-10: G20) that is progressive in nature.

My patient's gait has been severely affected by this condition. Therefore, after trying a standard wheeled walker, it is apparent that due to the severity of this neurological condition, my patient requires an advanced walking aid with multiple braking systems and variable wheel resistance to ambulate. I am prescribing the U-Step walker (model #US-PC2), Medicare HCPCS Code E0147 produced by In-Step Mobility Products.

Fatigue is also a problem, and my patient will need a seat for the walking stabilizer, HCPCS Code E0156.

The patient's medical condition indicates a lifetime of need for this walker.

Functional limitations include: Postural instability, rigidity, bradykinesia, tremors, festination, freezing, and retropulsion.

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