



360 DEGREE Patient Care

provided by:

jayhawk pharmacy & patient supply



Order for Folding walker with wheels

Length of Need: (99=Lifetime)

Table with 4 columns: Date Order, Patient Name, Patient DOB, Ordering Physician, ICD 10 Diagnosis, Height, Weight, Therapist

1) Does the patient have a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADL's) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home? Yes No \*Explain the mobility limitation (s):

\_\_\_\_\_

How many feet can they ambulate without some type of device? \_\_\_\_\_

- 2) Does the beneficiary or caregiver demonstrate the capability and the willingness to operate the walker safely consistently? yes no
3) Can the functional mobility deficit be sufficiently resolved with the use of a walker? Yes No
4) Is there a need for greater stability and security that can be provided by a cane or crutch? Yes No
5) Does the patient have upper body weakness which prevents him/her from picking up a folding walker? Yes No
6) Does the patient have limited use of one hand, neurological disorders, or severe obesity? Yes No

\*\*\*Answers to all these questions must be documented in your office visit within the last 6 months or we will not be able to dispense the walker to your patient under insurance.\*\*\*

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Printed Name: \_\_\_\_\_ NPI: \_\_\_\_\_

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## Medicare Requirements for Walker

A standard walker (E0130, E0135, E0141, E0143) and related accessories are covered if all of the following criteria (1-3) are met:

1. The patient has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADL) in the home.

A mobility limitation is:

- A. Prevents the patient from accomplishing the MRADL entirely, or
- B. Places the patient at reasonable determined heightened risk of morbidity or mortality secondary to the attempts to perform the MRADL, or
- C. Prevents the patient from completing the MRADL within a reasonable time frame; and

2. The patient is able to safely use the walker; and

3. The functional mobility deficit can be sufficiently resolved with the use of a walker.

A **heavy duty walker** (E0148, E0149) is covered for patients who meet coverage criteria for a standard walker and who weigh more than 300 pounds. If a E0148 or E0149 walker is provided and if the patient weighs 300 pounds or less, it will be denied as not reasonable and necessary.

A **heavy duty, multiple braking system, variable wheel resistance walker** (E0147) is covered for patients who meet coverage criteria for a standard walker and who are unable to use a standard walker due to a severe neurologic disorder or other condition causing the restricted use of one hand.

• Obesity, by itself, is not a sufficient reason for an E0147 walker. If an E0147 walker is provided and if the additional coverage criteria are not met, it will be denied as not reasonable and necessary.

\* A HCPCS modifier (KX) must be used if an E0148 or E0149 is provided and if the supplier has documentation in their records that the patient's weight (within one month of providing the walker) is greater than 300lbs.

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