



DETAILED WRITTEN ORDER

Homecare Dimensions

Document #: **09.DWO.HCD.14b**
Effective: **09/15/2009**

Rev.: **B**

Title: **Walker**
E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, E0158

Page #: **1 of 3**

Initial Date of Medical Necessity: _____

Patient Name: _____ Medicare #: _____

Address: _____ City: _____ ST: _____ Zip Code _____

Phone #: _____ Cell #: _____ DOB: _____

Email: _____ Length of Need: _____ (99 = Lifetime)

Diagnosis Code: _____

Medical records: The patient's medical record, **to be supplied with this order**, must contain sufficient documentation of the patient's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement (if applicable).

The Medical Records will need to document that **ALL** of the following coverage criteria are met:
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; **AND** the patient is able to safely use the walker; **AND** the functional mobility deficit can be sufficiently resolved by use of a walker. See attached MRADL.

Equipment Ordered: All walkers and accessories are billed using the specific codes listed in the Local Coverage Determination.

ORDERED	CODE	DETAILED DESCRIPTION OF ORDERED ITEMS
	A4636	Replacement, handgrip, cane, crutch, or walker, each
	A4637	Replacement, tip, cane, crutch, walker, each.
	E0135	Walker, folding (pickup), adjustable or fixed height
	E0140	Walker, with trunk support, adjustable or fixed height, any type
	E0143	Walker, folding, wheeled, adjustable or fixed height
	E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat
	E0147	Walker, heavy duty, multiple braking system, variable wheel resistance
	E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each
	E0149	Walker, heavy duty, wheeled, rigid or folding, any type
	E0154	Platform attachment, walker, each
	E0156	Seat attachment, walker
	E0157	Crutch attachment, walker, each
	E0158	Leg extensions for walker, per set of four (4)
	E0159	Brake attachment for wheeled walker, replacement, each

Treating Physician Signature: _____ Date: _____

Treating Physician Name: _____ NPI: _____

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Indications and Limitations of Coverage and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

Claims for a Heavy Duty Walker (E0148, E0149):

The patient meets coverage criteria for a walker and weighs more than **300** pounds.

Claims for a Heavy Duty, Multiple Braking System, Variable Wheel Resistance Walker (E0147):

The patient meets coverage criteria for a walker and the medical records document that the patient is **unable** to use a standard walker due to a severe neurologic disorder or other condition causing the restricted use of one hand.

NOTE: Obesity, by itself, is not a sufficient reason for an E0147 walker.

Claims for Leg Extensions (E0158):

The patient meets coverage criteria for a walker and their height is greater than or equal to 6 feet.

Claims for a Walker with Trunk Support (E0140):

The patient meets coverage criteria for a walker and documentation in the medical records justifies the medical necessity for the special features.

Claims for a Walker with an Enclosed Frame (E0144):

The medical necessity for this item compared to a standard wheeled walker (E0143) has not been established.

End of Document



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Mobility Related Activities of Daily Living

Patient: _____

Medicare #: _____ HCD Account #: _____

Mobility related activities of daily living are defined as feeding, toileting, dressing, grooming, and bathing in customary locations of the patient's home.

A mobility limitation is defined as:

- 1) Inability to complete the MRADL entirely
- 2) Patient is at heightened risk of morbidity or mortality when performing the MRADL or
- 3) Is prevented from completing the MRADL in a reasonable amount of time

Please circle yes or no.

- | | | |
|-----|----|--|
| YES | NO | 1. The patient has a mobility limitation that significantly impairs her ability to participate in one or more mobility-related activities of daily living. |
| YES | NO | 2. The patient's mobility limitation cannot be sufficiently resolved with the use of an appropriately fitted cane or walker. |
| YES | NO | 3. The patient's home provides adequate access between rooms, maneuvering space, and surfaces for use of manual wheelchair is provided. |
| YES | NO | 4. Use of manual wheelchair will significantly improve the patient's ability to participate in MRADL and the patient will use it on a regular basis in the home. |
| YES | NO | 5. The patient had not expressed an unwillingness to use the manual wheelchair that is provided in the home. |
| YES | NO | 6. Patient cannot self propel in a standard wheelchair in the home. |
| YES | NO | 7. The patient requires a seat width, depth, or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair, and spends at least two hours per day in the wheelchair. |

Treating Physician Signature: _____ Date: _____

Treating Physician Name: _____ NPI: _____

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