

The Healthcare Store

944 Melbourne Road

Hurst, TX 76053

(817) 589-1110, (800) 789-9192

Fax (817) 595-1984

ORDER

Beneficiary name: _____

Item ordered: _____

Diagnosis/condition relating to need for item: _____

Length of need: _____

Physician signature: _____ NPI: _____

Printed Physician signature _____

Signature date: _____

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WALKER DOCUMENTATION REQUIREMENTS

THESE ELEMENTS SHOULD BE ADDRESSED IN CHART NOTES AND SENT WITH THE PRESCRIPTION TO THE PROVIDER:

*Medicare wants to see objective statements to identify if the patient needs a standard rigid frame walker, a rolling walker, or a rolling walker with a seat. You will have to explain in chart note form why a rolling walker or rolling walker with a seat will be more beneficial to the patient in the home than a standard rigid frame walker.

* Why does a cane or crutches not meet this patients needs? Needs to state why a cane or crutches wont work and include diagnosis to further justify needs for the walker.

*Needs to state that patient is going to be using it in the home for daily activities such as bathing, feeding, toileting. **If the patient does not plan to use it in the home, it will be non covered.**

*If the patient needs a rolling walker, physician will need to give an objective statement of why a standard 4 post walker will not work inside the home

*****Once the exam has been done, complete the order and send it to the DME supplier along with the chart notes.

Medicare's Local Coverage Determinations also state:

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

1. The beneficiary 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 one that:
 - a. Prevents the beneficiary from accomplishing the MRADL entirely, or
 - b. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the MRADL, or
 - c. Prevents the beneficiary from completing the MRADL within a reasonable time frame;and
2. The beneficiary is able to safely use the walker; and
3. The functional mobility deficit can be sufficiently resolved with use of a walker.
If all of the criteria are not met, the walker will be denied as not reasonable and necessary.