**DETAILED WRITTEN ORDER**

DW MEDICAL SUPPLY

1524 CENTINELA AVE

INGLEWOOD CA 90302

310-330-0162 310-330-0199

Initial Date of Medical Necessity:

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medicare#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Need: \_\_\_\_\_\_\_\_\_\_\_ (99 = Lifetime)

Diagnosis Code(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical records:** The patient’s medical records, 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).

e 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** | **HCPCS CODE** | **DETAILED DESCRIPTION OF ORDERED ITEMS** |
|  | **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 |
|  | **E0159** | Brake attachment for wheeled walker, replacement, each |
|  | **E0105** | 3 Prong cane |
|  | **E0100** | Cane |
|  |  |  |

Treating Physician Name: \_\_\_\_\_ NPI: \_\_

Treating Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_