

WALKER- ORDER FORM/RX

DATE OF ORDER:

Length of Need: _____

PATIENT NAME:

DOB:

ADDRESS:

HT: _____ **WT:** _____

CITY:

PHONE:

ICD 10 Code1 _____ **ICD 10 Code3** _____

ICD 10 Code2 _____ **ICD 10 Code4** _____

MEDICAL EQUIPMENT ORDER:

____ Rolling Walker: E0143

____ Standard Walker/ Hemi Walker: E0135

____ 4 Wheeled Walker with seat & brakes: E0143, E0156 & E0159

____ Bariatric 4 Wheeled walker with seat & brakes: E0149, E0156 & E0159

____ Bariatric Rolling Walker: E0149

____ Bariatric Walker: E0148

____ Leg extensions: E0158

____ Platform Attachment: E0154

A standard walker E0135 & E0143 is covered for beneficiaries who have mobility limitations.

A heavy duty walker E0148 & E0149 is covered for beneficiaries who weigh more than 300lbs.

Leg extensions are covered only for beneficiaries who are over 6 feet tall.

If all the criteria are not met, the walker will be denied as not "Medically Necessary".

Doctors Name:

NPI:

Address:

Fax #

Phone #

Doctors Signature _____ **Date** _____