

**PHYSICIAN'S ORDER FOR
Cane or Walker**

STARTING DATE OF ORDER: _____
(if different than the signed date)

Patient Information:

Name: _____

Phone: (____) _____

DOB: _____ **Height:** _____ **Weight:** _____

Physician Information:

Name: _____

Phone: (____) _____

Fax: (____) _____ **NPI:** _____

Step 1

DIAGNOSIS INFORMATION

Diagnoses: _____

Date of Face to Face Evaluation:

For an item to be covered by Medicare, a detailed written order (DWO) must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed DWO, the item will be denied as not reasonable and necessary.

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.

Review

Check appropriate box:

E0100 – Cane

E0105 – Quad Cane

Walkers

E0135 –Folding Walker, E0148 Patient over 300lbs.

E0141 –Front Wheeled Walker

E0143 –Folding Front Wheeled Walker – E0149 >300lbs

E0143/E0156 –Four Wheel Walker With Seat (Rollator) *Brakes and Basket not covered item by Medicare

E0147 –Reverse Braking Four Wheeled Walker w/Seat

Step 2

By signing below I assert I am the treating physician for this patient and this patient meets all of the above criteria to qualify for Medicare Coverage for this item. Additionally, I understand:

- Supplier-produced records, even if signed by the ordering physician, and attestation letters (e.g. letters of medical necessity) are deemed not to be part of a medical record for Medicare payment purposes.
- Templates and forms, including CMS Certificates of Medical Necessity, are subject to corroboration with information in the medical record.

***** Attach corroborating medical records *****

Step 3

Step 4

Physician Name _____ Physician Signature: _____ Date: _____