

# CONFIRMATION OF ORDER – Walker (*wheeled*)

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**PROVIDER:** Home Health Solutions  
501 East Sloan Street  
Harrisburg, IL 62946

**phone:** 618-252-5349  
**fax:** 618-252-2445

**NPI:** 1215337266  
**Tax ID #:** 371124259

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**Patient:**

**Date of Birth:**

**Order Date:**

**Insurance:**

**Length of Need:** 99 (*in months*)

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**Physician:**

**NPI:**

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## DIAGNOSIS

ICD 10 Code	Description
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## EQUIPMENT/SERVICES

Quantity	Proc. Code	Item Name/Narrative
1	E0143	Walker – wheeled

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## ADDITIONAL MEDICAL INFORMATION (*please check Y for yes or N for no*)

- Y N Does the patient have a mobility impairment that prevents them from participating in one or more mobility-related activity of daily living (*MRADL*) in the home (*MRADL includes using the restroom, eating, dressing, grooming or bathing in the customary locations*)?
- Y N Does the patient have a mobility limitation that places the patient at a reasonably increased risk of morbidity or mortality when they attempt to perform *MRADL*?
- Y N Does the patient have a mobility limitation that prevents them from completing *MRADL* within a reasonable time frame?
- Y N Is the patient able to safely use a walker?
- Y N Will a walker allow the patient to overcome their mobility impairment sufficiently that they can resume the *MRADL*?
- Y N Does the patient weigh more than 300 pounds?
- Y N Is the patient at least 72 inches (*6 feet*) tall? (*only if billing for extenders*)
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**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_