

# CONFIRMATION OF ORDER – Walker (folding)

---

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

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

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

---

**Patient:**

**Date of Birth:**

**Order Date:**

**Insurance:**

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

**Patient Height:**

**Patient Weight:**

---

**Physician:**

**NPI:**

---

## DIAGNOSIS

ICD 10 Code	Description
-------------	-------------

---

## EQUIPMENT/SERVICES

Quantity	Proc. Code	Item Name/Narrative
1	E0135	Walker – Folding Standard <300 lbs.
1	E0148	Walker – Folding Bariatric >300 lbs.

---

## 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)
- 

**Signature:** \_\_\_\_\_

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