

CONFIRMATION OF ORDER – Walker (*wheeled*)

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
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EQUIPMENT/SERVICES

Quantity	Proc. Code	Item Name/Narrative
1	E0143	Walker – Wheeled Standard <300 lbs.
1	E0148	Walker – Wheeled Bariatric >300 lbs.
1	E0156	Seat Attachment (Rollator)

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: _____