



**360 DEGREE
Patient Care**

provided by:

**jayhawk pharmacy
& patient supply**

Jayhawk Patient Supply

2620 SW 6th Ave. Suite E

Topeka, KS 66606

T-785-235-9700 // F-785-235-9703

Order for Folding walker with wheels

Length of Need: (99=Lifetime)

Date Order		Facility	
Patient Name		Height	
Patient DOB		Weight	
Ordering Physician		Therapist	
Primary Physician		Date of Discharge	AM / PM
ICD 10 Diagnosis			

1) Does the patient have a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADL's) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home? _____ Yes _____ No

*Explain the mobility limitation (s):

How many feet can they ambulate without some type of device? _____

2) Does the beneficiary or caregiver demonstrate the capability and the willingness to operate the walker safely consistently? _____ Yes _____ No

3) Can the functional mobility deficit be sufficiently resolved with the use of a walker? _____ Yes _____ No

4) Is there a need for greater stability and security that can be provided by a cane or crutch? _____ Yes _____ No

5) Does the patient have upper body weakness which prevents him/her from picking up a folding walker? _____ Yes _____ No

6) Does the patient have limited use of one hand, neurological disorders, or severe obesity? _____ Yes _____ No

*****Answers to all these questions must be documented in your office visit within the last 6 months or we will not be able to dispense the walker to your patient under insurance.*****

Physician Signature: _____

NPI: _____

Date _____

******OUR FAX 235-9703******

***** PLEASE INCLUDE THE FACE SHEET WITH INSURANCE INFO, *****

***** HISTORY & PHYSICAL AND CHART NOTES**



Jayhawk Pharmacy Services

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6730 SW 29th
Topeka, KS 66614
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Medicare Requirements for Walker

A standard walker (E0130, E0135, E0141, E0143) and related accessories are covered if all of the following criteria (1-3) are met:

1. The patient 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 on that:

- A. Prevents the patient from accomplishing the MRADL entirely, or
 - B. Places the patient at reasonable determined heightened risk of morbidity or mortality secondary to the attempts to perform the MRADL, or
 - C. Prevents the patient from completing the MRADL within a reasonable time frame; and
2. The patient is able to safely use the walker; and
 3. The functional mobility deficit can be sufficiently resolved with the use of a walker.

A heavy duty walker (E0148, E0149) is covered for patients who meet coverage criteria for a standard walker and who weigh more than 300 pounds. If a E0148 or E0149 walker is provided and if the patient weighs 300 pounds or less, it will be denied as not reasonable and necessary.

A heavy duty, multiple braking system, variable wheel resistance walker (E0147) is covered for patients who meet coverage criteria for a standard walker and who are unable to use a standard walker due to a severe neurologic disorder or other condition causing the restricted use of one hand.

- Obesity, by itself, is not a sufficient reason for an E0147 walker. If an E0147 walker is provided and if the additional coverage criteria are not met, it will be denied as not reasonable and necessary.
- ❖ A HCPCS modifier (KX) must be used if an E0148 or E0149 is provided and if the supplier has documentation in their records that the patient's weight (within one month of providing the walker) is greater than 300lbs.