

**Detailed Order/Prescription**

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Length of Need: \_\_\_\_\_ (99 months=lifetime)

Diagnosis & ICD10 Code(s) \_\_\_\_\_, \_\_\_\_\_

Please answer the following questions to determine medical necessity for insurance coverage

**Yes/No** Does the patient have a severe walking problem that places him/her at heightened risk of morbidity or mortality without a walking-aid?

**Yes/No** Will a cane or crutch be sufficient in preventing your patient from falling and injuring himself/herself?

**Yes/No** Will a standard walker be sufficient for preventing your patient from falling and injuring himself/herself?

**Yes/No** Are you prescribing the U-Step 2 Walking Stabilizer (HCPCS Code E0147, produced by In-Step Mobility), because your patient has a severe neurological condition or limited use of a hand, and requires this product to safely ambulate and prevent serious injury due to risk of falling?

**Yes/No** Will your patient’s mobility deficit be sufficiently resolved by using a U-Step 2 (HCPCS #E0147)?

**What products are you prescribing for your patient?**

E0147 - U-Step Walking Stabilizer (DMERC MODEL #US-PC-2)

E0156 - Accessory seat for walker

Cueing Module (Laser and Auditory cue for Parkinson’s freezing)

Physician printed name: \_\_\_\_\_

NPI #: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

By signing below, I authorize the use of this document as a legal prescription, and I certify that the above prescribed equipment is medically necessary, reasonable, accurate and complete and is not being prescribed for convenience. I will maintain an original signed copy of this order in my medical records and make it available to Medicare, their authorized agents or other insurer, if required.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hope you find this **example** of a Parkinson's Walker Face-to-Face Encounter helpful:

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Date of Face-to-Face Encounter: \_\_\_\_\_

My patient, \_\_\_\_\_, DOB (\_\_\_\_\_), has a severe neurological condition of Parkinson's disease (ICD-10: G20) that is progressive in nature.

My patient's gait has been severely affected by this condition. Therefore, after trying a standard wheeled walker, it is apparent that due to the severity of this neurological condition, my patient requires an advanced walking aid with multiple braking systems and variable wheel resistance to ambulate. I am prescribing the U-Step walker (model #US-PC2), Medicare HCPCS Code E0147 produced by In-Step Mobility Products.

Fatigue is also a problem, and my patient will need a seat for the walking stabilizer, HCPCS Code E0156.

The patient's medical condition indicates a lifetime of need for this walker.

Functional limitations include: Postural instability, rigidity, bradykinesia, tremors, festination, freezing, and retropulsion.

Signed: \_\_\_\_\_

Dr. \_\_\_\_\_ MD

NPI# \_\_\_\_\_

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

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