

Walkers Documentation Requirements

Valid written order that contains: (Prescription)

- Beneficiary's name
- Item(s) to be dispensed i.e. (front wheel walker, four wheel walker w/seat, heavy duty, U-Step)
- Patients Height and Weight
- Length of need i.e. (lifetime, 6 months)
- Treating physician's signature
- Date the treating physician signed the order

Qualifying Documented Criteria (Well documented in the patient chart notes)

Medical records* documenting that **all** of the following criteria are met:

- 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; **AND**
- The patient is able to safely use the walker; **AND**
- The functional mobility deficit can be sufficiently resolved by use of a walker.

For a Heavy Duty Walker

- The patient meets coverage criteria for a walker and weighs more than 300 pounds.

For a U-Step (Multiple Braking System, Variable Wheel Resistance Walker)

- The patient meets coverage criteria for a walker and medical records* document that the patient is unable to use a standard walker due to a severe neurologic disorder i.e.(Parkinson Disease) or other condition causing the restricted use of one hand i.e. (stroke).