



FAX BACK TO:

Michigan Fax: 1-586-755-2322

Florida Fax: 1-407-691-3021

Indiana Fax: 1-574-365-6202

Ambulatory Aids - Written Order

Patient Name _____ DOB _____ Account Number _____

Order Date _____ Length of Need, 99 (lifetime) or _____ months Height _____ Weight _____

Diagnosis _____

Pyramid Cane/Walker

Straight Cane

Quad Cane

Standard Crutches

Forearm Crutches

Platform Attachment

Wheel Attachment

Knee Scooter (Not a covered item for all insurances)

Standard Walker

Heavy Duty Walker (301+ lbs)

Walker with Wheels

Heavy Duty Walker with Wheels (301+ lbs)

Walker with Seat & Wheels

Heavy Duty Walker with Seat & Wheels (301+ lbs)

****Required For MICHIGAN Medicaid Patients Only ****

Reason for Medical Necessity (other than diagnosis):

Prescribers Printed Name & Credentials _____ NPI _____

Phone _____ Fax _____

Signature _____ Date _____

Medical records must state the medical necessity for each item ordered

Standard walkers and related accessories are covered if all the following criteria are met (1-3):

1. The beneficiary 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 one that:

- a. Prevents the beneficiary from accomplishing the MRADL entirely, **or**
 - b. Places the beneficiary at a reasonably determined heightened risk of morbidity **or** mortality secondary to the attempts to perform the MRADL, **or**
 - c. Prevents the beneficiary from completing the MRADL within a reasonable time frame;
- and**

2. The beneficiary can safely use the walker; **and**

3. The functional mobility deficit can be sufficiently resolved using a walker.

A heavy-duty walker is covered for beneficiaries who meet coverage criteria for a standard walker and weigh more than 300 pounds.

