

## Detailed Order/Prescription, E0147

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

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

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
- E0154 – Platform Attachments 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: \_\_\_\_\_

