

Detailed Order / Prescription

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 Neuro Walker (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 Neuro Walker?

What products are you prescribing for your patient?**** Refer to supplemental page to view U-Step Neuro Walker models and associated codes**

- E0147** – U-Step Neuro Walker
- E0156** – Accessory Seat for U-Step Neuro Walker
- E0154** – Platform Attachments for U-Step Neuro 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.

**** Prescribing Dr NPI must be registered with Medicare Part B/DME in PECOS**

Physician Signature: _____ Date: _____

U-Step Neuro Walker Models / Codes

Standard U-Step Neuro Walker

E0147 + E0156



Platform U-Step Neuro Walker

E0147 + E0156 + E0154



Press Down U-Step Neuro Walker

E0147 + E0156

