

Walker, Advanced

The following documentation is required to be in clinic visit/therapy notes from the treating provider within 12 months of the prescription for consideration of payment.

1. Neurological diagnosis with severity.
2. How long has the diagnosis been present?
3. How severe has the patient's gait and balance been affected?
4. Note any other functional limitations that the patient exhibits secondary to their neurological diagnosis (e.g., hand weakness or tremors).
5. What were the problems for the patient using a standard walker?
6. Why does the patient need an advanced walking aid with a multiple hand braking system and variable wheel resistance and a floor laser to safely ambulate?
7. What are the reasons for ordering the advanced walking stabilizer (e.g. due to fatigue and unpredictable gait stalling, patient will need a seat for the advanced walking stabilizer for occasional rest periods Medicare code E0156).
8. Where will the patient use the advanced walker (e.g. inside the home and for shorter periods to help maintain leg strength)?
9. How will this advanced walker affect the patient's ability to carry out their activities of daily living (e.g. affected by the inability to ambulate safely without falls due to gait stalling or rapid small steps and falling backward with standard lightweight walkers)?
10. How will the advanced walker benefit the patient (e.g. with much improved safety, mobility and will greatly reduce their high risk of falls associated with mobility)?

Our Locations

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