



Written Order Prior to Delivery (WOPD)

MRADLS

(Mobility-Related Activities to Daily Living)

Prism Health Care Services, Inc.

1337 Basswood Road

Schaumburg, IL 60173-4536

Phone: 847-310-4730 *3

Fax: 872-469-1673

Order Date: _____

Patient Name: _____

Phone: _____

Date of Birth: _____

Cell Phone: _____

Diagnosis: 1 _____ 2 _____ 3 _____

Mobility Device (select one and indicate size or type if applicable)

Cane (E0100)	<input type="checkbox"/>			
Quad Cane (E0105)	<input type="checkbox"/>			
Crutches (Select Type)	<input type="checkbox"/>	Forearm Pair (E0110)	or	<input type="checkbox"/> Underarm Pair (E0114)
Knee Walker (E0118)	<input type="checkbox"/>	Not covered by Medicare. Circle non-weight bearing lower extremity. Left Right		
Walker-Pick up Adult or Junior (w/o wheels)	<input type="checkbox"/>	300 lbs. or under (E0135)	or	<input type="checkbox"/> Over 300 lbs. (E0148)
Walker-with 5" Wheels Adult or Junior w/wheels	<input type="checkbox"/>	300 lbs. or under (E0143)	or	<input type="checkbox"/> Over 300 lbs. (E0149)
Walker Leg Extension (E0158)	<input type="checkbox"/>	Must be over 6 Feet Tall for this item to be covered.		

PLEASE SUBMIT THIS FORM ALONG WITH A FACE TO FACE, AND CLINICAL NOTES, i.e doctors, progress, nurses, occupational therapy, and/or physical therapy notes. The notes must include diagnosis and the need for the equipment. Also, it is required that the date of this form is the same or after the date on the Clinical Notes and Face to Face.

Coverage Criteria

The following criteria must be met, and proper documentation must be received in order for the item to be deemed medically necessary.

- * The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more MRADL in the home.
 - A mobility limitation is one that:
 1. Prevents the beneficiary from accomplishing the MRADL entirely, or
 2. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the MRADL, or
 3. Prevents the beneficiary from completing the MRADL within a reasonable time frame
- AND
- * The beneficiary is able to safely use the walker/cane/crutches; and
- * If Cane or Crutches are ordered - The functional mobility deficit can be sufficiently resolved with use of the cane/crutches.
- * If a Walker is ordered - The functional mobility deficit can be sufficiently resolved with use of a walker and cane or crutches have been tried and ruled out.

If ordering a walker for toileting or transferring only, but a wheelchair is needed to complete activities of daily living in the home, progress notes must indicate why the walker and wheelchair are needed.

Physician Name: _____

NPI: _____

Physician Signature: _____

Date : _____

Physician Phone: _____

Fax: _____