

Standard Written Order and Certificate of Medical Necessity – FOOTBAR® Walker

HCPCS CODE(S): **E0143 + A9900** (PDAC Contractors approved billing codes - Ref. DCN Letter 22136003000010)

ITEM DESCRIPTION: The FOOTBAR® is a lift and walker mobility alternative for patients who have temporarily or permanently lost sit-to-stand function due to generalized weakness, injury, surgery (hip/ knee replacement), or disease progression that are physical or neurological in nature.

*SECTION A: PATIENT INFORMATION *(REQUIRED)

Order Date:	Date of Request:	Quantity Dispensed: 1
Patient Name:		Date of Birth:

*SECTION B: DOCUMENTATION OF MEDICAL NECESSITY *(REQUIRED)

ICD-10-CM Primary Diagnosis Code(s):		Secondary Diagnosis Code(s):
Injury/Condition:	Date of STS Assessment:	
Weight Bearing Status:	Sit-To-Stand Functional Assessment (circle one): PASS / FAIL	

CHECK ALL THAT APPLY BELOW

- 1. Patient unable to perform STS function w/out use of lift device; requires walker & lift to safely resolve functional mobility deficit.
- 2. Presence of 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:
 - Feeding Toileting
 - Grooming Bathing
- 3. The patient's mobility limitation:
 - Prevents accomplishing MRADL entirely
 - Places patient at reasonably determined heightened risk of morbidity or mortality secondary to attempts to complete the MRADL
 - Prevents completing the MRADL within safe/reasonable time frame

SECTION C: PAST MEDICAL HISTORY

<input type="checkbox"/> Injury/Surgery Date: Type:	<input type="checkbox"/> Temporary or Permanent Loss of STS Function	<input type="checkbox"/> CVA with Upper Extremity Weakness Date:
<input type="checkbox"/> Other:		

SECTION D: ADDITIONAL INFORMATION SUPPORTING REQUESTED DEVICE

Patient is not an appropriate candidate for standard assistive device (walker) due to:

- Patient lacks ability to stand without assistance and cannot perform MRADLs, ADLs, or IADLs independently or safely using standard assistive device.
- Patient's functional deficit precludes safe use of standard assistive device. Describe: _____
- Patient's functional loss is a physical condition. | | Patient's functional loss is a neurological condition.
- Other Comments/Explanation: _____

*SECTION E: TREATING PRACTITIONER *(REQUIRED)

Practitioner Name:	Practice Name:	NPI:
Phone:	Fax:	TIN:
Address/City/State/Zip:	Office Contact Name:	Planned/Completed Procedure Date:

SECTION F: SUPPORTING DOCUMENTATION

Patient Consent signed and on file <input type="checkbox"/>	Date Signed:
<input type="checkbox"/> Clinical Notes including description of patient's functional limitation(s) or inability to use standard ambulatory assistive devices	
<input type="checkbox"/> Patient Authorization & Insurance Card	

This document serves as a Standard Written Order and Statement of Medical Necessity for the above referenced patient for the FOOTBAR® Lift Walker. I certify that I am the treating practitioner identified in the above section and I certify that the medical necessity information contained in this document is true, accurate and complete to the best of my knowledge.

Signature:	Date:
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