

Rx: Cane (EO100)  
Quad Cane (EO105)  
Crutches (EO114)  
Walker, Folding (EO135)  
Folded Wheeled Walker (EO143)

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ HCIN: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Appliance

- Cane (EO100)
- Quad Cane (EO105)
- Crutches (EO114)
- Walker, Folding (EO135)
- Folded Wheeled Walker (EO143)

Dx: (check all that apply)

Fall Risk/Imbalance

- At Risk/History or Fall (V15.88)
- Muscle weakness (728.87)
- Ataxia, muscular incoordination (781.3)
- Gait abnormality/staggering, ataxic (781.2)
- Condition is bilateral
- Other: \_\_\_\_\_

DJD of Ankle and Rearfoot

- Osteoarthritis, Localized Primary Ankle & Foot (715.17)
- Arthropathy, unspecified, ankle and foot (716.97)
- Pain in joint, ankle, foot (719.47)
- Ankle pain & support (729.5)

Lateral Ankle Instability

- Instability of Joint, Ankle & Foot (718.87)
- Dropfoot
- Dropfoot (736.79)
  - Hemiplegia (438.20)

Medical Necessity: (check all that apply)

- The patient's mobility deficit can be resolved by the use of this cane or walker.
- The patient is able to safely use the can or walker.
- The patient's mobility related deficit does NOT allow the patient to complete activities of daily living within a reasonable time frame.
- The patient is prohibited from accomplishing their mobility related activities of daily living completely.
- Patient has a mobility limitation that impairs his/her ability to participate in one or more mobility-related activities of daily living in the home.
- This patient is at high risk of morbidity or mortality secondary to attempts to perform their mobility-related activities of living in the home.

Signature of Prescribing Physician: \_\_\_\_\_ Type I NPI: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_