

Medical Policy



Walker

▼Description

A walker is used to assist with ambulation by decreasing the amount of weight placed on the lower extremities.

▼Policy

A walker is considered **reasonable and necessary** when a Member meets the coverage criteria.

▼Policy Guidelines

Coverage Criteria:

1. Must be ordered by the Member's treating physician.
2. A standard walker (E0130, E0135, E0141, E0143) and related accessories are covered if all of the following criteria (a-c) are met:
 - a. The Member has 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.

A mobility limitation is one that:

- i. Prevents the Member from accomplishing the MRADL entirely, or
- ii. Places the Member at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the MRADL, or
- iii. Prevents the Member from completing the MRADL within a reasonable time frame; and
- b. The Member is able to safely use the walker; and
- c. The functional mobility deficit can be sufficiently resolved with use of a walker.

If all of the criteria are not met, the walker will be considered as not reasonable and necessary.

3. A heavy duty walker (E0148, E0149) is covered for Members who meet coverage criteria for a standard walker and who weigh more than 300 pounds. If a E0148 or E0149 walker is provided and if the Member weighs 300 pounds or less, it will be considered as not reasonable and necessary.

4. A heavy duty, multiple braking system, variable wheel resistance walker (E0147) is covered for Members who meet coverage criteria for a standard walker and who are unable to use a standard walker due to a severe neurologic disorder or other condition causing the restricted use of one hand. Obesity, by itself, is not a sufficient reason for an E0147 walker. If an E0147 walker is provided and if the additional coverage criteria are not met, it will be considered as not reasonable and necessary.
5. The medical necessity for a walker with an enclosed frame (E0144) has not been established. Therefore, if an enclosed frame walker is provided, it will be considered as not reasonable and necessary.
6. A walker with trunk support (E0140) is covered for Members who meet coverage criteria for a standard walker and who have documentation in the medical record justifying the medical necessity for the special features. If an E0140 walker is provided and if the medical record does not document why that item is medically necessary, it will be considered as not reasonable and necessary.
7. Leg extensions (E0158) are covered only for Members 6 feet tall or more.

Limitations:

1. If a heavy duty walker (E0148, E0149) is provided, the provider must include medical necessity documentation (e.g., the Member's weight is greater than 300 pounds) with the submitted claim.
2. If E0147 is billed, the claim must include the manufacturer's name, the model name/number, and medical documentation from the treating physician giving a description of the functional limitations which preclude the Member using another type of wheeled walker and the diagnosis causing this limitation.
3. Repair of a walker is limited to restoration of a serviceable condition which is not the result from misuse, non-intentional or intentional.
4. The replacement of a walker is covered if any of the following criteria is met:
 - a. A change in the physical condition of the Member
 - b. When necessitated by irreparable damage not due to misuse, intentional or non-intentional
 - c. An irreparable change in the condition of the walker or in a part of the walker
 - d. The cost of repairs to the walker would exceed the purchase price

▼ HCPCS Level II Codes and Description

A4636 REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH

A4637 REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.

A9270 NON-COVERED ITEM OR SERVICE

A9900 MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE

E0130 WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT

E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE
E0154	PLATFORM ATTACHMENT, WALKER, EACH
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR
E0156	SEAT ATTACHMENT, WALKER
E0157	CRUTCH ATTACHMENT, WALKER, EACH
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH
E1399	DURABLE MEDICAL EQUIPMENT, MISC.

▼ Coding Guidelines

Exclusions

Code E0155 cannot be used for wheels provided at the time of, or within one month of, the initial issue of a non-wheeled walker.

1. A diagnosis of obesity will not qualify for an E0147 unless the coverage criteria listed under #4 above are met.
2. Baskets are not considered medical in nature and will be considered not reasonable and necessary.
3. A wheeled walker (E0141, E0143, E0149) is one with either 2, 3, or 4 wheels. It may be fixed height or adjustable height. It may or may not include glide-type brakes (or equivalent). The wheels may be fixed or swivel.
4. A glide-type brake consists of a spring mechanism (or equivalent) which raises the leg post of the walker off the ground when the Member is not pushing down on the frame.
5. Procedure code E0144 describes a folding wheeled walker which has a frame that completely surrounds the Member and an attached seat in the back.

6. A heavy duty walker (E0148, E0149) is one which is labeled as capable of supporting Members who weigh more than 300 pounds. It may be fixed height or adjustable height. It may be rigid or folding.
7. Procedure code E0147 describes a 4-wheeled, adjustable height, folding-walker that has all of the following characteristics:
 - a. Capable of supporting Members who weigh greater than 350 pounds,
 - b. Hand operated brakes that cause the wheels to lock when the hand levers are released,
 - c. The hand brakes can be set so that either or both can lock both wheels,
 - d. The pressure required to operate each hand brake is individually adjustable,
 - e. There is an additional braking mechanism on the front crossbar,
 - f. At least two wheels have brakes that can be independently set through tension adjustability to give varying resistance.
8. An enhancement accessory is one which does not contribute significantly to the therapeutic function of the walker. It may include, but is not limited to style, color, hand operated brakes (other than those described in code E0147), or basket (or equivalent).
9. Procedure codes A4636, A4637, and E0159 are only used to bill for replacement items for covered, Member-owned walkers. Codes E0154, E0156, E0157, and E0158 can be used for accessories provided with the initial issue of a walker or for replacement components. Code E0155 can be used for replacements on covered, Member-owned wheeled walkers or when wheels are subsequently added to a covered, Member-owned non-wheeled walker (E0130, E0135). Code E0155 cannot be used for wheels provided at the time of, or within one month of, the initial issue of a non-wheeled walker.
10. Hemi-walkers must be billed using code E0130 or E0135, not E1399.
11. Use procedure code A9270 when an enhancement accessory of a walker is billed.
12. A gait trainer is a term used to describe certain devices that are used to support a Member during ambulation. Gait trainers are billed using one of the codes for walkers. If a gait trainer has a feature described by one of the walker attachment codes (E0154-E0157) that code may be separately billed. Other unique features of gait trainers are not separately payable and may not be billed with code E1399. If a provider chooses to bill separately for a feature of a gait trainer that is not described by a specific HCPCS code, then code A9900 must be used.
13. A Column II code is included in the allowance for the corresponding Column I code when provided at the same time and must not be billed separately at the time of billing the Column I code.

Column I	Column II
E0130	A4636, A4637
E0135	A4636, A4637
E0140	A4636, A4637, E0155, E0159
E0141	A4636, A4637, E0155, E0159

E0143	A4636, A4637, E0155, E0159
E0144	A4636, A4637, E0155, E0156, E0159
E0147	A4636, E0155, E0159
E0148	A4636, A4637
E0149	A4636, A4637, E0155, E0159

▼ **Documentation Requirements:**

It is expected that the member's medical records will reflect the need for the care provided. The member's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

▼ **Important Note:**

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

▼References

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; October 1, 2015

National Government Services, Inc. Jurisdiction B DME MAC, Walkers. Local Coverage Determination No. L33791; revised date October 1, 2015.

National Heritage Insurance Company (NHIC), Walkers. Local Coverage Determination No. L33791. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A. Chico, CA: NHIC; revised October 1, 2015.

Applicable URAC Standard

Core 8	Staff operational tools and support
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:
A	11-20-06	Initial Release	Rosanne Brugnoli	Ken Fasse	n/a
01		Annual Review – no changes	Susan Glomb	Ken Fasse	Dec.2008
02	12-22-09	Annual Review- Policy updated to reflect 12/09 changes.	Susan Glomb	Ken Fasse	Dec.2009
03	12-18-10	Annual review – no changes	Susan Glomb	Ken Fasse	Dec.2010
04	1-21-11	Deleted: Lease costly alternative language for heavy duty walkers, E0147walkers, and walkers with an enclosed frame or trunk support.	Susan Glomb	Ken Fasse	Jan2011
05	07-20-11	Added Important Note to all Medical Policies and updated to reflect current policies	Susan Glomb	Dr. B. Almasri	
06	11-10-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011
07	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri	
08	11-30-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012

09	12-11-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri	
10	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
11	12-01-15	Annual Review. Updated Medicare reference.	Lisa Wojno/Susan Glomb	Dr. B. Almasri	Dr. B. Almasri
12	11-30-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016
13	11-14-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017
14	11-19-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018