


MEDICAL POLICY	Walkers (Medicare Only)
Effective Date: 08/1/2021  8/1/2021	Medical Policy Number: 211
Medical Officer Date	Medical Policy Committee Approved Date: 06/2020; 07/2021

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Walkers</i>	<ul style="list-style-type: none"> Local Coverage Determination (LCD): Walkers (L33791)¹ Local Coverage Article (LCA): Walkers - Policy Article (A52503)² Local Coverage Article: Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426)³

BILLING GUIDELINES

See Local Coverage Articles [A52503](#) and [A55426](#) for documentation submission requirements.

CPT/HCPCS CODES

Medicare Only

No Prior Authorization Required

A4636	Replacement, handgrip, cane, crutch, or walker, each
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A4637	Replacement, tip, cane, crutch, walker, each
E0118	Crutch substitute, lower leg platform, with or without wheels, each
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
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
Not Covered	
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat
Unlisted Codes	
All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then it MAY be denied as Not Covered .	
A9900	Miscellaneous DME supply, accessory, and/or service component of another hcpcs code
E1399	Durable medical equipment, miscellaneous

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

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Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

REFERENCES

1. Centers for Medicare & Medicaid. Centers for Medicare & Medicaid Local Coverage Determination (LCD): Walkers (L33791). <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33791>. Published 2020. Accessed 4/28/2021.
2. Centers for Medicare & Medicaid Services. Local Coverage Article: Walkers - Policy Article (A52503). <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52503>. Published 2020. Accessed 4/28/2021.
3. Centers for Medicare & Medicaid Services. Local Coverage Article: Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426). <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=55426>. Published 2020. Accessed 4/28/2021.