Walkers

MEDICAL POLICY NUMBER: 212

Effective Date: 10/1/2025

Last Review Date: 9/2025

Next Annual Review: 7/2026

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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 Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. 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. 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.

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

PLAN PRODUCT AND BENEFIT APPLICATION

☒ **Commercial** ☐ **Medicaid/OHP*** ☐ **Medicare****

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

Providence follows Oregon Health Plan (OHP) per Oregon Administrative Rules (OAR) 410-122-0660 to 0662 for coverage of Durable Medical Equipment Lower Extremity Prosthetics, Orthotics, and Supplies, and Social Security Act §1833(e), & OAR(s) 410-122- 0660 to 0662 for coverage of Upper Extremity Prosthetics, Orthotics, and Supplies.

Providence follows Oregon Health Plan (OHP) per Oregon Administrative Rules (OAR) 410-122-0325 to 0340 for coverage of Power Wheelchairs.

Providence follows Oregon Health Plan (OHP) per Oregon Administrative Rules (OAR) 410-122-0475 and CMS Policy Articles A52481/LCD L33641 and A52501/L33369 for coverage of orthotic footwear.

Providence follows Guideline Note 41 of the Oregon Health Plan (OHP) Prioritized List of Health Services for coverage of TLSO and LSO braces.

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered **"not medically necessary"** for Medicare members.

COVERAGE CRITERIA

Standard Walkers

I. A standard walker (E0130, E0135, E0141, E0143) and related accessories may be considered **medically necessary** when **all** of the following criteria (A.-C.) are met:

A. The patient 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 (1.-3.):

1. Prevents the patient from accomplishing the MRADL entirely, **or**

2. Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the MRADL, **or**
3. Prevents the patient from completing the MRADL within a reasonable time frame; **and**

B. The patient is able to safely use the walker; **and**
C. The functional mobility deficit can be sufficiently resolved with use of a walker.

II. A standard walker (E0130, E0135, E0141, E0143) and related accessories is considered **not medically necessary** when criterion I. above is not met.

Heavy Duty Walkers

III. A heavy duty walker (E0148, E0149) may be considered **medically necessary** when **both** of the following criteria (A. and B.) are met:

A. The patient meets coverage criteria for a standard walker (see Criterion I); **and**
B. The patient weighs more than 300 pounds.

IV. A heavy duty walker is considered **not medically necessary** when the above criterion III. is not met.

Heavy Duty Multiple Breaking System Walker

V. A heavy duty, multiple braking system, variable wheel resistance walker (E0147) may be considered **medically necessary** when **both** of the following criteria (A. and B.) are met:

A. The patient meets the criteria for a standard walker (see Criterion I); **and**
B. Patient is unable to use a standard walker due to either of the following (A.-B.):
   1. A severe neurologic disorder; **or**
   2. Condition causing the restricted use of one hand.

Note: Obesity alone is not a sufficient reason for an E0147 walker.

VI. A heavy duty, multiple braking system, variable wheel resistance walker is considered **not medically necessary** when the above criterion V. is not met.

Walker with Trunk Support

VII. A walker with trunk support (E0140) may be considered **medically necessary** when **both** of the following criteria (A. and B.) are met:

A. The patient meets the criteria for a standard walker (see Criterion I); **and**
B. Documentation in the medical record justifies the medical necessity for the special features.

VIII. A walker with trunk support is considered **not medically necessary** when the above criterion VII. is not met.

Non-Covered Walkers

IX. A walker with an enclosed frame (E0144) is considered **not medically necessary.**

X. A powered walking aid (Sully Walker) (E0152) is considered **not medically necessary.**

Accessories

XI. Leg extensions (E0158) may be considered **medically necessary** if the patient is 6 feet or taller.

XII. Leg extensions are considered **not medically necessary** when criterion X. above is not met.

XIII. Enhancement accessories (accessories or features which do not contribute to the therapeutic function of the walker, such as style, color, hand operated brakes [other than those described in code E0147], baskets or equivalent items) will be denied as **not medically necessary**.

Replacements

XIV. Replacement of a walker may be considered **medically necessary** for member-owned walkers when any of the following are met (A.-D.):

A. There is a change in the physical condition of the patient; **or**
B. When replacement is needed due to irreparable *damage* (e.g., fire, flood, etc.) or if the existing walker is lost or stolen; **or**
C. When replacement is needed due to irreparable *wear* and when the reasonable useful lifetime (RUL) of the equipment has been reached (at least 5 years) and the equipment has been in continuous use by the patient; **or**
D. The cost to repair the existing walker exceeds the purchase price of a replacement.

XV. Replacement of walker components (e.g., handgrip, tip, brake attachment, seat attachments, etc.) may be considered **medically necessary** for member-owned walkers.

XVI. Replacement of rented walkers or components of a rented walker is considered **not medically necessary**.

Link to Evidence Summary

POLICY CROSS REFERENCES

None

The full Company portfolio of current Medical Policies is available online and can be accessed here.

POLICY GUIDELINES

This policy may be primarily based on the following Center for Medicare and Medicaid Services (CMS) guidance:

- Local Coverage Determination (LCD): Walkers (L33791)[1]
- Local Coverage Article (LCA): Walkers (A52503)[2]

Non-Covered Walkers

Enclosed Frame Walker

CMS states:

> "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 denied as not reasonable and necessary."[1]

Powered Walking Aid (Sully Walker)

CMS states:

> "A powered walker (E0152) is noncovered as it does not meet the definition of DME."[2]

Therefore, this device – and the code it is reported with – will be considered **not medically necessary**.

DOCUMENTATION REQUIREMENTS

While the codes in this medical policy are not subject to routine review for medical necessity, the following documentation must be in the medical record to support medically necessity has been established:

- Type of walker requested (e.g., standard, heavy duty, with or without multiple braking system or enclosure, etc.);
- Documentation of mobility limitations which impact mobility-related activities of daily living (MRADLs);
- All medical records and chart notes relevant to the request, including documentation to support that the patient can use a walker, that a walker will sufficiently address mobility limitations, the patient's weight and height, any severe neurologic disorder or other condition causing the restricted use of one hand;
- If a walker with trunk support is requested, documentation to support the need for this feature is also required.

REGULATORY STATUS

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Approval or clearance by the Food and Drug Administration (FDA) does not in itself establish medical necessity or serve as a basis for coverage. Therefore, this section is provided for informational purposes only.

HEALTH EQUITY CONSIDERATIONS

The Centers for Disease Control and Prevention (CDC) defines health equity as the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving health equity requires addressing health disparities and social determinants of health. A health disparity is the occurrence of diseases at greater levels among certain population groups more than among others. Health disparities are linked to social determinants of health which are non-medical factors that influence health outcomes such as the conditions in which people are born, grow, work, live, age, and the wider set of forces and systems shaping the conditions of daily life. Social determinants of health include unequal access to health care, lack of education, poverty, stigma, and racism.

The U.S. Department of Health and Human Services Office of Minority Health calls out unique areas where health disparities are noted based on race and ethnicity. Providence Health Plan (PHP) regularly reviews these areas of opportunity to see if any changes can be made to our medical or pharmacy policies to support our members obtaining their highest level of health. Upon review, PHP creates a Coverage Recommendation (CORE) form detailing which groups are impacted by the disparity, the research surrounding the disparity, and recommendations from professional organizations. PHP Health Equity COREs are updated regularly and can be found online here.

BILLING GUIDELINES AND CODING

The only walkers that should be billed using HCPCS code E0147 are products which have received a written Coding Verification Review by the Medicare Pricing, Data Analysis and Coding (PDAC) Contractor and are published on the Product Classification List. As of the date of this policy update, there are only two (2) products eligible to be reported with this HCPCS code. Those items are:

- U-Step and U-Step II Walking Stabilizer (In-Step Mobility Products)

Please see LCA A52503 for additional walker coding guidelines, including what HCPCS codes are considered bundled and not separately reimbursable when provided at the same time as the base walker.

CODES*		
HCPCS	A4636	Replacement, handgrip, cane, crutch, or walker, each
	A4637	Replacement, tip, cane, crutch, walker, each

	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
	E1399	Durable medical equipment, miscellaneous
	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
	E0150	Combination wheeled walker with seat and transport chair, folding, adjustable or fixed height
	E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height
	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

***Coding Notes:**

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as "medically unlikely edits" (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. 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 6/23/2025.
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 6/23/2025.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.
8/2023	Annual review. No changes.
4/2024	Q2 2024 code set update.
8/2024	Annual review. Updated criteria to include 4/1 new code denial. Policy guidelines updated.
8/2025	Annual review. No changes.
10/2025	Q4 2025 code set update. New code.