Walkers

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

Suppliers are to follow The Health Plan requirements for precertification, as applicable.

Walkers do not require precertification unless specialty walker, not identified here.

National Coverage Determination Policy	CMS Publication 100-03 Medicare National Coverage Determinations Manual, Chapter 1, Section 280.3
Local Coverage Determination Policy	J- B/C
Effective Date	For services performed on or after 10/31/13
Revision/Review Effective Date	01/19, 11/18, 06/08/18, 07/01/17, 12/01/15, 03/01/15
The Health Plan	Will follow Jurisdiction B-C Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy, contractual agreement, or benefit plan

DESCRIPTION

A walker is an enclosing framework of lightweight metal tubing, sometimes with wheels, for patients who need more support in walking than can be given by a crutch or a cane. (1)

COVERAGE GUIDELINES

A standard walker (E0130, E0135, E0141, and E0143) and related accessories are covered if all of the following criteria (1-3) are met:

1. 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:
   a. Prevents the patient from accomplishing the MRADL entirely, or
   b. Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the MRADL, or
   c. Prevents the patient from completing the MRADL within a reasonable time frame; and
2. The patient is able to safely use the walker; and
3. The functional mobility deficit can be sufficiently resolved with use of a walker.

If none of the criteria are met, the walker will be denied as not reasonable and necessary.

A heavy duty walker (E0148, E0149) is covered for patients who meet coverage criteria for a standard walker and who weigh more than 300 lbs. If an E0148 or E0149 walker is provided and the patient does not weigh more than 300 lbs., it will be denied as not reasonable or necessary.

A heavy duty, multiple braking system, variable wheel resistance walker (E0147) is covered for patients 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 criteria is not met, it will be denied as not reasonable and necessary.

A walker with trunk support (E0140) is covered for patients 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 does not document why that item is medically necessary, it will be denied as not reasonable and necessary

Leg extensions (E0158) are covered only for patients 6 ft. tall or more.

Requests for the Mulholland, Rifton, Meywalk gait trainers for children will be reviewed on a case-by-case basis. These items require precertification. Please submit information in detail as to why standard walkers w/attachments or crutches would not be effective.

http://www.dmerc.com/manual/productclassification/walkersPCL.pdf

NONCOVERAGE STATEMENT

Enhancement accessories of walkers will be denied as noncovered.

Hand operated brakes are considered an enhancement (with the exception of those described in code HCPCS E0147). See billing guidelines for appropriate billing.

The medical necessity for a walker with an enclosed frame (E0144) compared to a standard folding wheeled walker, E0143, has not been established. Therefore, if an enclosed frame walker is provided, it will be denied as not covered.

The Health Plan follows Medicare and WV Medicaid in regards to the E0118, crutch substitute, lower leg platform, with or without wheels and does not cover this device.

Powered exoskeleton products, such as the Rewalk™ (Argo Technologies), and the Indego®(Parker Hannifin Corp.), and other similar items are not covered and should be coded **A9270**.

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
GA	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYOR POLICY, IND CASE
GZ	ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE OR NECESSARY
KX	REQUIREMENTS SPECIFIED IN MEDICAL POLICY HAVE BEEN MET

HCPCS CODES

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. This is the appropriate code for WEIGHTLESS WALKER
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, MISCELLANEOUS

There are no specific diagnoses or ICD-10 codes that indicate medical necessity.

DOCUMENTATION REQUIREMENTS

For the purposes of this policy it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other health care professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
    a. Member's name
    b. Date
    c. Description of item. The medical record must contain the information that supports the request for each item, and must be submitted with the precertification, if the item requires precertification, or with the claim, if no precertification was required.
    d. Order must include diagnosis code
    e. Physician signature - with date. Date stamps are not appropriate
    f. Quantity of items required and duration. A new order is required if there is an increase in the quantity of the supply used per month and/or the type of supply used. If no precertification was required as within allowable quantities, the provider is to submit this information with the claim

2. There must be documentation in the supplier's records to support the medical necessity of that item. **Clinical documentation of the medical condition and surgical procedure, if any.**

    This information must be available upon request usually with precertification per The Health Plan policy.

3. Proof of delivery to be kept on file by the provider of the item.

    Note: If templates or forms are submitted, (e.g., A Medicare Certificate of Medical Necessity, and /or a provider created form), The Health Plan reserves the right to request the medical record that may include, but not limited to, the physician office notes, hospital and nursing facility records, home health records.

    Note: Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

A WALKER PROVIDED WHILER MEMBER IN A PART A COVERED STAY

Reimbursement for a walker provided to a member while the member is covered in a Part A facility is based on specific contract information with the individual facility, and whether or not the device is intended for use while the member is in the facility. Payment is included in the facility reimbursement if the device is intended for use during the facility stay and therapy received inpatient in the facility. Therapy. A claim must not be submitted from separate supplier in this situation.

Reimbursement for a covered walker provided to a member while in a SNF will be based on individual facility contracts and if the walker is intended/required for use in the home after discharge from the facility.

BILLING GUIDELINES

If E0147 is billed, the claim must include the manufacturer's name and the product name/number.

When code E1399 is billed, the claim must include the manufacturer's name and the product name/number.

The only walkers that may be billed using code E0147 are those products listed in the Product Classification List on the SADMERC website.

A4636, A4637, and E0159 are only used to bill for replacement items for covered, patient-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, patient-owned wheeled walkers or when wheels are subsequently added to a covered, patient-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.

Hemi-walkers must be billed using code E0130 or E0135, not E1399.

The WEIGHTLESS WALKER by Weightless Walker, Inc. is billed with **E0144**- HCPCS code E1399 is not the appropriate code for this walker and should be denied as billing error if provider bills E1399 or any other code.

Use code A9270 when an enhancement accessory of a walker is billed.

When billing for hand brakes with walker code E0141, E0143 or E0149, use code A9270 to bill. Upon initial issue of an E0141, E0143 and E0149, charges for glide brakes are included in the reimbursement for the walker and may not be billed separately.

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 might be separately billed. Other unique features of gait trainers are not separately payable and may not be billed with code E1399. If a supplier 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.

HCPCS code E0159 (Brake attachment for wheeled walker, replacement each) is applicable for replacement brakes ONLY. Rollator walkers are to be billed E0143 and E0156. The Health plan will not accept A9270 for rollator walkers with seat attachment.

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

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item are met.

If a heavy duty walker (E0148, E0149) is provided and if the supplier has documentation in their records that the patient's weight (within one month of providing the walker) is greater than 300 lbs., the KX modifier should be added to the code. If the requirements for the KX modifier are not met, the KX modifier must not be used.

If coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

Providers are to include all appropriate modifiers, as applicable.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or Advanced Beneficiary Notification (ABN) to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

An ABN should not be executed to shift financial liability to the beneficiary for brakes being provided at the time the walker is dispensed.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Please refer to PDAC website for the appropriate product classification list. dmepdac.com/

https://www.dmepdac.com/dmecsapp/

For questions about correct coding, contact the PDAC contractor.

MEDICARE DEFINITIONS AND DESCRIPTION

A **wheeled walker** (E0141, E0143, E0149) is one with two, three, or four 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.

A **glide-type brake** consists of a spring mechanism (or equivalent), which raises the leg post of the walker off the ground when the patient is not pushing down on the frame.

Code E0144 describes a folding wheeled walker, which has a frame that surrounds the patient and an attached seat in the back.

A **heavy-duty walker** (E0148, E0149) is one, which is labeled as capable of supporting patients who weigh more than 300 lbs. It may be fixed height or adjustable height. It may be rigid or folding.

Code E0147 describes a four-wheeled, adjustable height, folding-walker that has all of the following characteristics:

1. Capable of supporting patients who weigh greater than 350 lbs.
2. Hand operated brakes that cause the wheels to lock when the hand levers are released
3. The hand brakes can be set so that either or both can lock both wheels
4. The pressure required to operate each hand brake is individually adjustable
5. There is an additional braking mechanism on the front crossbar
6. At least two wheels have brakes that can be independently set through tension adjustability to give varying resistance

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).

A **gait trainer** is a term used to describe certain devices that are used to support a patient during ambulation.

AMA CPT/ADA CDT COPYRIGHT STATEMENT

INTERNET LINKS AND SOURCES

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