

Gait Trainers and Walkers (for Indiana Only)

Guideline Number: CS310IN.01
Effective Date: April 1, 2021

[Instructions for Use](#)

Table of Contents	Page
Application	1
Coverage Rationale	1
Definitions	2
Applicable Codes	2
References	4
Guideline History/Revision Information	4
Instructions for Use	4

Related Policy

- [Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements](#)

Application

This Coverage Determination Guideline only applies to the state of Indiana.

Coverage Rationale

Indications for Coverage

Gait Trainers

See criteria for [Walkers](#) (adult Gait Trainers).

Pediatric therapeutic Gait Trainers are covered for pediatric use and must be:

- Prescribed by a physician
- Submission of comprehensive physical therapy or physiatrist evaluation
- Part of a physician directed written treatment plan (including frequency and duration)
- The patient is capable of utilizing and tolerating the equipment safely

Walkers

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

- 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:
 - Prevents the member from accomplishing the MRADL entirely, or
 - Places the member at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the MRADL, or
 - Prevents the member from completing the MRADL within a reasonable time frame; and
- The member is able to safely use the walker; and
- 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 denied as not Medically Necessary.

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 an E0148 or E0149 walker is provided and if the member weighs 300 pounds or less, it will be denied as not Medically Necessary.

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 denied as not Medically Necessary.

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 Medically Necessary.

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 denied as not Medically Necessary.

Leg extensions (E0158) are covered only for members 6 feet tall or more.

Definitions

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

Durable Medical Equipment (DME): Medical Equipment that is all of the following:

- Ordered or provided by a Physician for outpatient use primarily in a home setting
- Used for medical purposes
- Not consumable or disposable except as needed for the effective use of covered DME
- Not of use to a person in the absence of a disease or disability
- Serves a medical purpose for the treatment of a Sickness or injury
- Primarily used within the home

Enhancement Accessory: 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).

Gait Trainers: A gait trainer (or sometimes referred to as a rollator) is a term used to describe certain devices that are used to support a member during ambulation. See Applicable Codes for coding instruction.

Medically Necessary: Health Care Services that are all of the following as determined by us or our designee.

- In accordance with Generally Accepted Standards of Medical Practice
- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms
- Not mainly for your convenience or that of your doctor or other health care provider
- Not more costly than an alternative drug, service(s), service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms

Reasonable Useful Lifetime: RUL is the expected minimum lifespan for the item. It starts on the initial date of service and runs for the defined length of time. The default RUL for durable medical equipment is set at 5 years. RUL is also applied to other non-DME items such as orthoses and prostheses. RUL is not applied to supply items.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

UnitedHealthcare has adopted the requirements and intent of the National Correct Coding Initiative. The Centers for Medicare & Medicaid Services (CMS) has contracted with Palmetto to manage Pricing, Data and Coding (PDAC) for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS). This notice is to confirm UnitedHealthcare has established the PDAC as a source for correct coding and coding clarification.

Coding Clarifications:

- Per PDAC, Gait Trainers are billed using one of the codes for walkers
- 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. 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.
- Code E0144 describes a rigid or folding wheeled walker which has a frame that completely surrounds the member and an attached seat in the back.
- 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.
- Code E0147 describes a 4-wheeled, adjustable height, folding-walker that has all of the following characteristics:
 - Capable of supporting members who weigh greater than 350 pounds,
 - Hand operated brakes that cause the wheels to lock when the hand levers are released,
 - The hand brakes can be set so that either or both can lock both wheels,
 - The pressure required to operate each hand brake is individually adjustable,
 - There is an additional braking mechanism on the front crossbar,
 - At least two wheels have brakes that can be independently set through tension adjustability to give varying resistance.

HCPCS Code	Description
A4636	Replacement, handgrip, cane, crutch, or walker, each
A4637	Replacement, tip, cane, crutch, walker, 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
E0144	Walker, enclosed, 4 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
E0159	Brake attachment for wheeled walker, replacement, each
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components

References

Centers for Medicare and Medicaid Services (CMS). Medicare National Coverage Determinations Manual (Pub. 100-3), Chapter 1, Part 4 (Sections 200 – 310.1), § 280.

National Coverage Determination (NCD) for Durable Medical Equipment. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?&NCDId=190&ncdver=1&NCDSect=280.1&bc=BEAAAAAAAAQAAAAA==&>.

Noridian Healthcare Solutions: <https://med.noridianmedicare.com/web/jddme/article-detail/-/view/2230703/reasonable-useful-lifetime-and-duplicate-items-billing-reminder>.

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2018.

Guideline History/Revision Information

Date	Summary of Changes
04/01/2021	<ul style="list-style-type: none"><li data-bbox="337 598 831 627">• New Coverage Determination Guideline

Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.