

# Walkers

**Policy Number:** CS357.D  
**Effective Date:** July 1, 2025

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Application</a> .....	1
<a href="#">Coverage Rationale</a> .....	1
<a href="#">Applicable Codes</a> .....	1
<a href="#">Policy History/Revision Information</a> .....	2
<a href="#">Instructions for Use</a> .....	2

## Related Community Plan Policies

- [Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements](#)
- [Pediatric Gait Trainers and Standing Systems](#)

## Commercial Policy

- [Walkers](#)

## Application

This Medical Policy does not apply to the states listed below; refer to the state-specific policy/guideline, if noted:

State	Policy/Guideline
Idaho	<a href="#">Walkers (for Idaho Only)</a>
Indiana	None
Kansas	<a href="#">Walkers (for Kansas Only)</a>
Kentucky	<a href="#">Walkers (for Kentucky Only)</a>
Louisiana	<a href="#">Walkers and Walker Accessories (for Louisiana Only)</a>
Nebraska	<a href="#">Walkers (for Nebraska Only)</a>
New Jersey	<a href="#">Walkers (for New Jersey Only)</a>
New Mexico	<a href="#">Walkers (for New Mexico Only)</a>
North Carolina	<a href="#">Walkers (for North Carolina Only)</a>
Ohio	<a href="#">Walkers (for Ohio Only)</a>
Pennsylvania	<a href="#">Walkers (for Pennsylvania Only)</a>
Tennessee	<a href="#">Walkers (for Tennessee Only)</a>

## Coverage Rationale

**Walkers are proven and medically necessary in certain circumstances.** For medical necessity clinical coverage criteria, refer to the InterQual® Medicare: Post Acute & Durable Medical Equipment, Walkers.

[Click here to view the InterQual® criteria.](#)

## 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 policy 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 federal, state, or contractual requirements 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.

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, 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
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
E0159	Brake attachment for wheeled walker, replacement, each
E1399	Durable medical equipment, miscellaneous

## Policy History/Revision Information

Date	Summary of Changes
07/01/2025	<p><b>Template Update</b></p> <ul style="list-style-type: none"> <li>Removed content/language pertaining to the state of Mississippi</li> </ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>Added HCPCS codes E0152 and E1399</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Archived previous policy version CS367.C</li> </ul>

## Instructions for Use

This Medical Policy 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 policy, 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 Medical Policy 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 Medical Policies 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.