

# Walkers

Policy Number: DME 051.1 T2  
Effective Date: November 1, 2022

[Instructions for Use](#)

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**Related Policy**

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

## Coverage Rationale

### Walkers

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

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

## Prior Authorization Requirements

Prior authorization is required in all sites of service for:

- The purchase of any DME item that is greater than \$500.00.
- All custom molded or custom made (fabricated) items; this includes custom molded/custom made or custom fabricated orthotics and custom molded helmets.
- Any DME being rented, repaired and/or replaced; this includes coverage for the repair or replacement of custom molded/custom made or custom fabricated and custom molded helmets for children when growth or change in the member's medical condition make replacement Medically Necessary.

Note: If an authorization is not required, referral guidelines apply in order for a member to receive in-network coverage. A prescription form or provider's medical necessity form may be accepted as a referral for Durable Medical Equipment.

## 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 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.

HCPCS Code	Description
E0130	Walker, rigid (pickup), adjustable or fixed height
E0135	Walker, folding (pickup), adjustable or fixed height

HCPCS Code	Description
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

## References

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Medical Policy Committee. [2022T0642A].

## Policy History/Revision Information

Date	Summary of Changes
11/01/2022	<p><b>Template Update</b></p> <ul style="list-style-type: none"> <li>Content previously included in the Clinical Policy titled <i>Pediatric Gait Trainers and Standing Systems</i></li> </ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>Removed HCPCS codes A4636 and A4637</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Archived previous policy version DME 041.3 T2</li> </ul>

## Instructions for Use

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical 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.