Ambulatory Assistive Devices: Walkers, Canes and Crutches

CPT Codes – E0100 – E0149, E0156

Ambulatory Assistive Devices (AAD) as used relates to canes, crutches, quad canes and walkers. A separate policy relates to wheelchairs, power wheelchairs and scooters. AAD are reasonable and necessary for patients who have personal mobility deficits sufficient to impair participating in mobility-related activities of daily living (MRADL) (such as, toileting, feeding, dressing, grooming, and bathing) in customary locations in the home. AAD is subject to the terms, conditions and limitations of the applicable benefit plan’s Durable Medical Equipment (DME) benefit.

This policy uses the Centers for Medicare and Medicaid Services (CMS) as a basis. If coverage for ambulatory assistance devices is available, then the following conditions of coverage apply as medically necessary when the following criteria are met:

• Standard Cane (E0100, E0105) and Crutches (E0110 – E0116) are medically necessary when prescribed for a patient who is normally ambulatory but suffers from a condition that impairs ambulation.

• Standard Walker (E0130, E0135, E0141 and E0143) and related accessories are considered medically necessary when ALL of the following criteria are met:

  1. The patient has a mobility limitation that significantly impairs his/her ability to participate in mobility-related activities of daily living (MRADL) that cannot be adequately or safely addressed by a cane; 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.

• Heavy-duty Walker (E0148, E0149) is medically necessary for a patient who meets the criteria for a standard walker and weighs more than 300 pounds.

• Heavy-duty, Multiple-Braking System, Variable-Resistance Walker (E0147) is covered for a patient who meets criteria for a standard walker but who is unable to use a standard walker due to a disorder or condition causing the restricted use of one hand. Obesity by itself is not a medically necessary reason for a heavy-duty, multiple-braking system, variable-resistance walker.

• Walker with Trunk Support (E0140) (such as, Rifton Gait Pacer, Mulholland Walkabout) is medically necessary for a patient who meets criteria for a standard walker and requires moderate to maximum support for walking and has demonstrated the capability of walking with the use of the device.

• Knee Crutch/Hands-Free walker (such as, Roll-A-Bout walker, Rolleraid™, iWALKFree™) (E0118) for below-the-knee injuries or surgery is medically necessary when the patient’s condition is such that he/she is unable to use crutches, standard walkers or other standard ambulatory assist devices.

The following ambulatory assist device accessories are considered medically
necessary when the following criteria are met:

- **Leg Extensions for Walkers** – if patient 6 feet tall or more
- **Arm Rest Attachments** – if patient’s ability to grip is impaired

**Duplicate equipment** is considered a **convenience item** and **not covered**.

**Replacement** of a medically necessary ambulatory assist device or accessory **is covered only when** there is anatomical change or when reasonable wear and tear renders the item nonfunctioning and not repairable.

The following self-help items and/or items provided for comfort or convenience of the patient or caretaker are considered **not medically necessary**:

- Articulated, Spring Assisted Crutch (E0117)
- Walker with Enclosed Frame (E0144)
- Enhanced Walker Accessories, such as color or style
- Hand operated Brakes other than E0147
- Baskets, Trays, Cup Holders or other convenience items
- Seat Attachments (E0156)
- Standard Strollers
- Walking Belts
- Tricycles

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