The Department of Vermont Health Access Medical Policy

Subject: Ambulatory Assistive Devices

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Technical Revision: September 8, 2009

*Please note: Most current content changes will be highlighted in yellow.

Description of Service or Procedure

Cane: A device used to assist with support and balance during ambulation. It is designed for single handed use, although some individuals choose to use 2 canes rather than crutches or a walker. A cane can have 1-4 legs and a wide or narrow base, with the additional legs and wider base providing additional support. A medically appropriate cane must be sized to fit the individual correctly, must be able to partially support the beneficiary’s weight, and must have a non-skid tip on each leg.

Crutch: A device used to assist with support and balance during ambulation. It is designed for either bilateral or unilateral use. Axillary crutches provide support through the upper lateral thorax and wrists. Forearm crutches, also known as Lofstrand or Canadian crutches, provide support through the forearms and wrists. Platform crutches provide support through the forearms. Medically appropriate crutches must be sized to fit the individual correctly, must be able to partially support the beneficiary’s weight, and must have non-skid tips on the ends.

Walker: A 3-4 legged or wheeled device used to assist with support and balance during ambulation. A hemi walker is a 4 legged device used unilaterally and is actually a type of cane. Walkers are generally designed for use with both upper extremities and provide support either through the wrists or through the forearms if platform attachments are applied.

Walkers may also include the following accessories:

- wheels or gliders
- braking systems
- a simple seat for resting purposes
- platform attachments for forearm weight bearing
• orthotic attachments (for example, to stabilize a paretic hand)
• hinges for promotion of reciprocal gait
• electronics to enhance gait
• knee weight bearing system
• anterior or posterior configuration
• mounts for speech generating devices or other medically necessary equipment

The skills of a physical therapist are required to determine the particular type of walker and accessories required other than for a basic walker.

Enhancement accessories that do not clearly demonstrate medical necessity include:
• custom style or color
• basket attachment.

Gait trainers are a form of advanced walker that can include the following:
• multiple positioning and support options that can be removed or added as the user’s ambulatory abilities change
• specialized braking or wheel control systems

The skills of a physical therapist are required to determine the particular type of gait trainer and accessories required.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary’s aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

7102.2 Prior Authorization Determination
7103 Medical Necessity
7505 Interpretive Memo 7/15/09 Definition of Mobility Related Activities of Daily Living

Medicaid Rules can be found at http://humanservices.vermont.gov/on-line-rules

Coverage Position

An ambulatory assistive device may be covered for beneficiaries:
• When the ambulatory device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with their Vermont State Practice Act, who is knowledgeable in orthopedics, neurology, physiatry and/or gerontology/pediatrics and is skilled in the analysis of gait, and who provides medical care to the beneficiary AND
• When the beneficiary has a mobility limitation that significantly impairs their ability to participate in one or more mobility related activities of daily living (MRADLs) AND
• When the clinical criteria below are met.

Coverage Criteria
Ambulatory assistive devices may be covered for beneficiaries who can demonstrate the following to a practitioner skilled in the analysis of gait and balance:

- The stability and support provided by the device safely fulfills the individual’s mobility requirements, AND
- Is able to safely use the device, AND
- Per Medicare’s local coverage determination (LCD), “the functional mobility deficit can be sufficiently resolved with use of the device”, AND
- A more normalized gait pattern is achieved by the use of the ambulatory assistive device, AND
- An acceptable level of energy expenditure is achieved with the use of the device, AND
- The device is fully usable in the home environment to achieve MRADLs and in the environments required to access medical appointments AND
- The use of the device will not result in a decrease in functional mobility status due to unnecessary dependence or reliance on the device.

- **Canes** are covered for beneficiaries with mild gait and balance dysfunction. Single point canes are the least stable, followed by small based “quad canes,” large based “quad canes,” and very wide based “hemi walkers.” All components, such as tips, are included in the base code.

- **Crutches** are covered for beneficiaries with moderate to severe gait and balance dysfunction. A single crutch is covered for beneficiaries with unilateral dysfunction who require more stability than a cane offers. Axillary crutches are generally less expensive than forearm crutches, but may not be covered for individuals with thoracic discomfort or where breast tissue impacts the use of axillary crutches. Platform crutches are covered for individuals who cannot bear weight through the wrists/hands and must be supported through the forearms instead. All components, such as tips, hand rests, and axillary pads, are included in the base code.

- **Walkers** are covered for beneficiaries with moderate to severe gait and balance dysfunction, who need additional stability from their ambulatory assistive device. Certain walkers may include components to support the beneficiary in terms of positioning or endurance (for example, a lateral support, or a seat). Documentation describing the medical necessity of each component is required. Certain component/accessory codes cannot be billed with base codes; see Appendix A.

- **Special Types of Walkers**: these devices are covered for beneficiaries who meet all the guidelines for walkers AND meet the following conditions for a special type of walker:
- Folding walkers are covered for beneficiaries who must travel frequently to medical appointments and who demonstrate a need for a folding walker for safe transport.

- Reciprocating walkers are covered for beneficiaries who are able to utilize a reciprocal gait pattern for ambulation and are able to safely and independently move each side of the walker to advance it during ambulation.

- Posterior walkers are covered for beneficiaries who require posterior support to improve posture, promote proper weight shifting, and/or promote limb advancement during the gait cycle.

- Wheeled walkers may have 2, 3 or 4 wheels; the wheels may be pivoting, forward only, or allow forward/backward movement. They are covered for beneficiaries who do not have the physical strength or coordination to lift a non-wheeled walker to advance it forward OR who have a cardiac or pulmonary condition that contraindicates the lifting of a walker to advance it forward. Wheeled walkers are generally inappropriate for beneficiaries who are unable to bear weight through one leg. **These conditions also apply to walkers with glider attachments.**

- Heavy duty walkers are covered for beneficiaries who weigh more than 300 pounds, or if the beneficiary has a condition that results in excessive wear on a standard walker (for example, significant spasticity).

- Heavy duty walkers with multiple braking systems and variable wheel resistance are covered for beneficiaries who require a high degree of movement control from the walker (for example, individuals with severe spasticity).

- Enclosed frame walkers are covered for beneficiaries who have severe endurance deficits, resulting in a need for frequent or constant sitting while using the walker. They also are covered for beneficiaries with such severe flexion contractures of the lower extremities that standing upright is not feasible. Certain enclosed frame walkers accept positioning components for beneficiaries requiring postural support during ambulation.

- Gait trainers are a type of enclosed frame walker, which are constructed to accommodate growth, support, and positioning. They are covered for children who require more support than a walker. The support may be anterior, posterior, or upright. All accessories and components are included with the gait trainer procedure code.

- Note that ambulatory assistive devices can result in a higher level of exertion than ambulation without a device. A skilled assessment is important, to determine if the benefits of using the device outweighs the extra exertion caused by its use.

**Clinical guidelines for repeat service or procedure**

- When the device has been outgrown, OR
• When the device no longer meets the medical needs of the beneficiary, OR

• When the device is no longer functional through normal wear and tear. (Please see the DVHA DME Restrictions list for the life expectancy of each device).

**Type of service or procedure covered**

One device, or one pair of devices, that meets the medical need of the beneficiary as determined by the physical therapist or physician as described above.

**Type of service or procedure not covered (this list may not be all inclusive)**

- Enhancement accessories as defined above
- Multiple devices for convenience purposes
- Provision of the device without proper fitting and gait training

**Coding/Billing Information**

Coding definitions should be carefully reviewed before billing Medicaid. Items that are considered part of the base code cannot be billed separately to Medicaid. Refer to Appendix A for specifics.

**References**


**Appendix A:**

**Addition to Provider Manual: Ambulatory Assistive Aids**
The codes in column 2 cannot be billed with the base codes in column 1.

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